

WING USA SPH Update Sept 9, 2010: Spotlight on New York

WNYCOSH/Buffalo AFL-CIO Events Mark Momentum for SPH in New York State as National Effort Continues with Hearing on S1788

On May 11, 2010, as a Senate Hearing was being held in Washington, DC, for safe patient handling with S 1788 "Nurse and Health Care Worker Protection Act of 2009," I was honored to be invited by the Western New York Council on Occupational Safety and Health (WNYCOSH) to speak on behalf of back-injured nurses at three events celebrating successful safe patient handling (SPH) programs in New York State, and building support for SPH legislation in New York State and in the nation.

Photo: Anne Hudson, RN, BSN, founder of Work Injured Nurses' Group USA (WING USA) speaking for healthcare workers injured by manually lifting patients at Buffalo AFL-CIO Council meeting/Buffalo AFL-CIO Worker Memorial Ceremony, May 11, 2010.

Western New York Council on Occupational Safety and Health (WNYCOSH) is a nonprofit group that provides grant-supported occupational safety training to various unions and companies. WNYCOSH is located in Buffalo's historic Tri-Main Center where the Ford Model T was first manufactured in 1917.

WNYCOSH serves a total of about 80 affiliated local unions, including all of the healthcare unions and locals representing nurses in Western New York. This includes about 8 to 10 healthcare unions and perhaps 12 to 15 locals representing nurses in WNY. WNYCOSH initiated and obtained legislative funding for NYS Safe Patient Handling Zero Lift Demonstration Projects which continue in three nursing homes and two acute care facilities.

Photo: Historic Tri-Main Center, Buffalo, NY, home of WNYCOSH, and site where the Ford Model T was first manufactured in 1917.

Photo, left to right: Germain Harnden, WNYCOSH Program Director; Donna Chapman, WNYCOSH Program Coordinator; and Roger Cook, WNYCOSH Executive Director.

Safe patient handling events of May 11, 2010, included: The **New York State Zero-Lift (NYS ZL) Task Force/WNYCOSH Safe Patient Handling Roundtable** was held from 1:00 to 4:00 pm at the University at Buffalo South Campus in the Biomedical Educational Building. (For more about the NYS ZL Task Force, see <http://www.zeroliftfornny.org/index.php>.) The **Buffalo AFL-CIO/WNYCOSH Safety and Health Committee meeting**, which acts as a forum to discuss occupational safety issues and as an alliance for a safer workplace, was held at 6:00 pm at Hearthstone Manor, Cheektowaga, NY. Following at 7:30 pm at Hearthstone Manor was the **Buffalo AFL-CIO Council meeting**, with this years' theme injured health care workers/safe patient handling, which was held in conjunction with the **Buffalo AFL-CIO Worker Memorial Ceremony**.

Special guests were invited to the SPH Roundtable to learn about successes with SPH in WNY including at Kaleida Health and at the NYS Veterans Home. Special guests were representatives from the Occupational Safety and Health Administration including Robert Kulick, Regional Administrator, OSHA Region II; Richard Mendelson, Deputy Administrator, OSHA Region II; Laura Kenny, Labor Liaison, OSHA Region II; and Art Dube, Area Director Buffalo Area Office, OSHA; and also special guests representing NY State legislators, including Elizabeth Smith, Executive Assistant to Senator Antoine Thompson (NY 60th District).

Photo: University at Buffalo South Campus entrance

While on the University at Buffalo medical campus, I was privileged to tour the **UB/WNYCOSH Safe Patient Handling Lab and Training Center** which was being prepared for opening on May 21, 2010. From the invitation to the opening:

“The Western New York Council of Occupational Safety and Health (WNYCOSH) and the University at Buffalo Department of Rehabilitation Science (Physical Therapy Program) have collaborated to bring Safe Patient Handling (SPH) training and education to students and healthcare workers within the community.

“A SPH center has been established at the Diefendorf Annex located on the South Campus. The goal of the center is to educate future healthcare workers in the philosophy and methods of Safe Patient Handling. The center will contain SPH educational resources, state of the art SPH equipment to foster wellness for patients, healthcare workers and family caregivers, and will offer the tools to change current practices. Future seminars are planned for the surrounding healthcare community and health science institutions promoting the needs for SPH.” (For audio and news reports see

<http://www.publicbroadcasting.net/wbfo/news.newsmain/article/1/0/1653539/WBFO.Ne ws/UB.opens.lab.to.teach.safe.patient.handling> and <http://teamstermagazine.com/local-264-members-open-new-york%e2%80%99s-first-safe-patient-handling-lab-and-training-center.>)

Roger Cook, Executive Director of WNYCOSH and Co-Chair of the NYS Zero-Lift Task Force, led the **NYS Zero-Lift Task Force/WNYCOSH Safe Patient Handling Roundtable** which included testimony from administrators, union representatives, and others, with case studies on the outstanding successes of SPH programs of the WNYCOSH NYS SPH Demonstration Project, the NYS Veterans Home in Batavia, NY, and the Kaleida Health System.

Photo: Melissa Rowland, RN, PTA, and SPH Master Trainer, WNYCOSH, speaking at the NYS ZL Task Force/WNYCOSH SPH Roundtable, May 11, 2010.

Riveting testimonies were given by frontline healthcare workers who have worked in facilities with, and without, Safe Patient Handling programs and patient lift equipment.

Annie Lewis, CNA, SEIU 1199, Buffalo General Hospital, with the Kaleida Health System, said she no longer lifts people manually and that SPH has made the difference in keeping her on the job for 37 years: “If the equipment is not there, well, then, I won’t be getting them up. I have a family to take care of. I have to take care of myself, so I can take care of my family.”

Photo: Annie Lewis, CNA, Buffalo General Hospital (left) with Anne Hudson, RN, founder of Work Injured Nurses’ Group USA (WING USA). CNA Lewis says Buffalo General Hospital’s Safe Patient Handling program and patient lift equipment have allowed her to keep working for 37 years.

Paul Blujus, CNA, CSEA 003, NYS Veterans Home, said, “When I worked in construction, the men had equipment – cranes, forklifts, and front loaders, because they didn’t want you to get hurt. They needed you on the job and wanted you to come back the next day.” When Paul Blujus began working as a CNA in a facility without patient lift equipment he said, “I was never so tired at the end of the day.” When he saw that most of the staff were women, he thought, *What’s going on here? Men in construction have equipment, but the women here are lifting!* CNA Blujus gives a compelling account of the difference working in a facility with a well-run SPH program and lift equipment!

Photo left to right: William Wieczorek, PhD, Director, Center for Health and Social Research, Buffalo State College; Janet Foley, Director of Occupational Safety and Health, CSEA, Co-Chair, NYS Zero Lift Task Force; Anne Hudson, RN, Founder, Work Injured Nurses’ Group USA; Karl Wende, PhD, Research Scientist, Center for Health and Social Research, Buffalo State College; Paul Blujus, CNA, CSEA 003, NYS Veterans Home.

Paula Pless, Director, SPH Kaleida Health, SPH Program Consultant, COTA (Certified Occupational Therapist), EES (Ergonomic Evaluation Specialist), reports on her successes with SPH:

“I started the first SPH program at Kaleida Health in 1997, and fully implemented the first SPH program in 1999 for a 120-bed long term care facility. I have also implemented SPH for the Kaleida Health System of Western NY in five hospitals and four long-term care facilities, and facilitate implementation of SPH Programs as a Consultant to WNYCOSH. I present on SPH at conferences and am an active member of the NYS Zero Lift Task Force working toward NY State’s SPH Law and Legislation. I also should mention that Kaleida Health is the only private business on the NYS Zero Lift Task Force which allows five employees time away from work to volunteer on the Task Force.

“The NY State Zero Lift Task Force works hard across NY State with the Department of Labor (DOL), Public Employee Safety and Health (PESH), and all the unions to educate and promote SPH and its strong business case properties. WNYCOSH has worked with facilities through grant dollars to implement SPH. The SPH University at Buffalo Lab is a huge initiative that will bring SPH to PT, OT and Nursing in an interdisciplinary

class room. The ability to deliver SPH recommendations in the field with an interdisciplinary understanding of SPH will give to all the biggest benefit of safety and health in the care and work environments of health care facilities as well as in Home Care.”

Photo, left to right, at the Buffalo AFL-CIO/WNYCOSH Safety and Health Committee meeting, May 11, 2010: **Germain Harnden**, Program Director, WNYCOSH, Program Administrator of the WNYCOSH NYS SPH Demonstration Project, and member of the NYS Zero Lift Task Force; **Paula Pless**, Director SPH Kaleida Health, SPH Program Consultant, Certified Occupational Therapist, and Ergonomic Evaluation Specialist; **Patricia McCarthy**, RN, Kaleida Health 1199 SEIU Health and Safety Director, and NICU nurse at Women and Children’s Hospital of Buffalo, NY; **Anne Hudson**, RN, founder, Work Injured Nurses’ Group USA (WING USA), and public health nurse, Coos Bay, OR; **Barbara Stanley**, New York State Department of Labor Public Employee Safety and Health Bureau, attended the events as an educator, to learn more about SPH in order to teach others; **Melissa Rowland**, RN, Physical Therapist Assistant, and SPH Master Trainer, WNYCOSH.

Patricia McCarthy, RN, a nurse for 43 Years says: “I am Kaleida's 1199 SEIU Health and Safety Director and also a 20-year nurse in the Neonatal Intensive Care Unit (NICU) at Women and Children's Hospital in Buffalo, NY. Before the NICU, I worked for 23 years on the Adolescent Unit, with all of the lifting and repositioning, until my doctor said, ‘If you want to keep walking, you have to stop lifting.’ So, I went to the NICU.

“Some might think because I worked with adolescent children that lifting is not an issue. But children are heavy and lifting children also puts the nurse at risk!

“I love working in the NICU now, but it was an emotionally traumatic experience having to leave the Adolescent Unit, where I had also loved working for so many years and go to the NICU. At least I didn't have to leave my hospital! I went from being Charge Nurse and Preceptor on the Adolescent Unit to being ‘the new kid’ in the NICU who knew nothing about premie’s or sick newborns. Plus, I still had the back pain to deal with.

“It ended up being a good thing, though, because I have been in the NICU for 20 years now. I never could have continued working another 20 years if I had stayed on the Adolescent Unit with all of the heavy lifting and moving.

“It is a shame that nurses across the country have for years put themselves at risk of injury to deliver good nursing care. I was a lucky one – I stopped lifting in time to save my body and maintain my quality of life.

“So many doctors and insurance groups forget the cumulative effect on nurses of years of manual lifting to deliver good care. It isn't just the back either – I have had carpal tunnel surgery on both wrists and they still hurt! With proper patient lift equipment, a nurse will be able to deliver quality care without the physical trauma to his/her body.

“If you can use my experience to promote safe patient handling – please do. Thank you for creating the WING USA group and taking our message across the country!!”

From **Melissa Rowland**, RN, PTA (Physical Therapist Assistant), SPH Master Trainer, WNYCOSH:

“We have worked very hard in Western New York to spread the success we have seen in SPH environments.

“Western New York Council on Occupational Safety and Health (WNYCOSH) has implemented comprehensive Safe Patient Handling programs in three long-term care facilities and two acute care facilities, and local group homes. This involved providing training for administrators, supervisors, and frontline workers, facilitating buy-in sessions, setting up ergonomic committees, conducting assessments and audits, monitoring programs, and documenting the outcomes and effects on employees and patient care.

“Recently WNYCOSH, along with University of Buffalo, opened the first Safe Patient Handling Lab for healthcare students. This will provide them initial exposure to the practice of safe patient handling prior to working in the healthcare field. WNYCOSH continues to help facilities implement and change the standard of care for moving patients while looking to educate future healthcare workers prior to entering the workforce.

“We are excited about the opportunities the future holds and look forward to helping others create a happy, healthy work environment for healthcare workers.”

Safe Patient Handling at Buffalo General Hospital

There was also opportunity to visit Buffalo General Hospital, part of the Kaleida Health System. A tour and history of SPH in Buffalo General was provided by **Bob Guest**, PT, Coordinator of the SPH Program for Kaleida Health, who is also a member of the NYS ZL Task Force, and a SPH consultant for WNYCOSH. Described as a “dedicated educator for SPH,” Bob Guest’s enthusiasm and expertise with SPH came through with explanations and demonstrations of various patient lifting and moving equipment and devices.

Photo: Entrance Buffalo General Hospital

Included was a tour of a bariatric room outfitted with a dual track and motor ceiling lift. The motor on one track lifts the turn and position sling beneath the torso while the motor on the second track lifts the sling beneath the legs. An important benefit of the dual track system for bariatric patients is that full body lifts using one track curl the body into a “C” shape, exerting pressure on the abdomen and chest in very large patients as the legs are brought toward the body. Lifting bariatric patients in this “C” shape creates

pressure on the lungs which can cause discomfort and compromise breathing, while lifting with the dual track system allows the body to remain straight, promoting greater patient comfort and safety.

Photo: Bob Guest, PT, Coordinator of SPH for Kaleida Health, member of the NYS ZL Task Force, SPH Consultant for WNYCOSH, demonstrates the dual track ceiling lift in a Buffalo General Hospital bariatric patient room. “Patient” Roger Cook, Executive Director of WNYCOSH and Co-Chair of the NYS ZL Task Force, is being turned onto his side by a turn and position sling attached to two motors in the dual track ceiling lift. Use of a “limb strap” was also demonstrated which can be used to raise and hold up one leg, whether the patient is on their back or on their side, for wound care and dressing changes, catheter insertion and care, personal hygiene, and other needs.

The **Buffalo AFL-CIO/WNYCOSH Safety and Health Committee meeting** was a gathering of representatives from a variety of unions, including many from healthcare unions. The Committee acts as a forum to discuss occupational safety issues and serves as an alliance for a safer workplace.

My power point presentation “A Back-Injured Nurse Speaks on Safe Patient Handling” included the evidence on why spinal injuries in healthcare workers who manually lift patients are predictable events rather than accidents, and how cumulative microfractures from repetitively lifting hazardous amounts of weight lead to bulging/herniated discs and “degenerative disc disease” – often the deathblow to a bedside nursing career. Thus, dangerous manual patient lifting directly causes disabling spinal injuries, turning nurses into patients themselves.

Photo: First slide of power point

Photo: Manual Patient Lifting – Turning Nurses into Patients depicts the tragedy and public health crisis of disabling spinal injuries caused by using the backs of healthcare workers to do the lifting of machines, called “forced hazardous lifting” by this writer.

I introduced for consideration “**Anne Hudson’s Rule: No Hands on Patients Attempting to Stand.**” I am not an ergonomist; these are just my thoughts. Nevertheless, my proposed “rule” is based on the revised NIOSH Lifting Equation yielding 35 lbs as the maximum recommended weight limit for most patient handling tasks, even less than 35 lbs when performed under less than ideal circumstances, and is driven by the fact that since the 35 lb maximum limit for patient handling has been published [Thomas R Waters, PhD, CPE. “When Is It Safe to Manually Lift a Patient?” August 2007. *American Journal of Nursing* 2007; 107(8):53-58. http://journals.lww.com/ajnonline/Fulltext/2007/08000/When_Is_It_Safe_To_Manually_Lift_A_Patient_.30.aspx], the use of body mechanics has still been put forth in nursing literature for lifting patients from sitting to standing.

A nurse may initiate a manual “assist-to-stand” lift believing the patient needs only a “little boost” to stand. Yet, the nurse cannot be certain that the lift will remain below the safety limit of less than 35 lbs, or that the nurse will not wind up taking most or all of the patient’s weight. With changes in health status and the unpredictability of patients, what is intended as a “little boost” to their feet can become catching/supporting most or all of the patient’s full weight in an instant.

Utilizing low-tech devices and equipment to enhance independence is safer and more therapeutic for patients and residents who are able to use them. Monkey poles and rope ladders allow persons to lift themselves from lying to sitting. If only a “little boost” is needed to rise from sitting to standing, consider a pair of hand blocks or a stand-assist pole. Spring-loaded lift cushions can help rise from the chair or commode. Some persons can pull themselves to their feet by the vertical handles on a specialized walker or it is reported the caregiver can use the vertical handles to lever a 200-lb person to their feet with only 25 lbs of pressure. For more assistance, sit-to-stand lifts and total body lifts can be used as needed.

Excellent algorithms are available for assessing the need of assistive devices for each patient or resident. With the inability of nursing staff to measure and control the weight and forces involved with assisting to stand, the question persists: *Can manually assisting patients from sitting to standing ever be considered safe?* Or, is it time to “raise the bar” on safe patient handling by calling for elimination, wherever possible, of manual assists to stand?

The **Buffalo AFL-CIO Worker Memorial Ceremony, held** in conjunction with the **Buffalo AFL-CIO Council meeting**, was held in remembrance of those who have died or have been seriously injured in the workplace. Lighted candles of remembrance were held during a moment of silence and as the names of those who have died in the workplace were read and as words of honor and tribute were delivered by Donna Chapman, WNYCOSH Program Coordinator and Trainer.

At the **Buffalo AFL-CIO Council meeting**, WNYCOSH special guest Robert Kulick, Regional Administrator, OSHA Region II, gave a very positive statement for moving forward with safe patient handling. He continued with a strong statement on why major OSHA reform is needed and with strong support of the Protecting America’s Workers Act (PAWA), HR 2067 and S 1580, which includes whistle blower protection, stronger enforcement of OSHA regulations, and prosecution of employers who violate them resulting in worker injury or death.

At this writing, HR 2067 has 116 co-sponsors (<http://thomas.loc.gov/cgi-bin/bdquery/z?d111:hr2067:/>) and S 1580 has 23 co-sponsors (<http://thomas.loc.gov/cgi-bin/bdquery/z?d111:SN01580>).

My presentation at the Buffalo AFL-CIO Council meeting included the fact that patient handling is an issue that will literally, physically, touch every single one of us. At some point, every one of us will be lifted and moved by others, whether with an illness, injury,

surgery, disability, or the final event of death. At some point, we and our loved ones will all be dependent upon others for movement, whether with safe lift equipment and gentle slide sheets or by manual methods proven to be dangerous to healthcare workers and to put patients at risk of needless pain, bruising, skin tears, abrasions, dislocations, falling, being dropped, and other injuries. We are all stake holders, with a personal stake in the safe handling of our bodies and the bodies of those we love.

Photo: Buffalo AFL-CIO Council meeting / Buffalo AFL-CIO Worker Memorial Ceremony, May 11, 2010.

I further emphasized the fact that spinal injuries to nursing staff who are required to lift patients by hand are not accidents. Spinal injury from such dangerous lifting is as predictable as if deliberately planned – caused by bending forward, with the spine in its most vulnerable position, and lifting up to hundreds of pounds at a time, often many times per hour, throughout every shift, equivalent to the hardest manual labor, lifting up to thousands of pounds every day on the job.

Yet, when insidious cumulative trauma microfractures lead to bulging/herniated discs and “degenerative disc disease,” it is most often denied as a work injury by workers’ compensation which typically accepts only a single-point-in-time injury. It can be difficult, though not impossible, to prevail in a nurse’s workers’ compensation case based on cumulative trauma spinal injury from lifting patients. Still, the nurse is left with painful, life-altering, spinal damage and if unable to return to lifting, many lose their bedside nursing career.

The needless loss of nurses and healthcare workers to disabling injuries which could be prevented by requiring use of modern lift equipment is an absolute public health crisis! Volunteerism for implementation of effective SPH policies, programs, and equipment, across all of the nearly 6,000 hospitals and 18,000 nursing homes which care for over a million residents, is simply not realistic.

The State of New York has the highest number of nursing home residents of any state, at nearly 109,000 nursing home residents in 2009, and is third for the number of hospitals with 202 hospitals. Companion bills NY A1723A and S317A were introduced in January 2009, and continue in the NY State Legislature. If passed, installation and use of ceiling lifts for patient transfer, with appropriate staff training in the use of ceiling lifts, would be required in hospitals and nursing homes throughout the State of New York. (For text and history, see A1723A at <http://open.nysenate.gov/legislation/bill/A1723A> and S317A at <http://open.nysenate.gov/legislation/bill/S317A>.)

I was honored to be part of WNYCOSH’s special day for SPH in Western New York, culminating with the Buffalo AFL-CIO Council meeting. The enthusiasm and keen interest of the delegates for SPH was energizing, with their backing of legislation for SPH introduced in New York State, and of the national bills for SPH continuing in Congress, HR 2381 and S 1788 “Nurse and Health Care Worker Protection Act of

2009.” (For text, history, etc, of HR 2381 see <http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.2381.IH>: with 42 co-sponsors. For S 1788 see <http://thomas.loc.gov/cgi-bin/bdquery/z?d111:SN01788>: with three co-sponsors at this writing September 6, 2010.)

Senate Hearing S 1788, Nurse and HCW Protection Act of 2009, “Safe Patient Handling and Lifting Standards for a Safer American Workforce”

As the special events for SPH occurred in WNY, the US Senate Committee on Health, Education, Labor, and Pensions (HELP) Subcommittee on Employment and Workplace Safety held a hearing in Washington, DC, on S 1788, Nurse and Health Care Worker Protection Act of 2009. Titled “Safe Patient Handling and Lifting Standards for a Safer American Workforce,” the hearing was held on May 11, 2010, at 2:00 PM, in Room 428 of the Dirksen Senate Office Building.

Marsha Medlin, RN, Founder of the Coalition for Healthcare Worker and Patient Safety (CHAPS), stated, “The hearing was well attended and has prompted new activity surrounding the bill this morning. Thank you to everyone. I believe we are one more step closer to making health care employees safer.”

Photo (from the following link): Members of the Coalition for Healthcare Worker and Patient Safety (CHAPS) were included in the audience at the hearing on S 1788 by the US Senate HELP Subcommittee on Employment and Workplace Safety, May 11, 2010, Washington, DC.

Video of the hearing on S 1788 and written testimony and photos may be seen at <http://help.senate.gov/hearings/hearing/?id=6a53554d-5056-9502-5da3-4d68be6b9f48>. Those testifying in support of S 1788 included:

Captain James Collins, Ph.D., M.S.M.E., Associate Director for Science, Division of Safety Research, National Institute for Occupational Safety and Health, Washington, DC, Associate Director for Science for the National Institute for Occupational Safety and Health’s (NIOSH) Division of Safety Research, part of the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS):

“Health care workers experience musculoskeletal disorders at a rate exceeding that of workers in construction, mining, manufacturing, and wholesale and retail trade (BLS, Nov 2009, <http://www.bls.gov/iif/oshwc/osh/case/ostb2211.pdf>)... due in large part to repeated manual patient handling activities... The risk... results from the high internal forces created in the spine when a person lifts a heavy object... NIOSH has a comprehensive research program aimed at preventing work-related MSDs with major efforts to reduce lifting injuries in health care settings. NIOSH's research with diverse partners has already made great strides in developing best practices and demonstrating the effectiveness of these ‘best practices’ in health care settings... NIOSH recommends that no caregiver should manually lift more than 35 lbs of a

person's body weight for a vertical lifting task (Waters, 2007)... [and] that when the weight to be lifted exceeds this limit, assistive devices should be used... NIOSH has shown that manual handling of patients is a serious risk to health care workers... [with] increasing risks due to the aging workforce and obesity epidemic in the United States... Technology-based solutions...are effective alternatives to manual patient handling that are safe and cost effective to implement.”

Dr. Michael Hodgson, MD, MPH, Chief Consultant, Occupational Health Strategic Health Care Group, Office of Public Health and Environmental Hazards, Veterans Health Administration, Washington, DC:

“A VA Health Services Research and Development grant evaluated those recommended changes and justified the new program, now known as ‘Safe Patient Handling’... support[ing] both patient safety and employee injury prevention... Business case calculation suggested an internal rate of return on program investment between 19 and 37 percent. VA then funded a national program. Since July 2008 VA has disbursed approximately \$143 million to VA health care facilities for this initiative, with another \$62 million planned for fiscal year 2011... Immediate equipment availability is a major driver for success so that ceiling lifts far outperform portable equipment... New evidence from researchers in Holland and from Stanford University suggests the program also supports dramatically improved quality of patient care, demonstrated by reduced rates of decubitus ulcers, incontinence, and urinary tract infections. In addition, the Stanford analysis identified an internal rate of financial return greater than 65 percent... New technologies... have emerged. For example, air-assisted lateral transfer devices, powered wheelchairs and stretchers, and car extractors... As the problem of obesity increases for the Veteran patient population, additional technologies have been developed for moving patients, including overweight patients. New equipment and extension of ceiling tracks into bathrooms have been designed to reduce the frequency of transfers... VA has found it can improve patient care while reducing costs through efforts like the Safe Patient Handling program.”

Barbara Silverstein, MSN, MPH, PhD, CPE, Research Director, Washington State Department of Labor and Industries, Olympia, WA:

“...Injury statistics show manual patient handling is dangerous to care givers and patients. Even with “good” lifting technique, it is not possible to manually lift patients without exceeding the NIOSH action limit for manual handling... Nursing homes and hospitals have amongst the highest numbers and incidence rates of injuries in the US. Back and shoulder injuries related to manually handling patients comprise the largest proportion of injuries... Hospital and nursing home injury rates are high and workers compensation claims for back injuries are costly. Safe patient handling legislation and programs are aimed at reducing this burden for workers, patients, families and society. Washington is one of nine states that currently have safe patient handling legislation to address this problem. Others include Illinois, Ohio, Maryland, Minnesota, New Jersey, New York, Rhode Island and Texas. Legislation has been initiated in another 10 states (California, Florida, Kansas, Massachusetts, Michigan, Nevada, New York, Vermont,

Connecticut, Hawaii and Missouri). The legislation varies in terms of coverage and requirements. Safe Patient Handling (SPH) legislation has a positive impact on staff knowledge and practice of safe patient handling as well as reduction in patient handling injury rates. This has been demonstrated in Washington State... There is no safe way to manually lift an adult patient by one or more people... Using a ceiling lift is safer and more comfortable than manual handling or using a floor lift for both the patient and the staff... Mechanisms must be in place for ...a culture shift from 'back injuries are inevitable in nursing' to, handling patients safely for the patient and the care-giver... Legislation and regulation can provide a 'floor' for what are minimally acceptable working conditions, but as a society, a profession and an industry, we should expect more of ourselves and each other. We need to take care of those who take care of us." (See the WA State SPH Steering Committee website www.washingtonsafepatienthandling.org.)

Elizabeth Shogren, Registered Nurse, Minnesota Nurses Association, St. Paul, MN:

"I am also a work injured registered nurse... The last shift I was able to work without excruciating pain I was assigned to care for several patients, one of whom weighed over 400 pounds... requiring repositioning every two hours and 'a boost up' in bed multiple times per shift... [With] a permanent lifting restriction... my ability to be a bedside nurse was being determined not by what I knew, but by how much I could lift. I didn't have to lift weights to pass my licensing exam... We lift an average of 1.8 tons per 8 hour shift. We don't see that in other jobs; they use equipment... Many other industrialized countries had been using equipment for 20 plus years because they had laws that required it... In 2007 the MN legislature passed the MN Safe Patient Handling Act which requires the use of equipment in all licensed healthcare facilities. It was amended in 2009 to include all outpatient care settings... Continued use of manual patient handling is unsafe for health care workers and patients. It contributes to increased cost of care in an environment where we are all questioning the rising cost of health care. The nation needs what has been started in MN. The patients across the country, their nurses and other care givers desperately need it."

June Altaras , RN, BSN, MN, Administrative Nursing Director, Swedish Medical Center, Seattle, WA:

"In March 2006, Washington State Governor Christine Gregoire signed new legislation requiring all hospitals in the state to implement a safe patient handling program. The requirement put forth in the legislation prioritized the issue throughout the Swedish health system and we moved systematically to develop a safe patient handling program that would benefit our patients, our staff and would result in cost savings... The results of our work are overwhelming. We have developed a system that reduces workplace injuries and corresponding lost or restricted days of work, which has a direct result on our bottom line... The return on investment is undeniable and dramatic when a safe patient handling policy is implemented successfully... You will not only see a generous return on your investment, but you will also have a healthier workforce."

From **Bill Borwegen**, Occupational Health and Safety Director, Service Employees International Union (SEIU), Washington, DC, about the hearing:

“Senator Murray (D-WA), Chair of the Senate Employment and Health and Safety Subcommittee held a compelling hearing yesterday on the need for Safe Patient Handling (SPH) programs to stem the national epidemic of disabling neck, back and shoulder injuries to healthcare workers caused by manual patient handling, and the need to pass SB1788, which would require OSHA to issue a Safe Patient Handling Standard, similar to what we have achieved in WA, MN, RI, NJ and other states.

“Witnesses from NIOSH, the VHA, Seattle's Swedish Hospital, the Washington State Dept of Labor and Industries, and CHAPS member and injured nurse Bettye Shogren from MN all spoke about how SPH programs ‘save backs and bucks’ by significantly cutting healthcare worker injuries caused by manual patient handling and save employers millions of dollars annually in reduced medical and workers comp costs. The NIOSH witness stated that based on ‘extensive NIOSH research over the past 20 years,’ and an Institute of Medicine review that comprehensive SPH programs reduce healthcare worker injuries caused by manual patient handling by 55%-65%.”

Looking Forward

Watching the progress is thrilling as NY State, other states, and the nation continue the quest for safe patient and resident handling, leading to one of the most significant advances of the century in the delivery of bedside care, which will be stopping the hazardous manual lifting proven to cause permanent physical damage to healthcare workers and to place patients and residents at risk of needless pain and injury.

The great variety of patient lifting and moving equipment is really quite amazing, showcased next, including new and emerging technologies, at the 2nd Annual West Coast Safe Patient Handling Conference, September 20-24, 2010, in San Diego, CA (<http://www.cme.hsc.usf.edu/wcsph/>) and at the 11th Annual Safe Patient Handling and Movement Conference, March 28-April 1, 2011, in Lake Buena Vista, FL (<http://www.cme.hsc.usf.edu/sphm/>).

It is also hoped that as the magnitude and severity of injuries indisputably and directly caused by manual patient lifting become more recognized that the American Nurses Association, and other national nursing organizations, will create a fund to assist nurses injured and disabled by lifting patients. See www.wingusa.org for a letter-writing “Call to Action” to that end. It is not right that so many enter nursing with the earnest desire to care for others, only to become disabled themselves by unsafe lifting requirements, and are then tossed on the heap, and forgotten.

With best wishes to all,

Anne Hudson, RN, BSN
September 9, 2010

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