

Coalition for Healthcare Worker and Patient Safety (CHAPS) Supports H.R. 2381/S. 1788--The Nurse and Health Care Worker Protection Act of 2009

At a time when the US faces a national **nursing shortage** and patients and residents are getting **heavier and more dependent**, **national safe patient handling legislation is urgently needed to protect both health care workers and patients** caused by **dangerous manual patient and resident lifting practices** still utilized in many health care facilities throughout the country.

“CHAPS” is a broad coalition of organizations and individuals collaborating in an effort to support passage of HR 2381, the Nurse and Health Care Worker Protection Act of 2009. **HR 2381** would require **OSHA** to develop and implement a **standard** that would **eliminate manual lifting of patients and residents** by **direct-care registered nurses and all other health care workers** through the use of **assistive patient handling equipment** to the greatest degree feasible except where the use of safe patient handling practices can be demonstrated to compromise patient care. The standard would apply to **all health care employers**.

Each year **thousands of nurses, nursing aides and health care workers** sustain musculoskeletal disorders (MSDs) from manual lifting of patients and residents. **These injuries leave 50% or more working in chronic pain or at least 12% leaving the profession**, many with permanent disabling injuries.

Health care facilities that incorporate assistive patient handling equipment and safe patient handling programs have demonstrated **significant decrease** in **MSD injuries** to nurse and health care workers and health care worker **turnover**, **increased cost savings** in workers compensation rates and **improved patient comfort and safety**.

CHAPS members include injured nurses and other injured healthcare workers, occupational health and safety professionals, professional nursing associations, labor unions representing healthcare workers, workers compensation carriers, and other organizations and individuals committed to patient and worker safety.

The Issue

Work Related Musculoskeletal Disorders (MSDs) such as back strains and damage to spinal discs in nurses and other health care workers persist as the **leading and most costly** occupational health problem in the U.S.

In 2007, direct-care registered **nurses** ranked **seventh** among all occupations for the number of cases of MSDs resulting in **days away from work** in the US. **Nursing aides, orderlies, and attendants** had a MSD rate **more than seven times** the national MSD average for all occupations. The rate of MSDs in health care workers **exceeds** that of workers in construction, mining, and manufacturing.

These injuries are reported not only by nurses and nursing aides but **physical therapists, home health aides, emergency medical workers, and x-ray technicians**. MSDs due to manual patient handling occur in **all** health care environments from **hospitals, nursing homes, outpatient clinics, home health settings to emergency medical services**.

The primary cause of these injuries is the result of **repeated manual lifting, transferring, and repositioning of patients and residents**. The **cumulative weight** a nurse or health care worker may have to lift (patient lifts or transfers) within an **8-hour shift** is equivalent to **1.8 tons** (*that is the equivalent of a Subaru Forrester with a 600lb passenger load*)! In fact, research by the National Institute of Occupational Safety and Health (NIOSH) demonstrates that **the safe lift limit** for cumulative manual handling of patients or residents is **only 35lbs**. Research also shows that repeated manual patient or resident lifting can cause cumulative microfractures of the lower spine that lead to **disc damage and permanent disabling injury**.

Injuries associated with manual patient or resident handling:

- 1. Cause nurses and health care workers:**
 - To work in pain on a daily basis
 - Chronic pain and suffering
 - Permanent disability
 - Shortened careers
 - Loss of livelihood
- 2. Have negative impact on patient/resident safety related to the risk of:**
 - Falls during transfers
 - Skin tears and bruising or skin damage
 - Increased pain and discomfort
 - Loss of dignity and privacy
- 3. Are extremely costly for health care organizations:**
 - Healthcare worker **back injuries alone** are estimated to cost **\$20 billion annually** in direct and indirect costs.
 - Nursing personnel have **the highest** workers' compensation claim rates of any occupation or industry

See over

Research on the impact of MSDs among nurses alone shows the following:

- An estimated **12 percent** leave the profession each year due back pain
- **31% reported** having personally experienced a back or musculoskeletal injury while working as a nurse
- **38 percent** suffer work related back pain severe enough to require leave from work
- **52 percent** complain of chronic back pain
- **20% transferred** to a different unit, position, or employment because of lower back pain
- **1 in 3 nurses younger than 30** are reported to be planning to **leave his or her job** within the next year due to physical demands of the job.

Even **student nurses and other health care students** suffer MSDs due to lifting patients or residents that **impact** their careers.

It is estimated as many as **50 percent** MSD injuries in nurses and health care workers **may go unreported**.

35 years of research shows that there **is no safe way to perform manual patient handling**. Injury risk to nurses and health care workers is increased by the dramatic escalation of **obesity in the patient and resident population** and number of older people who require assistance with the activities of daily living.

Protecting nurses and health care workers from disabling injury is crucial during a critical nurse shortage.

Injuries to Nurses, Health Care Workers and Patients are Preventable

It is well documented that multifaceted, participatory Safe Patient Handling (SPH) programs reduce injuries from lifting and moving patients and residents. Effective programs include active involvement of direct care nurses, and other health care workers, visible administrative support, assessment of patient handling needs, appropriate lifting and moving equipment, and “no manual lifting” policies

Safe Patient Handling Programs and Equipment are Cost Effective.

Extensive evidence shows that Safe Patient Handling programs decrease:

- Patient-handling related workers' compensation injury rates (30-95%)
- Lost workday injury rates (66-100%),
- Restricted workdays (up to 38%),
- Workers compensation costs (30-75%)
- Insurance premiums (50%)
- The number of workers suffering from repeat injuries

Increase in caregiver job satisfaction and significant **reductions in health care staff turnover** are also reported.

Initial investment for purchase of equipment and training costs can be **recovered less than 2-3 years**.

Safe Patient Handling Programs Benefit the Patient or Resident

Positive outcomes include:

- **Decrease in combativeness** with use of lifting equipment
- **Reduced shearing** injury in patients, which lead to skin damage and exacerbate pressure ulcers
- **Reduction in falls**
- **Increase in physical functioning** and activity level
- **Patient dignity** is protected by using assistive equipment and devices
- Patients report feeling more **comfortable and secure** when be moved or repositioned by SPH equipment

The Bottom Line.....

Health care worker exposure to occupational injury is simply not an acceptable risk associated with patient care.

Patient safety cannot be adequately addressed if employee safety is not being adequately addressed'

Federal Legislation, and Grant money to assist health care facilities demonstrating financial need to purchase safe patient handling equipment, will enable the U.S. healthcare industry to **improve worker and patient safety**, contribute to **retention and recruitment** of the health care workforce, and **decrease costs** to insurance companies and health care organizations.

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