



**Statement**

**of the**

**American Nurses Association**

**for the**

**Committee on Health, Education, Labor, & Pensions**

**Subcommittee on Employment and Workplace Safety**

**of the**

**United States Senate**

**May 11, 2010**

The American Nurses Association (ANA), the largest nursing organization in the country, is pleased to submit our statement for the record to the Subcommittee on Employment and Workplace Safety's hearing on the Safe Patient Handling & Lifting Standards for a Safer American Workforce.

Founded in 1896, ANA is the only full-service professional association representing the interests of the nation's 3.1 million registered nurses (RNs) through its constituent member nurses associations, its organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

The ANA prides itself on our long history as patient advocates. Patient advocacy has always been

at the core of nursing and ANA takes that responsibility very seriously. We believe that it is possible to care for our patients without jeopardizing our own safety and health – and that of our patients. For almost two decades, the American Nurses Association (ANA) has been leading the fight on behalf of registered nurses, health care workers and patients to eliminate manual patient handling. This issue is at the heart of our members day-to-day lives. Moreover, it affects the lives of dedicated support staff including nurses' aides, patient care assistants and health care technicians who work alongside the registered nurse to provide competent, compassionate care to patients. A Safe Patient Handling program decreases injury to nurses, other health care workers and patients, while reducing work-related health care costs and improving the safety of patient care delivery.

The nation – now facing a serious nursing shortage – can no longer afford to lose the nurses who leave the profession annually due to musculoskeletal injuries and pain. The extent of musculoskeletal disorders among the U.S. nursing workforce is particularly distressing. It is estimated that greater than 52% of the nursing workforce suffers from chronic back pain. Injuries and pain secondary to patient handling tasks exacerbate the shortage and are of particular concern with the aging of the nursing workforce. Although the Occupational Safety and Health Act (OSHA, 1970) requires employers to maintain records of serious workplace injuries and illnesses (29 USC section 657c(2)), these statistics may not capture episodic and remitting musculoskeletal injuries. Because this type of injury is largely a result of cumulative physical insult over time, they often go under reported, so the reported data is likely just the tip of the iceberg.

In spite of the statistics and OSHA recommendations, "no lift" policy initiatives in other nations such as the United Kingdom and Australia have been slow to be accepted in the US. In 2003, the ANA Handle with Care® program was developed to support safer practices with regards to patient handling. Approaches to addressing this issue include recommended changes in nursing school curriculum as well as legislation.

ANA's policy is supported by a 2003 Institute of Medicine report entitled *Keeping Patients Safe: Transforming the Environment for Nurses* which describes the nurses work environment as a potential threat to their safety as well as that of patients. As a result, legislation in a number of states focusing on nurses working conditions has been advanced. An example is requiring the creation of safe patient handling programs with “no manual lift” policies.

Although progress to address patient handling has been made as evidenced by changes in nursing schools' curriculums and continued activity within the state legislatures, initiatives are too few and too limited in scope, and injuries continue to occur. Legislation is needed at the *Federal* level. ANA strongly supports, and is actively working to enact *The Nurse and Health Care Worker Protection Act of 2009* (H.R. 2381/S. 1788). This legislation would help improve patient safety and protect registered nurses and other health care workers from debilitating injuries that could force them from their professions. ANA strongly urges Congress to enact *The Nurse and Health Care Worker Act of 2009* (H.R. 2381/S. 1788).

### **Safe Patient Handling Programs Are Important...For Registered Nurses, Health Care Workers...and Patients!**

A Safe Patient Handling (SPH) program decreases injury to nurses, other health care workers and patients, while reducing work-related health care costs and improving the safety of patient care delivery. The performance of tasks such as lifting, repositioning and transferring patients exposes nurses and other health care personnel to increased risk for work-related musculoskeletal disorders. With the development of assistive equipment and devices, such as lifting equipment and lateral transfer and friction reducing devices, the risk of musculoskeletal injury can be eliminated or significantly reduced.

According to the Bureau of Labor Statistics, nursing aides, orderlies, and attendants reported the highest incidence rate of musculoskeletal disorders (MSD) requiring days away from work in 2006 (BLS, 2007). This group was ranked second in overall musculoskeletal disorders requiring

days away from work, with Registered Nurses ranked fifth.<sup>1</sup>

Healthcare workers are over represented for upper extremity MSD among worker's compensation claims. Injured nurses contribute to about one-fourth of all claims and one-third of total compensation costs. More than one-third of back injuries among nurses have been associated with the handling of patients and the frequency with which nurses are required to move them.

The extent of musculoskeletal disorders among the U.S. nursing workforce is particularly distressing when considered in the context of the current nursing shortage. The nation – now facing a serious nursing shortage – can no longer afford to lose the nurses who leave the profession annually due to musculoskeletal injuries and pain. Injuries secondary to patient handling and movement tasks compound factors driving the nursing shortage.

An ANA Health and Safety Survey revealed that 88 percent of nurses reported that health and safety concerns influence their decision to remain in nursing and the kind of nursing work they choose to perform. More than 70 percent said the acute and chronic effects of stress and overwork were among their top three health concerns, with more than two-thirds reporting they work some type of mandatory overtime every month. In addition, nurses cited a disabling back injury (60 percent), followed by contracting HIV or hepatitis from a needlestick injury (45 percent) as also being among their top three health and safety concerns. The survey further revealed that fewer than 20 percent of respondents felt safe in their current work environment.<sup>2</sup>

Safe patient movement and handling benefits patients as well. The potential for patient injury (such as falls and skin tears) as a consequence of a manual handling mishap is reduced by using assistive equipment and devices. Equipment and devices provide a more secure process for lifting, transferring or repositioning patients.

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<sup>1</sup> Bureau of Labor Statistics (BLS). (2007). Nonfatal occupational illness and injuries causing days away from work, 2006. United States Department of Labor NEWS. USDL 07-1741. <http://www.bls.gov/iif/oshwc/osh/case/osnr0029.pdf>

<sup>2</sup> ANA Health & Safety Survey, Sept. 7, 2001. See [www.nursingworld.org/surveys/hssurvey.htm](http://www.nursingworld.org/surveys/hssurvey.htm) for details.

- Studies have shown that the use of mechanical lifting equipment increases a resident's comfort and feelings of security when compared to manual methods.<sup>3</sup>
- Patient handling technology encourages the safe movement and repositioning of patients, which is required to avoid pressure ulcers (bed sores). Years of research point to the effectiveness of patient turning and repositioning as the primary means to avoid pressure ulcers.<sup>4</sup>
- The National Institute for Occupational Safety and Health (NIOSH) reports that manual lifting is associated with undesirable outcomes for patients, including: Decreased quality of care...Diminished resident safety and comfort...Decreased resident satisfaction... Higher risks of falls, or of being dropped, friction burns, and dislocated shoulders...Skin tears and bruises.<sup>5</sup>

Most importantly, patients are afforded a safer means to progress through their care, have less anxiety, are more comfortable and maintain their dignity and privacy. Assistive patient-handling equipment can be selected to match a patient's ability to assist in his or her own movement, thereby promoting patient autonomy and rehabilitation.

### **Safe Patient Handling Programs Pay for Themselves**

ANA strongly believes that enactment of the Nurses and Health Care Worker Protection Act of 2009 (H.R. 2381/S. 1788) will not only save the health and careers of registered nurses and other health care workers, but that it will also inevitably reduce costs for health care facilities. In essence, a business case can be made for implementing a safe patient handling program.

- Initial investment in both lifting equipment and employee training can be recovered in 2 to 3 years through reductions in workers' compensation costs.<sup>6</sup>

<sup>3</sup> Zhuang Z, et al. (2000). Psychophysical assessment of assistive devices for transferring patients/residents. *Applied Ergonomics*. 31(1), 35–44.

<sup>4</sup> Thomas, David. (2001). Prevention and treatment of pressure ulcers: What works? What doesn't? *Cleveland Clinic Journal of Medicine*. (68) 8. August. <http://www.ccjm.org/pdffiles/Thomas801.pdf>

<sup>5</sup> National Institute for Occupational Safety and Health (NIOSH). (2006). *Safe Lifting and Movement of Nursing Home Residents*. DHHS (NIOSH) Publication No. 2006-117. <http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf>

<sup>6</sup> Collins et al., 2004; Tiesman et al., 2003; Nelson et al., 2003; Garg, 1999.

- Research has shown that resident lifting programs reduce workers' compensation injury rates by 61%, lost workday injury rates by 66%, restricted workdays by 38%, and the number of workers suffering from repeated injuries.<sup>7</sup>
- SPHM programs are cost-effective due to reductions in workers' compensation claims, costs associated with absenteeism, and turnover.<sup>8</sup>
- It was estimated the Veterans Health Administration (VHA) spent approximately \$22 million a year on health care worker injuries associated with patient movement. After initiating safe patient lifting programs in 23 units as part of an observation study, it was demonstrated that the VHA was able to recoup all of the direct and indirect costs associated with the safe lifting program in 4.3 years. The savings occur through significant reductions in workers compensation payments and avoidance of costs associated with caregiver absenteeism.<sup>9</sup>
- The Centers for Disease Control and Prevention (CDC) recently released the results of a six-year field study of a safe patient lifting program. This study showed that the investment in equipment and training was recouped in less than three years in lower worker compensation claims.<sup>10</sup>

While the evidence shows that manual patient handling is a high-hazard task, with high incidence rates of musculoskeletal disorders for nurses and other personnel, employers remain reluctant to institute safe patient handling programs regardless of the data that demonstrates a strong return on investment for registered nurses, health care workers and patients.

### **The Nurse and Health Care Worker Protection Act of 2009 (H.R. 2381/S. 1788)**

The American Nurses Association strongly supports the Nurse and Health Care Worker Protection Act of 2009 (H.R. 2381/S. 1788). This bill would require OSHA to develop and implement a standard that will eliminate manual lifting of patients by direct-care registered

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<sup>7</sup> Collins J.W., et al. 2004. An evaluation of a "best practices" musculoskeletal injury prevention program in nursing homes. *Injury Prevention* (10) 206–211.

<sup>8</sup> Bureau of Labor Statistics (BLS). (2007). Nonfatal occupational illness and injuries causing days away from work, 2006. United States Department of Labor NEWS. USDL 07-1741. <http://www.bls.gov/iif/oshwc/osh/case/osnr0029.pdf>

<sup>9</sup>Siddarthan, K., Nelson, A., Tiesman, H., & Chen, F. (2007). Cost effectiveness of a multifaceted program for safe patient handling. *Advances in Patient Safety*, 3(1):347–358.

<sup>10</sup> NIOSH (2007). The NIOSH Traumatic Injury and Prevention Program Evidence Package. March, 2007. <http://www.cdc.gov/niosh/nas/traumainj/pdfs/TIchapter5NAS03-07.pdf>

nurses and other health care workers. The legislation will also require health care facilities to develop a plan to comply with the standard (with input from RNs), provides protection for RNs through refusal of assignment and whistleblower provisions, and requires the Secretary to perform audits.

The Nurse and Health Care Worker Protection Act of 2009 will address some of the issues previously noted by decreasing injuries sustained by registered nurses, health care workers, and patients. It will also improve the safety of patient care delivery while reducing work-related health care costs.

## **CONCLUSION**

We applaud the Subcommittee's foresight in acknowledging the issue of manual lifting, transferring and repositioning patients as a continued hazard for nurses, health care workers and patients. As we expand access to health care services, ANA believes that the enactment of H.R. 2381/S. 1788 will reduce the number of injuries incurred by registered nurses, health care workers and patients. H.R. 2381/S. 1788 will also serve to decrease patient anxiety and improve the overall quality of care. Again, the ANA is pleased to submit our statement for the record and will work with Congress to secure enactment of *The Nurse and Health Care Worker Act of 2009* (H.R. 2381/S. 1788). Thank you.