

Indiana State Nurses Association

Issue Brief - Nurse Safety

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1. Problem identification:

Registered nurses are at high risk for developing muscle-skeletal injuries.

2. Background

- H.B. 2381 and S.B. 1788 Nurse and Health care Worker Protection Act (2009) addressed Safe Patient Handling
- NHANES reported 32% of adults in U.S. are obese increasing injury risk for health care workers
- Health care workers report higher incidence of back related MSD compared to other U.S. occupations
- Work related injuries among nursing aides, orderlies and attendants is second and nursing sixth on list of reported strains and sprains by occupations (Nelson, Fraggala, & Menzel, 2003 and U.S. department of Labor, 2002)
- Incidence of back injuries causing lost work days 181.6 per 10,000 for full time workers in nursing homes and 90.1 per 10,000 for full time workers in acute care
- 200,000 occupational injuries in 2003 attributed to MDS per CDC
- Estimated costs associated with MSD injuries in health care settings 320 Billion annually (U.S. DHHS, 2006)
- 12% of nurses leave the profession due to back pain and injury and 11% change employment
- NIOSH developed a program to reduce back injuries with no worker to lift more than 51 pounds under controlled and limited circumstances. Assistive devices for lifting are recommended
- JCAHO has Worker Safety program within the Environment of care standards
- AHRQ has report on work environment that impact patient safety
- Australia and U.K. have use technology for patient lifting with no-lifting regulations
- Department of VA has established a patient safety center of inquiry
- ANA established the Handle with Care campaign in 2003 that states: manual lifting is unsafe for patients and the attributed cause of MSDs among nurses, and approves the use of mechanical assistive equipment for reducing health care worker risk, and improving patient safety and care quality

7 states have passed safe patient handling: Texas (State bill mandate a policy for safe patient handling by hospitals and nursing homes), Ohio (State bill to create a workers' compensation fund for interest-free loans for nursing homes to buy lift equipment and to implement no manual lifting policies), New York (two year demonstration study to collect data on Injuries to determine best practice), Washington (date law to mandate provision of lift equipment by hospitals as a component of a policy for safe patient handling and to offer financial assistance through tax credits and reduced workers' compensation premiums), Hawaii (resolution to mandate support of ANA Handle with care campaign and allow nurses to refuse to manually handle a patient if the task places the or patient at risk for injury), Rhode Island (state law requiring hospitals and nursing facilities to reduce manual lifting, transferring and repositioning of patients and residents except in exceptional circumstances), Maryland (safe patient handling legislation)

- Research has demonstrated that use of lifting devices and body mechanics can reduce MSD injury, workman's compensation payments and administrative costs (Initial equipment and training costs were covered by a workman's compensation savings of \$55,000 (U.S. DHHS, 2006)

3. Stakeholders

- a. Nurses and other health care workers
- b. Patients
- c. Health care facilities
- d. Coalition of Health care Worker and Patient Safety
- e. Work injured Nurses' special interest group
- f. ANA, CMA
- g. Hospital Associations
- h. OSHA, IOSHA

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