

GUIDE TO IMPLEMENTING CALIFORNIA'S SAFE PATIENT HANDLING REGULATION

WHAT IS CALIFORNIA'S SAFE PATIENT HANDLING REGULATION?

On October 1, 2014, Cal/OSHA's Healthcare Worker Back and Musculoskeletal Injury Prevention Act took effect. This regulation requires most general acute-care hospitals in California to develop a patient protection and health care worker back and musculoskeletal injury prevention plan. This regulation recognizes that an effective safe patient handling program requires the active involvement of employees in identifying and evaluating hazards, in finding solutions, and in identifying problems with implementation of the program.

IDENTIFYING AND EVALUATING HAZARDS

Hospitals are required to identify and evaluate the hazards, such as back injuries or falls, associated with patient handling in the facility. Patients who require mobility assistance are typically present in most patient care units of hospital, including emergency departments and outpatient units such as physical therapy, outpatient surgery, and imaging. The regulation requires that the hospital have effective procedures to include employees who will perform patient handling tasks (including mobility assessments) in the evaluation.

Employee involvement helps hospitals identify problems that are unique to a specific unit. For example, Cal/OSHA investigated problems in an outpatient endoscopy unit. Although the hospital had a safe patient handling program for the inpatient units, the hazards in endoscopy had not been evaluated. Nurses had sustained injuries because the procedure often required them to support the patient's abdomen while the scope was being manipulated. This activity required the nurse to hold the weight in an awkward and static position for a significant period of time. As a result of the inspection, the hospital adopted a number of measures to reduce the need for manual support.

SELECTING EQUIPMENT

After hazards in patient handling tasks have been identified, hospitals must evaluate the types of equipment necessary to reduce the risk of injury during patient handling. An initial evaluation of equipment needs for each unit must have been conducted no later than November 30, 2014, and must be updated at least annually or whenever equipment, conditions, or hazards change. This evaluation includes determining how much equipment is needed and where it should be located so that it can be utilized. Types of equipment may include:

- » Full and partial body lifts and supports, including portable and mounted lifts
- » Lateral transfer aids, such as friction reducing boards and sheets, and air-assisted mats
- » Sit-to-stand lifts and other mobility aids
- » Transfer, shower, and other specialized chairs
- » Specialized beds

Many types of equipment require accessories such as slings to function. It is important to plan for the location and stocking of these accessories. It is also important to look at the room layout as a whole to ensure that there is adequate space to move equipment and patients, and that different pieces of equipment are compatible. The standard requires that employees be involved in evaluating and selecting equipment.

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A California hospital provided portable patient lifts for bariatric patients. During the course of an inspection, Cal/OSHA found that the base of the lift was too high to get under the bariatric beds and allow health care workers to maneuver the lift due to the motors and other equipment mounted to the underside of the bedframe. During the inspection, hospital administrators applied for permission from the Office of Statewide Health Planning and Development to install ceiling mounted lifts.

ENSURING AVAILABILITY OF TRAINED EMPLOYEES

Hospitals also must ensure that there are sufficient trained health care workers available to safely perform patient handling activities. An individual nurse cannot safely lift or transfer most patients without either mechanical assistance or the assistance of other health care workers. Some hospitals use designated lift teams, while others rely on designated health care workers who have been trained to perform tasks involving multiple employees. However it is done, **the regulation requires that there be sufficient staff available at all times.**

In addition, the regulation states that an employee is not considered available if “the employee’s other assignments prevent the person from participating in the patient handling tasks within the timeframe determined to be necessary by the person designated to observe and direct the patient lifts and mobilizations,” which is typically the RN taking care of the patient. **The regulation requires that employees be involved in evaluating the hospital’s procedures for ensuring that sufficient trained staff are available.**

Cal/OSHA investigated a serious shoulder injury to a nurse in an emergency department who had come on shift and found that the linen on one of her patient’s beds had been soiled. She determined that it was necessary to change the linen, and although there were other nurses on her unit, they were all busy providing patient care and were not immediately available. She asked the patient if she could support herself by holding the bedrail, and the patient indicated that she could. So the nurse rolled the patient onto her side, and the patient grasped the rail. The nurse then used one arm to support the patient while she moved the soiled linens with the other arm. The patient unexpectedly rolled back, and that exerted enough force on the nurse’s arm to injure her shoulder. The nurse never returned to work at that hospital.

TRAINING

The Cal/OSHA regulation requires training of all employees who will be present on patient care units, including employees who are not direct employees of the hospital, such as nurses employed through a temporary agency or registry. Employees who are not expected to perform patient handling tasks or to specify patient handling procedures, must be provided with awareness training, so that they will know about the hospital’s plan and what to do in emergencies.

Employees who will participate in patient handling tasks must be trained on the hospital’s plan, on the causes and symptoms of patient handling injuries, and the employee’s role in the plan. Employees must have hands-on training on the equipment they will be expected to use, on manual patient handling procedures, and on lifting and transferring procedures involving more than one worker.

Employees and their supervisors must be trained on how they can communicate any concerns about patient handling equipment or lack of sufficient available trained staff. They also must be trained that an employee cannot be disciplined for refusing to lift, reposition or transfer a patient due to concerns about patient or worker safety. The training must include an opportunity for interactive questions and answers with someone knowledgeable about the plan. Refresher training, including hands-on training, must be provided at least annually. Employees may also request additional training.

A health care worker sustained a serious injury when a group of health care workers from different departments transferred a patient using a friction-reducing transfer board to move the patient from an imaging table to a gurney. The workers had not had specific training on the group procedure. The employees had different individual understandings about which direction they were supposed to move the board, so that employees on both sides tugged on the board at the same time. This caused one of the employees to sustain a serious shoulder injury that required inpatient hospitalization and surgery.

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OTHER EMPLOYEE INVOLVEMENT PROVISIONS OF THE REGULATION

The regulation requires that employers investigate all employee injuries due to patient handling, and specifically solicit the opinion of the injured employee and other employees involved in the incident regarding any measure that might have prevented the injury. The regulation requires that the plan be reviewed at least annually, including the participation of employees regarding the effectiveness of the plan in their work area. The recordkeeping section includes specific rights employees and their representatives have regarding access to certain records.

USING THIS REGULATION TO MAKE HOSPITALS SAFER

Nurses should see evidence of the hospital's implementation of this regulation. The plan must be available on the unit at all times, and the plan must include procedures for how employees will be involved in assessing equipment needs, needs for trained staff, and review of the effectiveness of the plan in the employee's work area. The hospital is required to have an effective means of communication with employees about patient handling concerns.

The plan is required to include the name and/or job title of the person(s) responsible for its implementation, so nurses with concerns can contact those managers.

CNA nurses with patient handling concerns should contact their labor representative. CNA can file a Cal/OSHA complaint on behalf of nurses we represent.

PROTECTION AGAINST RETALIATION

Employees within Cal/OSHA's jurisdiction are protected by the California Labor Code against retaliation for:

1. Complaining about safety or health conditions or practices
2. Instituting or causing to be instituted any proceeding relating to the employee's rights to safe and healthful working conditions, or testifying in any such proceeding
3. Participating in an occupational health and safety committee established pursuant to Labor Code Section 6401.7

The Safe Patient Handling Regulation prohibits a hospital from disciplining an employee who refuses to lift, reposition, or transfer a patient due to concerns about patient or worker safety or the lack of trained lift team personnel or equipment. These protections are enforced by the Division of Labor Standards Enforcement (Labor Commissioner). For more information go to: <http://www.dir.ca.gov/dlse/HowToFileRetaliationComplaint.htm>.

CNA nurses also have contractual protection against retaliation. Any nurse who believes that they have been retaliated against for health and safety activity, or for expressing concerns regarding patient handling, should immediately contact their labor representative.

LEARN MORE

For further information on safe patient handling, please visit »
www.nationalnursesunited.org/patient-handling.



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