NATIONAL SAFETY COUNCIL

Position/Policy Statement

Safe Patient Handling

NEED FOR POLICY POSITION:

A Safe Patient Handling (SPH) policy position would enable the National Safety Council (NSC) not only to advocate for practices to protect patients, but also the workers who provide care to patients. At this time there are eleven states with SPH laws enacted, and NSC believes more states may implement similar laws. Based on feedback from NSC Delegates at the May 2017 meeting, this policy would also position NSC to engage with the healthcare sector.

POLICY/POSITION:

Safe Patient Handling programs reduce the rate of injuries to healthcare workers. The National Safety Council encourages the federal government, states, and territories to adopt best practices for Safe Patient Handling covering all medical professionals whether working in a fixed or mobility facility or vehicle that include:

- A Safe Patient Handling Policy
- Management and Staff Involvement
- Needs Assessment
- Equipment
- Education and Training
- Program Evaluation[1]

JUSTIFICATION:

According to the Department of Labor's Bureau of Labor Statistics, in 2015 the nonfatal occupational injury and illness incidence rate for the hospitals (6.0) and nursing and residential care facilities (6.8) are nearly double the national average incidence rate for all industries of 3.3 per 100 workers.[2] This rate per 100 full-time workers is higher than mining at 1.4, construction at

[1] OSHA Safe Patient Handling Program Checklist; https://www.osha.gov/dsg/hospitals/patient_handling.html
[2] BLS Employer Reported Workplace Injuries and Illnesses 2015, https://www.bls.gov/iif/oshsum.htm

3.5, and forestry and logging at 2.3. The International Association of Firefighters found that back injuries account for approximately 50% of all line-of-duty retirements each year.[3]

The healthcare profession has found that almost a quarter of injuries result from lifting and moving patients.[4] However, some hospitals instituting a safe patient handling policy have experienced a drastic reduction in the number of injuries sustained by staff through measures such as a reduction of days away from work or total recordable rate.[5,6] In conjunction with the reduction of staff injuries, a literature review conducted by Kenneth Harwood, et al showed no reduction in health outcomes for patients, and in some instances showed an improvement in health outcomes.[7,8] The American Physical Therapy Association (APTA) recommends the use of a SPH system.[9] The American Nurses Association (ANA) has also endorsed the implementation of a SPH system.[10,11]

The Veterans Administration (VA) analyzed the implementation of a SPH system that not only included a comprehensive policy but also management and staff involvement, needs assessment, equipment, education and training, and evaluation.[12,13] This comprehensive SPH program would be a complementary addition to a safety and health management system, which the NSC has shown to improve company performance.[14] Some claim that the upfront economic cost of implementing an SPH system are high, but multiple studies show that most institutions recover their costs within the first five years.[15] A VA study showed a reduction of workers compensation claims of $200,000 a year with a return on investment in 4.3 years.[16] OSHA's cost benefit analysis found hospitals recovered their investment in as little as one year for a 404-bed acute care facility, and up to four years for 23 high-risk units in seven facilities throughout the southeast United States.[17]

The focus of many SPH systems is protecting the worker, but the patient should also be part of the system to protect both the patient and worker. An exhaustive literature review conducted by Harwood, et al found that the current body of literature is limited on analysis of patient outcomes

[3] http://www.iaff.org/hs/Resi/BackPain.asp
[4] Weinmeyer, Richard, American Medical Association Journal of Ethics.
[5] Hodgson, Michael J, Mary W. Matz, Audrey Nelson, Patient Handling in the Veterans Health Administration, Journal of Occupational and Environmental Medicine, V 55 N 10, 2013.
[6] Occupational Safety and Health Administration: Safe Patient Handling Programs; Effectiveness and Cost Savings, https://www.osha.gov/dsg/hospitals/documents/3.5_SPH_effectiveness_508.pdf.
[7] Harwood, Kenneth J., David A. Scalzitti, Marc Camp, Amy R. Darragh, A Systematic Review of Safe Patient Handling and Mobility Programs to Improve Patient Outcomes in Rehabilitation, American Journal of Safe Patient Handling and Mobility, December 2016, Vol 6, N 4. P 141 – 150.
[8] Campo, Marc et al, Effect of Safe Patient Handling Program on Rehabilitation Outcomes, Archives of Physical Medicine and Rehabilitiation, 94: 17-22, 2013.
[9] Perlow, Ellen, Niamh Tunney , and Ann Lucado, Integrating Safe Patient Handing into Physical Therapist Education: Reducing the Incidence of Physical Therapist Injury and Improving Patient Outcomes, Journal of Therapy Education V. 30 N 2, 2016, p 32- 37.
[10] http://www.apta.org/SafePatientHandling/.
[11] http://www.nursingworld.org/handlewithcare.
[12] Siddharthan K, Nelson A, Tiesman H, et al. Cost Effectiveness of a Multifaceted Program for Safe Patient Handling. In: Henriksen K, Battles JB, Marks ES, et al., editors. Advances in Patient Safety: From Research to Implementation (Volume 3: Implementation Issues). Rockville (MD): Agency for Healthcare Research and Quality (US); 2005 Feb.
[13] Occupational Safety and Health Administration: Safe Patient Handling Program Checklist, https://www.osha.gov/dsg/hospitals/documents/3.2_SPH_checklist_508.pdf.
[14] The Business Case for Investment in Safety- A Guide for Executives, Journey to Safety Excellence, National Safety Council, 2013.
[15] Ibid.
[16] ibid.
[17] Ibid.

when institutes implement SPH systems.[18] The limited analysis did show that the patient outcomes are equal if not better than without a SPH.

Currently 11 states have SPH laws enacted: Ohio, Texas, Washington, Rhode Island, Maryland, New Jersey, Minnesota, Illinois, New York, Missouri, and California.[19]

This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

Adopted by the National Safety Council, 2017

[18] Ibid.
[19] Ibid.