

June 19, 2009

The Honorable John Conyers, Jr.
United States House of Representatives
2426 Rayburn Building
Washington, DC 20515

Dear Honorable Conyers:

I am writing on behalf of the Association of Occupational Health Professionals in Healthcare (AOHP) regarding House Bill H.R. 2381, "Nurse and Health Care Worker Protection Act of 2009". The Association of Occupational Health Professionals in Healthcare (AOHP) would like to take this opportunity to comment on your legislation. H.R.2381 would direct the Secretary of Labor, through the Occupational Safety and Health Administration to issue a standard to reduce injuries to both patients and healthcare workers (HCWs) who are required to handle patients in a variety of settings. AOHP is pleased to see that the bill includes all types of healthcare workers that are required to handle patients as well as a variety of healthcare settings where there is often even less patient handling equipment available, such as a clinic.

AOHP supports safe patient-handling initiatives as well as many of the concepts presented. We support this bill with the recommendations listed below. Comments regarding this bill are as follows:

Section 1. Short Title; Findings; Table of Contents

- AOHP agrees that this section summarizes the problem of manual patient handling as well as the solution of implementing a safe patient-handling (SPH) program.

Section 2. Safe Patient Handling and Injury Prevention Standard

(a) Rulemaking

- AOHP believes that is important to expedite a SPH standard. However, it may be very optimistic to have a final standard within two years. With OSHA's rulemaking process, stakeholder input is vital in developing a standard that is broad enough to address all aspects of the problem of manual patient handling in a realistic manner.

(b) Requirements

- Specific identification of engineering controls to eliminate manual patient handling and identifying the exception of compromising patient care is supported by AOHP. There are times when the patient may be in a critical situation and manual handling is required to provide emergent care to the patient. Safe patient care and worker safety cannot be estranged.
- The timeline for the development and implementation of a SPH program and the inclusion of representatives from the various disciplines that handle patients is very important. Tracking and analyzing injuries is also extremely important. However, the requirement to collect data on when SPH equipment is not utilized is an unrealistic requirement. Instead, consideration should be given that the requirement is that when investigating a patient handling injury, the root cause of the injury be identified. If the root cause is determined to be lack of use of equipment, then the tracking report of the injury should include this information and a follow-up action plan should be developed. 2(b)(5)(A-D).
- Training, 2(b)(6) should include both didactic and hands-on in an interactive format.
- AOHP questions the need to post a notice about safe patient handling requirements, as there is no requirement to post such a notice for other specific hazards in the healthcare setting such as bloodborne pathogens. These hazards are reviewed at the time of hire, during orientation and annually thereafter. It would seem that this same process could be followed for safe patient handling practices.
- Evaluation of a SPH program should be ongoing based on the injuries that are occurring and the root causes identified. A formal evaluation on an annual basis is reasonable. AOHP has concern about the requirement for the employer to “take corrective action as recommended in the written evaluation”. It may be more realistic that the employer develops a plan to implement the recommendations of the annual report, as it may not be realistic to implement all recommendations at one time.
- Inspections – AOHP has no comment/position on this section

Section 3. Protection of direct-care registered nurses and health care workers

(a) Refusal of Assignment

- While AOHP supports safe patient handling, our concern is that where some facilities already work short-staffed, there exists the potential to jeopardize safe patient care. Many states have regulatory guidelines regarding refusing patient assignments.
- AOHP agrees that employees who file complaints should have whistleblower protection.

Section 4. Application of safe patient handling and injury prevention standard to health care facilities not covered by OSHA.

- AOHP has no comment on this section.

Section 5. Financial Assistance to needy health care facilities in the purchase of safe patient handling and injury prevention equipment

- AOHP supports a grant program to help fund the purchase of SPH including the carve-out for home health; the designated amount will be rapidly depleted once the standard becomes law.
- The following is an example of a facility that had a needs assessment conducted for SPH equipment. To fully implement the program would have cost the organization approximately \$800,000. This capital equipment request was competing with other requests for equipment needed to maintain normal facility operations and improve the quality of patient care with advanced technologies. Almost all facilities are experiencing the effects of the recession as seen by decreased patient volumes and revenue. It will take time for health care facilities to recover from our current economic state and be able to substantially fund a SPH program without grant assistance.

AOHP would ask that consideration be given to the development of an ongoing grant program. Many facilities already have implemented safe patient handling programs and equipment will need repair and replacements. AOHP feels that if an ongoing grant program is established the timeline for facilities to fully implement the standard should be reconsidered and extended to five years rather than two years. Consideration also needs to be given to developing incentives for vendors and manufacturers to continue to develop new and improved patient handling equipment.

Section 6. Definitions

- AOHP agrees with the definitions as stated.

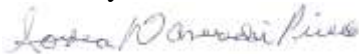
We share a mutual concern regarding safe patient handling issues and AOHP has developed a position statement on this matter. It is attached for your review. In addition, we invite you to review the AOHP and OSHA Alliance published document “Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting” that is accessible through the OSHA website www.osha.org.

AOHP is a national organization of approximately 1000 occupational health professionals who work in healthcare settings, primarily hospitals. Our vision is to be the defining resource and leading advocate for occupational health and safety in healthcare. Our mission is dedicated to promoting the health and safety of workers in healthcare. This is accomplished through:

Advocating for employee health and safety
Occupational health education and networking opportunities
Health and safety advancement through best practice and research
Partnering with employers, regulatory agencies and related associations.

We thank you for this opportunity to communicate our concern. If you have any questions, please contact Executive Vice President Lynne Karnitz at 920-794-5181 or lynne.karnitz@aurora.org for additional information.

Sincerely,



Sandra Domeracki Prickitt, RN, FNP, COHN-S
AOHP Executive President