

## ***Protecting Caregivers' Health and Preventing Injuries***

### ***Safe Patient Lifting***

**Issue** Nurses and other caregivers are the foundation of patient care in the hospital. Which is why protecting *their* health is of the utmost importance. Whenever possible, hospitals provide medical devices designed for the specific purpose of making caregiver's jobs easier and safer. To help prevent back and other injuries, virtually every hospital has lifting devices to assist caregivers in transferring patients, including those permanently installed in patient rooms; portable devices such as maneuverable slings and transport chairs; and other technology like lateral transfer devices and repositioning aids.

Hospitals rely on nurses' expertise to make decisions about what's best for a patient. And when patients need to be transferred, nurses and other caregivers must have flexibility in making those decisions. This is especially critical in an emergency, when a patient's life could hang in the balance.

In an effort to further reduce the incidence of injury, the *Nurse and Patient Safety & Protection Act of 2007* (H.R. 378) was introduced that would establish a federal standard to prevent musculoskeletal disorders for registered nurses (RN) and other health care providers. The bill further specifies that the federal standard "shall require the elimination of manual lifting of patients" except during a declared state of emergency." A "declared state of emergency" includes those specified by the federal, state, or local government.

The standard would apply to all health care facilities including hospitals, nursing homes, home health care and long-term care facilities. In addition, the "no lift" policy would extend to all categories of patients, even infants. The bill also authorizes RNs and other health caregivers to refuse to accept an assignment if they have not been trained to utilize patient lifts and establishes "whistleblower" protections for nurses and civil penalties against a health care facility for violations of the "whistleblower" provisions.

**View** Our goal is to provide a safe environment for patients and caregivers; however, H.R. 378 does not achieve that goal. Though well-intentioned, H.R. 378 contains unreasonably strict guidelines that could jeopardize – and even prevent – proper patient care. The AHA and ASHHRA oppose this and other proposals that would mandate specific methods of handling patients.

Manual lifting is appropriate in some circumstances, such as holding or transferring an infant or when the use of a lift is likely to pose a risk of injury to the patient or the employee. Eliminating all manual lifting within a hospital setting is an unreasonable constraint and may be detrimental to patient care, especially in an emergency situation where time is critical. In addition, total elimination of patient lifting unreasonably restricts caregivers' flexibility to determine the most appropriate method to lift, transfer or otherwise assist in moving patients. There are many methods that can be used to safely lift patients. It is within the purview of the caregiver team to determine the most appropriate method. Furthermore, restricting manual lifting only to times when a government official has declared a state of emergency fails to take into account the emergencies that happen every day in a hospital – when quick thinking and action can save a life.