New York State's Safe Patient Handling Law

...a step forward for workers' safety and health?

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INTRODUCTION

Hospitals, nursing homes, and home health care are not often the types of workplaces most people associate with 'dangerous work,' but they should be. The official statistics, some of which are decades old, show that the injury rates among nurses, nurse aides, home health aides and others who work in direct patient care are among the highest for any type of work. The epidemic of back, neck, shoulder, and arm injuries has been directly affecting these workers for many years. [1-16]

These injuries are frequently not trivial. They require medical treatment and result in days lost from work. They recur when workers try to return to work, often because workplace remedies were not made or lifting equipment to prevent injury was not purchased. Medical treatment can be extensive and include surgery. In more severe cases workers lose their jobs and careers. This is not to mention the impact such injuries can have on everyday life outside of work including: preventing workers from carrying out household tasks like laundry, cleaning, or grocery shopping; loss of ability to participate in recreational activities, sports or hobbies; and impaired ability to take care of children or grandchildren.

Unions, workers, and allies organized for ways to improve this situation and reduce the number of people getting injured. Lifting and moving patients in healthcare occupations was recognized as a major hazard and a primary cause of injury. Around the same time, high costs of injuries demonstrated that safe patient handling programs would lower workers' compensation costs and improve recruitment and retention of the direct care workforce. [17-22].

"Safe Patient Handling" became the rallying cry for these efforts and in 2014, New York State passed a Safe Patient Handling Law to better regulate these activities, reduce hazards for workers and prevent injuries.[23]

The law's most important provisions require:

1) Employers to design and implement a comprehensive plan
2) Employers to create a Safe Patient Handling committee half of which must be composed of workers, to assess Safe Patient Handling efforts and make recommendations for improvements

[For more information about New York State Safe Patient Handling Law, see Appendix 1]

From the Safe Patient Handling Workgroup, Report to the Commissioner of Health

"New York State's Safe Patient Handling Law was enacted as part of the 2014-15 budget. The law recognizes that lifting patients often can cause injury to both patients and health care workers and that safe patient handling programs can reduce the risk of injury, protect patient dignity, improve quality of care, increase consumer satisfaction and enhance caregiver morale. The law also recognizes that there is no single approach to safe patient handling and programs will differ based on patient needs, facility characteristics, equipment and other factors. Accordingly, the law requires the Commissioner of Health to establish a workgroup of stakeholders for the purpose of identifying Safe Patient Handling Program best practices, sample policies, and other resources, which would inform the Commissioner's dissemination of best practices to health care facilities. Health care facilities are required to establish Safe Patient Handling Committees which in turn will establish facility-specific Safe Patient Handling Programs. The law further provides that the Department of Financial Services shall make rules establishing requirements for health care facilities to obtain a reduced workers' compensation rate for such programs."

Key Dates Pursuant to the Legislation:

- July 1, 2015: The Workgroup submits its report to the Department of Health
- January 1, 2016: The Department of Health makes best practices and sample policies available to health care facilities
- January 1, 2016: Health care facilities establish Safe Patient Handling Committees
- July 1, 2016: The Department of Financial Services makes rules establishing requirements for health care facilities to obtain reduced workers' compensation rates
- January 1, 2017: Health care facilities establish Safe Patient Handling Programs
- December 1, 2018: The Department of Financial Services completes its evaluation and reports the results to the Legislature
- December 1, 2020: The Department of Financial Services reports again to the Legislature

https://www.health.ny.gov/statistics/safe_patient_handling/docs/sph_report.pdf

While workers and advocates welcomed the new law, they also immediately pointed out an obvious shortcoming. While some financial incentives exist for non-state entities with Safe Patient Handling programs, the law lacks any enforcement mechanism or penalties for non-compliance. Without enforcement, how could the new law be effective and reduce injury? The impetus for this report came from this concern, and is an attempt to assess the current state of compliance with the Safe Patient Handling Law in facilities in and around Syracuse. [24-27]

Additionally, the report addresses the issue of Safe Patient Handling among Home Health Aides. Despite the fact that homecare also carries a high risk of musculoskeletal injury from lifting and moving patients/clients, these workplaces are not covered by the new law. Consequently, assessing the state of Safe Patient

Handling in the home setting would also be valuable for suggesting further measures that could potentially reduce injuries among Home Health Aides. [28-31]

The Occupational Safety and Health (OSH) Working Group was formed in May 2018 as a coalition including the Greater Syracuse Council on Occupational Safety and Health, the Workers' Center of Central New York, the Occupational Health Clinical Center, the Central New York Area Labor Federation, local unions, attorneys and retirees. The goal of the OSH Working Group was to bring together health and safety advocates to maximize limited resources and amplify our collective influence to change workplace conditions.

The OSH Working Group chose Safe Patient Handling as its focus because of the ongoing epidemic of serious injuries to health care workers. The regulation of 2014 offers new standards to which employers are now accountable. In addition, focus on safe patient handling could also serve to highlight the new legislation's failure to cover other workers similarly at risk of injury. Focus on Safe Patient Handling will also give recognition to the musculoskeletal injuries that are due to poor job design. These injuries are widespread, far beyond the boundaries of patient lifting and moving.

METHODS

In the fall of 2018, the Occupational Safety and Health Working Group aimed to discover how to foster the adoption of best practices to prevent injuries among health care workers in Onondaga County. A survey was developed [Appendix 2] to discover

- current local Safe Patient Handling practices
- the work-related health of health care sector workers
- how to improve the quality of future Safe Patient Handling training
- how to advance the uptake of the Safe Patient Handling Act

Participants were asked multiple choice questions and short-answer questions about their work experience, training, equipment use, injuries, and demographics. Paper surveys included more open-ended options.

Survey takers were recruited through both union and community based connections. Connections with respondents were fostered in person, through e-mail and social media. [Appendix 3]

Online and paper options were available from October 30, 2018 through March 15, 2019. A total of 158 surveys were completed. Paper surveys (n=45) were manually entered into Survey Monkey and combined with the online submissions (n=113). Data was abstracted and described in-house at the Occupational Health Clinical Center.

Findings will be shared with participants, project partners and the general public.

RESULTS

1) Who took the survey? Characteristics of the population

One hundred fifty-eight people completed the survey. Their gender, age, ethnicity, and country of origin are shown in Table 1. Respondents were overwhelmingly female (84%). Their age ranges were fairly evenly spread between 25 to 64, though 45-54 year olds were somewhat more represented. The 25-64 group made up 85% of the total with the rest split between 9% older than 64 and 6% under 25.

The ethnicity of respondents was 68% white and 18% African American. Hispanic/Latinos made up 4%. Those reporting mixed, Native American, or Asian ethnicity each comprised 1% or less of the total. Eighty-four percent of those responding were born in the United States. Of the 6% acknowledging birth in another country the majority were split between West African and Caribbean countries, with one person from Thailand. Ten percent of the survey takers did not answer the question asking where they were born.

Survey takers were representative of workers in health care sector occupations. As expected, the survey sample is predominantly female, is comprised of middle aged and older workers, and people of color comprise a larger percentage of the lower wage occupations than in the general population. Likewise, immigrant representation is expected in the lower paying, entry level health care occupations (personal care assistants, nursing assistants, and Home Health Aides). [32-33]

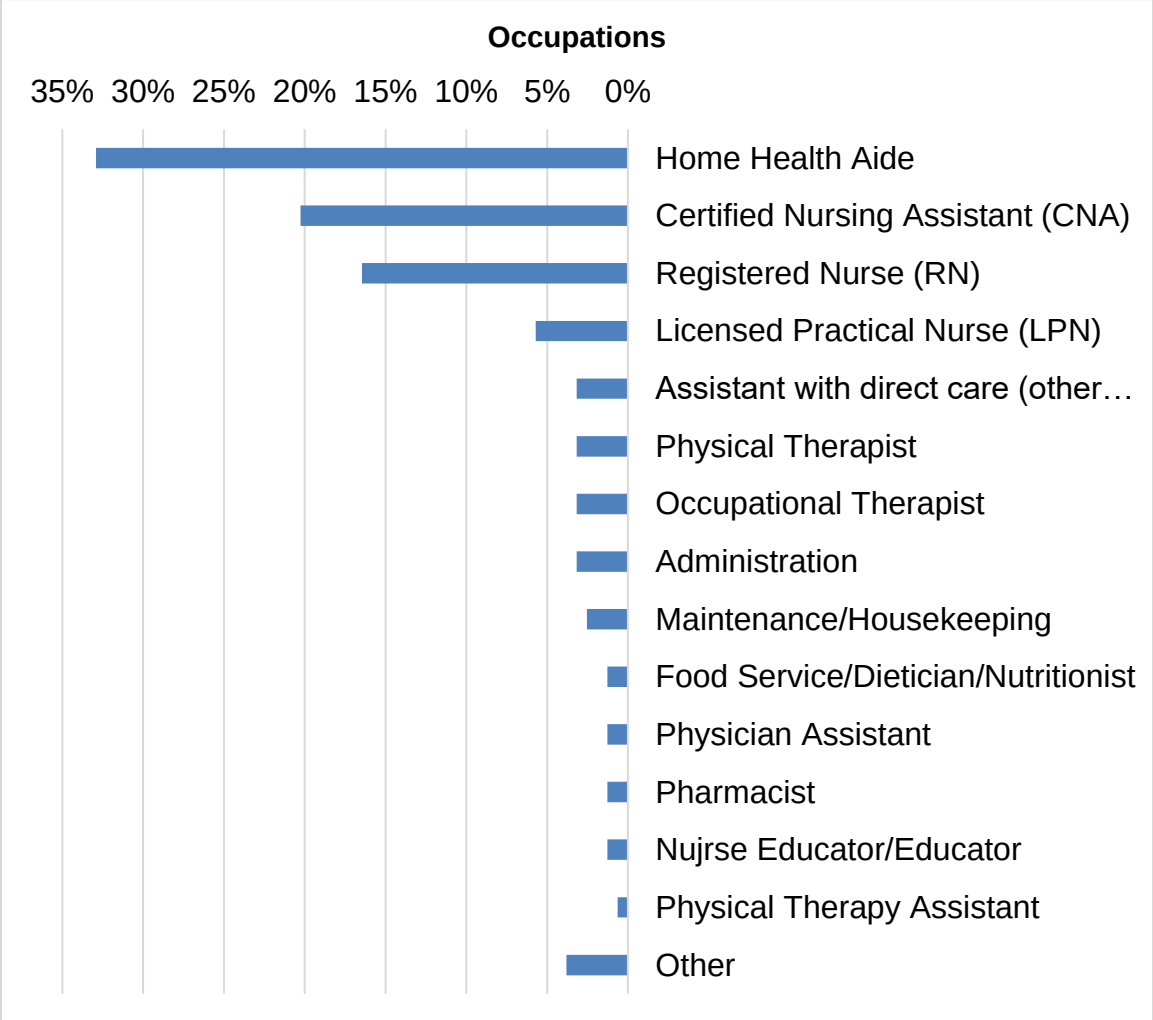
To determine how the survey sample compared with health care workers in Onondaga County, data from the American Community Survey was extracted from the US Census by occupation, gender and ethnicity.[34] This showed:

- Registered Nurses in the census data (n=6055) were 90.4% female, and 91.1% white. Registered Nurses (n=9) in the survey were 92% female and 85% white.
- Licensed Practical Nurses in the census data (n= 1970) were 93.1% female and 84% white. Licensed Practical Nurses in the survey (n=9) were 100% female and 40% white.
- Certified Nursing Assistants and Home Health Aides in the census (n= 3515) were 92.3% female and 55% white. Certified Nursing Assistants and Home Health Aides in our survey (n=83) were 84% female and 60% white.
- Medical Assistants (n=385) in the census data were 85.7% female and 89.6% white. Medical Assistants in our survey (n=7) were 71% female male and 86% white.

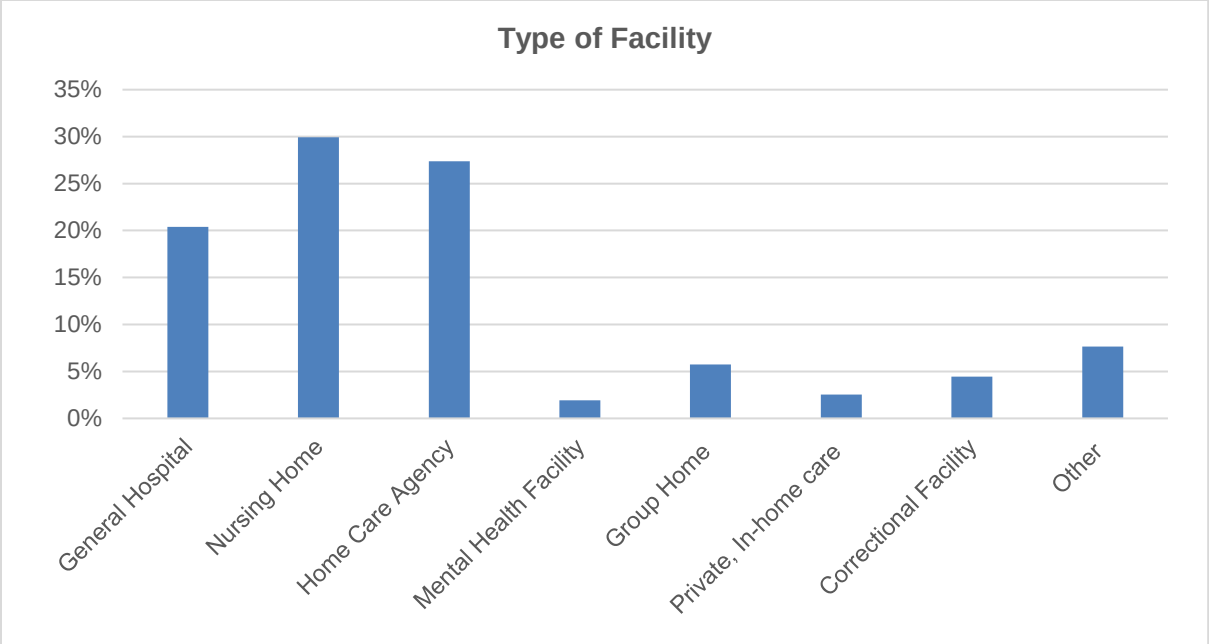
Table 1. Demographics n=158		
Gender		
Male	24	15.2%
Female	132	83.5%
Other	2	1.3%
Age		
Under 25	10	6.3%
25-34	31	19.6%
35-44	29	18.4%
45 - 54	46	29.1%
55 - 64	28	17.7%
65 and above	14	8.9%
Ethnicity		
White	108	68.4%
African American	28	17.7%
Hispanic/Latino	6	3.8%
Other	6	3.8%
No answer	5	3.2%
Mixed	2	1.3%
Native American	2	1.3%
Asian	1	0.6%
Country of Birth		
U.S.	132	83.5%
Non- U.S.	10	6.3%
No answer	16	10.1%
Non-U.S. Countries		
Cuba		
Jamaica		
Liberia		
Mexico		
Sierra Leone		
Thailand		
Uganda		
West Indies		

2) Characteristics of work

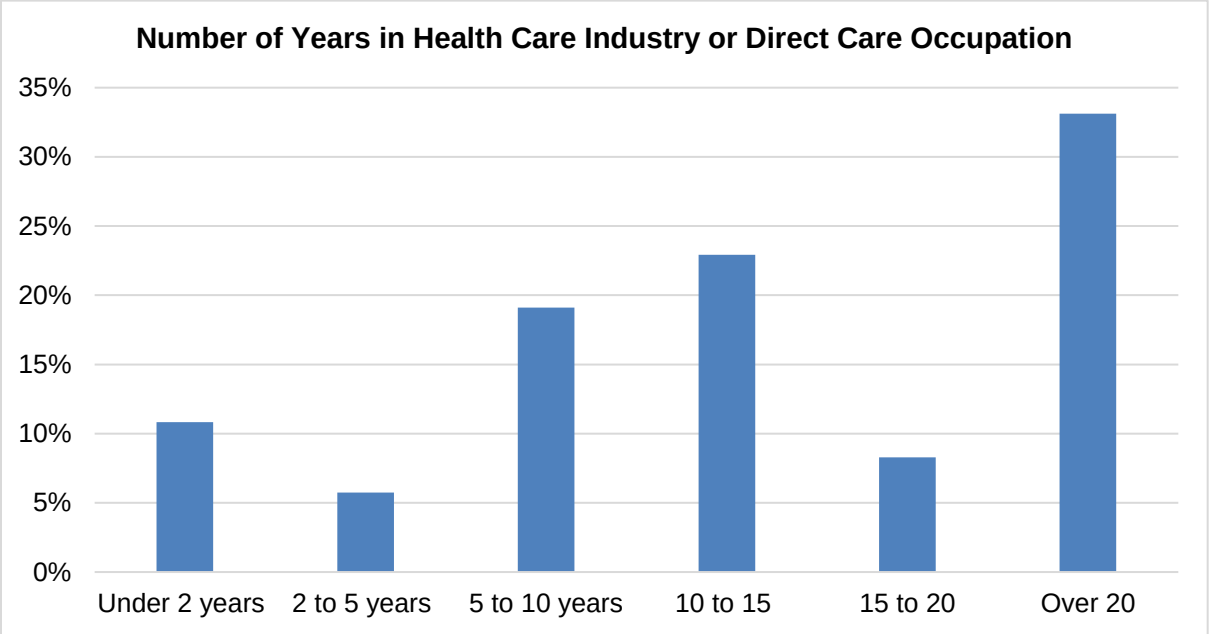
Home Health Aides made up a third of the respondents, and along with Certified Nursing Assistants (20%) and Registered Nurses (16%) comprised just under 70% of the total. Others engaged in routine, direct patient handling included Licensed Practical Nurses, Physical Therapists, Assistant Physical Therapists, Occupational Therapists, and General Assistants. Together this group was over 80% of the total with the rest of those responding in occupations with more sporadic or rare direct patient handling.



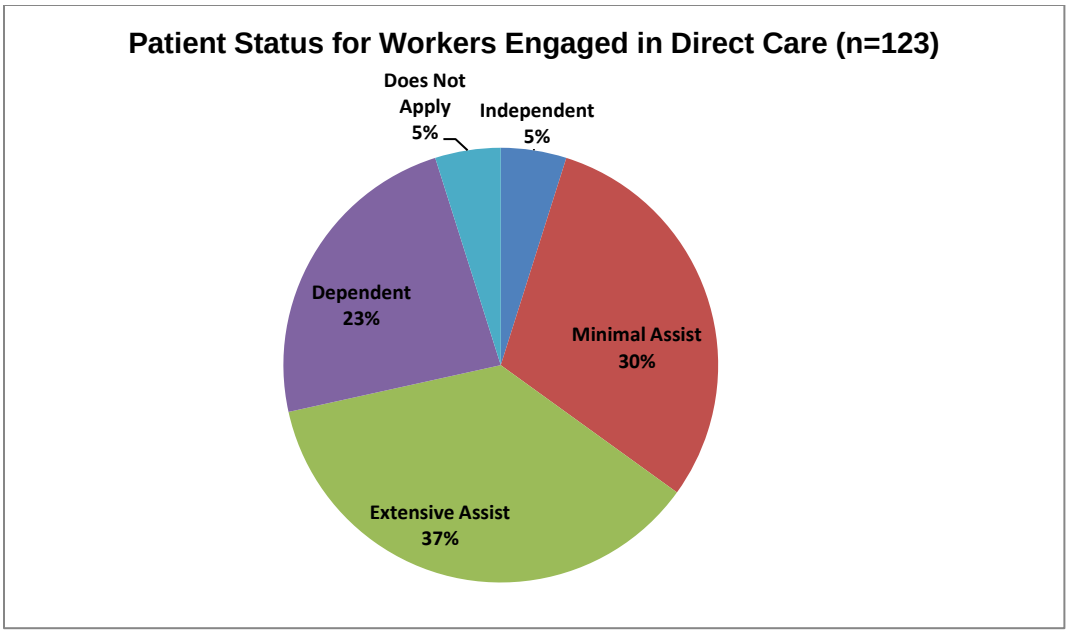
Respondents worked in three major settings: in Nursing Homes (30%), in Homes (27%) (i.e. home care agencies), and in Hospitals (20%). Other types of workplaces included Mental Health facilities, correctional facilities, group homes and 'other' institutions. About a third worked in state facilities.



The vast majority of respondents had relatively long experience in health/direct care occupations with about a third reporting being in the field for more than 20 years and over 80% more than 5 years. In contrast, over a quarter said they had been in their current job less than two years and just over 40% held their current job for 5 years or less.

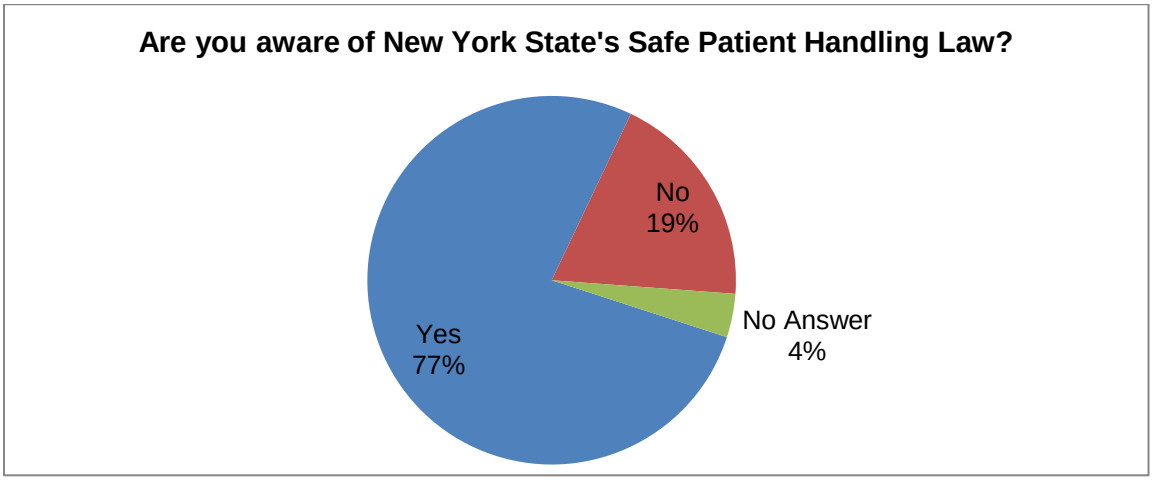


Just over 75% of survey-takers were union members, and about the same number reported having non-supervisory roles at the workplace. Just under 80% worked full time.



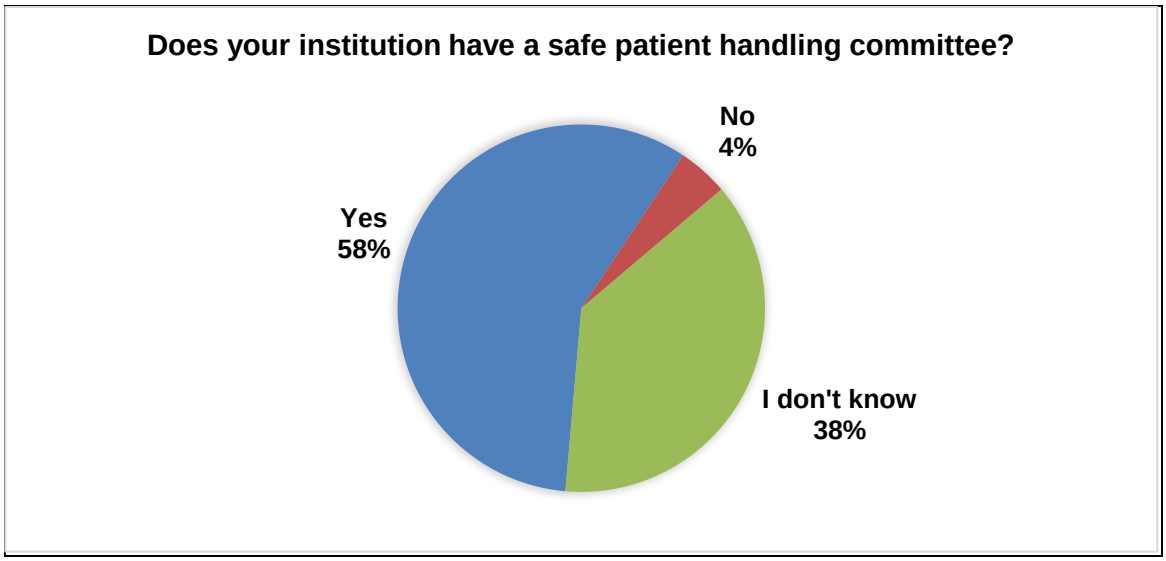
3. Awareness of and compliance with New York State Safe Patient Handling regulations

Survey takers were asked if they were aware that New York State had passed a Safe Patient Handling Law. Just under 80% responded they were, whereas almost 20% were not. Those who were aware varied substantially depending on their occupation. Interestingly, Registered Nurses were the least likely to have heard of the law with more than half being unaware, while Certified Nursing Assistants who professed a lack of knowledge was 10%. Eighty percent of Home Health Aides knew about the law, despite the fact that it does not cover their work setting. The type of work setting, and union membership did not seem to impact whether respondents knew about the Safe Patient Handling law.



Those answering the survey were asked about three main components of the law: a Safe Patient Handling Committee, availability of appropriate equipment and training on Safe Patient Handling.

Fifty-eight percent of respondents said their institution had a Safe Patient Handling committee. Only 4% responded that there is no committee. However, almost 40% were unaware of whether a committee exists or not. No significant differences were observed between those in different occupations, working in different types of settings or union members and non-unionized workers.



With regard to training, 81% of those surveyed reported having received Safe Patient Handling training. When queried about the type of training provided, over 35% reported classroom training and close to 40% reported some combination of classroom, online, and hands on. Online training only was reported by 7%. Of the 123 involved in direct patient handling, 89% reported having been trained. Again no discernable pattern was identified for different workplaces, occupations or union membership.

Table 2. SAFE PATIENT HANDLING EQUIPMENT (n=123)

At your facility, the equipment needed for lifting or moving patients is

Usually available without a wait when you need it	Strongly Agree	34	28%
	Agree	60	49%
	Disagree	22	18%
	Strongly Disagree	6	5%

Usually in good working condition	Strongly Agree	35	28%
	Agree	70	57%
	Disagree	14	11%
	Strongly Disagree	3	2%
Usually in need of repair or offsite for repairs	Strongly Agree	17	14%
	Agree	22	18%
	Disagree	51	41%
	Strongly Disagree	28	23%
You are adequately trained to use the patient lift equipment at your facility			
	Strongly Agree	63	51%
	Agree	50	41%
	Disagree	9	7%
	Strongly Disagree	1	1%
You have a favorite type of equipment to use for lifting or moving patients			
	Strongly Agree	37	30%
	Agree	62	50%
	Disagree	21	17%
	Strongly Disagree	1	1%
Your favorite equipment for lifting or moving patients is			
Usually available without a wait when you need it	Strongly Agree	32	26%
	Agree	70	57%
	Disagree	17	14%
	Strongly Disagree	4	3%
Usually in good working condition	Strongly Agree	39	32%
	Agree	69	56%
	Disagree	13	11%
	Strongly Disagree	0	0%

An additional set of questions attempted to get more detail about equipment usage and the adequacy of training on the use of lift equipment. Table 2 gives those results. Ninety-two percent of respondents felt they were adequately trained to use the patient lift equipment. However, a significant proportion of respondents reported problems accessing or utilizing the equipment because it was unavailable (23%), not in good working condition (13%) and/or in need of, or offsite for repairs (32%). When asked specifically about their favorite patient lifting equipment, the proportions were slightly lower with 17% asserting lack of availability and 11% observing a failure to keep the equipment in good working condition.

4) Perceptions of workplace Safe Patient Handling Culture

Large majorities of respondents either strongly agreed or agreed to a series of questions regarding workplace practices and attitudes that reflect the culture around Safe Patient Handling. See Table **3** for results.

Table 3. About Safe Patient Handling	Strongly Agree	Agree	Disagree	Strongly Disagree	Didn't Answer
Safe Patient Handling training at your facility includes TEAMWORK as a component of the training	50%	44%	3%	1%	1%
You have opportunities to provide input into patient handling procedures	39%	47%	13%	1%	0%
The administration at your facility strongly supports safe lifting and safe patient handling efforts	54%	36%	9%	1%	1%
Operating procedures for using patient lift equipment/machines are reviewed and revised as necessary	47%	44%	6%	1%	1%
Patient lift or movement accidents and/or misses are always reported	42%	44%	9%	1%	3%
Using appropriate body mechanic only, patients can be safely lifted	39%	32%	18%	5%	6%

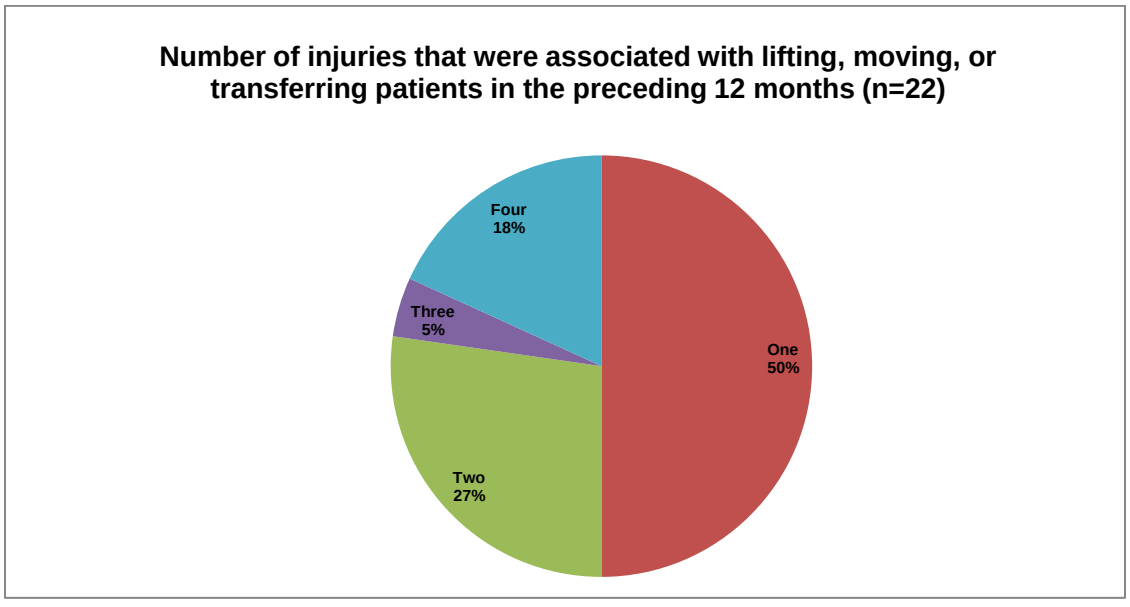
Responses to these questions reflect perceptions that management is committed to Safe Patient Handling, monitors accidents and near misses, makes changes to processes when warranted, and includes workers in the process of creating and modifying Safe Patient Handling procedures. However, a sixth question asked whether respondents think that patients can be lifted safely using only appropriate body mechanics and over 70% answered affirmatively. This is a key point which

suggests that while employers may be committed to Safe Patient Handling, they are not advocating or putting in place zero-lift policies, which are regarded as best practices.

These queries were followed by a set of three questions asking for respondents' perceptions of the overall purposes and effectiveness of Safe Patient Handling policies and procedures. The overwhelming majority agreed that Safe Patient Handling improves working conditions, reduces chance of injury, and is beneficial for patients. These answers strongly suggest that very few workers remain unconvinced that Safe Patient Handling efforts are valuable, which in turn suggests that a very large majority of workers will seriously engage with workplace Safe Patient Handling activities.

5) Injuries and consequences

Twenty two individuals reported workplace injuries in the last year associated with patient lifting, moving, or transferring. Among the 22 there were 42 injuries. This is an injury rate of 34 injuries per 100 workers/year, a rate that is very high and 2 to 3 times higher than the already high rates in similar workplaces reported nationally and in New York State. Half of those injured reported more than one injury with four individuals reporting four injuries in the past year.



As measures of the severity of the injury, respondents were asked if they required medical care, missed work, or left work early. Just under half sought medical care, just over a third missed work, and just over a quarter left work early.

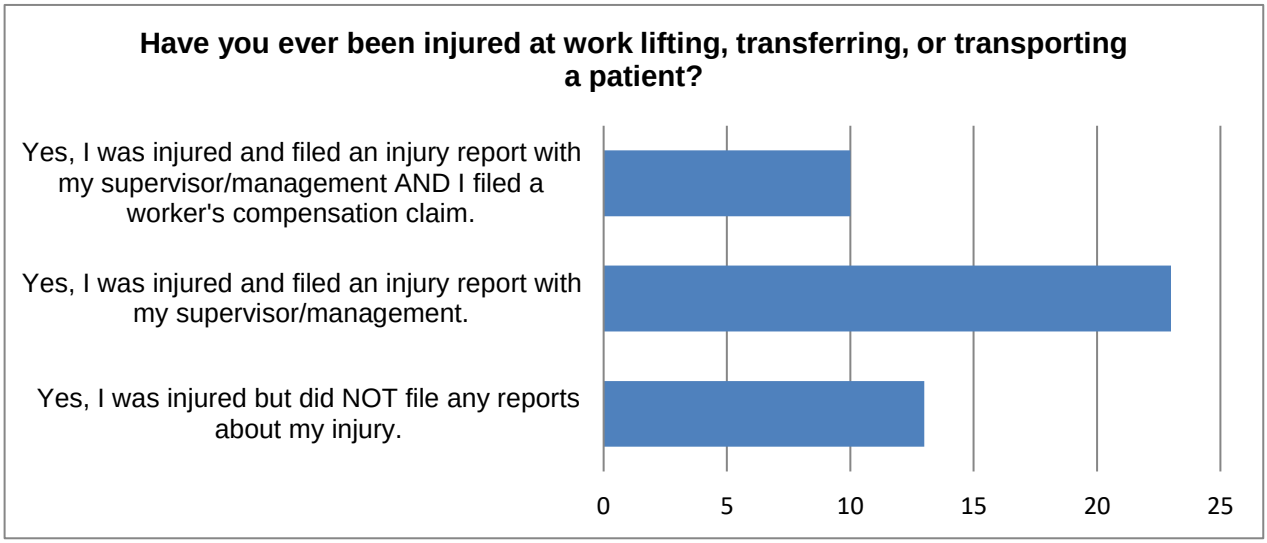
Table 4. Consequences from the injuries associated with lifting, moving, or transferring patients in the preceding 12 months	Percent of total injured respondents (n=22)	Percent (among those who experienced the consequence) that reported it to Administration or Management	Percent (among those who experienced the consequence) that did NOT report to Administration or Management
Left work early	27%	83%	17%
Missed work (took time off)	36%	75%	25%
Required medical care	45%	70%	30%
Received NYS Workers' Compensation	23%		

A substantial proportion (25 and 30% respectively) of people who missed work or sought medical evaluation did not notify their employer. Less than a quarter of those experiencing on the job injuries received Workers' Compensation. In this survey the Workers' Compensation question does not distinguish between those who never filed a Workers' Compensation claim versus those who filed a claim but were denied benefits. Studies have documented that a low percentage of workers with work-related injuries do not file a Workers' Compensation claim. In addition, most acute injury claims in Workers' Compensation are not likely to be denied. Consequently, it is reasonable to believe that respondents to our survey reflect a failure to file a claim.

Table 5. Characteristics of the Injured Workers (n=22)
Demographics of injured workers: 82% female, 77% were between 35 and 54 years of age, 50% non-white, 18% of foreign birth.
No patterns emerged related to occupations, types of facilities, types of training, or patient status.
Occupations: Certified Nursing Assistant = 7, Registered Nurse = 7, Home Health Aide = 4, Other = 4
Average years of working at current facility were 10.6.
Average years of experience in health care field were 16.4.
60% consider themselves caregivers for other adult family members.
91% were in non-supervisory roles.
Type of facilities: General hospital = 8, Nursing home = 5, Home care agency = 3, Group Homes = 6.
60% work for state facilities.
91% were union members, including those injured who were in supervisory roles.
86% knew of the Safe Patient Handling Law.
50% knew for certain there was a Safe Patient Handling committee at their workplace, 36% reported "I don't know."
45% sought medical care for their injuries.
27% received workers' compensation
Only workers with two, three or four injuries took time off from work and received workers comp.

A racial disparity was evident among those reporting injuries in the past year with 13% of whites and 37% of non-whites reporting injuries. Non-whites sustained almost 60% of the total injuries (n=42) even though they comprise only 24% of the surveyed workers. Injury rates for whites and non-whites were 20 and an astronomical 80 per 100 workers per year respectively.

A disparity in injury rates was also observed between those who reported receiving Safe Patient Handling training and those who reported a lack of training. Though our sample is fairly small, it is striking that among those who report being directly involved in patient care that includes transfer, lifting, re-positioning (n=123), 14 workers say they did not receive training. Among that group, six workers were injured in the last 12 months with two workers reporting one injury each, two workers reporting two injuries and two workers reporting four injuries each for a total of 14 injuries. While over 40% of those not receiving training reported injuries, just over 25% of those who had been trained said they had been injured. All of those reporting a lack of training were union members and worked in two facilities, one a major hospital.



An additional question about injury asked all those surveyed (n=158) if they had **ever** been injured at work lifting, transferring, or transporting a patient, since sometimes health care workers are transferred out of jobs that involved direct care due to a previous injury. Among those who responded (n=133), 35% reported having **ever** been injured.

A disproportionate number of Certified Nursing Assistants and Registered Nurses were injured. Certified Nursing Assistants made up 20% of the respondents and 37% of the injured, while Registered Nurses comprised 16% of the total respondents and 22% of the injured. In contrast, Home Health Aides comprised 33% ot total survey takers and 20% of the injured.

6) Qualitative Results

Of the 45 individuals who took the survey using pencil and paper, 15 responded with written comments to the qualitative and one open-ended question. All respondents were from workers in non-supervisory roles. Survey takers were asked what they see as the three most significant barriers to providing patients better care, three things that would improve working conditions, and anything else they felt would be important to share.

Nine themes were identified from the comments on barriers and areas for improvement. From most to least frequently mentioned they were:

1) Staffing levels
2) Equipment
3) Training
4) Communication
5) Management issues (i.e. should demonstrate commitment to Safe Patient Handling)
6) More co-workers who care
7) Better pay with more frequent raises
8) Need for improvement of specific skills
9) Clean working environment

The three most important changes recommended were training, equipment and staffing levels. These issues generated the more numerous statements and also more complex and varied statements indicating the relative importance of the issues being raised.

Staffing Levels: The most frequently raised issue was short-staffing. Respondents were nearly unanimous in raising this problem, reporting that unsafe staffing levels were common place and unacceptable.

Training: Respondents stated that due to short-staffing, it was difficult to leave the floor to attend training. Withing the larger theme of simply not having enough training, specific requests were for more training for new people, more technical training on specific equipment, specific types of patients, equipment selection, and methods for proper body mechanics.

Equipment: The results of the survey indicate there was a general call for more equipment and better equipment. Health care workers directly involved in patient care mentioned needing better access to basic supplies like batteries, but also emphasized and repeatedly reported that equipment was outdated, in disrepair and unavailable. Additional training was suggested, again, especially for new hires. Equipment that malfunctions during patient care, jeopardizes patient and worker safety.

In response to the open ended request to share "anything else you think would be important" most respondents reiterated or expanded on themes from the previous questions. Of note, inadequate staffing levels were once again commented upon. Also, some respondents pointed out that even though lifting equipment is available, it cannot easily be used due to spatial confines, or because of incompatibilities with other equipment it must interact with. Respondents also commented that lack of funding was in issue in limiting the purchase of "best ergonomic equipment".

DISCUSSION

The survey should be considered a success in that a substantial number of workers took it (158) and they came from a good cross-section of health care work settings and occupations, a variety of ages and years of experience, and a diverse group of ethnic backgrounds. Consequently, the results can be considered a useful window into the current state of affairs concerning Safe Patient Handling among workplaces in the Greater Syracuse area. The results have implications for efforts to improve Safe Patient Handling activities and to reduce the number of workers suffering injuries from this work.

Injury rates are high for all, but even higher for non-white workers

Injury rates for all workers over the past year were much higher than State or National rates. Part of this difference may be due to our survey takers reporting injuries for which they did not seek medical care. Injuries of that type are probably not going to appear in State or National rates. However, they are an important part of the picture and suggest State and National rates understate the true extent of what can fairly be called an epidemic.

The much higher injury rates among non-white workers is also disturbing. The reasons for this disparity were not explored in the survey and would require further investigation to elucidate. However, numerous studies have documented a general over-representation of non-whites in jobs with a higher risk of injury. Part of the reason for this is the lack of educational opportunities to train into positions with less direct care work, but other reasons include discriminatory hiring, job placement, and on the job treatment. These same kinds of mechanisms may be at play even within industries and jobs, like those surveyed, that put all workers at higher risk, but some workers more than others.

Notable as well is the disparity in injuries between those who received Safe Patient Handling training and those who did not. This finding is in line with a significant body of literature that has established a connection between lack of safety and health training and higher injury rates.[35] Even though questions remain about the adequacy of the training provided around Safe Patient Handling locally, the survey suggests that the training that has been provided contributes to lowering injury rates.

Injuries not reported, Workers' Compensation not received

New York State requires workers injured on the job to report the injury to their employer within 30 days and to file a Workers' Compensation claim. A significant number of workers in our survey reported injuries to us that they took care of themselves and did not seek medical care and/or did not inform their employers. Less than a quarter of those reporting injuries in the survey received Workers' Compensation benefits.

The problems with not reporting injuries or filing Workers' Compensation claim include a serious underestimation of workplace injuries as many remain invisible to the employer and to the main reporting systems that keep track of these kinds of injuries (e.g. Workers' Compensation, OSHA 300 injury logs kept by the employer). This gives a false sense of security to employers and may lead them to believe that no further steps are necessary to prevent Safe Patient Handling related injuries. From the injured worker's point of view, not reporting may lead to problems accessing benefits including medical care, lost wage replacement, and vocational rehabilitation available through Workers' Compensation. These benefits are vitally important for workers with more serious injuries, especially those that may result in short or long term loss of work time.

Why surveyed workers did not report their injuries was not asked in the survey, but our long experience with injured workers offers several likely possibilities. Workers may worry about losing their jobs if they report an injury and will often try to just deal with it themselves and muddle through work. They may think, or hope, an injury is not serious. They often are concerned about retribution from the employer if they file a Workers' Compensation claim. At times they know of others, family members or co-workers who have had a negative experience with the Workers' Compensation process and they are not anxious to go through anything similar. Often injured workers are not aware of their rights once they have been injured and are not aware of how to access Workers' Compensation benefits or find a doctor who will accept Workers' Compensation insurance.

General Awareness of the law is widespread

Overall the great majority of workers, including Home Health Aides who are not covered, knew that the Safe Patient Handling existed. However, surprisingly, half the Registered Nurses were not aware of the law. In addition, it is impossible to know from this question if worker awareness of the law extended into knowledge of the law's specifics, and how the law applied to them.

Workers generally had a positive view of their employers' Safe Patient Handling commitment

Survey respondents, for the most part, saw their employers as committed to Safe Patient Handling, of trying to create a culture to support Safe Patient Handling, and of providing equipment and training.

A high proportion of workers are not aware if their workplace has a Safe Patient Handling committee

The fact that 40% of respondents reported not knowing whether their institution has a Safe Patient Handling committee as required under the law suggests several things:

1) General awareness of the law may not translate into specific knowledge of the law's requirements as many respondents may not even be aware that a Safe Patient Handling Committee is required
2) It is possible that many facilities have not in fact instituted a Safe Patient Handling committee
3) If there is a Safe Patient Handling committee its profile and activity level must be very low, failing to call enough attention to its work to make its existence widely known

For those who professed an awareness of a Safe Patient Handling committee at their workplace, details of the committee remain unknown. How members are chosen, how often it meets, how it functions, what it has looked into are all important elements of assessing whether the committee is in compliance with the law and if it is functioning effectively.

Training is widespread though methods are not standardized

While the vast majority of respondents reported that their employer provided Safe Patient Handling training, the survey did not collect information on the content or effectiveness of the training. Delivery of the training was not standardized as a variety of methods were reported including classroom, hands-on and online. More work is necessary to further evaluate the training provided.

Widespread failure to grasp fundamental goal: "no lifting," but instead are relying on only "good lifting" technique

One indicator of the less than optimal effectiveness of the training was the widespread belief that safe patient lifting can be achieved using good lifting techniques alone. One of the fundamental tenets of Safe Patient Handling is precisely the opposite: avoiding injury requires the avoidance of relying on unassisted attempts to lift, move or transfer patients. No amount of 'proper' lifting technique can overcome the risk posed by trying to move another body with one's own body alone.[36] Failure to grasp and act on this crucial idea subverts the entire Safe

Patient Handling endeavor and could be a major factor contributing to high ongoing injury rates.

It is possible that the affirmative response to this question represents a fluke of the survey, rather than a real belief. Respondents attempting to get through the survey quickly encountered this question at the end of several others that elicited a 'yes' response by the large majority. Anticipating another 'yes' response they may not have read this question closely and automatically responded. However, it is not difficult to see why a yes response could very well be a real one. It speaks to the profound change necessary to overcome experience and a culture that has relied for so long on the use of one's own strength to lift and move patients. This is especially true where staffing levels are relatively low, and efficiency demands that work be done rapidly.

Equipment is often available but…

While most workers acknowledged the availability of equipment necessary for Safe Patient Handling, other responses qualified that overall impression. A large proportion of workers reported that the equipment was often unavailable or was out for repair. Some workers did not think their equipment was kept up to date, and others commented on the lack of supplies like batteries to keep the equipment running. Other comments suggested a need for additional training to learn how to optimally use the equipment.

In addition, the survey did not specify the type of equipment available. The Hoyer lift is the major piece of equipment that comes to mind for Safe Patient Handling, but there are many other pieces of equipment and devices on the market designed to aid Safe Patient Handling. More work is necessary to investigate the full gamut of equipment available in various workplaces, and how well the combination of equipment serves the needs of the workers and patients in that setting.

Other issues requiring further investigation: staffing, funding, constraints of space

The written comments offered by respondents were relatively few in number but they do suggest a few issues not covered in the survey that warrant further investigation as barriers to the full implementation of a Safe Patient Handling program. Staffing levels were mentioned almost universally as a barrier by those writing comments. Employers seeking to cut operating costs inevitably look to reduce staff. The result for Safe Patient Handling can be profound in that workers may be trained and equipment may be available but the pressure to get things done and the lack of assistance to call upon greatly increases the likelihood that workers will sacrifice best Safe Patient Handling practices to save time. Funding constraints were also mentioned as a barrier with implications for being unable to purchase and maintain Safe Patient Handling equipment. Funding constraints may also limit time available for training. Comments also pointed to the difficulties of instituting Safe

Patient Handling in older spaces that are not large enough or configured properly to be able to use the desired equipment.

Limitations

As with all surveys, a major question is how well the population responding represents the whole population of interest. Our survey achieved a relatively high number of respondents that was demographically diverse and should be considered reasonably representative of workers who are involved in patient moving, lifting, and transferring. The respondents also came from a variety of types of work settings and specific employers. However, respondents were recruited disproportionately from one of the local health care unions, and it would be of interest to survey workers who are members of other unions, as well as a larger group of those who are not union members.

While the overall number of respondents was relatively large, the numbers were too small to reliably evaluate possible differences between groups working at different individual workplaces, or to make other comparisons. In addition, the small numbers limit the accuracy of injury rates and disparities between whites and non-whites and trained and not-trained respondents. The numbers are certainly suggestive and worthy of further investigation, but should not be over-interpreted.

Many of the questions on the survey allow for an overview or general picture, but are not specific enough for an in-depth assessment. As discussed, it is not possible to know from the survey what general awareness of the Safe Patient Handling law specifically means, what training actually consists of, and how the Safe Patient Handling committees are actually functioning. All of this information is crucial to a more complete understanding of the current state of practice around Safe Patient Handling in our local workplaces.

CONCLUSIONS

The survey results suggest that there is widespread knowledge of New York State's Safe Patient Handling Law and of Safe Patient Handling generally among workers involved in patient lifting, moving, and transferring. Even Home Health Aides, who are not covered by the law, are aware. Workers perceive their employers as aware of the law, or at least aware of problems associated with patient handling, as well. Most workers see their employers as committed to trying to reduce patient handling injuries by offering training, providing equipment and promoting a safety culture.

However the survey results also call the law's effectiveness to date into question. Injury rates among respondents remain very high. And workers make reference to a variety of barriers to full implementation of an effective Safe Patient Handling program including: inadequate staffing levels, inadequate funds, difficult space configurations, equipment in need of repair. In addition over two thirds of the workers responding continue to believe there is a 'safe' way to lift using their bodies and strength alone, suggesting a failure both of training and of a culture that encourages genuine Safe Patient Handling.

General awareness and compliance with the law does not necessarily translate into best Safe Patient Handling practices and decreased risk and incidence of injury. It is possible to technically be in compliance by creating a Safe Patient Handling committee and providing training, but the training may be brief and superficial and the committee may exist in name only. An effective Safe Patient Handling program provides workers with the tools to confront the specific conditions they face on the job by preparing them to:

- know what best Safe Patient Handling practices are
- understand whether their employer is in compliance with the Safe Patient Handling law
- discover if the employer is pursuing best Safe Patient Handling practices
- assess the quality of their training
- evaluate and recommend equipment
- participate in developing strategies to overcome barriers to best Safe Patient Handling practices
- access appropriate medical resources if they are injured on the job
- know and utilize available resources to aid them in advocating for best Safe Patient Handling practices.

Our survey did not assess all of these issues directly and/or in detail. However, the information provided by those who responded offers clues that current Safe Patient Handling programs often may be in compliance with the Safe Patient Handling law but fall short of effectively helping workers develop the knowledge and skills they need to prevent Safe Patient Handling related injuries.

RECOMMENDATIONS

We recommend creating educational resources that will empower workers to assess their workplace in terms of the Safe Patient Handling Law and to take next steps to ensure full compliance.

- Develop educational materials that:

    1. Detail what best Safe Patient Handling practices are and why they are necessary
    2. Describe the specifics of the NY State Safe Patient Handling law
    3. Develop methods for workers to assess their own workplace specifically to determine if their employer is in compliance and pursuing best Safe Patient Handling practices
    4. Describe the elements of effective Safe Patient Handling training
    5. Describe how to create and participate on a Safe Patient Handling committee
    6. Describe how to access medical care and access Workers' Compensation
    7. Define common barriers to Safe Patient Handling and develop strategies to overcome them

- Develop multiple methods of presenting the educational materials (e.g. written, classroom, video)

- Develop methods of reaching workers with the educational materials

- Leverage contacts with workers to gather more in depth information on Safe Patient Handling practices in their workplaces

- Utilize information from workers and other sources to determine if advocacy should emphasize compliance with the existing law, strengthening the existing law, or both.

- Augment the Safe Patient Handling Law with language describing penalties for non-compliant workplaces.

- Expand the existing Safe Patient Handling law to include home health care workers.

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REFERENCES

[1] Engkvist IL, Hjelm EW, Hagberg M, et al. Risk indicators for reported overexertion back injuries among female nursing personnel. Epidemiology. 2000; 11:519-522.

[2] Nelson A, Lloyd JD, Menzel N, Gross C. Preventing nursing back injuries: Redesigning patient handling tasks. AAOHN. 2003; 51(3):126–134.

[3] Evanoff B, Wolf L, Aton E, Canos J, Collins J. Reduction in injury rates in nursing personnel through introduction of mechanical lifts in the workplace. Am J Ind Med. 2003; 44(5):451–457.

[4] Collins JW, Wolf L, Bell J, Evanoff B. An evaluation of a "best practices" musculoskeletal injury prevention program in nursing homes. Inj Prev. 2004; 10(4):206–211.

[5] Li J, Wolf L, Evanoff B. Use of mechanical patient lifts decreased musculoskeletal symptoms and injuries among health care workers. Inj Prev. 2004; 10(4):212–216.

[6] Peterson EL. McGlothlin JD, Blue CL. The development of an ergonomics training program to identify, evaluate and control musculoskeletal disorders among nursing assistants at a state-run veterans' home. J Occup Environ Hyg. 2004; 1:D10–16.

[7] Trinkoff AM, Johantgen M, Muntaner C, Le R. Staffing and worker injury in nursing homes. Am J Public Health. 2005; 95:1220–1225.

[8] Charney W, Simmons B, Lary M, Metz S. Zero lift programs in small rural hospitals in Washington State: Reducing back injuries among health care workers. AAOHN. 2006; 54:355–358.

[9] Engkvist IL. Evaluation of an intervention comprising a no lifting policy in Australian hospitals. Appl Ergon. 2006; 37(2):141–148.

[10] Nelson A, Matz M, Chen F, Siddharthan K, Lloyd J, Fragala G. Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks. Int J Nurs Stud. 2006; 6:717-733.

[11] Nelson A, Waters T, Menzel N, Hughes N, Hagan P, Powell-Cope G, Sedlak C, Thompson V. Effectiveness of an evidence-based curriculum module in nursing schools targeting safe patient handling and movement. Int J Nurs Educ Scholarsh. 2017; 4(1): Article 26.

[12] Enkvist IL. Nurses' expectations, experiences, and attitudes towards the intervention of a "no lifting policy." J Occup Health. 2007; 49:294–304.

[13] Koppelaar E, Knibbe JJ, Miedema HS, Burdorf A. Determinants of implementation of primary preventive interventions on patient handling in healthcare: A systematic review. Occup Environ Med. 2009; 66:353–360.

[14] Rodrıguez-Acosta RL, Richardson DB, Lipscomb HJ, et al. Occupational injuries among nurse's aides and nurses in acute care. Am J Ind Med. 2009; 52:953-964.

[15] Pompeii LA, Lipscomb HJ, Dement JM, et al. Musculoskeletal injuries resulting from patient handling tasks among hospital workers. Am J Ind Med. 2009; 52:571-578.

[16] Davis KG, Kotowski SE. Prevalence of musculoskeletal disorders for nurses in hospitals, long-term care facilities, and home health care: a comprehensive review. Hum Factors 2015; 57(5):754-792.

[17] Waehrer G, Leigh JP, Miller TR.. Costs of occupational injury and illness within the health services sector. Int J Health Serv. 2005; 35:343-359.

[18] OSHA [2013]. Safe patient handling programs. Effectiveness and cost savings. U.S. Department of Labor, Occupational Safety and Health Administration. https://www.osha.gov/dsg/hospitals/patient_handling.html

[19] Enos L. Making the business case to initiate evaluate and sustain safe patient handling programs Part 1. Am J SPHM. 2013; 1(3), 8-15.

[20] Enos L. Making the business case to initiate evaluate and sustain safe patient handling programs Part 2. Am J SPHM. 2011b; 1(4), 22-30.

[21] Enos L Identifying the current evidence base and gaps in research. American Journal of Safe Patient Handling and Movement. 2013; 3(3):94-102.

[22] Hunter B, Branson M, Davenport D. Saving costs, saving health care providers' backs, and creating a safe patient environment. Nurs Econ. 2010; 28(2):130–134.

[23] NY Public Health Law § 2997. Public Health Law Provisions. Title 1-A of Article 29-D, added to the Public Health Law by Chapter 60 of the Laws of 2014, Part A, § 20: TITLE 1-A SAFE PATIENT HANDLING Section 2997-g-l.

[24] Weinmeyer R. Safe patient handling laws and programs for health care workers. AMA Journal of Ethics. 2016; 18(4), 416.

[25] Noble NL, Sweeney NL. Barriers to the use of assistive devices in patient handling. Workplace Health Saf. 2018; 66(1):41-48.

[26] June 24, 2015 23 Public Citizen: *Uplifting an Industry? State-Based Safe Patient HandlingLaws Have Yielded Improvements But Are Not Adequately Protecting HealthCare Workers*. https://www.citizen.org/sites/default/files/part-three-state-health-care-worker-safety-laws-uplifting-industry.pdf

[27] Lapane K, Dube C, Jesdale, B. Worker injuries in nursing homes: is safe patient handling legislation the solution? Jour of Nursing Home Res. 2016; 2:110-117.

[28] McCaughey D, McGhan G, Kim J, Brannon D, Leroy H, Jablonski R. Workforce implications of injury among home health workers: evidence from the National Home Health Aide Survey. Gerontologist. 2012; 52(4):493-505.

[29] Howard N, Adams D. An analysis of injuries among home health care workers using the Washington state workers' compensation claims database. Home Health Care Serv Q. 2010; 29(2):55-74.

[30] Markkanen P, Quinn M, Galligan C, Sama S, Brouillette N, Okyere D. Characterizing the nature of home care work occupational hazards: a developmental intervention study. Am J Ind Med. 2014; 57(4):445-57.

[31] Quinn MM, Markkanen PK, Galligan CJ, Sama SR, Kriebel D, Gore RJ, Brouillette NM, Okyere D, Sun C, Punnett L, Laramie AK, Davis L [2016]. Occupational health of home care aides: results of the safe home care survey. Occup Environ Med. 2016; 73:237–245.

[32] Baron SL, Steege AL, Marsh SM, Menéndez CC, Myers JR. Nonfatal work-related injuries and illnesses - United States, 2010 . MMWR Suppl. 2013; 62 (3):35 –40.

[33] Seabury SA, Terp T, Boden, LI. Racial and ethnic differences in the frequency of workplace injuries and prevalence of work-related disability. Health Affairs . 2017; 36(2):266-273.

[34] U.S. Census Bureau, 2006-2010 American Community Survey. EEO 2w. Detailed Census Occupation by Sex, and Race/Ethnicity for Worksite Geography, Total Population Universe: Civilians employed at work 16 years and over. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=EEO_10_5YR_EEOALL2W&prodType=table

[35] Waters T, Collins J, Galinsky T, Caruso C. NIOSH research efforts to prevent musculoskeletal disorders in the healthcare injustry. Orthopaedic Nursing. 2006; 25 (6) 381-389.

[36] Pless, Paula & Guest, Robert. Safe Patient Handling (SPH) Techniques. New York State Department of Labor. Safety and Health. (Accessed 4/10/2019). https://labor.ny.gov/workerprotection/safetyhealth/safe-patient-handling.shtm

RESOURCES

U.S. Department of Labor Occupational Safety and Health Administration (OSHA)
https://www.osha.gov/dsg/hospitals/patient_handling.html

New York State Zero Lift Task Force
http://www.zeroliftforny.org

Western New York Council on Occupational Safety and Health
https://wnycosh.org/services/safe-patient-handling/

APPENDIX 1

New York Safe Patient Handling Act
New York Public Health Law § 2997(g)-(l) (2014)

Who does this law apply to?
New York's "safe patient handling act" applies to general, specialty, and psychiatric hospitals.[189] Schools for developmental disabilities are covered.[190] And so are skilled nursing facilities.[191] The Act covers facilities providing long-term care,[192] and ambulatory care clinics.[193] Primary-care facilities also must comply.[194]

Who does this law not apply to?
Few, if any, escape New York's definition of "health care facility."[195]

When must health care providers comply?
This law took effect on April 2014.[196] Each facility must establish a safe patient handling committee by January 2016,[197] and a program by January 2017.[198]

Which lift methods are required?
This law defines Safe Patient Handling as “the use of engineering controls, lifting and transfer aids, or assistive devices. . . .”[199] New York facilities look to a workgroup and a commissioner to help define their Safe Patient Handling standards and practices.[200] Its Workgroup reports on Safe Patient Handling practices to the New York's Health Commissioner by January 2016.[201] Addressing the patient-handling needs of each facility[202] and each patient,[203] the Commissioner recommends statewide Safe Patient Handling policy and practices.[204]

Will New York help fund the transition?
No.

Who will manage each facility's program?
All covered facilities must establish an Safe Patient Handling committee by January 2016.[205] Each committee designs and recommends an Safe Patient Handling plan.[206] Its members must have Safe Patient Handling-relevant expertise or experience in risk management, nursing, purchasing, occupational safety and health, or other competence.[207] And at least half of them must be front-line non-managerial employees.[208]

Do programs require Unit peer-leaders?
No.

How must facilities assess risk?
Each committee will consider the Commissioner’s policies and practices,[209] and survey its patient care settings, populations, and handling tasks.[210] It will also develop a process to assess each patient’s physical and cognitive Safe Patient Handling needs.[211]

Does New York require written plans?
The law does not explicitly require a written plan now or in the future.[212] New York facilities must wait until January 2016 for the Commissioner's Safe Patient Handling best-practices and policies.[213]

Must facilities purchase safe-patient-handling equipment?
New York requires committees to implement their programs by Safe Patient Handling standards.[214] These standards arrive through the Commissioner's best practices, and each facility's patient care settings, populations, handling tasks, and equipment availability.[215]

How will the law effect facility construction or remodeling?
Facility design and construction must be consistent with program goals.[216]

What training is necessary?
The Commissioner will develop and circulate Safe Patient Handling training materials.[217] Facilities must provide employees initial and yearly Safe Patient Handling training.[218] Employees lacking Safe Patient Handling skills must be retrained.[219]

How must facilities evaluate their programs?
Each must report patient-handling injuries by occurrences, claims, and work days lost.[220] In addition, facilities must investigate adverse incidents and then review procedures.[221] Program evaluation occurs yearly.[222] And facilities must recommend improvements.[223]

Does this law give employees the right to refuse improper lifts?
In good faith, a worker can refuse a patient-handling task that unacceptably risks injury.[224] The worker must timely notify the facility.[225] The facility must not discipline the worker.[226]

Will New York levy non-compliance fines?
This law does not say.

Source: Public Citizen Uplifting an Industry? State-Based Safe Patient Handling Laws Have Yielded Improvements But Are Not Adequately Protecting Health Care Workers. June 24, 2015.

189 See Safe Patient Handling Act, N.Y. PUB. HEALTH LAW § 2997-h(1) (2014) (defining "health care facility"); N.Y. PUB. HEALTH LAW § 2801(10) (2013) (defining "general hospital"); N.Y. MENTAL HYG. LAW § 103.1(10) (2013)(defining "hospital" in limits of mental hygiene law).
190 N.Y. MENTAL HYG. LAW § 103.1(11) (2013) (defining "school").
191 N.Y. PUB. HEALTH LAW § 2997-h(1) (2014); N.Y. PUB. HEALTH LAW § 2801(3) (2014) (defining "nursing home.").
192 N.Y. PUB. HEALTH LAW § 2997-h(1) (2014); N.Y. PUB. HEALTH LAW § 2801(3), (4)(b) (2014) (defining "residential health care facility" to cover "health related service" of lodging, board, and physical care).
193 N.Y. PUB. HEALTH LAW § 2997-h(1) (2014); N.Y. PUB. HEALTH LAW § 2801(1) (2014) (stating that hospital licensing covers facilities supervised by physicians); N.Y. EDUC. LAW §§ 6550-8709 (2014) (stating that education licensing covers facilities supervised by professionals, including nonphysicians).
194 N.Y. PUB. HEALTH LAW § 2997-h(1) (2014); N.Y. EDUC. LAW §§ 6550-8709 (2014).
195 N.Y. PUB. HEALTH LAW § 2997-h(1) (2014).
196 Safe Patient Handling Act, 2014 N.Y. Sess. Laws ch. 60 (S. 6914) (McKinney's).
197 N.Y. PUB. HEALTH LAW § 2997-k(1) (2014).
198 N.Y. PUB. HEALTH LAW § 2997-k(2) (2014).
199 N.Y. PUB. HEALTH LAW § 2997-h(5) (2014).
200 N.Y. PUB. HEALTH LAW § 2997-j (2014).
201 N.Y. PUB. HEALTH LAW § 2997-j (2014).
202 N.Y. PUB. HEALTH LAW § 2997-k(2)(a)-(b) (2014).
203 N.Y. PUB. HEALTH LAW § 2997-k(2)(c) (2014).
204 N.Y. PUB. HEALTH LAW § 2997-j (2014).
205 N.Y. PUB. HEALTH LAW § 2997-k(1) (2014).
206 N.Y. PUB. HEALTH LAW § 2997-k(1) (2014).
207 N.Y. PUB. HEALTH LAW § 2997-k(1) (2014).
208 N.Y. PUB. HEALTH LAW § 2997-k(1) (2014).
209 N.Y. PUB. HEALTH LAW § 2997-k(2)(a) (2014).
210 N.Y. PUB. HEALTH LAW § 2997-k(2)(b) (2014).
211 N.Y. PUB. HEALTH LAW § 2997-k(c) (2014).
212 N.Y. PUB. HEALTH LAW § 2997-k (2014).
213 N.Y. PUB. HEALTH LAW § 2997-j (2014).
214 N.Y. PUB. HEALTH LAW § 2997-k(2)(a) (2014).
215 N.Y. PUB. HEALTH LAW § 2997-k(2)(a)-(c) (2014).
216 N.Y. PUB. HEALTH LAW § 2997-k(2)(g) (2014).
217 N.Y. PUB. HEALTH LAW § 2997-i(4)(c) (2014); N.Y. PUB. HEALTH LAW § 2997-j (2014).
218 N.Y. PUB. HEALTH LAW § 2997-k(2)(d) (2014).
219 N.Y. PUB. HEALTH LAW § 2997-k(2)(d) (2014).
220 N.Y. PUB. HEALTH LAW § 2997-k(2)(f) (2014).
221 N.Y. PUB. HEALTH LAW § 2997-k(2)(e) (2014).
222 N.Y. PUB. HEALTH LAW § 2997-k(2)(f) (2014).
223 N.Y. PUB. HEALTH LAW § 2997-k(2)(f) (2014).
224 N.Y. PUB. HEALTH LAW § 2997-k(2)(h) (2014).
225 N.Y. PUB. HEALTH LAW § 2997-k(2)(h) (2014).
226 N.Y. PUB. HEALTH LAW § 2997-k(2)(h) (2014).

Appendix 2: The Survey

THE OSH WORKING GROUP

"Safe Patient Handling" Staff Assessment Survey

The OSH Working Group is collaborating with your union/workplace to survey employees to assess the health and safety conditions that you and your colleagues experience as a part of a Safe Patient Handling project.

We are asking all staff involved in patient care and administration to complete this questionnaire.

By providing responses that accurately reflect your background, experiences, and opinions, you will be giving us valuable information to guide and develop safety training and improve work conditions. Thank you for participating in this survey.

This survey is confidential. A summary of the results of the surveys will be shared with the agency, but your name will not be associated with your answers.

If at any point you want to stop the interview or skip a question, you are welcome to do so.

If you have any questions about the survey later on, you can contact Jeanette Zoeckler at the Occupational Health Clinical Center (315) 432-8899 ext 127, zoecklej@upstate.edu.

Date _____

Survey Location _____

Survey conducted by _____

"Safe Patient Handling" Staff Assessment Survey

Section 1 – About Your Work

1. Which best describes your current position at this agency/facility?

- Certified Nursing Assistant (CNA)
- Assistant other than CNA
- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Home Health Aide
- Physical Therapist
- Occupational Therapist
- Other clinical/professional services
- Administration
- Other (Specify: _____)

2. Your usual work shift is:

- Days
- Evenings
- Nights
- A combination of days, evenings, and nights

3. Do you usually work weekends?

- Yes
- No

4. Are you best described as working:

- Full time
- Part time

5. And are you working:

- On the pay roll
- Per diem
- Contract basis

6. How long have you worked at this agency/facility?

   Years: _____ Months: _____

7. Overall, about how long have you been working in health care (or direct care of patients in home care or clients in educational settings)?

   Years: _____ Months: _____

8. Do you consider yourself to be the "caregiver" for an adult in your family (e.g., parent, aunt, sibling, etc.)?

- Yes
- No

9. You are best described as working in a

- Supervisory role
- Non-supervisory role

10. Type of agency/facility

- General Hospital
- Nursing Home
- Diagnostic or Treatment Center
- Mental Health Agency/Facility
- Home Care Agency
- Other (_____)

11. Is your agency/facility a “state” facility (for example, SUNY Upstate, Office of Child and Family Care, Hutchings Psychiatric)?

- Yes
- No

12. Are you a union member?

- Yes
- No

Section 2 – Safe Patient Handling

13. Are you aware of New York's Safe Patient Handling Law?

- Yes
- No

14. Does your agency/facility have a safe patient handling committee?

- Yes
- No
- I don’t know

15. Does your agency/facility provide safe patient handling education?

- Yes, my agency/facility provides classroom training
- Yes, my agency/facility provides online training
- Yes, my agency/facility provides a hands on training on safe patient handling
- Yes, my agency/facility uses a combination of training techniques on safe patient handling
- No, my agency/facility does not provide safe patient handling education

16. Have you received training for the Safe Patient Handling at your agency/facility?

- Yes
- No

	Strongly Agree	Agree	Disagree	Strongly Disagree
17. Safe Patient Handling training at your agency/facility:				
(a) reduces the chances that you will be injured				
(b) improves the working conditions at your agency/facility				
(c) improves the conditions for the patients				
18. Safe Patient Handling training at your agency/facility includes TEAMWORK as a component of the training.				
19. You have opportunities to provide input into patient handling procedures.				
20. The administration at your agency/facility strongly supports safe lifting and safe patient handling efforts.				
21. Operating procedures for using patient lift equipment/machines are reviewed and revised as necessary.				
22. Patient lift or movement accidents and/or misses are always reported.				
23. Using appropriate body mechanics only, patients can be safely lifted.				

24. Are you involved directly in patient care that includes transfer, lifting, re-positioning?

- o Yes
- o No **(If no, skip to question Section 3: Patient Care and Working Conditions on Page 8)**

25. The functional status of the majority of your patient caseload is best described as:

- Independent
- Minimal assist
- Extensive assist
- Dependent (total care)

26. How many injuries have you experienced in the past 12 months that were associated with lifting, moving, or transferring patients?

- None **(If None, skip to question 28)**
- One
- Two
- Three
- Four

27. Did any injury in the past 12 months cause you to

(a) leave work early?
Were any reports made to the agency/facility administration?

(b) take time off (miss work)?
Were any reports made to the agency/facility administration?

(c) require you to receive medical care?
Were any reports made to the agency/facility administration?

(d) receive worker's compensation?

Please give a brief description of the circumstances associated with the injury or injuries you experienced in the past 12 months:

_____

_____

_____

28. Have you <u>ever</u> been injured at work lifting/transferring/transporting a patient? (Check all that apply)

- Yes, I was injured but did NOT file any reports about my injury.
- Yes, I was injured and filed an injury report with my supervisor/management.
- Yes, I was injured and filed a worker's compensation claim.
- No

	Strongly Agree	Agree	Disagree	Strongly Disagree
29. At your agency/facility, the equipment needed for lifting or moving patients is:				
(a) usually available without a wait when you need it				
(b) usually in good working condition				
(c) usually in need of repair or offsite for repairs				
30. You believe that you are adequately trained to use the patient lift equipment at your agency/facility				
31. You have a favorite type of equipment to use for lifting or moving patients				
32. Your favorite equipment for lifting or moving patients is:				
(a) usually available without a wait when you need it				
(b) usually in good working condition				

List your favorite equipment to use for lifting patients:

1._____

2._____

3. _____

List the equipment that you do not like to use for lifting patients:

1._____

2._____

3. _____

Section 3 - Patient Care and Working Conditions

List three barriers to providing improved care to patients:

1._____

2._____

3. _____

List three things that would improve your working conditions:

1._____

2._____

3._____

33. Is there anything else that you think it would be important to share?

_____

_____

_____

Section 4 - About You

34. In which age category are you?

- Under 25
- 25-34
- 35-44
- 45 - 54
- 55 - 64
- 65 and above

35. You are:

- Male
- Female
- Other (Specify:_____)

36. Which of the following best describes your ethnicity?

- White
- African American
- Hispanic/Latino
- Mixed
- Asian
- Native American (Specify: ____)
- Other (Specify:_____)

37. Country of birth: _____

38. Agency or agencies you work for:

_____

_____

39. Would you be willing to further discuss your experiences with safe patient handling in a follow up phone call?

- Yes
- No

40. Your contact information:

- Name:
  _____
- Phone
  _____
- E-mail:
  _____

Appendix 3: Recruitment

THE OCCUPATIONAL SAFETY AND HEALTH WORKING GROUP SAFE PATIENT HANDLING PROJECT

WHO ARE WE?

The Occupational Safety and Health Working Group (OSH Working Group) is a collaboration based at the Occupational Health Clinical Center (OHCC), a specialty clinic serving the occupational health needs of 16 counties of New York State. OHCC is affiliated with SUNY Upstate Medical University and funded by a grant administered through the New York State Department of Health (http://ohccupstate.org). The OSH Working Group formed in the spring of 2018 for the purpose of advancing occupational health in Syracuse.

OSH Working Group Mission

We aim to extend and defend every person's right to a healthy workplace by improving health and safety conditions at work and preventing work-related injury, illness and death. These aims will be addressed by advancing both advocacy and education using local, regional and national level strategies. The OSH Working Group plans to develop an occupational safety and health agenda in light of current social, economic, and political conditions.

Michael Lax, MD, MPH	Medical Director, Occupational Health Clinical Center Professor of Family Medicine, SUNY Upstate Medical University
Jeanette Zoeckler, PhD, MPH	Director of Preventive Services, Occupational Health Clinical Center
Kerry Goessling, FNP	Nurse Practitioner, Occupational Health Clinical Center
Susan Greetham, FNP	Nurse Practitioner, Occupational Health Clinical Center
Patricia Greenberg, RN	SEIU1199, retired
Cathy Almodovar	SEIU1199 Workforce Innovation Organization
Chris Stringham, Atty	MVC Law
Debra Gonzales	Director, Greater Syracuse Council on Occupational Safety and Health
Anna Campanino	Board Member, Greater Syracuse Council on Occupational Safety and Health
Federica Manetti, MD	Physician, Onondaga Nation Health Clinic
Antoinette Longo	Administrator, Occupational Health Clinical Center
Greg Siwinski, CIH	Certified Industrial Hygienist, Occupational Health Clinical Center
Carla Patterson-Wingate, LMSW	Social Worker, Occupational Health Clinical Center
Kayla Kelechian	Organizer, Workers' Center of Central New York
Ray Trudell	United Steel Workers, retired
Ann Marie Taliercio	President, UniteHere150; President, CNY Labor Federation, AFL-CIO

WHAT WE ARE DOING?

Focusing on Safe Patient Handling, the OSH Working Group intends to survey the community to establish how well the Safe Patient Handling Act (cite law and date here) has been taken up. Using community-based results, the OSH Working Group will determine how best to foster adoption of best practices to prevent injuries among health care workers and other who lift patients as a routine part of their work.

Along with raising awareness about Safe Patient Handling, the Group intends to expand the availability of occupational health education for health care workers. People working in health care sectors provide vital services as an important part of the health care team. The Project will strive to create a complete picture through increased interaction with workers so that we will achieve a deeper characterization of their circumstances and problems.

The OSH Working Group is focusing on Safe Patient Handling and working with community partners to reduce risks to occupational health and improve the quality of working life in Central New York.

Can you help?

We are conducting a community-wide needs assessment with the ultimate aim of establishing training and education programming for facilities covered under the New York State Safe Patient Handling Act. Your agency can connect us with people working in the health care sector who will participate in our Safe Patient Handling survey as a first step in our needs assessment activity. The survey can be administered in person by OHCC staff or online.

What's in it for your agency?

When the community-wide needs assessment survey is completed, you'll get a copy of the survey report which will help you understand the occupational health conditions of the people handling patients in our region. Information will be given in aggregated formats. Your agency will not be publically named in the report. We will, however, be happy to share how your agency compared with others in a separate non-public meeting in which we compare your agency results with aggregated data.

Afterwards, further partnership with OHCC is encouraged when appropriate. Ideally, we'd like to begin a partnership with your organization so that our group can serve as a resource for your Safe Patient Handling activities, at any stage of development. We can provide technical expertise and customized training workshops.

This project is a public health project designed to inform educational programming made available through OHCC in collaboration with the OSH Working Group. It is exempt from SUNY Upstate Medical University institutional review.

What's in it for clients who take part in these discussions?

Workers who take our survey will be contributing to the overall work-related health of workers in the health care sector in Syracuse. Ultimately, what we learn will inform educational programming that will assist facilities in the region to improve their uptake of the Safe Patient Handling Act, a law signed which was signed into law in a rapid bi-partisan effort to protect workers' from injury.

Engaging with our survey may also help workers think more deeply about their jobs and what they can do to keep themselves and their co-workers safe, healthy, and productive on their jobs. Group interactions between workers allows for the creative solutions for common health and safety problems that need to be addressed.

THE OCCUPATIONAL SAFETY AND HEALTH WORKING GROUP
SAFE PATIENT HANDLING SURVEY

The New York State Safe Patient Handling Law

Far too many health care workers were getting injured. These injuries were:

- serious and included long-term disability.
- having a negative impact on patients' safety.
- affecting the health care delivery system.

Lawmakers passed the Safe Patient Handling Act and it became the law in New York's legislative budget year 2014-2015. Facilities were required to form Safe Patient Handling committees in 2016.

The OSH Working Group

The Occupational Safety and Health (OSH) Working Group is a coalition based at the Occupational Health Clinical Center (affiliated SUNY Upstate, administered by New York State Department of Health).

The OSH Working Group is focusing on Safe Patient Handling by working with community partners to reduce occupational health risks and improve the quality of working life in Central New York.

The Safe Patient Handling Survey

Surveying workers is a first step to assess how our local communities are implementing Safe Patient Handling practices.

We are surveying health care sector workers in Onondaga County who engage, directly and indirectly, in patient handling to include:

- 1199SEIU members
- Other union members
- Non-union workers

The Survey asks participants short-answer questions about their work experience, training, equipment use, injuries, and demographics. The sections are:

- Section 1– About Your Work
- Section 2 – Safe Patient Handling
- Section 3 – Patient Care and Working Conditions
- Section 4 – About You

Conducting the Survey

Your facility can connect us with people working in the health care sector.

- The survey can be administered in person by OHCC staff or online.
- The survey takes approximately 15 minutes.
- The survey can be accomplished in a number of ways:
  - ✓ Paper and Pencil: OHCC staff come on-site to administer a paper and pencil version of the survey, and collect all paper versions. This works best when workers are can spare 20 minutes as a group.
  - ✓ I-Pads: OHCC staff can administer six surveys at a time, setting up a table in a lobby or any room that people can be directed to come through.
  - ✓ Online: A link to the survey can be sent to members of your group with a deadline for completion.

What's in it for your members? Your facility?

When the community-wide needs assessment survey is completed, you'll get a copy of the survey report.

- Information will be given in aggregated formats. Names are not connected with responses. Your facility will not be publically named in the report.
- Afterwards, further partnership with the OSH Working Group (through 1199SEIU) is encouraged.
- The OSH Working Group can serve as a resource for your Safe Patient Handling activities, providing technical expertise and customized training workshops.

Using survey results, the OSH Working Group will determine how best to foster adoption of best practices to prevent injuries among health care workers.

What's in it for 1199SEIU members who take the survey?

Workers who take our survey will enhance the community at-large with knowledge about

- current local Safe Patient Handling practices
- the overall work-related health of health care sector workers
- how to improve the quality of future Safe Patient Handling training
- how to advance the uptake of the Safe Patient Handling Act

Questions? Any questions related to the OSH Working Group and the survey can be directed to Jeanette M. Zoeckler, PhD MPH, Director of Preventive Services, Occupational Health Clinical Center, Zoecklej@upstate.edu, (315) 432-8899 ext 127

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