



Disturbing Safety Statistics for Healthcare Workers

It's hard to believe that someone working on a heavy construction site has a much lower risk for injury than someone working in a healthcare facility, but the numbers don't lie. The apparent risks at a construction site, manufacturing facility, or other workplace environment seem to be much higher than the risks at hospitals, nursing homes, and clinics. But a recent OSHA focus on healthcare safety, coupled with the troubling industry-specific injury statistics, proves that perception wrong. If you work in healthcare, safety should be your top priority.

The Numbers

Healthcare workers make up 11% of the American workforce, or nearly 14,000,000 employees. This group is much more likely to be injured at work than non-healthcare employees. Nearly 15% of all workplace injuries in 2011 were suffered by healthcare workers. Of that group, nursing home employees demonstrated the greatest risk of injury, posting 2011 rates 204% above national averages. **Nursing home employees are injured at work twice as often as any other employee in any industry.**

The Reasons

While everyone knows that healthcare workers are notorious for putting the care of others before themselves, that alone does not justify the outrageous injury rates recorded in hospitals, clinics, and nursing homes; codependency is another issue altogether. The primary cause for high injury rates in the healthcare industry is twofold:

1. Employees are not physically capable of performing the physical demands of the job.
2. Patient transfers require specific ergonomic training that is often disregarded by employees.

So, a perfect storm is brewing. Healthcare workers, and nurses in particular, are predisposed to put others first. They often lack the physical strength to work safely. And they are either not provided with specific ergonomic training and standards, or they choose to disregard them. In such an environment, injuries are only a matter of time.

The Implications

In response to injury data in the healthcare sector, OSHA has implemented a targeted emphasis program aimed at key workplace hazards contributing to employee accidents at healthcare facilities. In April of this year, OSHA officially launched the national program and identified nursing and residential care facilities as prime areas of focus.

The three-year emphasis program (NEP) will look at ergonomic issues and hazards resulting in the highest number of incidents at nursing and residential care facilities. Bloodborne pathogens and TB exposures, slips and falls, and patient transfer and lifting injuries are top of the list.

OSHA's introduction of the NEP stems from the lack of an ergonomic standard, which was in effect briefly but then rescinded. To compensate for this missing safety standard, national emphasis

programs target key issues and work directly within the emphasis industry to address the problem and work toward a resolution that can significantly improve workplace safety.

We Know the Problem. Now We Need to Fix It.

According to Langdon Dement of UL PureSafety, a graduate of Murray State University's Occupational Health & Safety program, the problem in the healthcare industry has been clearly documented but poorly addressed.

Dement makes the following observations in his May 2012 blog post on PureSafety's "WorkingWell" website:

We expect hospitals and healthcare facilities to be among the safest, yet they are the most dangerous. What causes this? From my observations it comes down to short-staffing and lack of time.

During my research for a healthcare Job Safety Analysis presentation, I went to a hospital to observe nurses lifting and moving patients. I discussed patient lifting with one of the nurses and she explained that obviously they strive to do 2-person lifts or use assistance whenever available, but in many instances that is just not plausible. Sometimes, a one-man lift is the only option and as she put it, "...sometimes you don't have the opportunity to get help."

This says a lot about the healthcare industry. Nurses don't always have the time or resources to get assistance, so they just do whatever it takes to get the job done. And that's why they are undergoing serious Musculoskeletal Disorders, such as back and shoulder injuries, sprains and strains. I decided to perform an estimation of the back compressive force and also an evaluation using the NIOSH Lifting Equation, and the numbers I came up with were staggering.

For a patient weighing roughly 130lbs and a nurse weighing around 140lbs, a compressive force of over 2,000lbs can occur during the single-person lift (i.e., lifting the patient alone). Any value over 770lbs is at risk and in need of controls to help reduce the task.

The NIOSH Lifting Equation yielded similarly troubling numbers; a Recommended Weight Limit of around 17lbs (so low due to the awkward and excessive extension during lifting) and a Lifting Index of over 7 (versus recommended no higher than 3). In laymen's terms, this task is in deep need of assistance and/or changing and clearly demonstrates the overexertion routinely demanded of these employees.

*So, what can be done to make this job safer? Hospitals are in need of more help or lifting devices to assist nurses who have to lift, pull or push patients. **Administrators must realize the seriousness of what is happening to their nurses and other workers and the related economic and human losses before this problem will be resolved.***

The next time you're in a hospital, watch a nurse for a few minutes. You might find that they are not only doing work that you wouldn't want to do, but they are also most likely tougher than you are. At least until their back and shoulders give out.

Next Steps

Healthcare should be setting the gold standard of safety for the nation, but recent statistics prove otherwise. To get a handle on the problem, healthcare workers, managers, supervisors, and administrators should consider Dement's points above and determine the best course of action for their unique facilities.

For starters, a committed safety department with full-time staff is needed at all large-scale healthcare facilities. But this is just the tip of the iceberg. Healthcare as an industry must make a concerted effort to address safety before the culture will be changed. They need to take cues from other industries, such as manufacturing and construction, who have decided that making safety a top priority is good for everyone involved.

Sources:

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