

The Association of



February 28, 2012

Bob Nakamura  
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Bob:

Our previous communication with you dated January 17, 2012 regarding AB 1136 hopefully paved the way to an open dialogue between you and the Association of Safe Patient Handling Professionals, Inc. (ASPHP).

The ASPHP was developed for the sole purpose of furthering the science and practice of safe patient handling. Those anxious to join this grass roots effort and bring it to life, as evidenced by our Board of Directors and Advisors, were the pioneers and experts in the field; those impassioned about the subject of reducing injury to our healthcare workers and preventing harm to those for whom they provide care. Importantly, these experts not only rose to prominence in the field because of their educational background, they are experienced, practiced professionals who quite frankly, "get it"! *This ASPHP team represents all perspectives of the subject at hand: research, education, consulting, assistive device manufacturers, and clinicians. Some work outside of the practice environment, some work within that environment on an administrative level and many others work as caregivers in acute care facilities.* Our membership is active with us, including those who have already achieved the status of Certified Safe Patient Handling Professionals (CSPHP). Our quest includes setting standards for program development, implementation, sustainability and overall practice.

Succinctly, *the Association represents a ready wealth of information* to provide assistance in your endeavor to provide regulation and guidance to your department and to the healthcare systems poised to comply with the new law.

Enclosed you will find a brief outline of our thoughts/proposal regarding how we would be pleased to work with you in accomplishing the tasks necessary to meet your goals. Someone from our Executive Committee will contact you to schedule a follow-up discussion regarding how our organization can be of assistance. Please feel free to contact us at any time.

Regards,

A handwritten signature in black ink that reads "Kent Wilson". The signature is written in a cursive style with a long horizontal flourish at the end.

Kent Wilson  
President – ASPHP

## OUTLINE

### **AUTHORITY, SCOPE, AND PURPOSE**

Identify that this act (the Hospital Patient and Health Care Worker Injury Protection Act) applies to acute care hospitals in the state of California while establishing the authority and purpose of the act. Define the purpose and breadth of the regulations in language that translates to the body of the required program components and the desired outcomes. Develop the state of California informational needs for routine data collection. Define audit frequencies, procedures and processes.

### **DEFINITIONS**

Utilize industry-wide acknowledged terms/definitions to identify those best suited for practice, compliance and audit clarity. We are knowledgeable concerning what is currently in use throughout the healthcare industry and what exists in current and proposed regulations. This would include definitions of the five areas of body exposure listed in the act, clinical assessment, manual handling, safe patient handling equipment and other terms.

### **ESTABLISHMENT OF A SAFE PATIENT HANDLING PLAN**

This plan would be part of the injury and illness prevention program (I2P2) required by Section 3203 of Title 8 of the California Code of Regulations. The current language in your regulation for the description of this plan is "patient protection and health care worker back and musculoskeletal injury prevention plan." We suggest that be abbreviated to "safe patient handling" plan to be consistent with national and international language and practices. As first steps you should pursue:

1. Definition of Safe Patient Handling Policy that references required components.
2. Definition of safe patient handling specific terms and skill sets to incorporate into clinical language and practice, i.e., manual and equipment-assisted handling.
3. Definition of all categories of patient handling assistive devices including specific functions and applications.

### **DEVELOP, IMPLEMENT AND MAINTAIN A SAFE PATIENT HANDLING POLICY**

This policy should apply to all patient care units and for all shifts. Among other components we might suggest it include detailed language concerning:

1. Overall administration. Define facility/system requirements for administrative planning, involvement and organizational structuring required of overall safety program process. Signature by top administration, knowledge dissemination throughout the organization, and the

structure to assure the policy implementation are examples of content for this component. Include the statement that manual handling (lifting/lowering, pushing/pulling, holding, and combined actions) be replaced or supplemented with mechanical assist devices. Some specific requirements might include:

- a. Development of short and long term programmatic goals
  - b. Financial Plan. This component should include:
    - i. Analysis of facility SPH performance regarding WC claims, costs, lost work days, etc.
    - ii. Establish feasible equipment budgets that include initial, short term, and long term projections
    - iii. Identify useful performance indicators/goals.
    - iv. Define outcomes measurement process.
  - c. Program Personnel Standards and Requirements
    - i. Definition of related roles including traditional and those unique to safe patient handling program
    - ii. Determine practice protocols and application of HR job-specific requirements.
    - iii. Review HR policies to determine system responses to compliance and non-compliance with safe patient handling program required behaviors.
    - iv. Determine policy for health care workers who refuse to transfer patients when they are not properly trained or equipped; policy to assure that they will not be subject to retaliatory efforts.
  - d. Required administrative involvement in planning, program maintenance and outcomes measurement/management.
  - e. Definitions, Policies, Procedures and Protocols for handling and movement of people
    - i. All caregiving roles.
    - ii. For materials management.
2. Assessment of patient need for assisted patient handling. This component should establish a process for consistently conducting assessments of patient physical and cognitive capabilities.
  3. Facility Assessment for Assistive Devices. Utilizing per unit assessments of patient need, frequency of need, and physical plant considerations determine overall facility requirements for assistive devices.
  4. Implementation Plan/Operations.
    - a. Develop policies, procedures and protocols for handling and movement of people.
    - b. Establish safe patient handling program "team" and team leadership from those most qualified.
    - c. Equipment selection, usage and maintenance via team approach that includes representation from all parties to be involved with equipment purchase, usage, storage and maintenance.

5. Training program. This would include training to all health care workers regarding items such as the appropriate use of handling devices and equipment, the 5 areas of body exposure, and the use of devices to handle patients safely. Specific requirements might include:
  - a. Physicians, nurses, aides and allied health professionals
    - i. Identify skill sets/qualifications of trainer.
    - ii. Define frequency and content.
  - b. Facility-wide
    - i. Increase knowledge and understanding.
    - ii. Generate and maintain a supportive environment.
6. Educational materials. Develop materials for staff, patients, and their families
7. Injury/incident investigation, reporting, analysis and recordkeeping. This should include a detailed process for reporting, recording, and responding to patient handling related injuries, illnesses, and incidents.
8. Evaluation and recommendations. This includes periodic evaluation of successes and failures, identifying ongoing areas of need and opportunity. Pursue performance improvement by defining process requirements, recognize the need to report up, and identify the required indicators. Assess compliance and outcomes by defining compliance measures, define outcomes measurement, providing a matrix that identifies successful outcomes.