



March 23, 2016

The Honorable John Conyers, Jr
U.S. House of Representatives
Washington, DC 20515-2213

RE: H.R. 4266

Dear Representative Conyers:

The American Industrial Hygiene Association (AIHA) would like to offer support for your legislation, H.R. 4266, the ~~%N~~urse and Health Care Worker Protection Act of 2016+, legislation that would direct the Secretary of Labor to issue an occupational safety and health standard to reduce injuries to patients, nurses, and all other healthcare workers by establishing a safe patient handling, mobility, and injury prevention standard.

AIHA has long been a supporter of the effort to develop standards and legislation which can help to reduce the presence of the risk factors associated with musculoskeletal disorders, including work-related musculoskeletal disorders (WMSD) arising from the manual handling of patients and residents. AIHA first adopted an ergonomics position statement in 1997 and has amended this position statement numerous times since that time.

In 2010, AIHA released an Ergonomics Reference Document that provided evidence that effective ergonomics programs can prevent harm to workers in a cost-effective manner, yielding a high return on investment. As part of our alliance, AIHA and OSHA worked together to develop a publication in our Quick Tips series addressing Safe Patient Handling and Mobility. This was released on March 26, 2014. I would be more than happy to provide you with copies of these documents; simply have your staff contact our national headquarters.

The parties affected by safe patient handling and mobility (SPHM) include the following:

1. Care givers . These include nursing staff; transport workers; emergency medical technicians; teachers, including special education; family members; and others.
2. Care recipients . These include patients and residents in long-term care, assisted living, and personal home environments.
3. Family members and friends.
4. Employers of care givers.

There is significant documentation in the literature regarding the cost benefit of establishing effective SPHM programs. In addition to preventing injuries and illnesses to care givers, effective SPHM programs provide the following benefits:

1. Reduced care recipient falls.
2. Reduced care recipient pressure ulcers.

3. Improved care recipient mobility.
4. Quicker care recipient recovery.
5. Improved care provider job satisfaction.
6. Reduced care provider turnover.
7. Ensure compensation to care provider employers for services provided.
8. Reduced liabilities associated with poor quality of care as it relates to patient handling.

In the period since our updated position statement in 2009, there have also been improvements in patient handling equipment and practices available for use in the personal home environment. While there remains limited ability to control the conditions in that environment of care, there is improving ability to address the equipment and handling practices used.

AIHA notes that H.R. 4266 is patterned after the American Nurses Association (ANA) publication, *Safe Patient Handling and Mobility Interprofessional National Standards: Across the Care Continuum*. We commend the work of the ANA Safe Patient Handling and Mobility Work Group and other contributors who developed this publication. This group of nationally recognized subject matter experts developed standards that are holistic in addressing all the necessary components of a SPHM process for prevention of harm. This group included AIHA member participation.

After review of H.R. 4266, AIHA offers the following suggested changes to the language in the Act:

1. Page 5, starting at line 5: Change ~~%engineering and safety controls to perform handling of patients+~~to ~~%engineering controls and other risk reduction methods when care providers are handling patients+~~. The term ~~%safety controls+~~is a vague term that is better replaced with the language addressing the intent to require the use of other risk reduction methods as a supplement to engineering controls.
2. Page 5, after line 19: Add ~~%(4)~~ INTERPROFESSIONAL TEAM . An organizational committee will identify and/or develop systems that support SPHM programs. The committee will receive and review data about SPHM and make recommendations for improvement. The work of the committee will reflect collaboration among organizational leadership, the healthcare worker, and ancillary/support workers. This committee will include individual(s) with the necessary SPHM core competencies.+This language is a revision of what appears in the ANA standards, section 2.11, page 26. We feel that this language is consistent with but an improvement beyond that provided in your 2013 version of the subject act.
3. Adjust the section numbering after this change.
4. Page 6, line 14: Add ~~%other+~~before ~~%health care workers+~~. Direct-care registered nurses are also health care workers.
5. Page 7, line 14: Change ~~%facility design and construction, or facility remodeling+~~to ~~%facility design, construction, and remodeling+~~. The use of ~~%and+~~implies the requirement applies to all activities.

AIHA applauds your efforts in advancing the cause of worker safety and health. We hope the input we have provided will be of benefit to you during discussions to enact H.R. 4266. AIHA offers its full assistance to Congress, OSHA, and others to deliver the standards and legislation necessary to achieve the mutual goal to provide workers and communities a healthier and safer environment and prevent occupational disease and injury.

Should you require additional information about AIHA, wish to discuss our comments further, or wish to receive copies of the position statements referenced earlier, please contact Aaron Trippler, AIHA Director Government Affairs, at (703) 846-0730 or atrippler@aiha.org

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel H. Anna".

Daniel H. Anna, PhD, CIH, CSP
AIHA President

cc: AIHA Board of Directors
Nancy Green, Interim Executive Director
Aaron Trippler, Director Government Affairs