

# Labor Management Issues

Representatives of our Union and the hospital met to discuss patient handling, lift equipment and how to better prevent injuries that can occur as a result of lifting, pushing or turning patients.

CNO Stephanie Mearns agreed to take the following four actions to help prevent injuries on-the-job.

- Review hospital vendors.
- Schedule and hold an equipment fair, and survey RNs about the type of equipment we would need at West Hills.
- Purchase necessary equipment.
- Provide training on the proper use of our newly purchased lift equipment and best practices for patient handling.

Our Union will work with the hospital to develop a timeline so that these important actions are undertaken as soon as possible.

## Background

On Jan. 1, 2012, the Hospital Patient and Health Care Worker Injury Protection Act (AB 1136) became effective in California. The act, which has been incorporated into the California Labor Code as Section 64035, requires that general acute care hospitals:

- Adopt a "patient protection and healthcare worker back and musculoskeletal injury prevention plan" as part of the employer's Injury and Illness Prevention Program.
- Adopt a safe patient handling policy for all units, including trained lift teams or other trained support staff, as well as the appropriate mechanical lift devices.

- Use powered lift and transfer equipment to replace manual lifting and transferring. It also requires training for health care workers on the appropriate use of lifting devices and equipment and the five areas of body exposure. The registered nurse, as the coordinator of care, must observe and direct patient lifts and mobilization, and participate as needed in patient handling.

## 300 Logs

Many of us have hurt our back, shoulders, wrists, knees, neck and other body parts due to patient handling activities. When we are hurt on the job, we are supposed to report this to the hospital. The hospital maintains a list of all injuries using the OSHA Log 300. Thus far in 2013, there are more than 25 instances of RNs being hurt on the job related to patient handling listed on the West Hills 300 Log.

**RN Steward Sandy Gill says:** "I was hurt on the job because I was trying to lift a patient who had slipped and landed on the floor. Another RN and I were lifting the patient when he tried to help us. Well, there went my back, neck and shoulder. If there had been lift equipment readily available, it could have helped lift him off the floor. I have been off work for over a year and am glad that the hospital will be looking to purchase more equipment."



## Report from the Labor Management Committee

Karen Ballantyne, 5 West/DOU; Kathleen Burke, ER; Susan Farrell, Outpatient Surgery; and Elley Langsam, L&D  
*The next meeting is on Dec. 12; if you have an issue, please notify one of the members listed above.*

October 2013

### Med Boxes

Med boxes are on the floor in 5 east and 5 west and in order to use the keypads and obtain medication, RNs have to get down on their hands and knees. Not only is this hard for many of us, it is neither sanitary nor safe. One RN got hit on the head by a door as it opened while she was lying on the floor getting meds. The hospital has agreed to place the med boxes on brackets and 5<sup>th</sup> floor nurses are now waiting for hospital approved brackets and medical screws so that the med boxes can be raised to an ergonomically correct height.

### Patient Flow From ER

Karen Ballantyne, 5<sup>th</sup> floor RN, discussed concerns over patient flow from the ER to the floors. Committee members discussed ways that the ER can provide more information to the RNs on the floors (by faxing or delivering a copy of the labs, radiology report, doctor's report, etc.) so that RNs on the floors have better knowledge of incoming patients.

### Drugs

Union members raised concerns about wasting narcotics and possible drug diversion because of the hospital's Pyxis policies. Hospital managers listened to our concerns but told us that RNs must witness the waste immediately after drugs are withdrawn.



Continued on back

## Continued from front

Kathleen Burke said, "Our license is on the line when we sign as a witness to drug waste that we have not yet seen properly disposed of." Our Union will continue to discuss pharmacy concerns at Labor Management meetings.

## Security

We again raised concerns about the need for security guards in the ER for times when the guards are relieving the PBX operators for rest and meal periods and/or patrolling the hospital. Also, the hospital responded to issues we raised at our August meeting and told us it was a security concern to allow lunch to be delivered to the floors or have staff family members visit the floor.

## Engineering Concerns

We discussed moving the existing paper towel dispenser in DOU closer to the sink or installing a new paper towel holder closer to the sink so that water does not splash on the floor, which has created a slip and fall hazard. We also discussed hot/cold water in patient rooms on DOU, and purchasing a device that would help a patient get off the toilet by themselves.



**Happy Holidays to all our SEIU 121RN Nurses!**

## Holiday Wish List: Examples of Lift Equipment

**Roller boards:** Used for lateral transfers without lifting. It is a hard device that has a tube of sliding material that rolls while the patient is moved over it with a pull sheet. They come in various sizes and some bend so you can move a patient who is in a sitting position. They are reusable, easy to clean, designed for infection control and storage. Disposable cover sheets are also available.

**Air slides:** Used for lateral transfers without lifting. These are inflatable and some can remain under a patient while remaining inflated and others reinflate easily and quickly. The patient basically hovers on this to slide from one surface to another. Easy to clean and designed for infection control.

**Slide sheets:** These are used for lateral transfers and have many different designs. They are reusable or disposable. Think of these as fancy trash bags.

**Air lifts** are used to get a patient off floor and back to bed after a fall. It inflates in sections to varying heights so you can then slide the patient onto a bed or gurney without using 25 people to pick the patient up off the floor.

**The 'Hoyer' lift:** These are hoist devices, either portable or attached to a ceiling for lifting and transferring a patient. They come in many different designs. Slings can be designed for a patient to move in sitting or lying positions. They can also lift a body part or limb or help turn a patient. There are versions that are on a rolling base and work as a supine lift and stretcher so a patient is moved with much less bending. Slings can be laundered for use throughout a patient's stay.

**Sit-to-stand devices:** These are utilized for sitting at the side of bed, standing, ambulating, or transferring. They are designed to move a patient from the side of a bed to a standing position. Some have scales for weighing. They are portable so a patient can be moved to other rooms using these devices.

**Ceiling lifts:** Installed when rooms are redesigned or newly built, these lifts are built into the room. They can be used for lifting, transferring or ambulating around the room. Can be moved along ceiling tracks for positioning.

All of these come in bariatric versions. There are many more different devices, both powered and not: bed systems, devices for vehicle extraction and fall lifts, floor-based and ceiling lifts, friction reducing devices, transfer devices and powered beds. Mobility aids, bathing equipment, beds/mattresses, commode/shower chairs, repositioning systems, standing assist aids, transfer/dependency chairs, wheelchairs and cushions.

Everything but the built-in ceiling lifts are portable and don't require special engineering changes, but they do require storage space.

{ If you have concerns about any on-the-job issue, please contact a Union Steward  
or Union Rep Judith Serlin / (213) 247-4584 or [serlinj@seiu121rn.org](mailto:serlinj@seiu121rn.org) }