

Office of Management and Budget Meeting

Statement

August 28, 2018

Re: Department of Labor Proposed Rule Making Regarding Young Workers and Patient Lift Devices.

Thank you for arranging this meeting.

I speak to you today as someone with a rare disease who is almost totally paralyzed, and needs personal assistance including being transferred by floor lifts. I have been living in a nursing home for over 16 years, and have experienced many lift emergencies and their resolutions. I want to point out to you how potentially dangerous lift transfers can be.

Being transferred to and from my bed, to my power chair and my reclining shower chair, over 10,000 times since 2002, the most important thing I've learned is the importance of safe patient handling and movement. This involves having two staff, and having them place me in the sling, hooking the sling up to the lift, moving the lift along the floor, and lowering me onto the next surface - bed or chair - all done correctly.

Unfortunately, poor practices are common. Once, a CNA was transferring me alone when the battery failed. She left me unattended in my room hanging in the air over my power chair, while she went out for another battery. CNAs have placed the sling under me in the wrong place, such that when I was lifted up, there was no support for my legs. I could have slid out. An overconfident, casual attitude towards doing transfers sometimes occurs, as when a CNA answered, and talked on her cellphone in mid-transfer, pushing me on the lift with her other hand.

Serious emergencies are also quite common. I personally have had probably 300 incidents where the battery has failed, while I'm up in the air. If I am over my bed and the lift will not descend, the bed can be put up to meet me. But if it's a lift that goes up really high, it may be necessary to pull out the emergency valve which releases the lift completely, and drop me the rest of the way. This has to be done carefully to avoid accidents.

It's worse if I am suspended over my power chair when the battery fails. Staff can use the controller to try to push the lift up a bit, and then down again, to try to squeeze out the last remaining power. Other options are for one nursing assistant to stay with me, and for the other to go find a fresh fully-charged battery, but sometimes several different batteries have to be tried, as some are actually not charged. CNAs might have to go to another unit for a working battery.

Getting a battery into the lift properly is actually not easy, and requires experience. And if, the new battery doesn't work, it may be the controller that is broken. Maintenance is then called. Two strong men must "catch" me when the emergency valve is pulled, to avoid damaging the controller on my power chair. Then the men position me manually in my chair.

If the emergency is one where one or more of the legs of the framework does not fully open or close, or if one or more of the wheels is stuck in the opposite direction from which the lift is being pushed, there is also a critical risk of injury. It's a judgment call about how to proceed. It's best to leave legs where they are, if they're open enough for the lift to be stable. For turned wheels, continued pushing slowly might right them, or turning them gently by hand can sometimes be safely done. Force should never be used on either the legs or the wheels, as the lift might be knocked over. Imagine How long I am up in the air during these events!

Lift emergencies are diverse, and so are the resolutions. Experienced staff matter.

With my best aides, I let them handle potentially dangerous incidents. With inexperienced aides, as I have the expertise, I direct them how to proceed. I doubt that 16 and 17-year olds have encountered lift emergencies, and could resolve them. I'm also fearful teenagers would not respond to my direction in critical situations, putting me at risk of harm.

I know that general CNA safety training on the use of patient lift devices is insufficient, as I have had to explain to many nursing assistants the solutions for different types of emergencies. Theory from academic safety training requirements on safe patient handling and transferring, and an exam requirement, differ completely from job tenure, experience and real skills.

I urge this Administration to follow NIOSH's 2011 guidance, and the current DOL field guidance, allowing 16 or 17-year olds to only operate patient lifts when they are assisting and supervised by a trained adult worker age 18 or older, and when they are part of a team of at least two workers where one is 18. This is a patient safety issue.

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