



# Intersection between practice and ergonomics regulations

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# Differences from federal OSHA

- A Workplace Accident and Injury Reduction (AWAIR) program
- Safety committees
- Safe patient-handling (SPH)
- Ergonomics
- Warehouse distribution worker safety

# Minnesota Safe Patient Handling statutes

- Minnesota Statutes § 182.6553, Safe Patient Handling Program

- Enacted in 2007
- Licensed health care facilities
- Defined as hospital, outpatient surgical center and nursing home
- By July 1, 2008:
  - Written SPH program
  - SPH committee
  - Hazard assessment
- Minimize manual lifting by Jan. 1, 2011

- Minnesota Statutes 182.6554, Safe Patient Handling in Clinical Settings

- Enacted in 2009
- Clinical settings
- Written SPH program
- By Jan. 1, 2012:
  - minimizing manual lifting

# Minn. Stat. § 182.6553, Safe Patient Handling

- Written program
- SPH committee
- Periodic training
- Written hazard assessment

## **Written program**

A written program must contain the following elements:

- assessment of hazards;
- acquisition of SPH equipment;
- training;
- modification or construction; and
- periodic evaluation.

# SPH committee

Create an SPH committee or assign to existing committee.

Membership requirements include:

- at least half the members must be nonmanagerial nurses and other direct care staff members; and
- direct patient care worker unions will select members appropriate to number of employees represented.

# SPH committee, continued

The SPH committee shall:

- make recommendations about training of direct patient care workers on the use of SPH equipment, initially and periodically afterward;
- conduct annual evaluations of the SPH implementation plan and progress toward goals established in the SPH policy;
- recommend procedures to ensure remodeling of patient care areas accommodates SPH equipment; and

# SPH committee, continued

- complete a patient-handling hazard assessment that:
  - considers patient-handling tasks, types of nursing units, patient populations and the physical environment of patient care areas;
  - identifies problems and solutions;
  - identifies areas of highest risk for lifting injuries; and
  - recommends a mechanism to report, track and analyze injury trends.

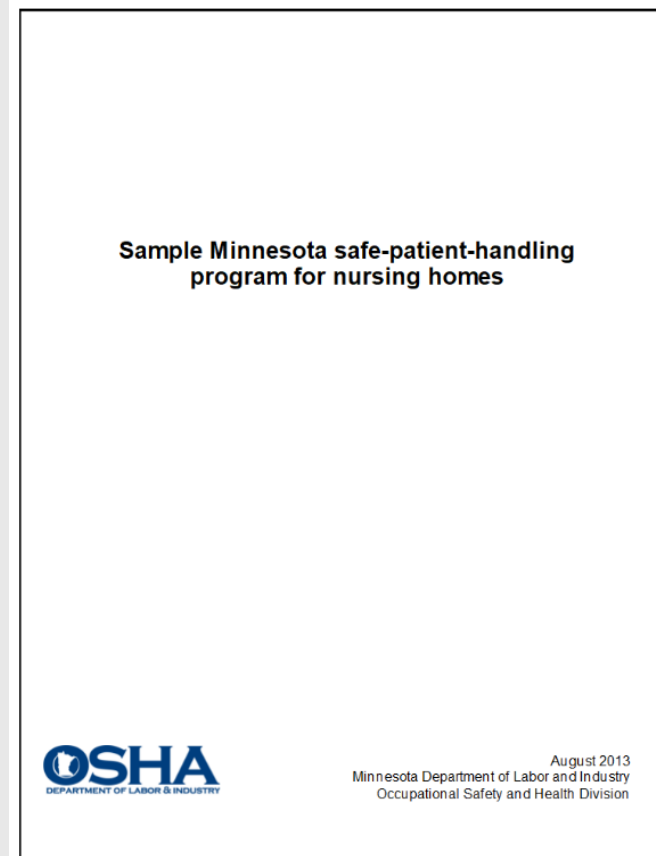
# Efforts of Minnesota OSHA Workplace Safety Consultation to address SPH

- On-site visits
- Training sessions
- Alliances
- Work groups
  - Facilitated Hospital
  - SPH for Skilled Care
- SPH webpage
- Sample programs
- Research and Data Analytics SPH study
- SPH conferences
- Outreach with associated conferences



# Sample safe-patient-handling programs

- Sample safe-patient-handling program for clinics
- Sample safe-patient-handling program for hospitals
- Sample safe-patient-handling program for nursing homes



# Sample SPH hazard assessment – hospital

- Type of facility or unit – describe the type of care provided at the facility or on the specific unit
- Patient population – describe the make up of the patients at the facility
- Physical environment of the patient care areas – explain the basic structure of the facility and patient care areas; include descriptions of known problem areas
- Task description, patient-handling task – identify the specific tasks involved during patient care, such as:
  - lateral transfer of patient;
  - transferring patient to chair or commode;
  - bed repositioning;
  - walking with patient;
  - lifting a patient up from the floor; and
  - assisting a patient to or from a vehicle.

# Sample safe-patient-handling hazard assessment – hospital, continued

- Hazard description, areas of highest risk for lifting injuries – identify the types of risk factors with the associated care activities and areas where injury potential exists; patient-specific and task-specific assessments will likely be necessary to identify all potential injury risk factors
- Hazard controls, solutions for the problem – identify what control measures will be used to limit the manual lifting and moving of patients; examples include:
  - Quick, reliable means of assessing patient mobility has been instituted
  - One hundred percent ceiling track coverage of ICU for transferring and repositioning
  - Lateral transfer devices and friction-reducing devices are used in the emergency department, as needed, to reduce loads associated with lateral transfers upon receiving a patient

# Sample 36-month meeting schedule

## Recommendations for successful safe-patient-handling committees

*Best practices, suggested activities for skilled nursing care facilities*



Year one – first quarter	
<b>Meeting 1</b>	Elect a chairperson and conduct a facility-wide hazard assessment.
<b>Meeting 2</b>	Analyze the facility's injury trends. Develop the committee goals and discuss what to accomplish during the next 12 months.
<b>Meeting 3</b>	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Year one – second quarter	
<b>Meeting 4</b>	Inspect the facility's slings.
<b>Meeting 5</b>	Inspect the facility's SPH equipment.
<b>Meeting 6</b>	Interview staff members to detect any barriers to SPH and evaluate the facility's communication. Review equipment training.
Year one – third quarter	
<b>Meeting 7</b>	Review vehicle transfers.
<b>Meeting 8</b>	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
<b>Meeting 9</b>	Inspect the facility's slings.
Year one – fourth quarter	
<b>Meeting 10</b>	Inspect the facility's SPH equipment.
<b>Meeting 11</b>	Review infection control, such as the cleaning of lifts and slings.
<b>Meeting 12</b>	Inspect bariatrics and bathrooms.

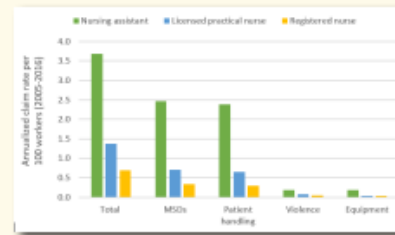
## Evaluation of the SPH statute

### SAFE PATIENT HANDLING IN LONG-TERM CARE: A MINNESOTA UPDATE



THE MINNESOTA SAFE PATIENT HANDLING ACT IS DESIGNED TO PROTECT DIRECT CARE WORKERS

- » The 2007 Minnesota Safe Patient Handling Act requires every nursing home to maintain a written safe patient handling program and committee.
- » Employers must provide assistive equipment, such as Hoyer and sit-to-stand lifts, to minimize manual patient-handling. Research shows gait belts and lift sheets are not enough to prevent injuries.
- » Though the law only applies to nursing homes, safe patient handling practices can benefit any long-term or transitional care environment, including assisted living.

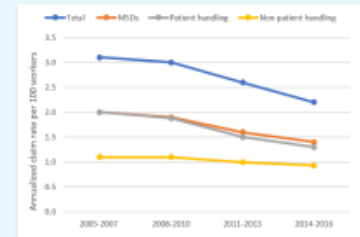


#### INJURY RISK IS HIGHEST AMONG NURSING ASSISTANTS

- » Each year in nursing homes, one in every 40 nursing assistants files a workers' compensation claim for a lost-time musculoskeletal disorder (MSD). Half are away from work for at least 12 days.
- » Nursing assistants have higher rates of injuries caused by patient handling, patient violence, and assistive equipment.
- » Nursing assistants are less likely than registered nurses to receive weekly workers' compensation benefits and more likely to receive a lump-sum payment.

#### PATIENT-HANDLING INJURIES HAVE DECLINED

- » Over nine years, lost-time workers' compensation claims for patient handling injuries dropped by 38%.
- » Patient handling injuries resulting in temporary and permanent worker disability declined.
- » 55% of nursing homes reduced patient handling injury claims. 44% saw reductions in claims for all other injuries and illnesses.
- » Patient handling injury reductions may be even greater in nursing homes with well-developed safe patient handling programs.



MINNESOTA NURSING HOMES HAVE ROOM TO IMPROVE

- » Nursing homes with higher patient handling injury claim rates are nonprofit, not affiliated with a hospital, outside of the Minneapolis-St. Paul metropolitan area, and have low staff retention.
- » The 2018 rate of OSHA-recordable injuries and illnesses in Minnesota nursing homes (7.8 in every 100 workers) remains elevated compared to the national average (6.2 in every 100 workers).

#### LEARN MORE

- » If your organization could benefit from free ergonomics and patient handling consultation, contact [osha.consultation@state.mn.us](mailto:osha.consultation@state.mn.us), 651-284-5060 or 800-657-3776.
- » If your organization would like to apply for financial assistance to purchase safe patient handling equipment, contact [dli.grants@state.mn.us](mailto:dli.grants@state.mn.us), 651-284-5060 or 800-731-7232.
- » For sample safe patient handling programs and guidance, visit: [www.dli.mn.gov/business/workplace-safety-and-health/mnosha-wsc-safe-patient-handling](http://www.dli.mn.gov/business/workplace-safety-and-health/mnosha-wsc-safe-patient-handling)
- » For information about this research, email Christina Rosebush, PhD at [rose0611@umn.edu](mailto:rose0611@umn.edu)





# Minnesota OSHA: Minnesota Statutes § 182.677, Ergonomics

# Covered industries

- “Health care facility” means:
  - a hospital with a North American Industry Classification System (NAICS) code of 622110, 622210 or 622310;
  - an outpatient surgical center with a NAICS code of 621493; and
  - a nursing home with a NAICS code of 623110.
- “Warehouse distribution center” means: an employer with 100 or more employees in Minnesota and a NAICS code of 493110, 423110 to 423990, 424110 to 424990, or 454110 or 492110.
- Meatpacking site” means: a meatpacking or poultry processing site with 100 or more employees in Minnesota and a NAICS code of 311611 to 311615, except 311613.

# Subdivision 2, Ergonomics program required

The program shall include:

- 1) an assessment to identify and reduce musculoskeletal disorder risk factors in the facility;
- 2) an initial and ongoing training of employees on ergonomics and its benefits, including the importance of reporting early symptoms of musculoskeletal disorders;
- 3) a procedure to ensure early reporting of musculoskeletal disorders to prevent or reduce the progression of symptoms, the development of serious injuries and lost-time claims;



# Subdivision 2, Ergonomics program required, continued

- 4) a process for employees to provide possible solutions that may be implemented to reduce, control or eliminate workplace musculoskeletal disorders;
- 5) procedures to ensure physical plant modifications and major construction projects are consistent with program goals; and
- 6) annual evaluations of the ergonomics program and whenever a change to the work process occurs.

# Subdivision 3, Annual evaluation of program required

- There must be an established procedure to annually assess the effectiveness of the ergonomics program, including evaluation of the process to mitigate work-related risk factors in response to reporting of symptoms of musculoskeletal disorders by employees.
- The annual assessment shall determine the success of the implemented ergonomic solutions and whether goals set by the ergonomics program have been met.

# Subdivision 4, Employee training

All employees must be trained about the following:

- 1) the name of each individual on the employer's safety committee;
- 2) the facility's ergonomics program;
- 3) the early signs and symptoms of musculoskeletal injuries and the procedures for reporting them;
- 4) the procedures for reporting injuries and other hazards;

# Subdivision 4, Employee training, continued

- 5) any administrative or engineering controls related to ergonomic hazards that are in place or will be implemented for their positions; and
- 6) the requirements of Minn. Stat. § 182.677, subd. 9.

# Subdivision 5, Involvement of employees

- An employer subject to this section must solicit feedback for its ergonomics program through its safety committee required by Minn. Stat. § 182.676, in addition to any other opportunities for employee participation the employer may provide.
- The safety committee must be directly involved in ergonomics worksite assessments and participate in the annual evaluation required by Minn. Stat. § 182.677, subd. 3.

# Subdivision 6, Workplace program or AWAIR program

- An employer subject to this section must reference its ergonomics program in a written A Workplace Accident and Injury Reduction (AWAIR) program required by Minn. Stat. § 182.653, subd. 8.
- Additional information about AWAIR programs is available at [dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-awair-program](https://dli.mn.gov/business/workplace-safety-and-health/mnosha-compliance-awair-program).

# Subdivision 7, Recordkeeping

An employer subject to this section must maintain:

- 1) a written certification dated and signed by each person who provides training and containing the name and job title of each employee who receives training pursuant to this section –
  - The certifications must include the date training was conducted. The certification completed by the training providers must state the employer has provided training consistent with the requirements of this section and include a brief summary or outline of the information that was included in the training session;

# Subdivision 7, Recordkeeping, continued

- 2) a record of all worker visits to on-site medical or first aid personnel for the past five years, regardless of severity or type of illness or injury; and
- 3) a record of all musculoskeletal disorders suffered by employees for the past five years.



# Subdivision 8, Availability of records

(a) The employer must ensure that the certification records required by subdivision 7, clause (1), are up to date and available to the commissioner, employees and authorized employee representatives, if any, upon request.

(b) Upon the request of the commissioner, an employee who is a member of the facility's safety committee or an authorized employee representative, the employer must provide the requestor a redacted version of the medical or first aid records and records of all musculoskeletal disorders. The name, contact information and occupation of an employee, and any other information that would reveal the identity of an employee, must be removed in the redacted version. The redacted version must only include, to the extent it would not reveal the identity of an employee, the

# Subdivision 8, Availability of records, continued

location where the employee worked, the date of the injury or visit, a description of the medical treatment or first aid provided, and a description of the injury suffered.

(c) The employer must also make available to the commissioner and the employee who is the subject of the records the unredacted medical or first aid records and unredacted records of musculoskeletal disorders required by subdivision 7, clause (2), upon request.

# Subdivision 9, Reporting encouraged

- Any employer subject to this section must not institute or maintain any program, policy or practices that discourage employees from reporting injuries, hazards, or safety and health standard violations, including ergonomic-related hazards and symptoms of musculoskeletal disorders.

# Grants

## MNOSHA Workplace Safety Consultation: Safety Grant Program



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## Safety Grant Program – ergonomics





## Minnesota Statutes 182.6526, Warehouse Distribution Worker Safety

# Overview

- The law requires warehouse distribution centers to disclose quotas and work-speed data to certain current and former employees to inform them about their job performance and rights in the workplace. The law also protects workers from retaliation. This provision does not require employers to use quotas or monitor work-speed data and only applies to employers that choose to do so.

# Subdivision 2, Written description required

(a) Each employer shall provide to each employee a written description of each quota to which the employee is subject and how it is measured, including the quantified number of tasks to be performed or materials to be produced or handled or the limit on time categorized as not performing tasks, within the defined time period, and any potential adverse employment action that could result from failure to meet the quota.

(b) The written description must be understandable in plain language and in the language identified by each employee as the primary language of that employee.

# Subdivision 2, Written description required, continued

(c) The written description must be provided:

- (1) upon hire or within 30 days of the effective date of this section; and
- (2) no fewer than one working day prior to the effective date of any increase of an existing quota and no later than the time of implementation for any decrease of an existing quota.

(d) An employer shall not take adverse employment action against an employee for failure to meet a quota that has not been disclosed to the employee.



# Subdivision 5, High rates of injury

- If a particular worksite or employer is found to have an employee incidence rate in a given year, based on data reported to the federal Occupational Safety and Health Administration, of at least 30% higher than that year's average incidence rate for the relevant NAICS codes, the commissioner shall open an investigation of violations under this section.
- The employer must also hold its safety committee meetings as provided under section 182.676 monthly until, for two consecutive years, the worksite or employer does not have an employee incidence rate 30% higher than the average yearly incidence rate for the relevant NAICS code.

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# Thank you

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