Testimony of Konnie Compagna, RN, on behalf of the Service Employees International Union, before the US Senate Employment and Workplace Safety Subcommittee to examine "Is OSHA Working for Working People" April 26, 2007

Chairwoman Murray and Members of the Health, Education, Labor, and Pensions Subcommittee on Employment and Workplace Safety, thank you for this opportunity to testify.

My name is Konnie Compagna. I am a registered nurse from Washington State and a member of Service Employees International Union 1199 Northwest. I work as a labor and delivery nurse at a 250 bed hospital 10 miles south of Seattle. I have been a nurse for 38 years. My union represents 21,000 hospital workers in Washington State and 1.8 million members nationwide.

Government's Safety Net is Broken

I am here to tell you what my co-workers and I want you to know. Our government's safety net to protect workers from health and safety hazards is broken. We lack the enforcement and the standards to deal with the number of workplaces and the variety of hazards that face today's workforce.

You already know that it would take more than 130 years for OSHA to inspect each workplace even just once. However, did you know that while the majority of workers, as well as on-the-job injuries and illnesses occur in the service sector, that OSHA continues to operate in a industrial mindset- still conducting four out of five of their inspections in manufacturing and construction?

Yet in the past decade, hospital workers have eclipsed the injury and illness rates of workers in mining, manufacturing or even construction. The rates for nursing home workers are substantially higher. And healthcare is where 1 in 10 workers work today.

In the rare occasion when OSHA does inspect a hospital or other service sector workplace, the agency is poorly equipped to address the leading hazards that are causing the majority of the injuries and illnesses due to a dearth of relevant health and safety standards.

There are no standards, for instance, to stem the tide of neck, back and shoulder injuries caused by the manual lifting and transferring of patients. Yet this problem is so severe that 12% of nurses nationwide leave the bedside due to these preventable injuries.

There are no standards to prevent healthcare workers from being assaulted on-the-job, even though healthcare workers suffer nearly half of all non-fatal workplace assaults that occur across industry sectors.

And there are no standards to protect workers from tuberculosis, SARS, weapons of mass destruction, pandemic flu, or other airborne biological agents, yet we have been told by the government officials that preparation for such events is a national priority.

Even when OSHA issues voluntary guidelines they can't seem to get it right. Draft ergonomics guidelines for nursing home workers were substantially weakened at the behest of the nursing home industry. The final product was significantly inferior to much more comprehensive guidelines issued by the US Veterans Administration- years earlier. The issuance of other promised ergonomics guidelines for hospitals and other industry sectors are years behind schedule or perhaps have stopped altogether.

Finally, with the relatively small budget available to OSHA, where it would take more than 130 years to inspect each workplace just once, we question spending half of a regulatory agency's budget on alliances, partnerships and other employer assistance efforts. The GAO concluded that these programs, designed to make a very small percentage of the best employers better, in fact had no quantifiable benefits. Meanwhile millions of workers who work for the worst employers go largely unprotected.

I am sure you will agree with me based on these examples, that OSHA has clearly lost sight of its mission as envisioned in the first 22 words of the OSHAct: "To assure safe and healthful working conditions for working men and women by authorizing enforcement of the standards developed under the Act."

Too Many Back Injuries to Count

On my labor and delivery unit, I estimate that 40% of the nurses have had debilitating back and shoulder injuries, usually ruptured discs and rotator cuff injuries. After more than 30 years of lifting patients in ICUs and other units, I suffer from shoulder and elbow injuries which prevent me from working almost anywhere else in the hospital.

I serve as the charge nurse for my unit, and every night I have to make patient assignments to the nurses and nurse aides based on who can still lift patients or push wheelchairs. But I know that the nurses and aides who can lift and push today are the nurses who will be injured tomorrow.

The challenges are even greater in the rest of the hospital. Aging nurses are facing increasingly obese patients. Just last week on our 16 bed intensive care unit, we had 4 patients who weighed between 300 and 400 pounds. Every nurse on the night shift ended up submitting back injury reports as they struggled to reposition these sedated patients every two hours as required to prevent bed sores and dangerous skin tears.

The Back Injury Epidemic among Healthcare Workers

I have worked with my union to learn more about back injuries and how to prevent them. Researchers tell us that the average nurse lifts and transfers 1.8 tons each eight hour shift and that the problem is only getting worse as the average age of a nurse has increased to 47 years old and that patient are getting heavier, with more than two thirds of patients now considered overweight.

Nurse aides suffer the highest number and rates of back injuries as a percent of their overall injuries of any occupation and that the rates and numbers of injuries for registered nurses follow close behind.

Nationwide, we are experiencing a shortage of hundreds of thousands of nurses, as many former nurses are not willing or not able to work in hospitals. I know that excessive manual lifting and transferring of patients is a major reason they are no longer at the bedside.

Lifting Injuries are Preventable

Yet we also know that safe patient handling programs that use mechanical lifting and transfer devices can dramatically cut these injuries. The overwhelming evidence is reflected in dozens of peer reviewed scientific studies which document dramatic drops in injuries with the introduction of safe patient handling programs.

These studies show that patient care is improved, as the dropping of patients is reduced, patients incur fewer serious skin tears, and patients report feeling more comfortable and secure.

Safe patient lifting equipment literally pays for itself. For example, OSHA found one nursing home spent $60,000 on mechanical lifting and transfer devices. A year later this facility reported a savings in medical and workers compensation costs of $600,000; a savings of $10 for every dollar invested.

And when you consider that 60% of all healthcare dollars come from tax dollars, you can also see how such programs can also save taxpayer dollars.

Kaiser Permanente, a healthcare employer with 150,000 workers, came to my union in 2000 seeking help in reducing their skyrocketing workers compensation costs. As they are self insured, every dollar they spend compensating workers injured on the job comes directly out of their bottom line.

Our union suggested that they first review their OSHA injury and illness logs. The vast majority of their reported injuries were neck, back and shoulder injuries- far and away the leading cause of these injuries was the manual lifting and

transferring of patients. Based on these findings, we entered into a partnership with Kaiser to implement safe patient lifting programs in all of their hospitals.

As a 2006 Wall Street Journal article reported, one Kaiser hospital in Oregon "bought 14 portable mechanical lifts, trained 700 nurses and assistants to use them and ordered that no one raise, move, or lower a patient without the help of these motorized devices that work with a boom and sling. In two years, [this hospital] cut worker-injury rates by 29%."

Recently Kaiser announced that their injuries caused by patient lifting and handling have dropped 29% among all of their Oregon hospitals, 38% among their eighteen Northern California hospitals and an impressive 56% among their eleven Southern California hospitals.

Yet despite this overwhelming evidence, according to the federal National Institute of Occupational Safety and Health "only 10% to 20% of nursing homes and fewer than 5% of hospitals have [safe patient] lift programs."

My Union Takes Action

In 2006, working with my local union, we decided to try to fill the vacuum left by inaction by the federal government. I wanted to do what I could to reduce the likelihood that other nurses would incur a disabling back, neck and/or shoulder injury.

We met and worked with receptive legislators in the Washington State legislature. I am proud to report that Washington State now has the most comprehensive law in the country to protect patients, nurses and other caregivers by establishing standards for safe patient handling.

The Washington State law, which was also supported by the Washington State Hospital Association, requires that workers be trained and that patient lifting devices be available in every unit of every hospital to lift and transfer patients. In addition, a tax credit of $1000 per bed was allocated to hospitals to purchase lifting equipment.

The impact of the Washington State Safe Patient Handling Act will be to:

1. Help to stem the exodus of experienced nurses from the bedside,
2. Help attract new nurses to the profession,
3. Improve the quality of patient care,
4. Reduce healthcare worker injuries,
5. Reduce workers compensation premiums, and
6. Save employers and taxpayers millions of dollars each year.

Right now my hospital has a lift team, but it is not in service on evenings, nights or weekends. Full implementation of our new law cannot happen soon enough. My hospital will soon have a comprehensive safe patient handling program to help take the strain off us.

In addition to my State of Washington, safe patient handling laws have already passed in Maryland, New York, Ohio, Rhode Island and Texas. Bills are currently under consideration in California, Florida, Hawaii, Illinois, Massachusetts, Minnesota, Nevada and New Jersey.

Summary and Conclusion

In the case of safe patient handling standards, we learned in my state that they are clearly feasible and the right thing to do for healthcare workers, the industry and for improved patient care. This epidemic of back injuries caused by manual patient handling is exacerbating our nurse shortage and costing employers and taxpayers.

However, the most important message I have learned from my experience and from speaking to nurses and other healthcare workers across the country is that this hazard- and many other hazards that workers face in the fastest growing sectors of the economy- are hazards that are not unique to Washington State or any other single state.

Whether it is safe patient handling, workplace violence prevention, airborne biological agents such as pandemic flu, or a host of other neglected workplace hazards, states are stepping forward one at a time due to inaction at the federal level. However, these hazards cry out for national standards. Let us remember, this is why OSHA was created in the first place.

Unfortunately, the federal government is essentially “asleep at the wheel” when it comes to conducting inspections in the fastest growing sectors of the economy, and has failed to issue meaningful standards that impact the majority of our nations’ workers. The few resources the agency does possess are squandered disproportionately on assisting the top ½ of 1% of employers with unproven cooperative programs, instead of committing more resources towards going after the worst.

I call upon this committee to push the federal government to expand standard setting and enforcement to protect workers in the largely neglected fastest growing sectors of the economy where the highest numbers of workers are suffering injuries and illnesses. We also urge you to evaluate and reorient OSHA priorities to get the most done with their very limited budget.

Thank you for this opportunity. I would be glad to respond to your comments or questions.