



Unattended Suitcase Causes Scare

The Hospital lobby was closed on January 19, when an unattended suitcase was discovered. The suitcase had been in the lobby for several hours.

A Birthing Center employee reported the suitcase to Security about 8:35 a.m. Security and University of Kentucky Police (UKPD) responded and closed the Coffee Shop and lobby and rerouted pedestrians.

The owner of the suitcase was identified after an Admitting employee told police that she had spoken with several men that morning who were waiting in the lobby for interviews.

Police released the bag to its owner after verifying his identification and checking the contents of the bag.

Patient Lifting Injuries Take #1 Spot

For the first time, lifting injuries have surpassed needle sticks as the most common injury among UK Hospital workers. In 2004, direct caregivers reported 75 injuries associated with lifting and moving patients. That figure does not include the more than 30 injuries associated with lifting and moving boxes, case carts, and other objects. Hospital employees sustained 60 sharps injuries during the same period.

Of those 75 injuries, 19 resulted in a total of 290 lost and 884 restricted work days—that's 1174 days away from the bedside for direct care providers.

Some activities clearly contribute to more injuries than others.

- 23 caregivers hurt their backs or shoulders while repositioning a patient in bed.
- 11 caregivers sustained injuries while moving a patient from the bed to a chair or commode
- 11 caregivers suffered sprains and strains while transferring a patient from the bed to a stretcher or table.
- 9 workers sustained injuries while transporting a patient.

What is the solution?

Ergonomic hazards are hard to control in an environment where many patients are non-ambulatory and, in some cases, completely unable to assist in their move.

Since we can't eliminate the hazards, we have to mitigate the risks associated with them. And that's a challenge.

The traditional "fixes" are in place here—education and training on back injury prevention, lift and transfer devices for use when moving patients, and established procedures for certain moves. Unfortunately, making these "fixes" *available* doesn't solve the problem.

For a safety program is going to work, two separate and distinct actions must take place.

- Hospital leaders must provide adequate controls to reduce the risk of workplace injury.
- Employees must use what the hospital provides.

Many employees believe that a lift team is the best approach to reducing the risk of injury to caregivers. It's a solution that has been proposed and is being investigated and talked about.

Employees Identify Safety Education Needs

In the 2004 Learning Needs Assessment, employees identified the following topics as high priority for safety education in the coming year.

1. Cylinder Safety
2. Waste Segregation
3. Security
4. HEICS
5. OR Fire Safety
6. Combative Patient Response
7. Hazardous Materials Safety
8. **Back Injury Prevention**
9. Radiation Safety

Back Injury Prevention Education Resources

- Brochure: *What you should know about Lifting and Moving Patients Safely*
- Video: *Lifting Patients from Beds*

Call Shaunescia at 3- 6023 to obtain copies of the brochure or to borrow the video.

Patient Lifting Injuries

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The fact is that we don't have a lift team right now. And we can't wait until we get one to take steps to reduce injuries.

That means that you have to:

- Investigate lifting injuries in your area and talk to your employees about them.
- Re-educate employees about body mechanics.
- Make available lift and transfer devices *accessible* to staff.
- Train employees to use the safest procedures for different types of lifts.
- Randomly monitor patient lifts and enforce safe lifting procedures.
- Know when bariatric patients are on your unit, and work directly with caregivers to plan lifts for these patients.

If you're a manager on a patient care unit or in a diagnostic or treatment area, that's quite an assignment.

The safety officer can provide education and training materials, arrange ergonomic assessments of common lifts and procedures, assist you to develop policy and procedure, and help monitor patient lifts.

Making the workplace safer for care providers is a big job, but it's our job as hospital leaders. Employees have told us that they need help—through needs assessments, in conversations, and through the very number and severity of injuries that they sustain. It's our job to provide what they need and make sure that they use what we provide.

Hospital Leaders Improve Scores on Safety Survey

Scores still low on hazardous materials and fire prevention and response

Hospital leaders scored high on the 2004 safety survey. The average score was 91%, up 2 percentage points over last year.

Leaders scored especially high on questions pertaining to utilities and security—99% in both categories. That promising because these were sections in which leaders scored low in 2003.

Unfortunately, the survey did point out some knowledge deficits on issues related to hazardous materials and fire prevention and response.

Leaders scored 77% on the hazardous materials section, 15 percentage points lower than last year. The low score is consistent with problems identified during hospital inspections and waste audits—problems related to segregation of trash, storage of oxygen cylinders, and eating and drinking in "dirty" areas.

On questions related to fire prevention and response, leaders scored 90%, a low score when you consider the seriousness of the issue.