

Dragon, Karen E.

From:
Sent: Thursday, March 02, 2006 2:00 PM
To: NIOSH Docket Office
Cc: Doyle, Glenn; Chen, Jihong [Jane]
Subject: 072 - Patient Handling Comments

Name

Organization
self employed

Email

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Comments

Wonderful program "in theory". States what should be done in the ideal world. It should be shown to hospital administrators and nurse managers who keep cutting staff to the point where there isn't enough staff to safely move patients, where there is no equipment available.

I am a nurse who worked many years in a hospital and was forced to maneuver post op patients with tubes and IVs out of bed alone due to lack of staff, not because of any "shortage" but for cost containment. Do you not get a post op out of bed? Let that new graduate refuse to move a patient based on the principles of this program and see how long they keep him/her in the hospital. Other co workers, on reporting an incident of back pain due to pt. lifting were given the standard " it was your fault for not following proper body mechanics" and they were forced to take a class on proper lifting. When short staffing is cited by an employee as a cause they are called troublemakers.

I will no longer do the bedside nursing I love because I have 2 herniated discs and osteoarthritis of my lower back and left knee. I was "reprimanded" in writing for misuse of sicktime policy when I was out on two separate occasions in a one year period due to back spasms. I was under a physician's care and had a note from him. I did not attribute my back injury directly any one incident, I did not seek disability or compensation yet I was still being "warned".

I am of normal weight, I exercise; yoga, pilates, walking light weights. I am more fit than most my age. If it weren't for the excessive physical exhaustion and body injury caused by working in the hospital environment I would still be happily working there.'

The program looks good but I think more action needs to be taken to protect the bedside nurse.