

Occupational Health & Wellness for Nursing Home/ Assisted Living Workers

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HEALTHY WORKER SERIES 5.0

Nursing homes are considered one of the most dangerous workplaces in the United States. While other industries have guidelines that limit manual lifting of stable objects to ≤ 50 pounds, the same is not so in the nursing home industry where residents requiring physical assistance may weigh over 250 pounds and where the prevalence of obesity among residents is increasing. According to the U.S. Bureau of Labor Statistics (BLS) there are approximately 3.4 million people employed as home health and personal care aides in the Home Health Care Services sector (BLS, 2021). Home health and personal care aides (Standard Occupation Classification code 31-1120) are expected to grow by 34% between 2019 to 2029, much faster than the average for all occupations (BLS, 2021). This sector is expected to grow to close to 4.6 million workers by 2029 (BLS, 2021).



The direct care workforce includes 4.5 million personal care aides, home health aides, and nursing assistants. They are largely employed in private homes, group homes, residential care facilities, assisted living facilities, continuing care retirement facilities, nursing care facilities, and hospitals. Direct care workers assist older adults and people living with disabilities with daily tasks, such as dressing, bathing, and eating. Personal care aides also help their clients with housekeeping and may assist them with errands, appointments, and social engagements outside of the home. Home health aides and nursing assistants perform some clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises. Nursing homes have one of the highest occupational illness and injury rates in the United States (higher than coal mines, steel and paper mills, warehousing and trucking). From 1984 to 1995, the reported injury rate for workers in the nursing home sector increased by 57 percent.

Heavy manual handling is a key risk factor for work-related musculoskeletal disorders of the back, neck, and upper extremities and nursing homes rank among the top five industries for compensable injuries and disorders of this type. Nursing homes rank highest for sprains, strains, and tears and back injuries.

Caring for nursing home residents is challenging. About half of all residents are unable to independently transfer (e.g., from bed to chair) or require total or extensive assistance and residents often move unexpectedly. Types of resident handling that may result in worker injury include manual lifting, repositioning in bed, catching patients when they fall, transporting from one location to another, and providing assistance for toileting.

Forty-four percent of such injuries are due to lifting, with extensive worker's compensation and medical treatment costs. More than half of nursing assistant injuries are due to overexertion. Even with two staff members manually handling a patient, substantial risk of injury exists. Recurring injuries due to repeated lifting can result in scarring and cumulative damage. Risk factors for injury include 1) force required; 2) repetition and frequency; and 3) awkward postures place stress on the body. When the realities of the nursing home context are considered, the risk to caregivers should come as no surprise. The prevalence of nursing home resident obesity has more than doubled in the past 20 years, and in 2008 it was estimated that ~25% of all residents were obese. Work factors (e.g., working the night shift) have also been linked to increased risk of low back pain-related sick leave among CNAs and with variation in safe patient handling implementation. Adverse nursing work schedules have also been linked to musculoskeletal problems. The importance of injury risk among nursing home workers is highlighted by the Occupational Safety and Health Administration recent directive targeting "ergonomic stressors in patient lifting" as an important hazard to worker safety.

Nursing staff in nursing homes are disproportionately women (>90%). Compared to men, women may be more susceptible to back injuries with lower load exposures. On average, women are smaller in stature and have lower body mass. Differences in both innate strength and altered body positioning in response to heavier loads have potential to cause more harm to women than men under similar circumstances. In the nursing home setting, staff turnover is high. Thirty-eight percent of nursing home staff report intentions to leave their position within 2 years. The instability of the nursing home workforce often contributes to extreme workloads, insufficient training, and high accident and injury rates.

Challenges

Occupational injury rates for direct care workers are among the highest in the country. In 2016, the injury rate per 10,000 workers was 144 injuries among personal care aides, 116 among home health aides, and 337 among nursing assistants. By comparison, the overall injury rate across all occupations in the U.S. was 100 per 10,000 workers.

Direct care workers are most commonly injured when they overexert themselves through lifting and repositioning their clients. They are also significantly more likely than the average U.S. worker to be injured due to violence from another person or an animal. Due to overexertion, violence, and/or other events on the job, the most common types of injury among these workers are sprains, strains, tears, soreness, and pain. Among direct care workers, injury rates are particularly high for nursing assistants, who have an increased risk for injury because they assist multiple residents at once. For example, a home care worker might lift one client while helping them get dressed in the morning, whereas a nursing assistant working in a nursing home might lift and reposition as many as 20 or more residents every morning.

Relative to the typical U.S. worker, nursing assistants are three times more likely to be injured on the job. The health care industry is one of the most dangerous industries, ranking with construction, trucking, and meatpacking in nonfatal injury rates.

MAJOR NURSING HOME RISK FACTORS

Nursing homes are among the top 10 industries for musculoskeletal problems, which is the major cause of worker absenteeism, workers' compensation claims, and worker injury and illness. Work-related musculoskeletal disorders (WMSDs) are potentially disabling conditions affecting workers. Of all workers' compensation claims, WMSDs account for the highest percentage of costs and permanent disability among workers.

The consequences of work-related musculoskeletal injuries among nurses are substantial. Along with higher employer costs due to medical expenses, disability compensation, and litigation, nurse injuries also are costly in terms of chronic pain and functional disability, absenteeism, and turnover. As many as 20% of nurses who leave direct patient care positions do so because of risks associated with the work. Direct and indirect costs associated with only back injuries in the healthcare industry are estimated to be \$20 billion annually.



In addition, healthcare employees, who experience pain and fatigue, may be less productive, less attentive, more susceptible to further injury, and may be more likely to affect the health and safety of others.

The incidence of work-related musculoskeletal disorders has been consistently high in nursing sectors and are a significant cost to the health service due to absenteeism. Work-related musculoskeletal disorders are more common among healthcare workers in nursing homes due to the high dependency needs of older persons which often include need for help with self-care and mobility. Therefore, staff are exposed to potential injury associated with moving and handling patients. Work-related musculoskeletal disorders significantly impact on the quality of life of affected individuals, can cause economic hardship and affect service provision.

In 2016, RNs in the private industry experienced 8,730 days-away-from-work cases classified as WMSDs. These WMSDs occurred at an incidence rate of 46.0 cases per 10,000 full-time workers, significantly greater than the rate for all occupations (29.4 cases per 10,000 workers).

Four main areas of concern are;

1. Nursing Fall Injuries: Slips, trips, and falls account for about 20 percent of all nursing injuries
2. The BLS noted that almost half of all injuries that occur among hospital workers stemmed from bodily reaction and overexertion. These injuries were frequently from motions that involved patient handling, including lifting and bending resulting in repetitive strain.
3. Back injuries in nurses and healthcare workers are common. In fact, according to the American Journal of Critical Care (AJCC), back injuries affect nearly 38 percent of nursing staff.
4. Patient violence or exposure to harmful substances and contaminated objects, including accidental needle sticks or equipment injuries.

In addition, the increased worker injury rates likely result from increased exposure to hazardous conditions and diminished recovery time between exposures.

Muscle weakness and gait problems are the most common causes of falls among elderly residents, accounting for about 24% of nursing home falls.

Solutions

INJURY PREVENTION

Once a full job risk analysis has been completed and the contributing factors have been identified, actions can be taken to help ensure the risks are minimized including changes to equipment, workplace protocols, education or those below.

- Pre-Employment Physical Testing
- Drug Screens via Local Urgent Care
- Conduct Regular Risk Assessments
- Provide Comprehensive Training Programs
- Promote Ergonomic Practices
- Utilize Patient-Lift Technology
- Implement Team Lift Strategies
- Regular Floor Maintenance / Clear Signage
- Employee Open Communication & Participation
- Evaluate and Improve Safety Protocols
- Chemical safety and hazard symbols
- Slip, trip and fall prevention
- Chemical safety and hazard symbols
- Personal protective equipment basics

OPTIMIZE POST INJURY CARE DELIVERY

- **Access to Care** On-Site or Near -Site access to Occ Health is key to reducing overall cost and risk.
- **Prevention and Wellness Services** such as preventive screenings, immunizations.
- **Choose your Occupational Team** wisely building your team with those that are familiar with the worksite and its challenges is integral.
- **Diagnostics & Testing** play a significant role in the determination of the treatment directive for most serious injuries and the time delays in receiving them can negatively affect recovery through prolonged delays, degraded health, and discomfort of the employee.
- **Time to Care Delivery** As with any injury, it is paramount that we expedite care delivery for all injuries to ensure minimal discomfort to employees and to prevent downtime at the employer.
- **Continuum of Care** If an injury does occur, you want a trained medical team that is familiar with the company and the workloads of the employees

Results

- **90%** of employees with initial injuries return to work for their next scheduled shift.
- **90%** of lower back pain cases do not need X-rays.
- We see significant injuries in the same day. For non-urgent injuries, we see them within three days or less.
- **92%** of urgent care clinics-maintained wait times of 30 minutes or less in 2015. The Urgent Care Association of America's 2016 Benchmarking Report
- **57%** of urgent care patients experience wait times of less than 15 minutes.
- When you're seen for health care concerns more quickly, you're able to receive a diagnosis and start appropriate treatment more quickly too. Not only does this efficiency mean less wasted time for you, but it also means you'll be feeling like yourself again in no time. In comparison, it should be noted that National standards show that the average wait time at an emergency room is four hours.
- Studies show the treatment for the most common injuries and illnesses at an occupational health or urgent care is equal to or better than the care at emergency rooms. Urgent care centers are also known for more personalized care. The walk-in urgent clinic is a medical facility that provides relatively quick treatment for acute illnesses and minor injuries. Urgent care centers are well known for being the first-place people turn to for quick medical assistance. When most people think of urgent care centers, they automatically assume that they only offer treatment for non-life-threatening medical conditions. However, urgent care centers can offer much more to the public as a valuable member of the medical community.

Summary and Overview

Our hope with this article is to provide a better understanding of the hazards that the Nursing Homes have as well as their consequences on health, wellness, and productivity. The use of Urgent Care clinics has proven to save money by reducing unnecessary ER use and reducing hospitalizations, while community access and close proximity reduces downtime. Nursing Homes that have implemented injury prevention and Post Injury Care efforts focusing on musculoskeletal and ergonomic concerns have reported reduced work-related injuries and associated workers' compensation costs. Fewer injuries can also improve morale, reduce employee turnover, encourage employees to stay longer and discourage senior employees from retiring early.

RESOURCES

- 1.Safe Patient Handling Tools and Resources <https://www.osha.gov/hospitals/patient-handling/>
- 2.Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program https://www.aohp.org/aohp/Portals/0/Documents/ToolsForYourWork/free_publications/Beyond%20Getting%20Started%20Safe%20Patient%20Handling%20-%20May%202014.pdf.pdf
- 3.Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders. https://www.osha.gov/sites/default/files/publications/final_nh_guidelines.pdf
- 4.Safe Lifting and Movement of Nursing Home Residents. <https://www.cdc.gov/niosh/docs/2006-117/>
- 5.Home Healthcare Workers: How to Prevent Musculoskeletal Disorders <https://www.cdc.gov/niosh/docs/2012-120/pdfs/2012-120.pdf>

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