

Congress of the United States
Washington, DC 20515

December 11, 2018

The Honorable R. Alexander Acosta
Secretary of Labor
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

RE: Comments on the Notice of Proposed Rulemaking, RIN 1235-AA22, Expanding Employment, Training, and Apprenticeship Opportunities for 16- and 17-Year-Olds in Health Care Occupations Under the Fair Labor Standards Act

Dear Secretary Acosta:

Thank you for the opportunity to submit comments in response to the Department of Labor's (the Department) September 27, 2018, Notice of Proposed Rulemaking Expanding Employment, Training, and Apprenticeship Opportunities for 16- and 17-Year-Olds in Health Care Occupations Under the Fair Labor Standards Act.

This comment urges the Department to withdraw its proposed rule and instead propose regulations to codify its evidence-based 2011 nonenforcement policy that allows trained 16- and 17-year-olds to assist workers 18 years of age or older in the operation of this equipment.

Proposed Rule

The Fair Labor Standards Act (FLSA) prohibits 16- and 17-year-olds from working in occupations that the Secretary of Labor has declared, through Hazardous Occupation Orders (HOs), to be particularly hazardous to workers at this age or detrimental to their health or well-being. Specifically, HO 7 prohibits workers under 18 years of age from operating or assisting in the operation of several types of hoisting apparatus. In 2010, the Wage and Hour Division (WHD) requested the National Institute for Occupational Safety and Health's (NIOSH) assistance "in determining under what circumstances or conditions, if any, 16- and 17-year old employees can safely operate or assist in the operation of power-driven patient lifts."¹ A 2011 NIOSH report concluded, "many 16- and 17-year-old employees cannot safely operate power-driven hoists to lift and transfer patients *by themselves*, although they may be able to safely work

¹ Letter from Nancy J. Leppink, Wage and Hour Division Deputy Administrator, to Dr. John Howard, Director of National Institute for Occupational Safety and Health, at 2 (October 21, 2010).

as part of a team to assist another caregiver to transfer or move a patient/resident.”² NIOSH also recommended “that two caregivers (one of whom should be an experienced caregiver at least 18 years of age) operate a mechanical lift to transfer a non-weight bearing resident.”³ In 2011, the Department issued a nonenforcement policy, based on NIOSH’s conclusions and recommendations, allowing trained 16- and 17-year-olds to assist workers 18 years of age or older in the operation of this equipment.⁴

The Department has proposed to remove the operation of power-driven patient lifts from the list of prohibited activities for 16- and 17-year-old workers under HO 7, in effect allowing minors to perform this work independently. As discussed below, the proposed rule lacks a strong foundation in evidence, undermines the safety of minors, and poses risks to patients.

The Department’s Proposal Ignores Evidence That Independent Use of Power-Driven Lifts Poses Safety Risks to 16- and 17-Year-Olds

We are deeply concerned the Department is ignoring evidence that allowing minors to operate power-driven hoists to lift and transfer patients *by themselves* comes with significant risks.⁵ The Department argues that power-driven patient lifts are distinct from other power-driven lifts banned under HO 7, and thus the risks to minors operating this equipment must be considered separately.⁶ Yet, the Department’s proposal is in direct conflict with the 2011 WHD-requested NIOSH report that outlines the specific risks of using this type of equipment.

The Notice of Proposed Rulemaking (NPRM) incorrectly states that the 2011 NIOSH report “did not express any specific concerns about the actual operation of the equipment.”⁷ In fact, NIOSH expressly stated that “many 16- and 17-year-old employees cannot safely operate power-driven hoists to lift and transfer patients *by themselves*.”⁸ Additionally, NIOSH identified a number of concerns, specifically that 16- and 17-year-olds (1) are at an increased risk of injury from independent use of power-driven lifts,⁹ (2) do not have the physical strength to independently place patients/residents in slings or manipulate loaded lifts,¹⁰ (3) lack the ability to properly

² Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), *NIOSH Assessment of Risks for 16- and 17-Year Old Workers Using Power-Driven Patient Lift Devices*, at 10 (2011), https://www.dol.gov/whd/CL/NIOSH_PatientLifts.pdf (emphasis in original).

³ *Id.* at 11.

⁴ U.S. Department of Labor, Wage & Hour Division, Field Assistance Bulletin No. 2011-3 (July 13, 2011).

⁵ The Department has acknowledged this risk in the past. In its 2010 request for NIOSH to conduct research, the Department stated that “WHD appreciates the enormous impact that the use of power-driven patient lifts has made in reducing occupational injuries to health care workers; but we are concerned that injuries still occur to workers who operate such equipment—especially to less experienced workers.” 2010 WHD letter to NIOSH at 2.

⁶ Expanding Employment, Training, and Apprenticeship Opportunities for 16- and 17-Year-Olds in Health Care Occupations Under the Fair Labor Standards Act, 83 FR 48737, 48742 (proposed September 27, 2018).

⁷ *Id.* at 48741.

⁸ 2011 NIOSH Report at 10 (emphasis in original).

⁹ *Id.* at 10-11.

¹⁰ *Id.* at 11.

identify risks of using power-driven lifts,¹¹ and (4) are not protected from risk of injury through specific training alone.¹²

NIOSH also identified the specific tasks of repositioning to be dangerous when it comes to operating power-driven patient lifts. For example, NIOSH identifies “log rolling” as a repositioning task needed to place patients into a sling of a patient lift. According to NIOSH, “[e]xtensive research has documented that manual patient lifting *and repositioning tasks* result in high levels of biomechanical stress and place adult worker caregivers at very high risk for development of low back disorders.”¹³ NIOSH found this to be the case “even for patients weighing only 110 lbs and when two workers performed the task.”¹⁴

The Department’s NPRM incorrectly asserts that the only options for young workers are a complete ban on the use of power-driven patient lifts and manual lifting. However, there is a third option. The 2011 nonenforcement policy expressly allows young workers to assist in the operation of the equipment under specified conditions (e.g., with another person who is at least 18 years old). The Department also fails to produce credible evidence that its 2011 policy encourages manual lifting. The Department cites a 2012 survey of vocational schools by the Massachusetts Department of Public Health’s “Teens at Work Project” to suggest the current regulations resulted in an increase in manual lifting, stating more than 60 percent of respondents perform more manual lifting “due to the change in the law.”¹⁵ However, only 21 of 42 respondents answered this survey question, and nearly half of the survey respondents were not aware of the 2011 nonenforcement policy that allows 16- and 17-year-olds to assist in the use of patient lifts with someone 18 or older. This casts doubt on whether respondents, who believed there was increased manual lifting attributable to the current HO 7 Order, were even allowing 16- and 17-year-olds to assist in the use of patient lifts, with someone 18 or older – which was permissible under the 2011 policy.

The Department’s current 2011 nonenforcement policy is based on NIOSH’s findings that the use of power-driven patient lifts comes with risks for young workers.¹⁶ The Department now seeks to reverse its 2011 position, asserting that the independent use of power-driven lifts “may not be particularly hazardous to youth employed in health care occupations or detrimental to their health or well-being.”¹⁷ However, the Department’s proposed rule fails to include data or

¹¹ *Id.* at 11.

¹² *Id.* at 10.

¹³ *Id.* at 2 (emphasis added).

¹⁴ *Id.* As the 2011 NIOSH study states, there is extensive research documenting the risks to workers from manual lifting. In 2011, NIOSH recommended that the Wage and Hour Division “consider regulations prohibiting youth less than 18 years of age from manually lifting residents who cannot bear weight or assist when being transferred.” *Id.* at 11. While the NPRM notes the dangers of manual lifting, this proposal does not include bans on such activities, and we are unaware of any efforts by the Department to act on NIOSH’s recommendations.

¹⁵ Massachusetts Department of Public Health, Teens at Work Project, *Survey of MA Chapter 74 Schools - Child Labor Laws Impact* (2012).

¹⁶ Field Assistance Bulletin No. 2011-3.

¹⁷ 2017 Child Labor Regulations, 83 Fed. Reg. at 48739.

research that invalidates NIOSH's findings or otherwise supports this new assertion that this activity no longer poses risks for young workers.

The Department Relies on Flawed Data to Justify a Deviation from Its Statutory Duty to Protect Minors at Work

The Department argues its proposal would create more "employment, apprenticeship, and other training opportunities in health care."¹⁸ While we support increased training and employment opportunities, such efforts cannot come at the expense of the safety of minors at work. Accordingly, we are deeply concerned that the Department is relying on questionable data on the lack of training opportunities to justify a regulatory change that conflicts with the Secretary's statutory duty to protect minors at work.

The Secretary has a "long-standing and important statutory duty to ban unsafe working conditions for minors."¹⁹ The Department has in the past, with regard to this specific issue, acknowledged this statutory duty. In its 2011 Field Assistance Bulletin, the Department stated that "[a]lthough WHD appreciates these concerns, when children ages 16 and 17 are employed, WHD has a statutory obligation under the FLSA to ensure that the work is not hazardous or detrimental to their health or well-being."²⁰ Similarly, when WHD solicited NIOSH's review in 2010, WHD stated "the review must concentrate on whether workers under 18 years of age can safely operate such hoisting devices without risking exposure to injury."²¹ It is unclear why the Department is now deviating from its statutory duty in this proposal.

A policy to promote apprenticeships does not override the Secretary's statutory duty to protect minors at work. Furthermore, through the National Apprenticeship Act, the Secretary's role is to "formulate and promote the furtherance of labor standards necessary to *safeguard the welfare of apprentices.*"²²

In the NPRM, the Department provides questionable evidence to support its claim that its current policy stifles job and training opportunities. First, the Department cites four congressional letters to support its assertion that current policy stifles job and training opportunities.²³ Two of the referenced letters were sent to the Department before the 2011 nonenforcement policy was

¹⁸ *Id.*

¹⁹ "The FLSA, at section 3(l), gives the Secretary the authority and responsibility to identify and declare those occupations which are "particularly hazardous for the employment of children * * * or detrimental to their health or well-being." Child Labor Regulations, Orders and Statements of Interpretation; Child Labor Violations-Civil Money Penalties, 69 Fed. Reg. 75381, 75396 (finalized December 16, 2004).

²⁰ Field Assistance Bulletin No. 2011-3.

²¹ 2010 WHD letter to NIOSH at 2.

²² 29 U.S.C. § 50 (emphasis added).

²³ 2017 Child Labor Regulations, 83 Fed. Reg. at 48742. Although referenced in the NPRM, the October 15, 2010 letter from former Congressman Earl Pomeroy does not mention decreased job opportunities.

issued,²⁴ while the other two letters make no mention of the 2011 policy.²⁵ Thus, it is unreasonable for the Department to conclude that these lawmakers were asserting that the 2011 nonenforcement policy that allows minors to assist in the operation of power-driven patient lifts stifles job opportunities.

Second, the Department relies on the 2012 survey by the Massachusetts Department of Public Health, mentioned above, to assert an adverse impact on *training* opportunities, rather than *safety*.²⁶ This survey of vocational schools found that nearly 60 percent of respondents said that employers had commented about “increased burden placed on their staff due to the restrictions on students using power-driven patient lifts,” but it is not clear what is meant by “burden.”²⁷ The fact that nearly half of the survey respondents *were not aware* of the 2011 nonenforcement policy casts serious doubts on whether the employers who expressed an increased burden on staff were allowing 16- and 17-year-olds to assist in the use of patient lifts with someone 18 or older, as allowed under the 2011 policy. Additionally, the survey question regarding increased burden had only 22 respondents. This survey – conducted on Survey Monkey – is not available in the Department’s rulemaking docket, despite congressional requests that it be inserted.²⁸

The Department’s reliance on this nonscientific survey may violate the Department’s data quality guidelines – particularly with regards to objectivity – as informed by guidelines from the Office of Management and Budget.²⁹ Specifically, the Guidelines require supporting data be made available for the public to review and analyze to determine if it is “accurate and reliable.”³⁰ The Department’s failure to make this survey publicly available provides no way for the public to assess the accuracy and reliability of this data. Further, given the small number of respondents to

²⁴ Letter from former Senator Herb Kohl, Senator Amy Klobuchar, former Senator Mike Johanns, and former Senator Kent Conrad, to Nancy J. Leppink, Wage and Hour Division Deputy Administrator (December 17, 2010); Letter from former Congressman Michael Michaud to Hilda Solis, U.S. Secretary of Labor (February 28, 2011).

²⁵ Letter from Congressman Ron Kind and Senator Tammy Baldwin to R. Alexander Acosta, U.S. Secretary of Labor (December 12, 2017); Letter from Senator Ron Johnson to R. Alexander Acosta, U.S. Secretary of Labor (June 16, 2017).

²⁶ 2017 Child Labor Regulations, 83 Fed. Reg. at 48737.

²⁷ Massachusetts Department of Public Health, Teens at Work Project, *Survey of MA Chapter 74 Schools - Child Labor Laws Impact* (2012).

²⁸ In an October 2018 letter to Secretary Acosta, House Members requested the Department “make the 2012 Massachusetts Department of Public Health survey publicly available as part of the rulemaking docket.” Letter from Ranking Member Bobby Scott, Congressman Mark Takano, Congresswoman Rosa L. DeLauro, and Congresswoman Roybal-Allard to R. Alexander Acosta, U.S. Secretary of Labor (October 30, 2018).

²⁹ Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies; Notice; Republication; Office of Management and Budget, 67 Fed. Reg. 452-460 (February 22, 2002).

³⁰ U.S. Department of Labor, Office of the Chief Information Officer, *Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by the Department of Labor* (October 1, 2002),

<https://www.dol.gov/oasam/ocio/programs/InfoGuidelines/informationqualitytext.htm#SCOPE%20AND%20APPLICABILITY>.

key questions, there is serious doubt as to whether this survey applies “sound statistical and research methods.”³¹

The evidence the Department relies on to deviate from its statutory duty to protect minors at work does not support the proposal to allow young workers under age 18 to independently engage in patient lifting using power lifts.

The Department’s Proposal May Endanger Patient Safety

As the Department notes, the use of patient lifts is distinct from other banned devices under HO 7. As NIOSH found, there is more risk and complexity when a power-driven lift moves a person, rather than inanimate objects. Specifically, a patient’s status can make the task more complicated. The 2011 NIOSH report lists several factors that contribute to this complexity, including a patient’s fragile skin or bones, inability to understand verbal instructions, inability to see or hear, confusion or disorientation, combativeness, or unexpected changes in behavior.³² NIOSH also noted that changes in a patient’s condition throughout the day require workers to make key decisions regarding how to safely lift and transfer patients.³³

In 2010, the Department raised concerns about whether minors “can maintain the continuous level of safety consciousness in a medical care facility work environment that ensures not only their own safety but that of their patients as well.”³⁴ In its report, NIOSH concluded “that most 16- and 17-year old workers *do not have the ability to properly assess the risks* associated with using power-driven lifts.”³⁵ Again, the Department offers no data or evidence that contradicts this NIOSH conclusion.

We are therefore deeply concerned that this proposal may not only endanger worker safety but increase risk of injury or death for patients and residents in the more than 15,000 skilled nursing facilities across the country.³⁶ Approximately 65 percent of nursing home residents rely on a wheelchair for mobility or cannot walk without significant and consistent support from another individual.³⁷ Improper use of patient lifts carries a significant risk for individuals who require assistance with daily activities, such as transferring, walking, or bathing. NIOSH asserts that “[u]nlike a box or other inanimate object, if a nursing home resident is dropped or mishandled,

³¹ *Id.*

³² 2011 NIOSH Report at 3.

³³ *Id.* at 4.

³⁴ 2010 WHD letter to NIOSH at 2.

³⁵ 2011 NIOSH Report at 11 (emphasis added).

³⁶ Centers for Disease Control and Prevention (CDC), *National Center for Health Statistics, Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers, 2013–2014* (February 2016), <https://www.cdc.gov/nchs/fastats/nursing-home-care.htm>.

³⁷ Charlene Harrington, Helen Carrillo, Rachel Garfield, and Ellen Squires, *Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2009 Through 2016*, Kaiser Family Foundation, at 2 (April 2018), <https://www.kff.org/medicaid/report/nursing-facilities-staffing-residents-and-facility-deficiencies-2009-through-2016/>.

severe or fatal injury can occur.”³⁸ The Department’s rejection of NIOSH’s finding that minors cannot safely perform the work independently puts patients, including older individuals and individuals with disabilities, at serious risk.

The NPRM fails to include information on these risks, and there is no evidence that the Department consulted with other agencies about the costs to Medicare or Medicaid from patient-related injuries as a result of the proposed changes. We recommend that WHD work with the Occupational Safety and Health Administration (OSHA) to conduct such a risk assessment and develop cost estimates as part of an economic analysis for this proposed rule.

The Department Should Withdraw its Proposed Rule and Instead Codify its 2011 Evidence-Based Nonenforcement Policy

As the Department has stated previously, the 2011 nonenforcement policy is “consistent with the Department of Labor’s stated goal of balancing the potential benefits of transitional, staged employment opportunities for young people with the necessary protections for their education, health and safety.”³⁹

In contrast to the Department’s thinly supported proposal at issue here, the 2011 nonenforcement policy is grounded in NIOSH’s recommendations and a body of research around safe patient handling.⁴⁰ According to the FDA, “[m]ost lifts require two or more caregivers to safely operate[,] lift[,] and handle [a] patient.”⁴¹ Similarly, OSHA guidelines recommend teams of two for these devices, regardless of age.⁴² The 2011 nonenforcement policy is based on NIOSH’s recommendation that a caregiver under 18 years of age work with another experienced caregiver at least 18 years of age to operate a mechanical lift to transfer a non-weight bearing resident.⁴³

³⁸ 2011 NIOSH Report at 3.

³⁹ Field Assistance Bulletin No. 2011-3. The Department notes that it “considered codifying into the regulations the restrictions and conditions in its 2011 nonenforcement policy concerning power-driven patient lifts.” 2017 Child Labor Regulations, 83 Fed. Reg. at 48746.

⁴⁰ See, e.g., David W. Bacharach, Kyle Miller, and Serge P. von Duvillard, *Saving your back: How do horizontal patient transfer devices stack up?* Nursing 46(1): 59-64 (2016); W. Charney, *The Lift Team Method for Reducing Back Injuries*, AAOHN Journal 45(6) (1997); Mary Kutash, Manon Short, Joann Shea, and Marisa Martinez, *The Lift Team’s Importance to a Successful Safe Patient Handling Program*, Journal of Nursing Administration 39(4): 170-175 (2009); Patricia Finch Guthrie, Linda Westphal, Bruce Dahlman, Mark Berg, Kathy Behnam and Deborah Ferrell, *A patient lifting intervention for preventing the work-related injuries of nurses*, Work 22: 79-88 (2004); Soo-Jeong Lee, Joung Hee Lee, and Robyn Gershon, *Musculoskeletal Symptoms in Nurses in the Early Implementation Phase of California’s Safe Patient Handling Legislation*, Research in Nursing & Health 38: 183-193 (2015).

⁴¹ Food and Drug Administration, *Patient Lifts Safety Guide* at 6, <https://www.fda.gov/downloads/medicaldevices/productsandmedicalprocedures/homehealthandconsumer/homeusedevices/ucm386178.pdf>.

⁴² U.S. Department of Labor, Occupational Safety and Health Administration, *Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders* (2003), https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html.

⁴³ 2011 NIOSH Report at 11.

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For the aforementioned reasons, we urge the Department to withdraw this proposal and instead codify as a rule its evidence-based 2011 nonenforcement policy.

Sincerely,





ROBERT C. "BOBBY" SCOTT
Ranking Member
Committee on Education and the Workforce
U.S. House of Representatives



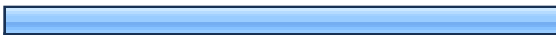
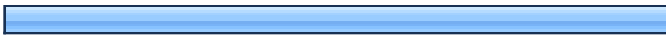

PATTY MURRAY
Ranking Member
Committee on Health, Education, Labor, and
Pensions
U.S. Senate

Enclosure: 2012 Survey by Massachusetts Department of Public Health

1. Does your school have a health care services program?

		Response Percent	Response Count
Yes		81.0%	34
No		19.0%	8
answered question			42
skipped question			0

2. What type of establishments are students placed in? (check all that apply)

		Response Percent	Response Count
Hospital		83.3%	20
Nursing home/Skilled nursing facility		100.0%	24
Assisted living facility		62.5%	15
Other (please specify)			8
answered question			24
skipped question			18



3. Approximately how many CNA training hours do students typically complete before beginning co-op?

	Response Count
	21
answered question	21
skipped question	21




4. How do students learn how to use lifts for transferring patients? (check all that apply)

	Lecture/demo only	Lecture/demo + Hands-on training	Response Count
The teacher covers it in the classroom	26.1% (6)	73.9% (17)	23
The teacher covers it in an offsite facility, i.e. local nursing home	20.0% (4)	80.0% (16)	20
The employer covers it as part of the student's co-op placement	30.8% (4)	69.2% (9)	13
		Other (please specify)	1
answered question			23
skipped question			19

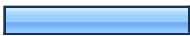


5. Were you aware that there had been a change in law related to persons under 18 using power-driven patient lifts?

		Response Percent	Response Count
Yes		88.0%	22
No		12.0%	3
answered question			25
skipped question			17




6. Have you seen the US Department of Labor-Wage and Hour Division field assistance bulletin specifying the conditions under which hoists can be used by persons under the age of 18?

		Response Percent	Response Count
Yes		54.5%	12
No		36.4%	8
Don't know		9.1%	2
answered question			22
skipped question			20


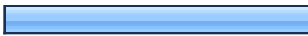

7. To what extent has the change in law made it more difficult to place students in co-ops?

		Response Percent	Response Count
No difficulty		27.3%	6
Some difficulty		50.0%	11
A lot of difficulty		22.7%	5
answered question			22
skipped question			20

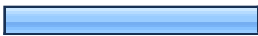


8. Have co-op employers commented about an increased burden placed on their staff due to the restrictions on students using power-driven patient lifts?

		Response Percent	Response Count
Yes		59.1%	13
No		31.8%	7
Don't know		9.1%	2
answered question			22
skipped question			20



9. Have any students in the school had to change job duties on co-op as a result of the change in law?

		Response Percent	Response Count
Yes		22.7%	5
No		45.5%	10
Don't know		31.8%	7
answered question			22
skipped question			20


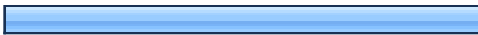
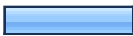
10. Are the students now doing more manual patient lifting due to the change in law

		Response Percent	Response Count
No more manual lifting		38.1%	8
Some more manual lifting		57.1%	12
A lot more manual lifting		4.8%	1
answered question			21
skipped question			21

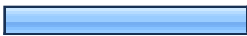


11. Are the students now using more non-power-driven patient lifts due to the change in law?

		Response Percent	Response Count
No more non-power lifts		57.1%	12
Some more non-power lifts		42.9%	9
A lot more non-power lifts		0.0%	0
answered question			21
skipped question			21




12. Has the school had to adjust the program or curriculum in any way due to the change in law?

		Response Percent	Response Count
Yes		9.5%	2
No		71.4%	15
Don't know		19.0%	4
If "Yes," please explain.			4
answered question			21
skipped question			21


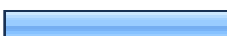

13. Have students raised any questions or concerns about not being able to use lifts alone?

		Response Percent	Response Count
Yes		36.4%	8
No		54.5%	12
Don't know		9.1%	2
	If "Yes," please explain.		6
answered question			22
skipped question			20

14. Have employers raised any questions or concerns about not being able to have students use lifts alone?

		Response Percent	Response Count
Yes		40.9%	9
No		40.9%	9
Don't know		18.2%	4
	If "Yes," please explain.		8
answered question			22
skipped question			20




15. Other than the patient lift restriction, are there any child labor law restrictions that affect placing students in any co-ops?

		Response Percent	Response Count
Yes		40.0%	12
No		33.3%	10
Don't know		26.7%	8
	If "Yes," please explain.		11
answered question			30
skipped question			12

16. If you have additional comments, please share them below.

	Response Count
	3
answered question	3
skipped question	39

17. Please select the title(s) that best describe the role(s) of those who completed the survey. (select all that apply)

		Response Percent	Response Count
Co-op Coordinator		63.3%	19
Teacher/Instructor		40.0%	12
Other		6.7%	2
	If "Other," please describe.		2
	answered question		30
	skipped question		12

Page 2, Q2. What type of establishments are students placed in? (check all that apply)

1	Developmental disabilities agencies, Dental offices	Jun 4, 2012 9:29 AM
2	Child Care/day care facility	Jun 1, 2012 7:38 AM
3	All above	Jun 1, 2012 4:36 AM
4	adult day care workshop for developmentally disabled adults child care center	May 30, 2012 3:55 AM
5	Elementary school nurse	May 29, 2012 7:57 AM
6	medical offices	May 21, 2012 11:22 AM
7	Local doctors offices	May 18, 2012 6:25 AM
8	Developmental Disabilities Facilities	May 18, 2012 6:06 AM

Page 2, Q3. Approximately how many CNA training hours do students typically complete before beginning co-op?

1	40 plus	Jun 4, 2012 9:29 AM
2	40 clinical hours in a long-term care facility	Jun 4, 2012 7:37 AM
3	100	Jun 3, 2012 3:53 PM
4	150	Jun 1, 2012 7:38 AM
5	1000	Jun 1, 2012 6:28 AM
6	2 years	Jun 1, 2012 4:36 AM
7	1500	Jun 1, 2012 3:41 AM
8	75 hours	May 31, 2012 12:29 PM
9	1.5 years	May 31, 2012 11:55 AM
10	270	May 29, 2012 7:57 AM
11	25	May 21, 2012 11:22 AM
12	150+	May 21, 2012 10:55 AM
13	72	May 20, 2012 4:54 PM
14	30 +	May 18, 2012 9:24 AM
15	500	May 18, 2012 7:35 AM
16	500	May 18, 2012 7:34 AM
17	1036	May 18, 2012 7:18 AM
18	150	May 18, 2012 6:25 AM
19	Over 180 hours	May 18, 2012 6:06 AM
20	students have their CNA before they go	May 17, 2012 12:13 PM
21	Unknown	May 17, 2012 10:10 AM

Page 2, Q4. How do students learn how to use lifts for transferring patients? (check all that apply)

1	Students do hands on training in an offsite facility with the instructor	May 18, 2012 7:34 AM
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Page 6, Q12. Has the school had to adjust the program or curriculum in any way due to the change in law?

1	The students are still getting jobs but many are getting jobs in Assisted Living due to the law. I think now that they are allowing them to be the 2nd person in a transfer it would be as big a deal.	May 21, 2012 10:58 AM
2	We do explain the law.	May 18, 2012 7:36 AM
3	Explaining the law and what they are and are not allowed to do	May 18, 2012 6:28 AM
4	Often times, if a student has a resident who requires a lift, the teacher teams up with the CNA who has the resident and the lift is completed- Our student is in the room observing as we complete the lift care.	May 18, 2012 6:12 AM

Page 6, Q13. Have students raised any questions or concerns about not being able to use lifts alone?

1	Lift are not be used alone in any circumstance	Jun 4, 2012 9:31 AM
2	We explained the law to them previous to going into clinical	Jun 4, 2012 7:42 AM
3	want to know why as they do not see them as being dangerous to themselves	May 30, 2012 3:58 AM
4	Even after being trained and "checked off" and tested in class....they are being given a hard time by employers because they can't use the equipment by law.	May 21, 2012 11:24 AM
5	Students are concerned about the impact it has on employment	May 21, 2012 10:58 AM
6	Lifts should never be used alone	May 18, 2012 7:36 AM

Page 6, Q14. Have employers raised any questions or concerns about not being able to have students use lifts alone?

1	Lifts are not to be operated alone in any circumstance	Jun 4, 2012 9:31 AM
2	In the beginning, we had to explain the law to them. They no longer ask.	Jun 4, 2012 7:42 AM
3	Employers have to modify the duties of students with the knowledge, but due to laws cannot perform them.	Jun 1, 2012 3:44 AM
4	has put co-op placement in jeopardy.	May 31, 2012 12:31 PM
5	Decreased employability	May 21, 2012 11:24 AM
6	Employers are concerned	May 21, 2012 10:58 AM
7	Lifts should never be used alone	May 18, 2012 7:36 AM
8	When this law was enacted, we spoke to all of our facilities and they were willing to work with us to make our clinical experience happen. Yes it was much more work, but we all pitched in and did it, we role modeled to our students that compliance was important. We did notice, this "18" limit caused many nursing homes to not hire co-op students. A nursing home who in the past hired 4-6 students, hired only 1. The nursing homes have been very compliant due to the safety issue and the law.	May 18, 2012 6:12 AM

Page 7, Q15. Other than the patient lift restriction, are there any child labor law restrictions that affect placing students in any co-ops?

1	Not being able to work until 11pm can make it difficult to place students	Jun 4, 2012 9:32 AM
2	Some placements will not take students until they are 18 years old or have graduated.	Jun 4, 2012 7:43 AM
3	Lift restrictions in auto and machine restrictions for culinary.	Jun 1, 2012 10:08 AM
4	Chain saw use, Auto lifts	Jun 1, 2012 6:31 AM
5	Not being able to work past 10pm since many 3-11pm shifts exist in medical facilities	May 21, 2012 11:25 AM
6	Some slight difficulty with hours during the weekday but most facilities work that out.	May 21, 2012 10:58 AM
7	diesel equipment and auto lifts	May 21, 2012 10:15 AM
8	Employers sometimes need to be reminded about the 10pm restriction	May 18, 2012 7:37 AM
9	The use of automotive lifts under supervision	May 18, 2012 7:21 AM
10	Horticulture students, having been trained in the use the chainsaws, woodchippers, and commerical mowers are not allowed to use this equipment under a co-op placement.	May 17, 2012 10:37 AM
11	Arborculture: chainsaws and chippers are viewed as part of the logging industry and therefore, students under 18 cannot use them on coop. It would be great if schools with arborculture Ch 74 programs could have some type of law change that would allow students to work on coop jobs using these items.	May 17, 2012 9:06 AM

Page 7, Q16. If you have additional comments, please share them below.

1	To the best of my knowledge, this restriction was lifted and or modified at the end of last summer.	Jun 4, 2012 9:32 AM
2	it seems like it should be a non issue, 2 people are required to use the lift, age should not matter if one is propably trained as the lifts don't seem to poise such a huge risk to anyone	May 30, 2012 4:02 AM
3	I have one parent going to the state rep because their student, under 18, has started his own treework business and purchased liability insurance in his name. But he cannot use this equipment under a co-op experience (his business would not be the co-op employer). Is this something that can happen? If so, with the current laws I think something needs to change.	May 17, 2012 10:37 AM

Page 7, Q17. Please select the title(s) that best describe the role(s) of those who completed the survey. (select all that apply)

1	school counselor and Co-op. Coord.	May 21, 2012 10:15 AM
2	vocational coordinator	May 17, 2012 9:06 AM