

**SENATE . . . . . No. 803**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

**Harriette L. Chandler**

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*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

**An Act providing for safe patient handling.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Harriette L. Chandler	First Worcester
Jennifer M. Callahan	18th Worcester
Christine E. Canavan	10th Plymouth
Bruce E. Tarr	First Essex and Middlesex

# The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

## AN ACT PROVIDING FOR SAFE PATIENT HANDLING.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Chapter 111 of the General Laws is hereby amended by inserting after section 91C the following  
2 section:-

3 Section 91D. As used in this section, the following words, shall, unless the context clearly  
4 requires otherwise, have the following meanings:-

5 “Acute-care hospital”, any hospital licensed pursuant to sections 51 and 52 and the teaching  
6 hospital of the university of Massachusetts medical school, which contains a majority of  
7 medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department.

8 “Department”, the department of public health.

9 “Health care facility”, any acute care hospital as defined in section (a), any licensed private,  
10 public or state-owned and operated general acute care rehabilitation hospital or unit, any licensed  
11 private, public or state-owned and operated general acute care psychiatric hospital or unit, any  
12 nursing home as defined in section 71 and any long term care facility as defined in section 71.

13 “Health care worker”, any health facility personnel or lift team member who lifts, transfers or  
14 repositions patients or equipment.

15 “Hospital”, any institution, however named, whether conducted for charity or for profit, which is  
16 advertised, announced, established or maintained for the purpose of caring for persons admitted  
17 thereto for diagnosis, medical, surgical or restorative treatment which is rendered within said  
18 institution.

19 “Lift team”, health care facility employees specially trained to handle patient lifts, transfers and  
20 repositioning using lifting equipment when appropriate and precluded from performing other  
21 duties.

22 “Lifting and transferring process”, a system whereby patients and situations are identified based  
23 on the potential risk of injury to the patient and/or health care worker from lifting, transferring or  
24 moving that patient.

25 “Long term care facility”, any institution, however named, whether conducted for charity or  
26 profit, which is advertised, announced or maintained for the express or implied purpose of caring  
27 for four or more persons admitted thereto for nursing or convalescent care, as defined in section  
28 71.

29 “Needs assessment”, an evaluation of lift and transfer needs, resources and capabilities with  
30 recommendations on procedures to be followed and resources available to lift and transfer  
31 patients safely.

32 “NIOSH RWL”, 35 pound or current maximum recommended weight lift limit, a standard  
33 calculated by NIOSH, as explained at <http://www.cdc.gov/niosh/94-110.html>

34 “Nursing home”, any institution, however named, whether conducted for charity or profit, which  
35 is advertised, announced or maintained for the express or implied purpose of caring for four or  
36 more persons admitted thereto for nursing or convalescent care, as defined in section 71.

37 “Patient”, an individual who receives health services at a hospital, health care facility, or long  
38 term care facility.

39 “Patient care ergonomic evaluation”, evaluation performed in all direct patient care areas  
40 including but not limited to acute care, critical care, rehabilitation, radiology, operating room,  
41 urgent care, therapy departments, long term care, outpatient service, etc. following guidance  
42 from the OSHA Nursing Home Guidelines, VA Patient Care Ergonomic Guidelines, or other  
43 accepted guidance document to identify ergonomic control measures for decreasing risk of injury  
44 from patient handling and moving activities.

45 “Qualified personnel”, person(s) accountable and responsible for the ongoing education and  
46 knowledge of patient needs assessment, engineering equipment and patient ergonomics.

47 “Resident”, an individual who resides in a long term care facility.

48 “Safe patient handling policy”, a written statement describing the replacement of manual lifting  
49 and transferring of patients and equipment with powered transfer devices, lifting devices, and/or  
50 lift teams, consistent with a needs assessment and mandating the replacement of manual lifting  
51 and transferring of patients with techniques using current patient handling equipment/technology  
52 to lift patients unless specifically contraindicated for a patient’s condition or medical status. Such  
53 technology/equipment includes, but is not limited to mechanical lifting devices (floor-based &  
54 ceiling-mounted), lateral transfer aids, friction reducing devices, fast electric beds, motorized  
55 beds, etc , consistent with clinical unit/area patient care ergonomic evaluation recommendations.

56 Such policy also mandates the use of individual patient handling assessments for each  
57 patient/resident requiring assistance.

58 By February 1, 2010 each health care facility shall establish a safe patient handling committee  
59 (“committee”) through the creation of a new committee or by assigning the functions of a safe  
60 patient handling committee to an existing committee. The purpose of the Committee is to design  
61 and recommend the process for implementing a safe patient handling program and to oversee the  
62 implementation of the program. At least half the members of the safe patient handling  
63 committee shall be frontline non-managerial employees who provide direct care to patients and  
64 shall include but not be limited to nurses, laundry, maintenance and infection control employees.

65 By December 1, 2010, the governing body of a hospital or the quality assurance committee of a  
66 nursing home shall adopt and ensure implementation of a Safe Patient Handling Program to  
67 identify, assess, and develop strategies to control risk of injury to patients and health care  
68 workers associated with the lifting, transferring, repositioning, or movement of a patient or  
69 equipment, such that manual lifting or transfer of patients is minimized in all cases and  
70 eliminated when feasible and manual patient handling or movement of all or most of a patient’s  
71 weight is restricted to emergency, life-threatening, or otherwise exception circumstances. As  
72 part of this program each facility must:

73 (1) Conduct a comprehensive analysis of the risk of injury to both patients and health care  
74 workers posed by the patient handling needs of the patient populations served by the hospital or  
75 nursing home and the physical environment in which patient and equipment handling and  
76 movement occurs, through:

77 (a) Evaluation of alternative ways to reduce risks associated with patient and equipment  
78 handling, including evaluation of equipment and patient care and patient support  
79 environments;

80 (b) Conduct of individual patient care ergonomic evaluations in all patient care areas,  
81 following guidance from the OSHA Nursing Home Guidelines, VA Patient Care  
82 Ergonomic Guidelines, or other accepted guidance document, to identify ergonomic  
83 control measures for decreasing risk of injury from patient handling and moving  
84 activities;

85 (c) Development and implementation of safe patient handling policies based on the needs of  
86 all shifts and units of the facility.

87 (2) Identify and list the type and quantity of patient handling equipment and other equipment  
88 required on each clinical unit/area and ensure that the purchase and acquisition of all such  
89 equipment is incorporated into the Safe Patient Handling Program. Patient handling measures  
90 and patient handling equipment/technology shall include but not be limited to mechanical lifting  
91 devices (floor-based & ceiling-mounted), lateral transfer aids, friction reducing devices, fast  
92 electric beds, and motorized beds.

93 (3) Provide patient handling equipment and/or technology as stipulated in section (2) which is  
94 appropriate for each clinical area and patient/resident population, to reduce the risk of injury to  
95 direct patient care providers and patients/residents.

96 (4) Provide specialized training in safe patient handling by qualified personnel to all health  
97 facility personnel and lift team members who lift, transfer or reposition patients, including but  
98 not limited to demonstration of proficiency in safe techniques for lifting or transferring patients

99 and the appropriate use of lifting or transferring devices and equipment. Health care facilities  
100 must train staff on policies, equipment and devices at least annually.

101 (5) Develop procedures for health care workers to refuse to perform or be involved in patient  
102 and equipment handling or movement that the worker believes in good faith will expose a patient  
103 or a nurse to an unacceptable risk of injury without subjecting such worker to disciplinary action.

104 (6) Provide for lift team members, where lift teams are employed, to utilize lifting devices and  
105 equipment throughout the health care facility to lift patients unless specifically contraindicated  
106 for a patient's condition or medical status.

107 (7) Prepare an annual performance evaluation report and submit to the governing body or the  
108 quality assurance committee on activities related to the identification, assessment, and  
109 development of strategies to control risk of injury to patients and health care workers associated  
110 with the lifting, transferring, repositioning, or movement of a patient with statistics on the  
111 numbers and types of injury to the facilities health care workers and patients;

112 (8) Track, publish and disseminate upon request annual injury data including: the financial  
113 cost of all safe patient and equipment handling injuries suffered by employees and patients; the  
114 nature and cause of injury; date, shift, and unit statistics; cost to the institution and to employees  
115 and patients; and outcomes; to the extent permitted by privacy regulations.

116 (9) Identify the type and quantity of patient handling equipment and other equipment required  
117 and ensure that the purchase of other acquisition of all such equipment is incorporated into the  
118 Safe Patient Handling Program.

119 By January 30, 2010, health care facilities shall complete the acquisition of safe patient handling  
120 equipment determined to be required by their safe patient handling committee. Such equipment  
121 will include, though not be limited to: (a) at least one readily available lift per unit on each unit

122 where patients will weigh 35 pounds or the current maximum recommended weight lift limit for  
123 patients (NIOSH RWL), unless the facility's safe patient handling committee determines that  
124 more lifts are required on the unit; (b) one lift for every ten beds; and/ or (c) equipment for use  
125 by lift teams.

126 The development of architectural plans for constructing or remodeling a health care facility or a  
127 unit of a health care facility must incorporate patient handling equipment and the construction  
128 design needed to accommodate such equipment.