

SENATE No. 991

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

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:
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>
<i>Gale D. Candaras</i>	<i>First Hampden and Hampshire</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>Denise Andrews</i>	<i>2nd Franklin</i>

SENATE No. 991

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 991) of Harriette L. Chandler, Sarah K. Peake, Gale D. Candaras, Mary S. Keefe and others for legislation to provide for safe patient handling. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE

□ □ SENATE
□ , NO. 1076 OF 2011-2012.]

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

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
2 following section:-

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

5 “Acute-care hospital”, any hospital licensed pursuant to sections 51 and 52 and the
6 teaching 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
10 private, public or state-owned and operated general acute care rehabilitation hospital or unit, any
11 licensed private, public or state-owned and operated general acute care psychiatric hospital or
12 unit, any nursing home as defined in section 71 and any long term care facility as defined in
13 section 71.

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

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

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

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

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

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

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

35 “Nursing home”, any institution, however named, whether conducted for charity or
36 profit, which is advertised, announced or maintained for the express or implied purpose of caring
37 for four or more persons admitted thereto for nursing or convalescent care, as defined in section
38 71.

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

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

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

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

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

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

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

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

80 Evaluation of alternative ways to reduce risks associated with patient and equipment
81 handling, including evaluation of equipment and patient care and patient support environments;

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

86 Development and implementation of safe patient handling policies based on the needs of
87 all shifts and units of the facility.

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

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

97 Provide specialized training in safe patient handling by qualified personnel to all health
98 facility personnel and lift team members who lift, transfer or reposition patients, including but
99 not limited to demonstration of proficiency in safe techniques for lifting or transferring patients
100 and the appropriate use of lifting or transferring devices and equipment. Health care facilities
101 must train staff on policies, equipment and devices at least annually.

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

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

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

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

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

120 By January 30, 2010, health care facilities shall complete the acquisition of safe patient
121 handling equipment determined to be required by their safe patient handling committee. Such
122 equipment will include, though not be limited to: (a) at least one readily available lift per unit on
123 each unit where patients will weigh 35 pounds or the current maximum recommended weight lift
124 limit for patients (NIOSH RWL), unless the facility's safe patient handling committee
125 determines that more lifts are required on the unit; (b) one lift for every ten beds; and/ or (c)
126 equipment for use by lift teams.

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