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S.80

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Introduced by Senators Lyons, Ashe, Choate, Flanagan, Giard, Kittell and

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McCormack

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Referred to Committee on

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Date:

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Subject: Health care facilities; safe patient handling

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Statement of purpose: This bill would require hospitals and nursing home

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facilities to establish a safe patient handling program.

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An act relating to safe patient handling

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It is hereby enacted by the General Assembly of the State of Vermont:

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Sec. 1. 18 V.S.A. Part 3, chapter 58 is added to read:

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CHAPTER 58. SAFE PATIENT HANDLING

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§ 2501. LEGISLATIVE FINDINGS AND INTENT

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The general assembly finds:

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(1) Patients are at greater risk of injury, including skin tears, falls, and

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musculoskeletal injuries, when being lifted, transferred, or repositioned

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manually.

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(2) Safe patient handling can reduce skin tears suffered by patients by

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threefold and can significantly reduce other injuries to patients as well.

1 (3) Without adequate resources such as special equipment and specially
2 trained staff, lifting patients, whether the patients are overweight or not,
3 increases the risk of injury to the patients and health care providers when the
4 patient is being moved, being repositioned, or receiving other care. Fifty-nine
5 percent of Vermont adults are overweight or obese, which substantially
6 increases risks for many chronic diseases.

7 (4) Health care workers lead the nation in work-related musculoskeletal
8 disorders. Chronic back pain and other job-related musculoskeletal disorders
9 contribute significantly to the decision by nurses and other health care workers
10 to leave their professions, which exacerbates the shortage of health care
11 workers.

12 (5) Research indicates that nurses lift an estimated 1.8 tons per shift.
13 Eighty-three percent of nurses work in spite of back pain, and 60 percent of
14 nurses fear a disabling back injury. Twelve percent to 39 percent of nurses not
15 yet disabled are considering leaving nursing due to back pain and injuries.

16 (6) Safe patient handling reduces injuries and costs. In nine case studies
17 evaluating the impact of lifting equipment, injuries decreased 60 percent to 95
18 percent; lifting and handling was reduced by 98 percent.

19 (7) Studies show that manual patient handling and movement negatively
20 affect patient safety, quality of care, and patient comfort, dignity, and
21 satisfaction.

1 (8) The American Hospital Association has stated that work-related
2 musculoskeletal disorders account for the largest proportion of workers'
3 compensation costs in hospitals and long-term care facilities.

4 (9) Studies demonstrate that assistive patient handling technology
5 reduces workers' compensation and medical treatment costs for
6 musculoskeletal disorders among health care workers, and that employers can
7 recoup their initial investment in equipment and training within three years.

8 § 2502. DEFINITIONS

9 As used in this chapter:

10 (1) "Health care facility" shall mean a hospital licensed under chapter 43
11 of this title or a nursing home licensed under chapter 71 of Title 33.

12 (2) "Lift team" means health care facility employees specially trained to
13 perform patient lifts, transfers, and repositioning in accordance with safe
14 patient handling policy.

15 (3) "Musculoskeletal disorders" means conditions that involve the
16 nerves, tendons, muscles, and supporting structures of the body.

17 (4) "Safe patient handling" means the use of engineering controls,
18 transfer aids, or assistive devices whenever feasible and appropriate instead of
19 manual lifting to perform the acts of lifting, transferring, or repositioning
20 health care patients and residents.

1 (5) “Safe patient handling policy” means protocols established to
2 implement safe patient handling.

3 § 2503. SAFE PATIENT HANDLING PROGRAM

4 (a) A safe patient handling program shall include:

5 (1) a safe patient handling policy on all units and for all shifts that,
6 consistent with patient safety and well-being, restricts unassisted patient
7 handling of all or most of a patient’s weight to situations in which a patient is
8 in need of immediate attention or in which the use of assisted patient handling
9 would jeopardize the safety of the patient;

10 (2) an assessment of the safe patient handling assistive devices needed
11 to carry out the facility’s safe patient handling policy;

12 (3) the purchase of safe patient handling equipment and patient handling
13 aids necessary to carry out the safe patient handling policy;

14 (4) protocols and procedures for assessing and updating the appropriate
15 patient handling requirements of each patient of the facility;

16 (5) a plan for assuring prompt access to and availability of mechanical
17 patient handling equipment and patient handling aids on all units and all shifts;

18 (6) a provision requiring that all such equipment and aids be stored and
19 maintained in compliance with their manufacturers’ recommendations;

20 (7) a training program for health care workers at no cost that:

1 (A) covers the identification, assessment, and control of patient
2 handling risks; the safe, appropriate, and effective use of patient handling
3 equipment and aids; and proven safe patient handling techniques;

4 (B) requires trainees to demonstrate proficiency in the techniques and
5 practices presented;

6 (C) is provided during paid work time; and

7 (D) is conducted upon commencement of the facility's safe patient
8 handling program and at least annually thereafter, with appropriate interim
9 training for individuals beginning work between annual training sessions;

10 (8) educational materials for patients and their families to help orient
11 them to the facility's safe patient handling program;

12 (9) an annual report to the safe patient handling committee of the facility
13 and to the department of banking, insurance, securities, and health care
14 administration, which shall be made available to the public upon request, on
15 activities related to the identification, assessment, development, and evaluation
16 of strategies to control risk of injury to patients, nurses, and other health care
17 workers associated with the lifting, transferring, repositioning, or movement of
18 a patient;

19 (10) posting of the safe patient handling policy in a location easily
20 visible to staff, patients, and visitors; and

1 (11) a designated representative of the facility who shall be responsible
2 for overseeing all aspects of the safe patient handling program.

3 (b) A facility shall conduct an annual evaluation of the program and make
4 revisions to the program based on data analysis and feedback from the
5 facility's health care workers.

6 (c) A facility shall purchase the equipment and aids determined necessary
7 to carry out its safe patient handling policy and conduct the initial training as
8 required in this section within 24 months of the effective date of this act.

9 (d) Nothing in this section precludes lift team members from performing
10 other duties as assigned during their shifts.

11 § 2504. RETALIATION

12 A covered health care facility shall not retaliate against any health care
13 worker because that worker refuses to perform a patient handling task due to a
14 reasonable concern about worker or patient safety or the lack of appropriate
15 and available patient handling equipment or aids.

16 § 2505. PATIENT HANDLING COMMITTEE

17 (a) Each licensed health care facility shall establish a safe patient handling
18 committee which shall be responsible for all aspects of the development,
19 implementation, and periodic evaluation and revision of the facility's safe
20 patient handling program, including the evaluation and selection of patient
21 handling equipment and aids and other appropriate engineering controls. The

1 committee shall be chaired by a professional nurse or other appropriate
2 licensed health care professional. A health care facility may utilize any
3 appropriately configured committee to perform the responsibilities of this
4 section. At least 50 percent of the members of the committee shall be health
5 care workers who provide direct patient care to patients at the facility or are
6 otherwise involved in patient handling at the facility. In a facility where health
7 care workers are represented by a collective bargaining agent, the collective
8 bargaining agent shall select the health care worker committee members. The
9 remaining members of the committee shall have experience, expertise, or
10 responsibility relevant to the operation of a safe patient handling program.

11 (b) An employee may, in accordance with established facility protocols,
12 report to the committee, as soon as possible, after being required to perform a
13 patient handling activity that he or she believes in good faith exposed the
14 patient or employee, or both, to an unacceptable risk of injury. Such employee
15 reporting shall not be cause for discipline or be subject to other adverse
16 consequences by his or her employer. These reportable incidents shall be
17 included in the facility's annual performance evaluation.

18 § 2506. DETERMINATION OF NEED FOR NEW HEALTH CARE

19 EQUIPMENT AND NEW INSTITUTIONAL HEALTH SERVICES

20 A health care facility which develops or offers new health care equipment
21 or new institutional health services in Vermont shall consider the proposed

1 availability and use of safe patient handling equipment in the new or renovated
2 space to be constructed.

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect January 1, 2010.