

SENATE No.

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:
Harriette L. Chandler	First Worcester
Jennifer M. Callahan	18th Worcester

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
2 following section:-

3

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

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

11

12 "Department", the department of public health.

13

14 "Health care facility", any acute care hospital as defined in section (a), any licensed
15 private, public or state-owned and operated general acute care rehabilitation hospital
16 or unit, any licensed private, public or state-owned and operated general acute care

17 psychiatric hospital or unit, any nursing home as defined in section 71 and any long term
18 care facility as defined in section 71.

19

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

22

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

27

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

31

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

35

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

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

44

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

47

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

52

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

55

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

63

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

67

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

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

79 evaluation recommendations. Such policy also mandates the use of individual patient
80 handling assessments for each patient/resident requiring assistance.

81

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

90

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

100

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

105 (a) Evaluation of alternative ways to reduce risks associated with patient and
106 equipment handling, including evaluation of equipment and patient care and
107 patient support environments;

108 (b) Conduct of individual patient care ergonomic evaluations in all patient care
109 areas, following guidance from the OSHA Nursing Home Guidelines,

110 VA Patient Care Ergonomic Guidelines, or other accepted guidance

111 document, to identify ergonomic control measures for decreasing risk of
112 injury from patient handling and moving activities;

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

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

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

125 (4) Provide specialized training in safe patient handling by qualified personnel to all
126 health facility personnel and lift team members who lift, transfer or reposition
127 patients, including but not limited to demonstration of proficiency in safe
128 techniques for lifting or transferring patients and the appropriate use of lifting or
129 transferring devices and equipment. Health care facilities must train staff on
130 policies, equipment and devices at least annually.

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

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

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

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

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

152

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

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

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