

**SENATE . . . . . No. 991**

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**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 adoption 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 other members of the General Court 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.