

SENATE No. 1124

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 relative to safe patient handling in certain health facilities.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>	
<i>Mary S. Keefe</i>	<i>15th Worcester</i>	
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	
<i>James J. O'Day</i>	<i>14th Worcester</i>	
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	
<i>Dennis A. Rosa</i>	<i>4th Worcester</i>	
<i>Chris Walsh</i>	<i>6th Middlesex</i>	
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>	
<i>John V. Fernandes</i>	<i>10th Worcester</i>	
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>	<i>12/1/2015</i>

SENATE No. 1124

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 1124) of Harriette L. Chandler, Jason M. Lewis, Barbara L'Italien, 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. 991 OF 2013-2014.]

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

An Act relative to safe patient handling in certain health facilities.

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

1 SECTION 1. Chapter 111 of the General Laws, as appearing in the 2012 Official Edition,
2 is hereby amended by inserting after section 91C the 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
42 areas including but not limited to acute care, critical care, rehabilitation, radiology, operating
43 room, urgent care, therapy departments, long term care, outpatient service, etc. following
44 guidance from the OSHA Nursing Home Guidelines, VA Patient Care Ergonomic Guidelines, or
45 other accepted guidance document to identify ergonomic control measures for decreasing risk of
46 injury 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, 2016 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, 2016, 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 (1) Conduct a comprehensive analysis of the risk of injury to both patients and health
77 care workers posed by the patient handling needs of the patient populations served by the
78 hospital or nursing home and the physical environment in which patient and equipment handling
79 and movement occurs, through:

80 (a) 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 (b) 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 (c) Development and implementation of safe patient handling policies based on the needs
87 of all shifts and units of the facility.

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

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

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

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

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

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

114 (8) Track, publish and disseminate upon request annual injury data including: the
115 financial cost of all safe patient and equipment handling injuries suffered by employees and

116 patients; the nature and cause of injury; date, shift, and unit statistics; cost to the institution and
117 to employees and patients; and outcomes; to the extent permitted by privacy regulations.

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

121 By January 30, 2016, health care facilities shall complete the acquisition of safe patient
122 handling equipment determined to be required by their safe patient handling committee. Such
123 equipment will include, though not be limited to: (a) at least one readily available lift per unit on
124 each unit where patients will weigh 35 pounds or the current maximum recommended weight lift
125 limit for patients (NIOSH RWL), unless the facility's safe patient handling committee
126 determines that more lifts are required on the unit; (b) one lift for every ten beds; and/ or (c)
127 equipment for use by lift teams.

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