

HOUSE No. 1144

The Commonwealth of Massachusetts

PRESENTED BY:

Claire D. Cronin

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>Claire D. Cronin</i>	<i>11th Plymouth</i>
<i>Daniel Cahill</i>	<i>10th Essex</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>
<i>John H. Rogers</i>	<i>12th Norfolk</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>Robert M. Koczera</i>	<i>11th Bristol</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>
<i>Timothy R. Whelan</i>	<i>1st Barnstable</i>
<i>F. Jay Barrows</i>	<i>1st Bristol</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>Michael S. Day</i>	<i>31st Middlesex</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>Natalie Higgins</i>	<i>4th Worcester</i>
<i>Daniel M. Donahue</i>	<i>16th Worcester</i>

<i>James J. Dwyer</i>	<i>30th Middlesex</i>
<i>Michael J. Finn</i>	<i>6th Hampden</i>
<i>Mathew Muratore</i>	<i>1st Plymouth</i>
<i>Diana DiZoglio</i>	<i>14th Essex</i>
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>
<i>James R. Miceli</i>	<i>19th Middlesex</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>
<i>Bruce J. Ayers</i>	<i>1st Norfolk</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Gerard Cassidy</i>	<i>9th Plymouth</i>
<i>Daniel Cullinane</i>	<i>12th Suffolk</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>
<i>Shawn Dooley</i>	<i>9th Norfolk</i>
<i>Brian Murray</i>	<i>10th Worcester</i>
<i>Sheila C. Harrington</i>	<i>1st Middlesex</i>
<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>
<i>Ann-Margaret Ferrante</i>	<i>5th Essex</i>
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>
<i>Joan Meschino</i>	<i>3rd Plymouth</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Edward F. Coppinger</i>	<i>10th Suffolk</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>

<i>Paul R. Heroux</i>	<i>2nd Bristol</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>Stephan Hay</i>	<i>3rd Worcester</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>
<i>Jeffrey N. Roy</i>	<i>10th Norfolk</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>
<i>Paul Tucker</i>	<i>7th Essex</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>
<i>Thomas P. Walsh</i>	<i>12th Essex</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>John C. Velis</i>	<i>4th Hampden</i>
<i>Jonathan D. Zlotnik</i>	<i>2nd Worcester</i>
<i>Peter V. Kocot</i>	<i>1st Hampshire</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>
<i>Susan Williams Gifford</i>	<i>2nd Plymouth</i>
<i>Thomas A. Golden, Jr.</i>	<i>16th Middlesex</i>
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>
<i>José F. Tosado</i>	<i>9th Hampden</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>RoseLee Vincent</i>	<i>16th Suffolk</i>
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>David M. Nangle</i>	<i>17th Middlesex</i>
<i>Nick Collins</i>	<i>4th Suffolk</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Adrian Madaro</i>	<i>1st Suffolk</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>

HOUSE No. 1144

By Ms. Cronin of Easton, a petition (accompanied by bill, House, No. 1144) of Claire D. Cronin and others relative to safe patient handling in certain health facilities. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

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 Chapter 111 of the General Laws, as appearing in the 2016 Official Edition, is hereby
2 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 above, any licensed private,
10 public or state-owned and operated general acute care rehabilitation hospital or unit, any licensed
11 private, public or state-owned and operated general acute care psychiatric hospital or unit, any
12 nursing home as defined in section 71 and any long term care facility as defined in section 71.

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

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

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

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

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

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

32 “NIOSH RWL”, 35 pound or current maximum recommended weight lift limit, a
33 standard calculated by the national institute for occupational safety and health, as described in
34 the Centers for Disease Control and Prevention’s DHHS (NIOSH) Publication No. 94-110.

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 lift teams, and consistent with a needs assessment and mandating the replacement of manual

53 lifting and transferring of patients with techniques using current patient handling equipment and
54 technology to lift patients unless specifically contraindicated for a patient's condition or medical
55 status. Such technology and equipment includes, but is not limited to mechanical lifting devices,
56 lateral transfer aids, friction reducing devices, fast electric beds, motorized beds, and other
57 equipment, consistent with clinical unit/area patient care ergonomic evaluation
58 recommendations. Such policy shall also require the use of individual patient handling
59 assessments for each patient or resident requiring assistance.

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

68 By December 1, 2017, 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 part
75 of this program, each facility shall:

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, patient handling equipment and technology shall include but not be limited to
92 mechanical lifting devices, lateral transfer aids, friction reducing devices, fast electric beds, and
93 motorized beds.

94 (3) Provide patient handling equipment and 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 or 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,
99 including but not limited to demonstration of proficiency in safe techniques for lifting or
100 transferring patients and the appropriate use of lifting or transferring devices and equipment.
101 Health care 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 health care worker to an unacceptable risk of injury without subjecting such worker
105 to disciplinary 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 December 30, 2018, 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 shall 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 by 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; (c) equipment
127 for use by lift teams.

128 The department shall ensure that every health care facility has in place a safe patient
129 handling program and completed the acquisition of all equipment and technology deemed
130 necessary by the facility's safe patient handling committee.

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