SENATE DOCKET, NO. 1218 FILED ON: 1/17/2019

SENATE . . . . . No. 1213

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:	
Harriette L. Chandler	*First Worcester*	
Jason M. Lewis	*Fifth Middlesex*	*1/23/2019*
Michael D. Brady	*Second Plymouth and Bristol*	*1/24/2019*
Walter F. Timilty	*Norfolk, Bristol and Plymouth*	*1/25/2019*
Mary S. Keefe	*15th Worcester*	*1/28/2019*
Michael O. Moore	*Second Worcester*	*1/29/2019*
Thomas M. Stanley	*9th Middlesex*	*1/30/2019*
Patrick M. O'Connor	*Plymouth and Norfolk*	*1/30/2019*
Diana DiZoglio	*First Essex*	*1/30/2019*
Joanne M. Comerford	*Hampshire, Franklin and Worcester*	*1/31/2019*
Brian M. Ashe	*2nd Hampden*	*1/31/2019*
Sal N. DiDomenico	*Middlesex and Suffolk*	*1/31/2019*
David Henry Argosky LeBoeuf	*17th Worcester*	*2/1/2019*
Mike Connolly	*26th Middlesex*	*2/1/2019*
Denise Provost	*27th Middlesex*	*2/1/2019*
John F. Keenan	*Norfolk and Plymouth*	*2/1/2019*
Anne M. Gobi	*Worcester, Hampden, Hampshire and Middlesex*	*2/1/2019*

David Allen Robertson	*19th Middlesex*	*2/1/2019*
Jack Patrick Lewis	*7th Middlesex*	*2/1/2019*
Marc R. Pacheco	*First Plymouth and Bristol*	*2/1/2019*
James B. Eldridge	*Middlesex and Worcester*	*2/8/2019*
Lindsay N. Sabadosa	*1st Hampshire*	*3/13/2020*
Rebecca L. Rausch	*Norfolk, Bristol and Middlesex*	*2/1/2019*
Julian Cyr	*Cape and Islands*	*2/1/2019*
James K. Hawkins	*2nd Bristol*	*2/5/2019*
William N. Brownsberger	*Second Suffolk and Middlesex*	*3/7/2019*

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By Ms. Chandler, a petition (accompanied by bill, Senate, No. 1213) of Harriette L. Chandler, Jason M. Lewis, Michael D. Brady, Walter F. Timilty and other members of the General Court for legislation relative to safe patient handling in certain health facilities. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *1167* OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

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:

SECTION 1: Chapter 111 of the General Laws, as appearing in the 2016 Official Edition, is hereby amended by inserting after section 91C the following section:-

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

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

"Department", the department of public health.

"Health care facility", any acute care hospital as defined above, any licensed private, public or state-owned and operated general acute care rehabilitation hospital or unit, any licensed private, public or state-owned and operated general acute care psychiatric hospital or unit, any nursing home as defined in section 71 and any long term care facility as defined in section 71.

"Health care worker", any health facility personnel or lift team member who lifts, transfers, or repositions patients or equipment.

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

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

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

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

"Needs assessment", an evaluation of lift and transfer needs, resources, and capabilities with recommendations on procedures to be followed and resources available to lift and transfer patients safely.

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

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

"Patient", an individual who receives health services at a hospital, health care facility, or long term care facility.

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

"Qualified personnel", person(s) accountable and responsible for the ongoing education and knowledge of patient needs assessment, engineering equipment and patient ergonomics.

"Resident", an individual who resides in a long term care facility.

"Safe patient handling policy", a written statement describing the replacement of manual lifting and transferring of patients and equipment with powered transfer devices, lifting devices, lift teams, and consistent with a needs assessment and mandating the replacement of manual lifting and transferring of patients with techniques using current patient handling equipment and technology to lift patients unless specifically contraindicated for a patient's condition or medical status. Such technology and equipment includes, but is not limited to mechanical lifting devices, lateral transfer aids, friction reducing devices, fast electric beds, motorized beds, and other equipment, consistent with clinical unit/area patient care ergonomic evaluation recommendations. Such policy shall also require the use of individual patient handling assessments for each patient or resident requiring assistance.

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

By December 1, 2019, the governing body of a health care facility, or its equivalent, shall adopt and ensure implementation of a safe patient handling program to identify, assess, and develop strategies to control risk of injury to patients and health care workers associated with the lifting, transferring, repositioning, or movement of a patient or equipment, such that manual lifting or transfer of patients is minimized in all cases and eliminated when feasible and manual

patient handling or movement of all or most of a patient's weight is restricted to emergency, life-threatening, or otherwise exception circumstances. As part of this program, each facility shall:

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

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

(b) Conduct of individual patient care ergonomic evaluations in all patient care areas, following guidance from the OSHA Nursing Home Guidelines, VA Patient Care Ergonomic Guidelines, or other accepted guidance document, to identify ergonomic control measures for decreasing risk of injury from patient handling and moving activities;

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

(2) Identify and list the type and quantity of patient handling equipment and other equipment required on each clinical unit/area and ensure that the purchase and acquisition of all such equipment is incorporated into the safe patient handling program. Patient handling measures, patient handling equipment and technology shall include but not be limited to mechanical lifting devices, lateral transfer aids, friction reducing devices, fast electric beds, and motorized beds.

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

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

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

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

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

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

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

(9) Identify the type and quantity of patient handling equipment and other equipment required and ensure that the purchase of other acquisition of all such equipment is incorporated into the safe patient handling program.

By December 30, 2020, health care facilities shall complete the acquisition of safe patient handling equipment determined to be required by their safe patient handling committee. Such equipment shall include, though not be limited to: (a) at least one readily available lift per unit on each unit where patients will weigh 35 pounds or the current maximum recommended weight lift limit for patients by NIOSH RWL, unless the facility's safe patient handling committee determines that more lifts are required on the unit; (b) one lift for every ten beds; (c) equipment for use by lift teams.

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

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