

SENATE No. 1376

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 and mobility in certain health facilities.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	
<i>Diana DiZoglio</i>	<i>First Essex</i>	<i>2/25/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/26/2021</i>
<i>Carol A. Doherty</i>	<i>3rd Bristol</i>	<i>2/26/2021</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>	<i>2/26/2021</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>3/8/2021</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>3/9/2021</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>3/10/2021</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>3/15/2021</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>4/7/2021</i>
<i>John J. Cronin</i>	<i>Worcester and Middlesex</i>	<i>4/14/2021</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>4/14/2021</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>4/15/2021</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>4/20/2021</i>
<i>Erika Uytterhoeven</i>	<i>27th Middlesex</i>	<i>4/29/2021</i>
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>	<i>5/11/2021</i>

SENATE No. 1376

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 1376) of Harriette L. Chandler, Diana DiZoglio, Lindsay N. Sabadosa, Carol A. Doherty 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. 1213 OF 2019-2020.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act relative to safe patient handling and mobility 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 2018 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 “Department”, the department of public health.

6 “Health care facility”, any hospital licensed pursuant to sections 51 and 52 and the
7 teaching hospital of the university of Massachusetts medical school, which contains a majority of
8 medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department, any
9 institution, however named, whether conducted for charity or for profit, which is advertised,

10 announced, established or maintained for the purpose of caring for persons admitted thereto for
11 diagnosis, medical, surgical, or restorative treatment which is rendered within said institution ,
12 any licensed private, public or state-owned and operated general acute care rehabilitation
13 hospital or unit, any licensed private, public or state-owned and operated general acute care
14 psychiatric hospital or unit, any nursing home as defined in section 71 and any long term care
15 facility as defined in section 71, and long term care facilities, including any institution, however
16 named, whether conducted for charity or profit, which is advertised, announced or maintained for
17 the express or implied purpose of caring for four or more persons admitted thereto for nursing or
18 convalescent care, as defined in section 71.

19 “Direct caregiver”, any health facility personnel or lift team member who lifts, transfers,
20 or repositions patients or equipment.

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

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

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

29 “ Patient care ergonomic evaluation ”, evaluation performed in all direct patient care
30 areas including but not limited to acute care, critical care, rehabilitation, radiology, operating
31 room, urgent care, therapy departments, long term care, outpatient service, etc. following

32 guidance from the Patient Care Ergonomics Resource Guide: Safe Patient Handling and
33 Movement put forward by the Veterans Administration, the most recent OSHA Guidelines for
34 Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders or other accepted
35 guidance documents to identify ergonomic control measures for decreasing risk of injury from
36 patient handling and moving activities.

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

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

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

50 Within six months of the date of enactment, each health care facility shall establish a safe
51 patient handling and mobility committee through the creation of a new committee or by
52 assigning the functions of a safe patient handling committee to an existing committee. The
53 purpose of the committee is to design and recommend the process for implementing a safe

54 patient handling and mobility program and to oversee the implementation of the program. At
55 least half the members of the safe patient handling committee shall be non-managerial
56 employees who provide direct care to patients and shall include but not be limited to nurses,
57 certified nursing assistants, physical therapists, occupational therapists, maintenance staff and
58 infection control employees.

59 By December 1, 2021, the governing body of a hospital or the quality assurance
60 committee of a nursing home shall adopt and ensure implementation of a safe patient handling
61 and mobility program to identify, assess, and develop strategies to control risk of injury to
62 patients and direct caregivers associated with the lifting, transferring, repositioning, or movement
63 of a patient or equipment, such that manual lifting or transfer of patients is minimized in all cases
64 and eliminated when feasible and manual patient handling or movement of all or most of a
65 patient's weight is restricted to emergency, life-threatening, or otherwise exception
66 circumstances. As part of this program, each facility shall:

67 (1) Conduct a comprehensive analysis of the risk of injury to both patients and direct
68 caregivers posed by the patient handling needs of the patient populations served by the
69 healthcare facility and the physical environment in which patient and equipment handling and
70 movement occurs, through:

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

73 (b) Conduct individual patient care ergonomic evaluations in all patient care areas,
74 following guidance from the Patient Care Ergonomics Resource Guide: Safe Patient Handling
75 and Movement put forward by the Veterans Administration, the most recent OSHA Guidelines

76 for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders or other
77 accepted guidance documents to identify ergonomic control measures for decreasing risk of
78 injury from patient handling and moving activities.

79 (c) Develop and implement safe patient handling and mobility policies based on the
80 needs of all shifts and units of the facility.

81 (2) Conduct a comprehensive analysis of the benefits of early and consistent mobility to
82 the patient population served by the healthcare facility.

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

88 (4) Provide patient handling equipment and technology as stipulated in section (3) which
89 is appropriate for each clinical area and patient or resident population, to reduce the risk of injury
90 to direct caregivers, patients or residents.

91 (5) Provide specialized training in safe patient handling by qualified personnel to all
92 direct caregivers who lift, transfer, or reposition patients, including but not limited to
93 demonstration of proficiency in safe techniques for lifting or transferring patients and the
94 appropriate use of lifting or transferring devices and equipment. Health care facilities must train
95 staff on policies, equipment, and devices at least annually.

96 (6) Develop procedures for direct caregivers to refuse to perform or be involved in patient
97 and equipment handling or movement that the direct caregiver believes in good faith will expose
98 a patient or a direct caregiver to an unacceptable risk of injury without subjecting such direct
99 caregiver to disciplinary action.

100 (7) Prepare an annual performance evaluation report and submit to the governing body or
101 the quality assurance committee on activities related to both the identification, assessment, and
102 development of strategies to control risk of injury to patients and direct caregivers associated
103 with the lifting, transferring, repositioning, or movement of a patient with statistics on the
104 numbers and types of injury to the facilities health care workers and patients and any
105 improvements to patient outcomes due to increased mobility, including but not limited to length
106 of stay;

107 (8) Track, publish and disseminate annual injury data including: the financial cost of all
108 safe patient and equipment handling injuries suffered by employees and patients; the nature and
109 cause of injury; date, shift, and unit statistics; cost to the institution and to employees and
110 patients; and outcomes; to the extent permitted by privacy regulations.;

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

114 (10). Develop a comprehensive tracking system for all equipment purchased for the safe
115 patient handling and mobility program, including ensuring proper maintenance of said
116 equipment.

117 By December 30, 2022, health care facilities shall complete the acquisition of safe patient
118 handling equipment determined to be required by their safe patient handling and mobility
119 committee. Such equipment shall include, though not be limited to: (a) at least one readily
120 available lift and all necessary components per unit unless the facility's safe patient handling and
121 mobility committee determines that more lifts are required on the unit.

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

125 Within one year of passage, any development of architectural plans for constructing or
126 remodeling a healthcare facility or a unit of a healthcare facility must incorporate patient
127 handling equipment and the construction design needed to accommodate such equipment as
128 deemed necessary by the safe patient handling and mobility committee.