SENATE DOCKET, NO. 2294 FILED ON: 1/17/2025

SENATE . . . . . No. 1535

The Commonwealth of Massachusetts

PRESENTED BY:

Paul R. Feeney

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:	
Paul R. Feeney	*Bristol and Norfolk*	
Susannah M. Whipps	*2nd Franklin*	*2/6/2025*
Thomas M. Stanley	*9th Middlesex*	*2/13/2025*
Vanna Howard	*17th Middlesex*	*2/15/2025*
Manny Cruz	*7th Essex*	*2/27/2025*
Michael D. Brady	*Second Plymouth and Norfolk*	*3/2/2025*

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By Mr. Feeney, a petition (accompanied by bill, Senate, No. 1535) of Paul R. Feeney, Susannah M. Whipps, Thomas M. Stanley, Vanna Howard and other members of the General Court for legislation to ensure safe patient handling and mobility in certain health facilities through the use of mechanical lifting devices. Public Health.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

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:

Chapter 111 of the General Laws, as appearing in the 2022 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:-

"Department", the department of public health.

"Health care facility", 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, 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 ,

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, and long term care facilities, including 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.

"Direct caregiver", any health facility personnel or lift team member who lifts, transfers, or repositions patients or equipment.

"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.

"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.

"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 Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement put forward by the Veterans Administration, the most recent OSHA Guidelines for Nursing Homes:

Ergonomics for the Prevention of Musculoskeletal Disorders or other accepted guidance documents 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 and mobility policy", a written statement describing the replacement of manual lifting and transferring of patients and equipment with powered transfer devices, lifting devices, 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 and mobility 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 and mobility program and to oversee the implementation of the program. At least half the members of the safe patient handling committee shall be non-managerial

employees who provide direct care to patients and shall include but not be limited to nurses, certified nursing assistants, physical therapists, occupational therapists, maintenance staff and infection control employees.

By December 1, 2023, the governing body of a hospital or the quality assurance committee of a nursing home shall adopt and ensure implementation of a safe patient handling and mobility program to identify, assess, and develop strategies to control risk of injury to patients and direct caregivers 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 direct caregivers posed by the patient handling needs of the patient populations served by the healthcare facility and the physical environment in which patient and equipment handling and movement occurs, through:

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

(b) Conduct individual patient care ergonomic evaluations in all patient care areas, following guidance from the Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement put forward by the Veterans Administration, the most recent OSHA Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders or other

accepted guidance documents to identify ergonomic control measures for decreasing risk of injury from patient handling and moving activities.

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

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

(3) Identify and list the type and quantity of patient handling equipment and other equipment required on each clinical unit or 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, and motorized beds.

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

(5) Provide specialized training in safe patient handling by qualified personnel to all direct caregivers 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.

(6) Develop procedures for direct caregivers to refuse to perform or be involved in patient and equipment handling or movement that the direct caregiver believes in good faith will expose

a patient or a direct caregiver to an unacceptable risk of injury without subjecting such direct caregiver to disciplinary action.

(7) Prepare an annual performance evaluation report and submit to the governing body or the quality assurance committee on activities related to both the identification, assessment, and development of strategies to control risk of injury to patients and direct caregivers 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 and any improvements to patient outcomes due to increased mobility, including but not limited to length of stay;

(8) Track, publish and disseminate 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; and

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

By December 30, 2024, health care facilities shall complete the acquisition of safe patient handling equipment determined to be required by their safe patient handling and mobility committee. Such equipment shall include, though not be limited to: (a) at least one readily

available lift and all necessary components per unit unless the facility's safe patient handling and mobility committee determines that more lifts are required on the unit.

The department shall ensure that every health care facility has in place a safe patient handling and mobility program and has completed the acquisition of all equipment and technology deemed necessary by the facility's safe patient handling and mobility committee. The department shall also develop methods to ensure compliance including, but not limited to, penalties for non-compliance.

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