

**HOUSE . . . . . No. 1969**

The Commonwealth of Massachusetts

PRESENTED BY:

*Denise C. Garlick*

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 passage of the accompanying bill:

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

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>
<i>Edward F. Copping</i>	<i>10th Suffolk</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>
<i>Anne M. Gobi</i>	<i>5th Worcester</i>
<i>Nick Collins</i>	<i>4th Suffolk</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>
<i>Denise Andrews</i>	<i>2nd Franklin</i>
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Jonathan D. Zlotnik</i>	<i>2nd Worcester</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>

<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Jason M. Lewis</i>	<i>31st Middlesex</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>
<i>John V. Fernandes</i>	<i>10th Worcester</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>
<i>Michael D. Brady</i>	<i>9th Plymouth</i>
<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>
<i>Carl M. Sciortino, Jr.</i>	<i>34th Middlesex</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>
<i>Dennis A. Rosa</i>	<i>4th Worcester</i>
<i>Cleon H. Turner</i>	<i>1st Barnstable</i>

**HOUSE . . . . . No. 1969**

By Ms. Garlick of Needham, a petition (accompanied by bill, House, No. 1969) of Denise C. Garlick and others that certain health facilities be directed to establish a "safe patient handling policy", so-called. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION

SEE

□ □ HOUSE  
□ , NO. 1484 OF 2011-2012.]

**The Commonwealth of Massachusetts**

**In the Year Two Thousand Thirteen**

An Act relating 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 is hereby amended by inserting after section 91C the  
2 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 name d, 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 include s , 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, 2014 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, 2014, 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

81 equipment handling, including evaluation of equipment and patient care and

82 patient support environments;

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

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

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

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

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

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

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

111 (7) Prepare an annual performance evaluation report and submit to the governing body  
112 or the quality assurance committee on activities related to the identification, assessment, and  
113 development of strategies to control risk of injury to patients and health care workers associated

114 with the lifting, transferring, repositioning, or movement of a patient with statistics on the  
115 numbers and types of injury to the facilities health care workers and patients;

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

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

123 By January 30, 2014, health care facilities shall complete the acquisition of safe patient  
124 handling equipment determined to be required by their safe patient handling committee. Such  
125 equipment will include, though not be limited to: (a) at least one readily available lift per unit on  
126 each unit where patients will weigh 35 pounds or the current maximum recommended weight lift  
127 limit for patients (NIOSH RWL), unless the facility's safe patient handling committee  
128 determines that more lifts are required on the unit ; (b) one lift for every ten beds; and/ or (c)  
129 equipment for use by lift teams.

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