

**HOUSE . . . . . No. 2026**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

**Jennifer M. Callahan**

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*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:
Jennifer M. Callahan	18th Worcester
Bruce E. Tarr	First Essex and Middlesex
Harriette L. Chandler	First Worcester
Cleon H. Turner	1st Barnstable
Stephen R. Canessa	12th Bristol
Sarah K. Peake	4th Barnstable
Christine E. Canavan	10th Plymouth

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 2052 OF 2007-2008.]

## The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

### 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  
2 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  
7 majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the  
8 department.

9 “Department”, the department of public health.

10 “Health care facility”, any acute care hospital as defined in section (a), any licensed  
11 private, public or state-owned and operated general acute care rehabilitation hospital or  
12 unit, any licensed private, public or state-owned and operated general acute care  
13 psychiatric hospital or unit, any nursing home as defined in section 71 and any long term  
14 care facility as defined in section 71.

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

17 “Hospital”, any institution, however named, whether conducted for charity or for profit,  
18 which is advertised, announced, established or maintained for the purpose of caring for

19 persons admitted thereto for diagnosis, medical, surgical or restorative treatment which is  
20 rendered within said institution.

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

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

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

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

34 “NIOSH RWL”, 35 pound or current maximum recommended weight lift limit, a  
35 standard calculated by NIOSH, as explained at <http://www.cdc.gov/niosh/94-110.html>

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

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

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

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

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

52 “Safe patient handling policy”, a written statement describing the replacement of manual  
53 lifting and transferring of patients and equipment with powered transfer devices, lifting  
54 devices, and/or lift teams, consistent with a needs assessment and mandating the  
55 replacement of manual lifting and transferring of patients with techniques using current  
56 patient handling equipment/technology to lift patients unless specifically contraindicated  
57 for a patient’s condition or medical status. Such technology/equipment includes, but is  
58 not limited to mechanical lifting devices (floor-based & ceiling-mounted), lateral transfer  
59 aids, friction reducing devices, fast electric beds, motorized beds, etc , consistent with  
60 clinical unit/area patient care ergonomic evaluation recommendations. Such policy also  
61 mandates the use of individual patient handling assessments for each patient/resident  
62 requiring assistance.

63 By February 1, 2010 each health care facility shall establish a safe patient handling  
64 committee (“committee”) through the creation of a new committee or by assigning the  
65 functions of a safe patient handling committee to an existing committee. The purpose of  
66 the Committee is to design and recommend the process for implementing a safe patient  
67 handling program and to oversee the implementation of the program. At least half the  
68 members of the safe patient handling committee shall be frontline non-managerial  
69 employees who provide direct care to patients and shall include but not be limited to  
70 nurses, laundry, maintenance and infection control employees.

71 By December 1, 2010, the governing body of a hospital or the quality assurance  
72 committee of a nursing home shall adopt and ensure implementation of a Safe Patient  
73 Handling Program to identify, assess, and develop strategies to control risk of injury to  
74 patients and health care workers associated with the lifting, transferring, repositioning, or  
75 movement of a patient or equipment, such that manual lifting or transfer of patients is  
76 minimized in all cases and eliminated when feasible and manual patient handling or  
77 movement of all or most of a patient’s weight is restricted to emergency, life-threatening,  
78 or otherwise exception circumstances. As part of this program each facility must:

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

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

86 (b) Conduct of individual patient care ergonomic evaluations in all patient care  
87 areas, following guidance from the OSHA Nursing Home Guidelines,

88 VA Patient Care Ergonomic Guidelines, or other accepted guidance

89 document, to identify ergonomic control measures for decreasing risk of  
90 injury from patient handling and moving activities;

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

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

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

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

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

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

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

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

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

130 By January 30, 2010, health care facilities shall complete the acquisition of safe patient  
131 handling equipment determined to be required by their safe patient handling committee.  
132 Such equipment will include, though not be limited to: (a) at least one readily available

133 lift per unit on each unit where patients will weigh 35 pounds or the current maximum  
134 recommended weight lift limit for patients (NIOSH RWL), unless the facility's safe  
135 patient handling committee determines that more lifts are required on the unit; (b) one lift  
136 for every ten beds; and/ or (c) equipment for use by lift teams.

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.