

HOUSE No. 3487

The Commonwealth of Massachusetts

PRESENTED BY:

Claire D. Cronin

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:
<i>Claire D. Cronin</i>	<i>11th Plymouth</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>
<i>William L. Crocker, Jr.</i>	<i>2nd Barnstable</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>
<i>Timothy R. Whelan</i>	<i>1st Barnstable</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>
<i>Tackey Chan</i>	<i>2nd Norfolk</i>
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>
<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Christina A. Minicucci</i>	<i>14th Essex</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>

<i>Gerard J. Cassidy</i>	<i>9th Plymouth</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>John C. Velis</i>	<i>4th Hampden</i>
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>
<i>Peter Capano</i>	<i>11th Essex</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Bruce J. Ayers</i>	<i>1st Norfolk</i>
<i>Diana DiZoglio</i>	<i>First Essex</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>
<i>Thomas P. Walsh</i>	<i>12th Essex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Daniel R. Cullinane</i>	<i>12th Suffolk</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>
<i>Patricia A. Haddad</i>	<i>5th Bristol</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>
<i>Joseph W. McGonagle, Jr.</i>	<i>28th Middlesex</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>
<i>Daniel M. Donahue</i>	<i>16th Worcester</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Bristol</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Natalie M. Blais</i>	<i>1st Franklin</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>

<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Shaunna L. O'Connell</i>	<i>3rd Bristol</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>
<i>Marc R. Pacheco</i>	<i>First Plymouth and Bristol</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>
<i>Carlos Gonzalez</i>	<i>10th Hampden</i>
<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Stephan Hay</i>	<i>3rd Worcester</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>
<i>Jonathan D. Zlotnik</i>	<i>2nd Worcester</i>
<i>Joan Meschino</i>	<i>3rd Plymouth</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>

HOUSE No. 3487

By Ms. Cronin of Easton, a petition (accompanied by bill, House, No. 3487) of Claire D. Cronin and others relative to safe patient handling in certain health facilities. Public Health.

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:

1 SECTION 1: Chapter 111 of the General Laws, as appearing in the 2016 Official Edition,
2 is hereby 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 “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 above, any licensed private,
10 public or state-owned and operated general acute care rehabilitation hospital or unit, any licensed
11 private, public or state-owned and operated general acute care psychiatric hospital or unit, any
12 nursing home as defined in section 71 and any long term care facility as defined in section 71.

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

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

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

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

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

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

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

35 “Nursing home”, any institution, however named, 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 lift teams, and consistent with a needs assessment and mandating the replacement of manual

53 lifting and transferring of patients with techniques using current patient handling equipment and
54 technology to lift patients unless specifically contraindicated for a patient's condition or medical
55 status. Such technology and equipment includes, but is not limited to mechanical lifting devices,
56 lateral transfer aids, friction reducing devices, fast electric beds, motorized beds, and other
57 equipment, consistent with clinical unit/area patient care ergonomic evaluation
58 recommendations. Such policy shall also require the use of individual patient handling
59 assessments for each patient or resident requiring assistance.

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

68 By December 1, 2019, the governing body of a health care facility, or its equivalent, shall
69 adopt and ensure implementation of a safe patient handling program to identify, assess, and
70 develop strategies to control risk of injury to patients and health care workers associated with the
71 lifting, transferring, repositioning, or movement of a patient or equipment, such that manual
72 lifting or transfer of patients is minimized in all cases and eliminated when feasible and manual
73 patient handling or movement of all or most of a patient's weight is restricted to emergency, life-
74 threatening, or otherwise exception circumstances. As part of this program, each facility shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.