

Safe Patient Handling, Patient Lift, or Ergonomics Laws and Regulations

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Hawaii	<p>House Concurrent Resolution 16 (adopted 4/24/06) – Supports ANA’s “Handle with Care Campaign”</p> <p>WHEREAS, work-related musculoskeletal disorders are the leading occupational health problem plaguing the nursing workforce; and</p> <p>WHEREAS, of primary concern are back injuries, which can be severely debilitating for nurses, though other types of musculoskeletal injuries can affect other parts of the body as the neck, shoulders, wrists, and knees; and</p> <p>WHEREAS, compared to other occupations, nursing personnel are among the highest at risk for musculoskeletal disorders; and</p> <p>WHEREAS, according to the United State Department of Labor, nursing aides, orderlies, and attendants ranked second and registered nurses sixth in a list of at-risk occupations for strains and sprains that included truck drivers (first), laborers (third), and construction workers (seventh); and</p> <p>WHEREAS, the United States Department of Labor also estimated that, for the year 2000, the incidence rate for back injuries involving lost work days was 181.6 per 10,000 full-time workers in nursing homes and 90.1 per 10,000 full-time workers in hospitals, whereas comparative incidence rates per 10,000 full-time workers were 98.4 for truck drivers, 70.0 for construction workers, 56.3 for miners, and 47.1 for agriculture workers; and</p> <p>WHEREAS, in 2001, the United States Department of Labor found that for cases involving days away from work among registered nurses (total of 24,719), 4,547 were categorized as overexertion in lifting and 14,832 were listed as sprains or strains; and</p> <p>WHEREAS, the risk for musculoskeletal injury secondary to manual patient handling crosses all specialty areas of nursing and as such, no nurse is effectively clear from risk; and</p> <p>WHEREAS, the impact on the nursing workforce may lead to adverse consequences at the organizational level, as well, through increased absenteeism, lost work time, burnout, decreased retention, high turnover, and threatened recruitment; and</p> <p>WHEREAS, the extent of musculoskeletal disorders among the United States nursing workforce is particularly distressing when contemplated in the context of the current nursing shortage; and</p> <p>WHEREAS, injuries secondary to patient handling tasks compound factors such as the aging of the nursing workforce, declining retention and recruitment rates, and lowering social value of nursing to worsen the shortage problem; and</p> <p>WHEREAS, in response to the significant number and severity of work-related back injuries and other musculoskeletal disorders among nurses, the American Nurses Association has launched the Handle With Care campaign; and</p> <p>WHEREAS, the campaign seeks to build a health care industry-wide effort to prevent back and other musculoskeletal injuries; and</p> <p>WHEREAS, this is being done through developing partnerships and coalitions, education and training, increasing use of assistive equipment and patient-handling devices, reshaping nursing education to incorporate safe patient handling, and pursuing federal and state ergonomics policy by highlighting technology-oriented safe-patient handling benefits for patients and nurses; and</p> <p>WHEREAS, in the absence of ergonomics regulations at national or state levels that protect health care workers, the American Nurses Association has taken on alternative approaches to encourage a movement to control ergonomic hazards in the health care workplace and prevent back injuries among the nation's nursing workforce; and</p> <p>WHEREAS, in 2005, the Council of State Governments' Health Capacity Task Force adopted and supported the policies contained in the American Nurses Association's Handle With Care campaign and asked member states to also support the campaign; now, therefore,</p> <p>BE IT RESOLVED by the House of Representatives of the Twenty-third Legislature of the State of Hawaii, Regular Session of 2006, the Senate concurring, that the Legislature of the State of Hawaii supports the policies contained in the American Nurses Association's Handle With Care campaign; and</p> <p>BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Council of State Governments' Health Capacity Task Force and the American Nurses Association.</p>
Maryland	<p><u>Safe Patient Lifting Law (Adopted 4/10/07)</u></p> <p>Article – Health – General Part X. Safe Patient Lifting 19-377</p> <p>(A) In this section, “Safe Patient Lifting” means the use of mechanical lifting devices by hospital employees, instead of manual lifting, to lift, transfer, and reposition patients.</p> <p>(B) On or before December 1, 2007, each hospital shall establish a safe patient lifting committee with equal membership from management and employees.</p> <p>(C) (1) On or before July 1, 2008, the safe patient lifting committee shall develop a safe patient lifting policy for the hospital.</p> <p>(2) The goal of the policy shall be to reduce employee injuries associated with patient lifting.</p> <p>(D) While developing a safe patient lifting policy, the committee shall consider, based on the patient population of that hospital, the appropriateness and effectiveness of:</p> <ol style="list-style-type: none"> (1) Developing or enhancing patient handling hazard assessment processes; (2) Enhanced use of mechanical lifting devices; (3) Developing specialized lift teams; (4) Training programs for safe patient lifting required for all patient care personnel at the hospital; (5) Incorporating physical space and construction design for mechanical lifting devices in any architectural plans for hospital construction or renovation; and (6) Developing an evaluation process to determine the effectiveness of the policy. <p>SECTION 2. And, be it further enacted, that this Act shall take effect October 1, 2007.</p>

New Jersey

Safe Patient Handling Law (Senate Bill 1758 approved January 3, 2008)

AN ACT concerning health care worker and patient safety and supplementing Title 26 of the Revised Statutes.

1. This Act shall be known and may be cited as the "Safe Patient Handling Act."
2. The Legislature finds and declares that:
 - a. In New Jersey, nurses, nurse aides, orderlies and attendants, combined, have the highest number of nonfatal occupational injuries and illnesses involving days away from work of other occupations;
 - b. Chronic back pain and other job-related musculoskeletal disorders contribute significantly to the decision by nurses and other health care workers to leave their professions, which exacerbates the shortage of health care providers in this State;
 - c. Studies show that manual patient handling and movement negatively affect patient safety, quality of care and patient comfort, dignity and satisfaction;
 - d. The American Hospital Association has stated that work-related musculoskeletal disorders account for the largest proportion of workers' compensation costs in hospitals and long-term care facilities;
 - e. Studies demonstrate that assistive patient handling technology reduces workers' compensation and medical treatment costs for musculoskeletal disorders among health care workers, and that employers can recoup their initial investment in equipment and training within three years;
 - f. Therefore, it is appropriate public policy to require the use of assistive patient handling technology as set forth in this act.

3. As used in this act:

"Assisted patient handling" means patient handling using: mechanical patient handling equipment including, but not limited to, electric beds, portable base and ceiling track-mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids; and patient handling aids including, but not limited to, gait belts with handles, sliding boards and surface friction-reducing devices.

"Covered health care facility" means a health care facility licensed by the Department of Health and Senior Services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a State developmental center and a State or county psychiatric hospital.

"Health care worker" means an individual who is employed by a covered health care facility whose job duties entail patient handling.

"Patient" means a patient or resident at a covered health care facility.

"Patient handling" means the lifting, transferring, repositioning, transporting or moving of a patient in a covered health care facility.

"Safe patient handling policy" means a written policy to minimize unassisted patient handling in all cases, and eliminate such handling, when feasible, by maximizing the use of assisted patient handling.

"Unassisted patient handling" means patient handling using a health care worker's body strength without the use of mechanical patient handling equipment or patient handling aids.

4. Within 18 months of the effective date of this act, each covered health care facility shall establish a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facility.

a. The facility shall:

- (1) maintain a detailed written description of the program and its components;
- (2) provide a copy of the written description of the program to the Department of Health and Senior Services or Department of Human Services, as applicable, and make the description available to health care workers at the facility and to any collective bargaining agent representing health care workers at the facility;
- (3) establish a safe patient handling policy, as provided in subsection b. of this section;
- (4) include in the safe patient handling policy a statement concerning the right of a patient to refuse the use of assisted patient handling, as provided in subsection e. of this section;
- (5) post the safe patient handling policy in a location easily visible to staff, patients, and visitors; and
- (6) designate a representative of management at the facility who shall be responsible for overseeing all aspects of the safe patient handling program.

b. A safe patient handling program shall include:

- (1) a safe patient handling policy on all units and for all shifts that minimizes unassisted patient handling, taking into account the patient's physical and cognitive condition, and that is consistent with patient safety and well-being
- (2) an assessment of the safe patient handling assistive devices needed to carry out the facility's safe patient handling policy;
- (3) recommendations for a three-year capital plan to purchase safe patient handling equipment and patient handling aids necessary to carry out the safe patient handling policy, which plan takes into account the financial constraints of the facility;
- (4) protocols and procedures for assessing and updating the appropriate patient handling requirements of each patient of the facility;
- (5) a plan for achieving prompt access to and availability of mechanical patient handling equipment and patient handling aids;
- (6) a provision requiring that all such equipment and aids be stored and maintained in compliance with their manufacturers' recommendations;

	<p>(7) a training program for health care workers that:</p> <p>(a) covers the identification, assessment, and control of patient handling risks; the safe, appropriate, and effective use of patient handling equipment and aids, and proven safe patient handling techniques;</p> <p>(b) requires trainees to demonstrate proficiency in the techniques and practices presented;</p> <p>(c) is provided during paid work time; and</p> <p>(d) is conducted upon commencement of the facility’s safe patient handling program and at least annually thereafter, with appropriate interim training for individuals beginning work between annual training sessions; and</p> <p>(8) educational materials for patients and their families to help orient them to the facility’s safe patient handling program.</p> <p>c. A facility shall conduct an annual evaluation of the program, and make revisions to the program based on data analysis.</p> <p>d. A facility shall conduct the initial training as required in this section within 36 months of the effective date of this act.</p> <p>e. Nothing in this act shall be construed to limit the right of a patient to refuse the use of assisted patient handling.</p> <p>5. a. Within 12 months of the effective date of this act :</p> <p>(1) each covered health care facility shall establish a safe patient handling committee, which shall be responsible for all aspects of the development, implementation and periodic evaluation and revision of the facility’s safe patient handling program, including the evaluation and selection of patient handling equipment and aids and other appropriate engineering controls;</p> <p>(2) in the case of a health care system that owns or operates more than one covered health care facility or Department of Human Services facilities, the safe patient handling committee may be operated at the system or department level, provided that committee membership includes at least one health care worker from each facility, and a safe patient handling program is developed for each facility, taking into account the characteristics of the patients at the facility.</p> <p>b. At least 50% of the members of the committee shall be health care workers who are representative of the different disciplines of health care workers employed at the facility or facilities, in the case of a health care system. In a facility or health care system where health care workers are represented by one or more collective bargaining agents, the management of the facility or system shall consult with the collective bargaining agents regarding the selection of¹ the health care worker committee members. The remaining members of the committee shall have experience, expertise, or responsibility relevant to the operation of a safe patient handling program.</p> <p>c. The committee shall meet as needed, but no less than quarterly</p> <p>6. A covered health care facility shall not take any retaliatory action against any health care worker because that worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate and available patient handling equipment or aids. In the event the health care worker refuses to perform a patient handling task pursuant to this section, the worker shall promptly notify his supervisor of the refusal and the reason therefore.</p> <p>As used in this section, “retaliatory action” shall have the same meaning as provided in section 2 of P.L.1986, c.105 (C.34:19-2).</p> <p>7. A covered health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that is in violation of the provisions of this act shall be subject to such penalties as the Department of Health and Senior Services may determine pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).</p> <p>8. The Commissioner of Health and Senior Services shall adopt rules and regulations pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), within 12 months of the date of enactment of this act, to carry out the purposes of this act.</p> <p>9. This act shall take effect immediately.</p>
<p>New York</p>	<p><u>Patient Handling Demonstration Project – HB 7641 / SB 4929 (passed 10/18/05)</u></p> <p>Section 1. (a) Legislative intent. The legislature hereby finds and declares that it is in the public interest to establish a two-year demonstration program in which participating, covered healthcare providers shall implement a safe patient handling program, and monitor, evaluate and report their findings.</p> <p>The demonstration program shall serve to collect evidence-based data in New York state, reflecting incidence of employee and patient injuries resulting from patient handling and the use of manual and technology- based techniques. The findings shall be used to describe successful strategies for improving the health and safety of New York’s healthcare workforce and patients during patient handling.</p> <p>(b) Definitions. For purposes of this act:</p> <p>(1) the term "covered healthcare provider" means any general hospital, nursing home, or long-term care facility, or home health agency licensed by the state;</p> <p>(2) the term "healthcare worker" means any individual (including any registered nurse) who is employed by, or under contract with, a covered healthcare facility;</p> <p>(3) the term "manual patient handling" means patient handling using a healthcare worker's body strength without the use of patient handling equipment or aids;</p> <p>(4) the term "patient handling" means the lifting, transferring, repositioning, or moving of a patient; and</p> <p>(5) the term "patient handling equipment and aids" means mechanical equipment and other technological aids or devices used in patient handling.</p>

(c) Funding, applications; reporting. Any covered health care provider seeking to participate in the demonstration program shall:

- (1) file an application in such manner and such time as the department of health specifies; and
- (2) agree to report to the department of health the results of such findings, as well as such information as may be necessary to document the use of funds for this demonstration program by the organization.

(d) Establishment of safe patient handling programs by covered health-care providers approved to participate in the demonstration program.

(1) Each covered healthcare provider who is approved to participate in the demonstration program shall:

- (A) establish a safe patient handling program, including the targeting of selected patient populations or areas of the organization, to reduce the risk of injury to both patients and healthcare workers;
- (B) work to create an organizational culture and practice that strives to avoid manual patient handling, to the greatest extent practicable, as a part of the demonstration program;
- (C) maintain a detailed written description of the demonstration program and its operational aspects; and
- (D) provide a copy of such written description to the department of health and make such description available to the provider's health and safety committee, healthcare workers of the provider are participating in the demonstration or to the designated representative of such workers.

(2) A covered health care provider approved to participate in the demonstration program shall include the following in its safe patient handling program:

- (A) a risk identification and assessment plan that analyzes the risk of injury to both patients and healthcare workers posed by the patient's handling needs and the physical environment in which the patient handling occurs; and identifies types of patients, patient handling activities and settings with respect to which there is a significant risk of injury to patients or healthcare workers during patient handling; and
- (B) a risk exposure control plan that, to the extent consistent with patient safety and well-being, minimizes manual patient handling of all or most of a patient's weight to emergency or life-threatening circumstances, prioritizes needs evaluates alternative ways for the provider to minimize the risks identified in the plan including, but not limited to, evaluation of the appropriateness and effectiveness of commercially available patient handling equipment and aids.

(3) A covered health care provider approved to participate in the demonstration program shall have a risk exposure control plan that shall identify engineering controls, such as changes in patient handling methods and procedures, patient handling equipment and aids and the physical environment in which patient handling occurs, that are most likely to minimize such risks. The risk exposure control plan shall, for any patient handling equipment and aids incorporated in the plan, specify how prompt access to, and availability of, such equipment and aids shall be ensured and how and where such equipment and aids shall be maintained and stored.

(4) Every patient safe handling program conducted by a covered health care provider approved for participation in the demonstration program shall include a plan for training healthcare workers who perform, or are otherwise involved in, patient handling, in the identification, assessment, and control of risks of patient handling for both patients and such workers, as well as in the application of ergonomics and proper body mechanics. Such training shall be provided in a manner that is linguistically and educationally appropriate for such workers and takes into account worker and patient environment; conducted upon commencement of the safe patient handling program and periodically thereafter to include training for individuals beginning work after commencement of such program; and provided directly to such workers by individuals with appropriate training and experience in safe patient handling or if such training is provided primarily through written, audio, or video instruction, providing access to such individuals to respond to questions or otherwise supplement such instruction. Such training shall not be limited solely to video, audio written instruction and shall include actual demonstration and return demonstration.

(5) Every safe patient handling program conducted by a covered health care provider approved for participation in the demonstration program shall include a documentation and reporting plan that:

- (A) ensures that the covered healthcare provider (i) maintains adequate documentation of each aspect of the development, implementation, and revision of the safe patient handling program and its components, and (ii) makes such documentation available, upon request, to the department of health and to the participating provider's health and safety or quality assurance committee, whichever is responsible for oversight of the participating provider's safe patient handling program;
- (B) requires the provider to: (i) inform healthcare workers of the mechanism for reporting injuries occurring during patient handling, and (ii) record in a patient handling injury log, with respect to each injury occurring during patient handling, the date and time of the incident, the location of the incident, a description of the incident, the type of injury involved, whether the injury was to the patient or a healthcare worker, the type and brand of patient handling equipment or aids, if any, in use during the patient handling, and the last date training was provided to employees, (iii) make such log available, upon request, to the department of health and the participating provider's health and safety or quality assurance committee, whichever is responsible for oversight of the participating provider's safe patient handling program; and (iv) protect from disclosure individually identifiable health information in the log about any individual, whether a patient or a healthcare worker, who is injured during patient handling; and

(C) ensures that such provider complies with all applicable federal and state reporting requirements with respect to injuries occurring during patient handling.

(6) Every safe patient handling program shall include a process for evaluating the appropriateness and effectiveness of each of the plans required by this act based on actual experience with injuries during patient handling and revising such plans as necessary to reduce further the risk of injury during patient handling.

(e) The activities enumerated in subdivision (d) of this section shall be undertaken pursuant to section 2805-j of the Public Health Law by a covered health care provider approved to participate in the demonstration program and shall be deemed activities such program described in such section and any and all information created, analyzed, collected or otherwise attributable to such activities shall be subject to provisions of section 2805-m of the Public Health Law and section 6527 of the Education Law.

(f) Participating provider oversight committee. (1) Each participating provider shall ensure that the health and safety or quality assurance committee which is responsible for oversight of the safe patient handling program shall advise the provider on all aspects of the development, implementation, and periodic revision of the provider's safe patient handling demonstration program, including the evaluation of patient handling equipment and aids and the identification of appropriate engineering controls.

(2) For purposes of the safe patient handling demonstration program, each participating provider shall ensure that the health and safety or quality assurance committee which is responsible for oversight of the safe patient handling program shall include regular input throughout the demonstration program from healthcare workers who provide direct patient care to

	<p>patients of the provider or are otherwise involved in patient handling of such patients and represent healthcare workers from a range of settings and patient handling risk exposure circumstances, with at least one-half of participating healthcare workers being direct care registered nurses.</p> <p>(3) The participating provider health and safety or quality assurance committee which is responsible for oversight of the safe patient handling program shall include individuals with expertise and experience that is relevant to the operation of a safe patient handling program, such as risk management, healthcare management, purchasing, and occupational safety and health.</p> <p>(4) The participating provider health and safety or quality assurance committee which is responsible for oversight of the safe patient handling program shall maintain records to document its deliberations, and other aspects of its involvement in the development, implementation, and periodic revision of such provider's safe patient handling demonstration program.</p> <p>§ 2. Nothing herein shall be deemed to impair the ability of any health care provider not participating in the demonstration program established by this act from engaging in any act, purchasing any equipment or declining to do so as allowed by any applicable law, rule or regulation.</p> <p>§ 3. This act shall take effect immediately and shall expire and be deemed repealed 2 years after such date.</p>
<p>Ohio</p>	<p><u>Loan program to Nursing Home Employers to implement restrictions on patient lifting.</u></p> <p>Ohio Revised Code Annotated. Title XLI. Labor and Industry <u>Chapter 4121. Industrial Commission; Bureau of Workers' Compensation General Provisions</u> 4121.48 Long-term care loan fund program; long-term care loan fund (A) The bureau of workers' compensation shall operate a long-term care loan fund program. The administrator of workers' compensation may adopt rules, employ personnel, and do all things necessary for that purpose. (B) The administrator shall use the long-term care loan fund program to make loans without interest to employers that are nursing homes for the purpose of allowing those employers to purchase, improve, install, or erect sit-to-stand floor lifts, ceiling lifts, other lifts, and fast electric beds, and to pay for the education and training of personnel, in order to implement a facility policy of no manual lifting of residents by employees. The administrator, with the advice and consent of the workers' compensation oversight commission, may adopt rules establishing criteria for loan eligibility, maximum loan amounts, loan periods, default penalties, and any other terms the administrator considers necessary for a loan. (C) There is hereby created in the state treasury the long-term care loan fund. The fund shall consist of money the administrator, with the advice and consent of the oversight commission, requests the director of budget and management to transfer from the safety and hygiene fund created in section 4121.37 of the Revised Code. The fund shall be used solely for purposes identified in this section. All investment earnings of the fund shall be credited to the fund. All money the administrator receives for payment of a default penalty assessed or for repayment of any loan made pursuant to this section shall be credited to the safety and hygiene fund created under section 4121.37 of the Revised Code. (D) As used in this section, "nursing home" has the same meaning as in section 3721.01 of the Revised Code.</p>
<p>Rhode Island</p>	<p>GENERAL LAWS OF RHODE ISLAND ANNOTATED TITLE 23. HEALTH AND SAFETY CHAPTER 17. LICENSING OF HEALTH CARE FACILITIES § 23-17-59. Safe patient handling</p> <p>(1) <i>Definitions.</i> As used in this chapter:</p> <p>(a) Safe patient handling means the use of engineering controls, transfer aids, or assistive devices whenever feasible and appropriate instead of manual lifting to perform the acts of lifting, transferring, and/or repositioning health care patients and residents.</p> <p>(b) "Safe patient handling policy" means protocols established to implement safe patient handling</p> <p>(c) "Health care facility" means a hospital or a nursing facility.</p> <p>(d) "Lift team" means health care facility employees specially trained to perform patient lifts, transfers, and repositioning in accordance with safe patient handling policy.</p> <p>(e) "Musculoskeletal disorders" means conditions that involve the nerves, tendons, muscles, and supporting structures of the body.</p> <p>(2) <i>Licensure requirements.</i> Each licensed health care facility shall comply with the following as a condition of licensure:</p> <p>(a) Each licensed health care facility shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A health care facility may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct patient care.</p> <p>(b) By July 1, 2007, each licensed health care facility shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to patients. As part of this program, each licensed health care facility shall:</p> <p>(i) By July 1, 2008, implement a safe patient handling policy for all shifts and units of the facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;</p> <p>(ii) Conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;</p> <p>(iii) Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and mental condition, the patient's choice, and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular patients;</p> <p>(iv) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe patient handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;</p>

	<p>(v) Conduct an annual performance evaluation of the safe patient handling with the results of the evaluation reported to the safe patient handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and</p> <p>(vi) Submit an annual report to the safe patient handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient.</p> <p>(c) Nothing in this section precludes lift team members from performing other duties as assigned during their shift.</p> <p>(d) An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a patient handling activity that he/she believes in good faith exposed the patient and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation.</p>
<p>Texas</p>	<p>TEXAS STATUTES AND CODES ANNOTATED HEALTH AND SAFETY CODE TITLE 4. HEALTH FACILITIES SUBTITLE B. LICENSING OF HEALTH FACILITIES CHAPTER 256. SAFE PATIENT HANDLING AND MOVEMENT PRACTICES § 256.002. Required Safe Patient Handling and Movement Policy</p> <p>(a) The governing body of a hospital or the quality assurance committee of a nursing home shall adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient.</p> <p>(b) The policy shall establish a process that, at a minimum, includes:</p> <p>(1) analysis of the risk of injury to both patients and nurses posed by the patient handling needs of the patient populations served by the hospital or nursing home and the physical environment in which patient handling and movement occurs;</p> <p>(2) education of nurses in the identification, assessment, and control of risks of injury to patients and nurses during patient handling;</p> <p>(3) evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment;</p> <p>(4) restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient's weight to emergency, life-threatening, or otherwise exceptional circumstances;</p> <p>(5) collaboration with and annual report to the nurse staffing committee;</p> <p>(6) procedures for nurses to refuse to perform or be involved in patient handling or movement that the nurse believes in good faith will expose a patient or a nurse to an unacceptable risk of injury;</p> <p>(7) submission of an annual report to the governing body or the quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient; and</p> <p>(8) in developing architectural plans for constructing or remodeling a hospital or nursing home or a unit of a hospital or nursing home in which patient handling and movement occurs, consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.</p>
<p>Washington</p>	<p>REVISED CODE OF WASHINGTON ANNOTATED TITLE 70. PUBLIC HEALTH AND SAFETY CHAPTER 70.41. HOSPITAL LICENSING AND REGULATION 70.41.390. Safe patient handling</p> <p>(1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.</p> <p>(a) "Lift team" means hospital employees specially trained to conduct patient lifts, transfers, and repositioning using lifting equipment when appropriate.</p> <p>(b) "Safe patient handling" means the use of engineering controls, lifting and transfer aids, or assistive devices, by lift teams or other staff, instead of manual lifting to perform the acts of lifting, transferring, and repositioning health care patients and residents.</p> <p>(c) "Musculoskeletal disorders" means conditions that involve the nerves, tendons, muscles, and supporting structures of the body.</p> <p>(2) By February 1, 2007, each hospital must establish a safe patient handling committee either by creating a new committee or 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 program. At least half of the members of the safe patient handling committee shall be frontline nonmanagerial employees who provide direct care to patients unless doing so will adversely affect patient care.</p> <p>(3) By December 1, 2007, each hospital must establish a safe patient handling program. As part of this program, a hospital must:</p> <p>(a) Implement a safe patient handling policy for all shifts and units of the hospital. Implementation of the safe patient handling policy may be phased-in with the acquisition of equipment under subsection (4) of this section;</p> <p>(b) Conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;</p> <p>(c) Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and medical condition and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular patients;</p> <p>(d) Conduct an annual performance evaluation of the program to determine its effectiveness, with the results of the evaluation reported to the safe patient handling committee. The evaluation shall determine the extent to which</p>

	<p>implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and</p> <p>(e) When developing architectural plans for constructing or remodeling a hospital or a unit of a hospital in which patient handling and movement occurs, consider the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.</p> <p>(4) By January 30, 2010, each hospital must complete, at a minimum, acquisition of their choice of: (a) One readily available lift per acute care unit on the same floor unless the safe patient handling committee determines a lift is unnecessary in the unit; (b) one lift for every ten acute care available inpatient beds; or (c) equipment for use by lift teams. Hospitals must train staff on policies, equipment, and devices at least annually.</p> <p>(5) Nothing in this section precludes lift team members from performing other duties as assigned during their shift.</p> <p>(6) A hospital shall develop procedures for hospital employees to refuse to perform or be involved in patient handling or movement that the hospital employee believes in good faith will expose a patient or a hospital employee to an unacceptable risk of injury. A hospital employee who in good faith follows the procedure developed by the hospital in accordance with this subsection shall not be the subject of disciplinary action by the hospital for the refusal to perform or be involved in the patient handling or movement.</p>
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