



May 14, 2012

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Subject: Additional Comments Regarding California AB1136/Cal/OSHA Standard  
Draft for Discussion at

Bob:

Attached you will find the subject draft with suggested changes tracked. The rationale for some of the suggested changes follows:

1. Elimination of the term "Lift Team." AB 1136 states that there is the need to provide "trained lift team, as defined, *or staff trained in safe lifting techniques.*" (The italics were added by us). Healthcare workers don't just lift, they handle. Handling includes lifting/lowering, pushing/pulling, supporting, transporting, and carrying. The use of the term "Lift Team" also has the historical negative connotation associated with the practice of relying on dedicated, limited member teams to perform all transfers in a healthcare system. When lift teams were first used they were often ill-equipped, large males who were summoned as needed. One problem was that caregivers (health care workers) often didn't wait until the lift team arrived, instead completing the patient handling on their own. While more recent usage of lift teams reveals that they are generally better equipped and serve as coaches of other caregivers, we believe that it's time to dispose of the term "Lift Team." What's needed instead is to emphasize the need to have all *staff* who may be expected to perform patient handling *trained in safe lifting* (patient handling) *techniques*. Varying levels of training may be provided, with those who may serve as train-the-trainers (or super users, transfer mobility coaches, or other similar terms) receiving higher levels of training.

2. Adding “providing body support, transporting” to the list of patient handling tasks. Improper performance of these tasks leads to WMSD occurrence. They need to be included so that they will be addressed.
3. Adding “and other individuals with the training and demonstrated competencies required” after “Registered Nurses” in selected areas in the draft. Registered nurses are not the only individuals who are capable of assessing mobility, determining patient handling needs, and communicating those needs. Physical therapists, occupational therapists, and others are often equally skilled in providing these services.
4. Adding section (d)(2)(M) to identify the need for “persons responsible for implementing the plan” to have the training, experience, and/or certification to enable them to satisfy the responsibility. The knowledge standard should be higher in many of these areas, not lower, for persons that are expected to implement and run the programs.
5. Adding the ASPHP certification guidelines in Appendix A. These guidelines are “examples of professional occupational safety guidelines for the protection of patients and health care workers in health care facilities” as the appendix introduction states. The guidelines apply to the qualifications of those persons responsible for implementing safe patient handling programs.

We thank you for the opportunity to address the needs of health care systems in California. Please feel free to contact us at any time.

Regards,



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President – ASPHP

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## Draft for discussion at 3/29/12 SPH advisory meeting

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### Section 5120. Health Care Worker Back and Musculoskeletal Injury Prevention

(a) Scope and Application. This Section shall apply in all general acute care hospitals.

Exception: This Section shall not apply to general acute care hospitals within the Department of Corrections and Rehabilitation or the State Department of Developmental Services.

(b) Definitions.

"Emergency" means unanticipated circumstances that can be life-threatening or cause significant injuries to the patient, staff or public, requiring immediate action.

"Equipment" means equipment used for safe patient handling, including powered and non-powered equipment and all accessories necessary for the operation of the equipment, including replaceable and disposable items.

"General acute care hospital" (GACH) means a hospital, licensed by the California Department of Public Health as such, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services.

"Health care worker" means ~~an lift team member or other~~ employee responsible for performing or assisting in patient handling activities who is specifically trained to handle patient lifts, repositioning, provide body support, transport and transfers using patient transfer, repositioning, and lifting devices as appropriate for the specific patient.

~~"Lift team" means employees specifically trained to handle patient lifts, repositionings, and transfers using patient transfer, repositioning, or lifting devices as appropriate for the specific patient.~~

"Lifting" means the vertical movement of a patient.

"Manual patient handling" means the lifting, supporting, repositioning or transferring of a patient done without the assistance of machines.

"Musculoskeletal injuries" means sudden onset or chronic injuries or disorders of the muscles, tendons, ligaments, bursa, peripheral nerves, joints, bone or blood vessels.

"Patient" means a person who is receiving diagnostic, therapeutic or preventive health services or who is under observation or treatment for illness or injury or care during and after pregnancy.

"Patient care unit" means a unit or department of a general acute care hospital that provides direct patient care including but not limited to nursing units, diagnostic imaging, emergency department, or acute rehabilitation and behavioral health.

"Patient handling" means lifting, providing body support, transporting, transferring, mobilizing or repositioning a patient.

"Repositioning" means a change in the patient's position on a bed, gurney, chair or other support surface.

"Safe patient handling policy" means a policy that requires replacement of manual lifting and transferring of patients with powered patient transfer devices, lifting devices, and lift teams, as appropriate for the specific patient and consistent with the employer's safety policies and the professional judgment and clinical assessment of the registered nurse.



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“Transferring” means moving a patient from one surface to another (for example from a bed to a gurney).

“Transporting” means the movement of patients from one area to another by wheelchair, bed, stretcher, or other device. This activity typically requires pushing and/or pulling and possibly other physical demands.

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(c) Patient protection and health care worker back and musculoskeletal injury prevention plan. As part of the injury and illness prevention program required by Section 3203, each employer covered by this section shall establish, implement and maintain a patient protection and health care worker back and musculoskeletal injury prevention plan (Plan). The Plan shall include:

(1) A safe patient handling policy that reflects professional occupational safety guidelines for the protection of patients and health care workers in health care facilities. The policy shall be at least as effective as the guidelines published by the National Institute for Occupational Safety and Health (NIOSH), the Association of Occupational Health Professionals in Healthcare (AOHP), or the United States Veterans Administration. The employer shall maintain the policy at all times for all patient care units.

NOTE to subsection (c)(1). Examples of professional occupational safety guidelines are listed in Appendix A

(2) The names and/or job titles of the persons responsible for implementing the Plan for the hospital, and for each unit to which the policy applies.

(3) Procedures to ensure that supervisory and non-supervisory employees comply with the safe patient handling policy and use recommended procedures and equipment when performing a patient handling activity.

(4) Procedures for identifying and evaluating patient handling hazards, including all of the following:

(A) A procedure to determine the types, quantities and locations for powered patient handling equipment and other patient handling devices required for each unit covered by policy. This procedure shall include determining where permanent and portable equipment should be placed in order to ensure its availability. The equipment needs for each unit shall be evaluated when the program is first established and at least annually thereafter.

(B) Procedures by which the registered nurse or other individuals with the training and demonstrated competencies required, as the coordinator of care, will assess the mobility needs of each patient to determine the appropriate patient handling procedures based on assessment tools, decision trees, algorithms or other effective means, and prepare a safe patient handling instruction for the patient.

(C) Inspections to evaluate the need for, use, and effectiveness of patient handling equipment and procedures. These inspections shall be conducted:

1. When the Plan is first established;
2. Whenever the equipment or conditions change in a manner that may affect safe patient handling;

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3. Whenever the employer is made aware of a new or previously unrecognized patient handling hazard; and
  4. At least annually for each unit covered by the Plan.
- (5) Procedures for the investigation of musculoskeletal injuries related to patient handling, including all of the following:
- (A) Assessment of the risk factors involved in the activity, including the registered nurse's safe patient handling instruction for the patient;
  - (B) Identification of the patient handling equipment that was available at the time of the injury;
  - (C) Determination of whether the equipment was used appropriately;
  - (D) The basis for any decision not to use specified patient handling equipment or procedures; and
  - (E) The training that had been provided to the employees involved in the incident(s).
- (6) Procedures for correcting hazards related to patient handling including procedures for:
- (A) The evaluation and selection of patient handling equipment, including the involvement of registered nurses or other individuals with the training and demonstrated competencies required, lift team members, and other health care workers;
  - (B) How sufficient and appropriate patient handling equipment, including powered equipment and other devices, selected in accordance with subsections (c)(4) and (c)(6)(A) will be made available on each unit covered by this section. This shall include procedures for procurement, inspection, maintenance, repair, and replacement of appropriate patient handling equipment;
  - (C) The procedures by which the registered nurse or other individuals with the training and demonstrated competencies required will observe and direct patient lifts and mobilizations on each patient care unit, in accordance with Labor Code Section 6403.5 and Title 22, California Code of Regulations, Section 70215;
  - (D) The procedures by which the registered nurse or other individuals with the training and demonstrated competencies required will communicate the ~~nurse's~~ assessment regarding patient handling practices to the patient and patient's family or representatives, in accordance with Title 22, California Code of Regulations, Section 70215;
  - (E) The procedures by which ~~lift teams or other~~ health care workers trained in safe lifting techniques will be available to perform lifts in each patient care unit at all times. The ~~health care worker~~ lift teams shall follow the safe patient handling policy, including replacement of manual patient handling with powered equipment and other devices as appropriate for the specific situation and patient.
  - (F) The procedures to be followed by ~~lift team members and other~~ health care workers in performing patient handling tasks under normal circumstances, in emergencies, in situations in which there is no registered nurse or other individuals with the training and demonstrated competencies required present, and in those situations in which there is no applicable individual safe patient handling instruction.
  - (G) Procedures for correcting problems found during the review of the Plan.

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(7) Procedures for communicating with employees regarding safe patient handling matters, including:

- (A) The method by which the registered nurse's safe patient handling instruction for each patient will be documented and communicated to health care workers providing care to that patient;
- (B) The means by which a lift team member or other health care worker may communicate, without fear of reprisal, the employee's concerns regarding performing a patient handling activity as instructed; and
- (C) The means by which lift team members, health care workers, registered nurses, and supervisors can participate in reviewing the effectiveness of the Plan in their work areas or departments.

(8) Procedures for providing training to health care workers, ~~lift team members, registered nurses, and~~ supervisors, in accordance with subsection (d).

(9) The schedule and method of implementation for all measures that can not be implemented by [OAL to insert date 60 days after effective date of standard].

(10) Procedures for reviewing, at least annually, the effectiveness of the Plan in each patient care unit, which shall include a review of injury data and trends. The Plan shall include an effective procedure for obtaining the active involvement of employees in reviewing and updating the Plan with respect to the procedures performed by employees in their respective work areas or departments.

(d) Training. The employer shall provide training to ~~lift team members and other~~ health care workers, ~~registered nurses, lift team members, and~~ supervisors.

(1) Frequency of training. ~~Lift team members, h~~ health care workers ~~and, registered nurses, and~~ supervisors ~~ss~~ shall be trained on the topics covered in subsection (d)(2):

- (A) When the Plan is first established;
- (B) To all new ~~lift team members,~~ health care workers, ~~registered nurses, and~~ supervisors ~~and others;~~
- (C) To all ~~lift team members,~~ health care workers, ~~registered nurses, and~~ supervisors given new job assignments for which training has not previously been received;
- (D) At least annually thereafter, not to exceed 12 months from the previous training.
- (E) Employers shall provide additional training when new equipment or work practices are introduced. The additional training may be limited to addressing the new equipment or work practices.

(2) Training shall include at least the following elements as applicable to the employee's assignment:

- (A) The appropriate use of patient handling equipment to reduce injuries to patients and employees.
- (B) How to communicate with patients regarding the use of patient handling procedures and equipment.



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(C) How risk factors are assessed and controlled during patient handling, including the following: vertical lifts, lateral transfer, holding/supporting bariatric patients, transporting, repositioning, and ambulation.

(D) The use of powered and non-powered equipment to handle patients safely. This shall include practice using the types and models of equipment employees will be expected to use.

(E) Procedures to be followed in order to safely perform manual patient handling when necessary.

(F) The process for reporting concerns regarding equipment availability, condition, storage, and maintenance.

(G) The elements of the employer's Plan and safe patient handling policy and how the Plan will be made available to employees.

(H) The right to refuse to perform an unsafe patient handling activity, and how a health care worker can communicate concerns regarding the designated activity to an appropriate supervisor.

(I) The role of the registered nurse as the coordinator of care, and how the registered nurse will be responsible for the observation and direction of patient lifts and mobilization.

(J) The role of the supervisor to be familiar with the Plan, the safe patient handling policy, and the patient handling hazards in their unit.

(K) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(J), supervisors shall also be trained on the hospital's policy that a health care worker may not be disciplined for refusal to lift, reposition or transfer a patient due to concerns about patient or worker safety or the lack of trained lift team personnel or equipment.

(L) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(J) registered nurses who will assess patients in accordance with subsection (c)(4)(B), shall be trained in how to assess patients' mobility needs, how to communicate with patients and their families and representatives, and how to communicate with supervisors, lift team members, and other health care workers regarding safe patient handling practices for specific patients.

(M) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(J) the persons responsible for implementing the plan shall have the training, experience and/or certification to enable them to satisfy this responsibility.

(e) Records. The employer shall develop and maintain the following records:

(1) Records regarding the evaluation, selection, and placement or installation of patient handling equipment or devices shall be maintained for a minimum of one year.

(2) Training records shall be maintained for a minimum of one year and include the following information: training dates; contents or a summary of the training sessions; types and models of equipment practiced during training; names and qualifications of

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persons conducting the training; and names and job titles of all persons attending the training sessions.

(3) Records of inspection, including hazard correction, shall be maintained for a minimum of one year and include the following information: inspection dates; person(s) conducting the inspection; the unsafe conditions (such as equipment unavailability, storage or maintenance issues) and work practices that have been identified; action taken to correct the identified unsafe conditions and work practices; and correction dates.

(4) Records of investigation of occupational injuries and illnesses related to safe patient handling shall be created and maintained for a minimum of three years;

NOTE to subsection (e)(4): Records required by Section 14300 et seq of these orders shall be created and maintained in accordance with those orders.

(5) A copy of the Plan, including the safe patient handling policy applicable to the unit, shall be maintained on each unit, and shall be available to employees at all times.

(6) All records required by this subsection shall be made available to the Chief of the Division of Occupational Safety and Health and his or her representatives.



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### Appendix A (Non-Mandatory):

The following are examples of professional occupational safety guidelines for the protection of patients and health care workers in health care facilities

Facility Guidelines Institute Patient Handling and Movement Assessments: A White Paper by the 2010 Health Guidelines Revision Committee, April 2010

Association for Occupational Health Professionals AOHP Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting, Summer 2006

Centers for Disease Control National Institute of Occupational Safety and Health, NIOSH Safe Patient Handling Training for Schools of Nursing DHHS Publication No. 2009-127 November 2009

US Department of Veteran Affairs, VA Hospital Safe Patient Handling and Movement Guidelines (various)

Certification Guidelines for Certified Safe Patient Handling Associates (CSPHA) and Certified Safe Patient Handling Professional (CSPHP) Designations, <http://www.asphp.org/wp-content/uploads/2011/05/CERTIFICATION-GUIDELINES-2-edited-17June111.pdf>