



AMERICAN INDUSTRIAL HYGIENE ASSOCIATION
GOVERNMENT AFFAIRS DEPARTMENT
STATE UPDATE

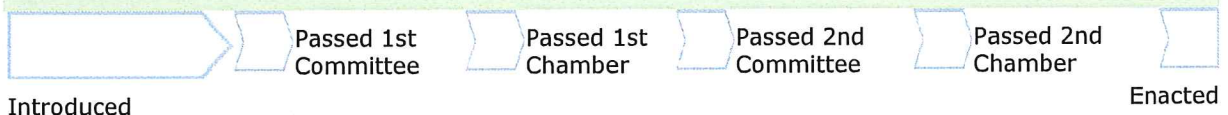
January 14, 2013

MASSACHUSETTS

Here is the latest legislative/regulatory report for your State. AIHA government affairs will send the reports every week, detailing any legislative and/or regulatory pertinent to the profession in your state. The reports will also include the text of many bills (if available) and update activity on bills already reported. However, reports will only be sent if there has been new activity on the legislation and/or regulations already reported, or new legislation and/or regulations are found. Reports are sent to local section officers and may be forwarded to others if you wish. Questions contact Aaron Trippler at atrippler@aiha.org.

New Legislation

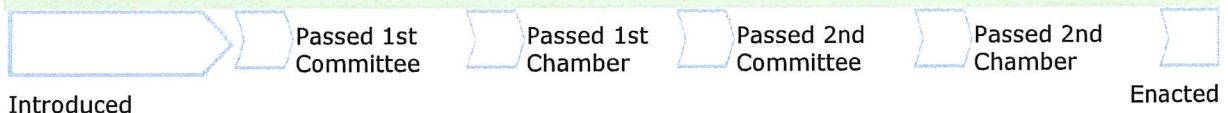
MA HD 394



AUTHOR: Garlick (D)
TITLE: Safe Patient Handling in Health Facilities
DISPOSITION: Pending
LOCATION: HOUSE
SUMMARY: Relates to safe patient handling in certain health facilities.
STATUS: 01/10/2013 FILED.
PRIVATE FILE: Master
Date: 13
Issue: Ergonomics

TEXT NOT AVAILABLE

MA SD 92



AUTHOR: Chandler (D)
TITLE: Safe Patient Handling
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY: Provides for safe patient handling.
STATUS:

01/11/2013 FILED.

PRIVATE FILE:Master

Date: 13

Issue: Ergonomics

Legislation Reported Earlier

None to Report

Regulatory Activity

None to Report

HOUSE No. 1484**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>Anne M. Gobi</i>	<i>5th Worcester</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>Martin J. Walsh</i>	<i>13th Suffolk</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>
<i>Ruth B. Balser</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>Nick Collins</i>	<i>4th Suffolk</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>
<i>Cleon H. Turner</i>	<i>1st Barnstable</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Michael J. Finn</i>	<i>6th Hampden</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>

<i>Ellen Story</i>	<i>3rd Hampshire</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Russell E. Holmes</i>	<i>6th Suffolk</i>
<i>Steven L. Levy</i>	<i>4th Middlesex</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>

HOUSE No. 1484

By Ms. Garlick of Needham, a petition (accompanied by bill, House, No. 1484) 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. 2026 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

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 clearly
- 4 requires otherwise, have the following meanings:-
- 5 "Acute-care hospital", any hospital licensed pursuant to sections 51 and 52 and the teaching
- 6 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 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, transfers or
14 repositions patients or equipment.

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

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

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

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

29 “Needs assessment”, an evaluation of lift and transfer needs, resources and capabilities with
30 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 standard
33 calculated by NIOSH, as explained at <http://www.cdc.gov/niosh/94-110.html>

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

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

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

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

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

48 “Safe patient handling policy”, a written statement describing the replacement of manual lifting
49 and transferring of patients and equipment with powered transfer devices, lifting devices, and/or

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

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

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

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

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

80 Conduct of individual patient care ergonomic evaluations in all patient care

81 areas, following guidance from the OSHA Nursing Home Guidelines,

82 VA Patient Care Ergonomic Guidelines, or other accepted guidance

83 document, to identify ergonomic control measures for decreasing risk of

84 injury from patient handling and moving activities;

85 Development and implementation of safe patient handling policies based on

86 the needs of all shifts and units of the facility.

87 Identify and list the type and quantity of patient handling equipment and other equipment

88 required on each clinical unit/area and ensure that the purchase and acquisition of all such

89 equipment is incorporated into the Safe Patient Handling Program. Patient handling measures

90 and patient handling equipment/technology shall include but not be limited to mechanical lifting

91 devices (floor-based & ceiling-mounted), lateral transfer aids, friction reducing devices, fast
92 electric beds, and motorized beds.

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

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

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

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

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

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

116 Identify the type and quantity of patient handling equipment and other equipment required and
117 ensure that the purchase of other acquisition of all such equipment is incorporated into the Safe
118 Patient Handling Program.

119 By January 30, 2010, health care facilities shall complete the acquisition of safe patient handling
120 equipment determined to be required by their safe patient handling committee. Such equipment
121 will include, though not be limited to: (a) at least one readily available lift per unit on each unit
122 where patients will weigh 35 pounds or the current maximum recommended weight lift limit for
123 patients (NIOSH RWL), unless the facility's safe patient handling committee determines that
124 more lifts are required on the unit; (b) one lift for every ten beds; and/ or (c) equipment for use
125 by lift teams.

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



THE 188TH GENERAL COURT OF
THE COMMONWEALTH OF MASSACHUSETTS

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Section 91D. As used in this section, the following words, shall, unless the context clearly requires otherwise, have the following meanings:-

"Acute-care hospital", any hospital licensed pursuant to sections 51 and 52 and the teaching hospital of the university of Massachusetts medical school, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the department.

"Department", the department of public health.

"Health care facility", any acute care hospital as defined in section (a), any licensed private, public or state-owned and operated general acute care rehabilitation hospital or unit, any licensed private, public or state-owned and operated general acute care psychiatric hospital or unit, any nursing home as

Actions for Bill H.1484

Date	Branch	Action
1/24/2011	House	Referred to the committee on Public Health
1/24/2011	Senate	Senate concurred
9/12/2011	Joint	Hearing scheduled for 09/20/2011 from 10:00 AM-01:00 PM in A-1
5/14/2012	House	Accompanied by S1076
5/14/2012	House	Reported favorably by committee and referred to the committee on Health Care Financing
6/14/2012	House	Rules suspended
6/14/2012	House	Reporting date extended to Friday, June 29, 2012
6/21/2012	Senate	Senate concurred
12/6/2012	House	Accompanied a study order, see H4533

Petitioners:Denise C. Garlick, Anne M. Gobi, Thomas M. Stanley, David P. Linsky, Jennifer E. Benson, Martin J. Walsh, James J. Dwyer, Ruth B. Balser, Gailanne M. Cariddi, Denise Andrews, Tom Sannicandro, Paul W. Mark, Nick Collins, Sarah K. Peake, Cleon H. Turner, Paul N. Brodeur, Michael J. Finn, Sean Garballey, Ellen Story, Kay Khan, Russell E. Holmes, Steven L. Levy, Denise Provost

Town Approved: No

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