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## **Safe Patient Handling Act (Sections 20 & 21, Part A, S6914/A9205)**

The Safe Patient Handling Act will cover all hospitals, nursing homes, diagnostic treatment centers and clinics licensed under Article 28 of the Public Health Law, and includes state operated group homes as well as health care units in prisons and OCFS facilities.

Safe patient handling (“SPH”) is defined as the use of engineering controls, lifting and transfer aids, or assistive devices by staff to perform the acts of lifting, transferring and repositioning health care patients and residents.

### **Safe Patient Handling Workgroup**

- The Commissioner of Health must establish a statewide SPH workgroup by January 1, 2015.
- Workgroup membership will consist of the Commissioner of Health, the Commissioner of Labor, healthcare providers, employee representatives of nurses, employee representatives of direct care workers, representatives of nurse executives and certified ergonomist evaluation specialists.
- The workgroup will review existing SPH programs; consult with various organizations; identify and develop training materials; and submit a report to the Commissioner of Health by July 1, 2015, which identifies sample SPH policies and best practices, as well as resources and tools for use by facilities in meeting the requirements of SPH.

### **Facility-Based Safe Patient Handling Committees**

- By January 1, 2016, all covered facilities must establish a facility-based SPH committee. One half of each committee’s membership must be front-line, non-managerial employees that provide direct care with at least one nurse and at least one non-nurse direct care provider. Where applicable, a resident council member must also be included.
- The purpose of the facility-based committees is to design and recommend the processes for implementing SPH programs for their respective facilities.
- The duties of SPH committees may be assigned to existing committees, so long as the composition of the committee comports with the parameters described above.

## Safe Patient Handling Policy

- Each covered facility must:
  - Establish a SPH policy by January 1, 2017, implementation of which may be phased-in;
  - In connection with implementation, consider elements of sample SPH policies and best practices identified by the statewide workgroup, as well as the type of facility, services provided, patient population, care plans, types of caregivers and physical environments for all shifts and units of the facility;
  - Conduct a patient handling hazard assessment;
  - Develop a process to identify the appropriate use of the SPH policy, based on patients' physical and medical condition and availability of equipment which includes means to address circumstances where it is contraindicated to use the policy based on a patient's condition;
  - Provide initial and ongoing training and education on SPH;
  - Set up and utilize an investigation process for incident review, which may include plans for corrective action;
  - Conduct annual performance evaluations of its program with results reported to the committee. The report must include an evaluation of the reduction of injury to patients and workers;
  - Consider feasibility of incorporating SPH equipment when construction or remodeling is occurring within the facility; and
  - Develop a process by which a covered employee may refuse to perform or be involved in patient handling or movement that the employee reasonably believes in good faith will expose a patient or employee to an unacceptable risk of injury. Such policy must require that the employee make a good faith effort to ensure patient safety and bring the matter to the attention of the facility in a timely manner. Employees who follow the procedure shall not be subject to disciplinary action.