STATE OF RHODE ISLAND
IN GENERAL ASSEMBLY
JANUARY SESSION, A.D. 2006

A N A C T
RELATING TO HEALTH AND SAFETY -- SAFE PATIENT HANDLING LEGISLATION

Introduced By: Representatives Diaz, Moura, Rice, Ajello, and Sullivan

Date Introduced: February 16, 2006

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by adding thereto the following chapter:

CHAPTER 80

SAFE PATIENT HANDLING ACT OF 2006

23-80-1. Short title. – (a) This chapter shall be known and may be cited as the "Safe Patient Handling Act of 2006."

23-80-2. Legislative findings. – (a) Patients are at greater risk of injury, including skin tears, falls, and musculoskeletal injuries, when being lifted, transferred, or repositioned manually. Safe patient handling can significantly reduce other injuries to patients as well.

(b) Health care workers lead the nation in work-related musculoskeletal disorders. Between thirty-eight percent (38%) and fifty percent (50%) of nurses and other health care workers will suffer a work-related back injury during their career. Forty-four percent (44%) of these workers will be unable to return to their pre-injury position.

(d) Research indicates that nurses lift an estimated 1.8 tons per shift. Eighty-three percent (83%) of nurses work in spite of back pain, and sixty percent (60%) of nurses fear a disabling back injury. Twelve percent (12%) to thirty-nine percent (39%) of nurses not yet disabled are considering leaving nursing due to back pain and injuries.

(e) Manual lifting of patients has been condemned for years by governments and nursing
organizations in other countries. The under-axilla “drag” lift, used ninety-eight percent (98%) of the time by nurses in the United States, is outlawed as unsafe to both nurses and patients by

England's Royal College of Nursing.

(e) Safe patient handling reduces injuries and costs. In nine (9) case studies evaluating the impact of lifting equipment, injuries decreased sixty percent (60%) to ninety-five percent (95%). Workers' Compensation costs dropped by ninety-five percent (95%), and absenteeism due to lifting and handling was reduced by ninety-eight percent (98%).

23-80-3. Definitions. – As used in this chapter:

(a) "Health care facility" means any facility licensed or required to be licensed pursuant to the provisions of chapter 23-17.

(b) "Safe patient handling" means the use of engineering controls, transfer aids, or assistive devices instead of manual lifting to perform the acts of lifting, transferring, and/or repositioning health care patients and residents.

(c) "Safe patient handling policy" means protocols established to replace the manual lifting, transferring, and repositioning of patients with lift teams, mechanical lifting devices, engineering controls, and/or equipment to accomplish these tasks.

(d) "Lift team" means hospital employees specially trained to perform patient lifts, transfers, and repositioning in accordance with safe patient handling policy.

(e) "Musculoskeletal disorders" means conditions that involve the nerves, tendons, muscles, and supporting structures of the body.

23-80-4. Licensure requirements. – Each licensed health care facility shall comply with the following as a condition of licensure:

(a) Each licensed health care facility shall establish a safe patient handling committee, which shall be chaired by a professional nurse. At least half of the members of the safe patient handling committee shall be employees involved in patient care handling activities, and shall be designated by the collective bargaining representative(s), where applicable.

(b) 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:

(1) Implement a safe patient handling policy for all shifts and units of the facility that will achieve elimination of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;

(2) 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;

(3) Develop a process to identify patients that require the appropriate use of the safe
patient handling policy;

(4) Designate and train a Back Injury Resource Nurse (BIRN) 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;

(5) Conduct an annual performance evaluation of the safe patient handling program to
determine the program’s effectiveness according to the reduction of musculoskeletal disorder
claims and days of lost work for musculoskeletal disorder purposes and make recommendations
to increase the program’s effectiveness;

(6) Submit an annual report to the safe patient handling committee of the facility, and to
the Rhode Island department of health, 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.

(c) Nothing in this section precludes lift team members from performing other duties as
assigned during their shift.

(d) An employee who refuses to perform a patient handling activity that he/she believes
in good faith will expose a patient or employee to an unacceptable risk of injury shall not be
disciplined, or be subject to other adverse consequences by his/her employer.

23-80-5. Certificate of need. – (a) No certificate of need shall be granted to a licensed
health care facility for construction or renovation of patient care unit(s) unless the applicant has
made satisfactory provision to ensure the use of safe patient handling equipment on the new or
renovated patient care unit(s), including, but not limited to, the installation of ceiling and/or wall
mounted tracks, physical space and construction design need to incorporate safe patient handling
equipment.

(b) A licensed health care facility that is developing architectural plans for construction
or renovation of patient care unit(s) that does not require a certificate of need shall nevertheless
make a good faith effort to incorporate patient handling equipment or the physical space and
construction design needed to incorporate that equipment at a later date.

23-80-6. Implementation. – The department of health shall develop rules and regulations
for administering this act which require compliance with policy development and reporting by
January 1, 2007, and full implementation of safe lift policies by July 1, 2007.

SECTION 2. This act shall take effect upon passage.

LC01442
This act would establish the “Safe Patient Handling Act of 2006” to promote the safe handling of patients in health care facilities. This act would take effect upon passage.