

1 organizations in other countries. The under-axilla "drag" lift, used ninety-eight percent (98%) of
2 the time by nurses in the United States, is outlawed as unsafe to both nurses and patients by
3 England's Royal College of Nursing.

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

8 **23-80-3. Definitions.** – As used in this chapter:

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

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

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

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

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

21 **23-80-4. Licensure requirements.** – Each licensed health care facility shall comply with
22 the following as a condition of licensure:

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

27 (b) Each licensed health care facility shall develop a written safe patient handling
28 program, with input from the safe patient handling committee, to prevent musculoskeletal
29 disorders among health care workers and injuries to patients. As part of this program, each
30 licensed health care facility shall:

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

34 (2) Conduct a patient handling hazard assessment. This assessment should consider such

1 variables as patient-handling tasks, types of nursing units, patient populations, and the physical
2 environment of patient care areas;

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

5 (4) Designate and train a Back Injury Resource Nurse (BIRN) to serve as an expert
6 resource, and train all clinical staff on safe patient handling policies, equipment, and devices
7 before implementation, and at least annually or as changes are made to the safe patient handling
8 policies, equipment and/or devices being used;

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

13 (6) Submit an annual report to the safe patient handling committee of the facility, and to
14 the Rhode Island department of health, on activities related to the identification, assessment,
15 development, and evaluation of strategies to control risk of injury to patients, nurses and other
16 health care workers associated with the lifting, transferring, repositioning, or movement of a
17 patient.

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

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

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

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

33 **23-80-6. Implementation.** – The department of health shall develop rules and regulations
34 for administering this act which require compliance with policy development and reporting by

1 [January 1, 2007, and full implementation of safe lift policies by July 1, 2007.](#)

2 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HEALTH AND SAFETY -- SAFE PATIENT HANDLING LEGISLATION

- 1 This act would establish the "Safe Patient Handling Act of 2006" to promote the safe
- 2 handling of patients in health care facilities.
- 3 This act would take effect upon passage.

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