

SENATE NO. 1294

AN ACT TO REQUIRE THE USE OF EVIDENCE-BASED PRACTICES FOR SAFE PATIENT HANDLING AND MOVEMENT

*Be it enacted by the Senate and House of Representatives in General Court assembled,
And by the authority of the same, as follows:*

1 SECTION 1. Chapter 111 of the general laws, as appearing in the 2004 Official Edition, is hereby
2 amended by inserting at the end, the following new section:

3 Section 219. Safe Patient Handling and Movement

4 Definitions: As used in this section, the following words shall, unless the context clearly requires
5 otherwise, shall have the following meanings:-

6 “Administrative controls” are management-dictated work practices and policies that reduce or
7 prevent exposures to ergonomic risk factors. Administrative control strategies include (a)
8 modification of job rules and procedures (scheduling more rest breaks), (b) job rotation or modified
9 duties or length of shift, and (c) training workers to recognize ergonomic risk factors so they can
10 adopt stress reduction techniques while performing their work tasks. Examples of administrative
11 controls include a no lift policy (explained later in this article), patient care assessment protocols,
12 and use of clinical tools such as algorithms.

13 “Behavioral or work practice controls” are those that involve training of staff in body mechanics, or
14 other joint protection principles. Such techniques include manual patient lifting, training in proper
15 use of lifting equipment/devices, and the use of unit-based peer leaders.

16 “Back belts” are described as breathable, lightweight bands, with double-sided pulls, which allow
17 for different levels of pressure and tautness.

18 “Department” shall mean the Massachusetts Department of Public Health.

19 “Engineering controls” are changes made to the work environment, layout, tools, or equipment used
20 on the job, or changing the way a job is done to avoid work-related musculoskeletal hazards. These
21 controls are the preferred solution because they create permanent changes that eliminate risks at the
22 identified source. An example is the use of patient handling technology, such as lateral transfer aids
23 or hospital bed improvements.

24 “Health care facility”, an individual, partnership, association, corporation or trust or any person or
25 group of persons that employs health care providers, including any hospital, clinic, convalescent or
26 nursing home, charitable home for the aged, community health agency or other provider of health
27 care services licensed, or subject to licensing by, or operated by, the department of public health;
28 any facility as defined in section 3 of chapter 111B; any private, county or municipal facility,
29 department or unit which is licensed or subject to licensing by the department of mental health
30 pursuant to section 19 of chapter 19, or by the department of mental retardation pursuant to section
31 15 of chapter 19B; any facility as defined in section 1 of chapter 123; the Soldiers’ Home in
32 Holyoke, the Soldiers’ Home in Massachusetts; or any facility as set forth in section 1 of chapter 19
33 or section 1 of chapter 19B.

34 “Lift team,” a lifting team includes two physically fit people, competent in lifting techniques, who
35 work together to perform high-risk patient transfers.

36 “Manual patient handling” is broadly defined as the transporting or supporting of a patient by hand
37 or bodily force, including pushing, pulling, carrying, holding, and supporting of the patient or a
38 body.

39 “Peer safety leader” is defined as a nursing staff member who receives special training and then
40 returns to the unit to share knowledge and skills with coworkers.

41 Every licensed health care facility shall implement an evidence-based policy for safe handling
42 and movement of patients for all shifts and all patient care personnel based on minimum ergonomic
43 standards to reduce the injury rates associated with manual patient handling. The policy shall
44 include requirement for training in (a) use of patient handling equipment/devices, (b) patient care
45 ergonomic assessment protocols, (c) no lift policies, and (d) patient lift teams. The policy may
46 include new interventions developed through evidence-based research, such as the use of unit-based
47 peer leaders and, clinical tools such as algorithms and patient assessment protocols.

48 The basic intent of the policy shall be to provide that care providers should eliminate manual
49 handling in virtually every patient care situation. Therefore, the policy adopted shall include a “No
50 Lift Policy,” which constitutes a pledge from administrators that proper equipment, adequately
51 maintained and in sufficient numbers, will be available to care providers to reduce the risks
52 associated with manual patient handling. Successfully implemented, a “no lift” policy is an integral
53 part of a comprehensive safe patient handling and movement program in acute care hospitals and
54 long-term care facilities. A "No Lift" policy shall not mean that (a) nurses should never attempt to
55 move a patient, (b) nurses should not use lift equipment, or that (c) the policy only applies to high
56 risk tasks associated with patient lifts, and ignores other high risk tasks. “No lift” policies mean
57 that manual lifting of patients shall be eliminated in all but exceptional or life threatening situations.
58 The policy is to include provisions that:

- 59 • Patients be encouraged to assist in their own transfers and handling aids must be used
60 whenever possible to help reduce risk if this is not contrary to a patient’s needs.
- 61 • Manual lifting may only be continued in exceptional or life threatening if it does not involve
62 lifting most or all of a patient’s weight.
- 63 • A “no-lift” policy does not mean health care providers will never transfer or reposition any
64 resident manually, but rather is based on patients’ physical and cognitive status as well as
65 medical conditions.
- 66 • Proper infrastructure be in place before a no lift policy is enforced. Infrastructure is defined
67 as management commitment and support, availability of patient handling equipment,
68 equipment maintenance, employee training, advanced training for resources, and a culture of
69 safety. The culture of safety approach includes collective attitude of employees at all levels
70 taking a shared responsibility for safety in the work environment and by doing so providing
71 a safe environment for themselves and patients.

72 Said policy for safe handling and movement of patients shall utilize patient handling equipment
73 and devices. Several technological solutions that research has proven to be effective in addressing
74 high-risk tasks include: the use of height-adjustable beds and electric beds, mobile mechanical
75 devices, the use of ceiling mounted lifts for vertical transfers, repositioning devices, lateral rotation
76 therapy beds for turning a patient in bed, and gait belts for transferring patients from a sitting
77 position to standing one. Black belts, lateral transfer aids such as friction reducing slide sheets, air
78 assisted devices or mechanical aids shall not be utilized under any circumstances.

79 The policy and its implementation must address factors that act as barriers to the use of
80 equipment, including:

- 81 • Patient aversion of the equipment

- 82 • Unstable equipment or operationally difficult to use
- 83 • Storage issues/equipment is located in an inconvenient place
- 84 • Poor maintenance and cleaning of equipment
- 85 • Time constraints
- 86 • Inadequate number of available lifts
- 87 • No training on device on floors with high turnover levels
- 88 • Space restrictions to control equipment
- 89 • Incompatible equipment purchased
- 90 • Weight limitations

91 Patient lift teams. To help other caregivers perform their duties, the policy shall include provisions
92 that high risk patient handling tasks are assigned to a select few well trained nursing staff. Selection
93 of lift team members shall be based on individuals with no prior history of a musculoskeletal injury
94 and is dependent upon their physical strength and capabilities. Those selected shall pass a physical
95 exam, have a radiograph of their spine, and have no history of a back injury. Once selected, team
96 members shall be trained on the use of mechanical lifting devices. The significance of a lift team is
97 evident by the elimination of critical risk factors that contribute to nursing back injuries: (a) lifts
98 that are uncoordinated, (b) unprotected personnel, (c) lifting pairs with anthropometric disparities,
99 (d) fatigue in nurses who lift, (e) injured nurses who lift, (f) lack of using mechanical lifting
100 devices, and (g) lifters who are untrained.

101 The policy shall recognize that manual patient handling and lifting techniques are not evidence-
102 based, have been found to be unsafe for the nurse and the patient. The "Hook and Toss" method
103 (also known as the Drag Lift) is banned. In addition, classes on body mechanics and/or training in
104 lifting techniques are not known to prevent job-related injuries. While training may improve patient

105 handling and lifting skills in the short term, it has no impact in reducing injuries or musculoskeletal
106 pain. A more effective approach is to educate and train nursing staff on the use of patient handling
107 equipment emphasizing proper body mechanics.

108 Clinical tools shall be implemented applying research to practice and reducing unnecessary
109 variation in practice carefully matching equipment to specific patient characteristics. Use of patient
110 assessment protocols and algorithms shall be utilized to provide a standardized way to assess
111 patients and make appropriate decisions about how to safely perform high-risk tasks. Such a system
112 shall emphasize clear communication between nurses on a unit.

113 Patient assessment and algorithms for safe patient handling to assist nurses in selecting the safest
114 equipment, technique, and number of staff needed to perform safe patient handling tasks based on
115 specific patient characteristics. The use of assessment and algorithms ensure that patients receive
116 assistance appropriate for their functional level, thus improving safety for patients as well as staff.

117 Key aspects of patient assessment include:

- 118 • Ability of the patient to provide assistance.
- 119 • Ability of the patient to bear weight.
- 120 • Upper extremity strength of the patient.
- 121 • Ability of the patient to cooperate and follow instructions.
- 122 • Patient height, weight and body shape.
- 123 • Special circumstances likely to affect transfer or repositioning tasks, such as abdominal
124 wounds, contractures, spinal injuries, orthopedic conditions, post-surgical periods, or
125 presence of tubes, etc.
- 126 • Specific physician orders or physical therapy recommendations that relate to transferring or
127 repositioning patients (e.g., a patient with a knee or hip replacement may need a specific

128 order or recommendation to maintain the correct angle of knee extension or hip abduction
129 during transfer.)

130 After the assessment is completed, the information shall be used to direct recommendations in
131 regards to the proper technique, equipment, and number of staff required for performing high-risk
132 patient handling tasks, through the use of algorithms. Within the scope of patient handling, our
133 operational definition of an algorithm is a procedure consisting of a sequence of logical steps to
134 determine a given task.

135 Algorithms shall be developed for the following high-risk tasks:

- 136 • Transfer To and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
- 137 • Lateral Transfer To and From: Bed to Stretcher, Trolley
- 138 • Transfer To and From: Chair to Stretcher, Chair to Chair, or Chair to Exam Table
- 139 • Reposition in Bed: Side to Side, Up in Bed
- 140 • Reposition in Chair: Wheelchair or Dependency Chair
- 141 • Transfer a Patient Up from the Floor
- 142 • Bariatric Transfer To and From: Bed to Chair, Chair to Toilet, or Chair to Chair
- 143 • Bariatric Lateral Transfer To and From: Bed to Stretcher or Trolley
- 144 • Bariatric Reposition in Bed: Side to Side, Up in Bed
- 145 • Bariatric Reposition in Chair: Wheelchair, Chair, or Dependency Chair
- 146 • Patient Handling Tasks Requiring Sustained Holding of a Limb/Access
- 147 • Bariatric Transporting (Stretcher, Wheelchair, Walker)

148 Failure of Health Care Facility to Adopt and Implement Safe Handling and Movement of Patients
149 Policy. The Department of Public Health shall promulgate regulations to ensure that inspections of
150 health care facilities determine the existence of a policy for safe handling and movement of patients

151 for all shifts, that personnel are trained in that policy and in the use of appropriate evidence-based
152 techniques and equipment use, that equipment is available and in adequate supply convenient to
153 each unit, and that a lift team is available at all times. Said regulations shall include penalties for
154 failure to develop and implement said policy.

155 SECTION 2. Nursing Education.

156 Notwithstanding any other general or special law to the contrary, the board of higher education,
157 established pursuant to section 4 of chapter 15A of the general laws, shall institute a review of
158 nursing education in the Commonwealth focused on needs to address evidence-based strategies and
159 expose the nursing student to technologies available to reduce risk in the workplace with a goal of
160 modifying how student nurses are taught patient handling considering emerging scientific research,
161 technologic innovation, and exemplary application in real work settings, methods that make patient
162 handling safe and ergonomically sound.

163 SECTION 3. Nursing Licensure.

164 The board of registration of nursing, established pursuant to the provisions of section 13 of chapter
165 13 of the general laws, shall promulgate regulations to ensure that any holder of a license issued
166 pursuant to the provisions of sections 74, 74A of chapter 112 of the general laws, and that, pursuant
167 to the provisions of section 81A graduates of any nursing school have been trained in evidence-
168 based strategies that expose the nursing student to technologies available to reduce risk in the
169 workplace with a goal of ensuring that applicants for a license or renewal of license have been
170 taught patient handling considering emerging scientific research, technologic innovation, and
171 exemplary application in real work settings, methods that make patient handling safe and
172 ergonomically sound.

173 SECTION 4. Nursing Home Administrators.

174 The board of registration of nursing home administrators, established pursuant to the provisions of
175 sections 108 - 117 of chapter 112, shall require that applicants for a license or renewal of a license
176 under these section shall require that certified nursing assistants or other staff providing patient care
177 who are, or will be, employed by said administrator, shall have been trained in evidence-based
178 strategies that expose the nursing student to technologies available to reduce risk in the workplace
179 with a goal of ensuring that applicants for a license or renewal of license have been taught patient
180 handling considering emerging scientific research, technologic innovation, and exemplary
181 application in real work settings, methods that make patient handling safe and ergonomically sound.
182 SECTION 5. This act shall take effect one year from the date of passage.