# Safe Patient Handling Legislation as Enacted

## Statewide Safe Patient Handling Workgroup

- The Commissioner of Health will establish a safe patient handling workgroup no later than January 1, 2015.
- The workgroup will consist of, at minimum, representatives from the departments of health and labor, provider associations, healthcare worker unions, and nurse executives, as well as ergonomic specialists and occupational health specialists.
- The workgroup will be tasked with:
  - Reviewing safe patient handling policies and programs (specifically including those developed for the demonstration program in which several of our member hospitals participated);
  - o Identifying or developing training materials that health care facilities may consider; and
  - Submitting a report to the commissioner that identifies best practices, provides sample policies, and identifies tools and resources that providers may choose to use in the development of their own SPH policies.
- Earlier versions of the legislation would have invested in the workgroup the authority to define in very specific terms what must be included in providers' SPH policies and what kinds of equipment should be utilized.

### **Provider Safe Patient Handling Committees**

- All covered providers must establish a safe patient handling committee or assign the responsibilities of the SPH committee to an existing group, such as a safety or quality assurance committee.
- The committee shall include:
  - o Individuals with expertise in risk management, nursing, purchasing, and occupational health/safety.
  - o In facilities with organized labor, at least one employee representative for nurses and at least one employee representative for direct care workers.
  - o At least one non-managerial nurse and one non-managerial direct care worker.
  - o In facilities with a resident council, if feasible, a representative from the resident council.
- One-half of the committee must be comprised of frontline non-managerial employees who provide direct care.
- The committee is charged with developing the facility's SPH policies and program.
  - Policies should reflect the characteristics of the facility, its patient population and care plans, workforce and physical environment.
  - o Provider policies should reflect the elements of the policies and best practices disseminated by the Commissioner of Health, <u>but are not required</u> to adopt the state recommendations.
  - o Implementation of the policy may be phased in.

## Provider Safe Patient Handling Program

- Each facility must:
  - o Adopt a safe patient handling policy developed by the safe patient handling committee.
  - Conduct a patient handling hazard assessment.

- Develop a process to identify the appropriate use of the SPH policy based on the patient's condition and availability of equipment.
- Provide initial and ongoing annual training on safe patient handling, and establish a retraining program for those found deficient.
- o Create a process to investigate incidents and conduct post-investigation reviews.
- o Conduct an annual performance evaluation of the program.
- Consider the feasibility of incorporating patient handling equipment when developing architectural plans.
- Develop a process by which an employee may refuse to be involved in patient handling without disciplinary action if:
  - The employee believes in good faith that the patient or the facility will be at risk.
  - Worker makes a good faith effort to ensure patient safety and bring the matter to the attention of the facility in a timely manner.
  - Employee reasonably and in good faith follows the organizational policy.

#### **Worker's Compensation Insurance**

The Department of Health will establish requirements for health facilities to receive a discounted worker's compensation insurance rate based on their compliance with SPH programs.

#### **Timeline**

- On or before January 1, 2015: Commissioner of Health establishes safe patient handling workgroup.
- On or before July 1, 2015: Statewide workgroup submits a report to the Commissioner of Health with its recommendations.
- On or before January 1, 2016: Commissioner of Health disseminates best practices, sample policies, tools and resources to providers.
- On or before January 1, 2016: Each provider establishes a safe patient handling committee (or assigns the functions of the committee to an existing group).
- On or before January 1, 2016: The Department of Health issues rules establishing requirements for participating facilities to obtain a reduced worker's compensation rate.
- On or before January 1, 2017: Facilities establish safe patient handling programs.