

# An Act Providing for Safe Patient Handling (H1144/S1167) - SUPPORT

## **An Act Providing for Safe Patient Handling**

Filed by the Massachusetts Nurses Association and is sponsored by Senator Harriette Chandler and Representative Claire Cronin. As of 2/14/2018, these bills were reported favorably by committee and referred to the committee on Health Care Financing.

**This legislation** provides for the development of a “Safe Patient Handling Policy”: a written statement describing the replacement of manual lifting and transferring of patients and equipment with powered transfer devices, lifting devices, and/or lift teams, consistent with a needs assessment mandating the replacement of manual lifting and transferring of patients and techniques using current patient handling equipment/technology to lift patients unless specifically contraindicated for a patient’s condition or medical status.

**This legislation** would mandate that by a certain date, each healthcare facility shall establish a safe patient handling committee through the creation of a new committee or by assigning the functions of a safe patient handling committee to an existing committee. At least half the members of the safe patient handling committee shall be front-line non-managerial employees who provide direct care to patients.

**Decades of research** shows the “proper” body mechanics are not an effective way to reduce injuries. There is no such thing as safe patient lifting. The most common tasks that lead to injury are patient lifting, transferring and repositioning. Manual lifting results in micro-injuries to the spine. Although the healthcare worker may not feel the effects immediately, cumulative micro-injuries can result in a debilitating injury.

**Safe Patient Handling and Mobility (SPHM) programs** reduce the risk of injury for healthcare workers and recipients while improving the quality of care across the care continuum. Successful programs have reduced the incidence of healthcare worker injuries by 95%. The use of technology, especially lifting devices, is critical to the success of these programs. If technology is located conveniently, accessing it will not take a long time. It is often more time consuming to round up a team of colleagues to manually lift a healthcare recipient than it is to get the SPHM technology.

## **Research/Background:**

Data from the Bureau of labor Statistics show that in 2014, the rate of overexertion injuries averaged across all industries was 33 per 10,000 full time workers. By comparison, overexertion injury rate for hospital workers was twice the average (68 per 10,000) and the rate for nursing home workers was over three times the average (107 per 10,000).

The single greatest factor for overexertion injuries in healthcare workers is manual lifting, moving and repositioning of patients, residents or clients.

The National Institute for Occupational Safety and Health determines weight limit of 35 lbs. but refers to the manually lifting of an object. This is not intended to be used for determining safe weight limits when lifting people. Shape & size of human body differ from person to person and patient handling situations are often complicated by many factors such as unpredictable movements.

Workers typically require a median of 13 days to recuperate before returning to work. In 2013, Public Citizen report estimates that these types of injuries cost the US approximately \$7 billion each year.

Eleven states have enacted “safe patient handling” laws or regulations with positive benefits. **Massachusetts is not one of them.**

**American Nurses Association of Massachusetts urges your support for H1144/S1167**

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