

**SHB 1672 - H AMD 909**

By Representative Green

WITHDRAWN 3/7/2006

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that:

4 (1) Patients are not at optimum levels of safety while being  
5 lifted, transferred, or repositioned manually. Mechanical lift  
6 programs can reduce skin tears suffered by patients by threefold.  
7 Nurses, thirty-eight percent of whom have previous back injuries,  
8 can drop patients if their pain thresholds are triggered.

9 (2) According to the bureau of labor statistics, hospitals in  
10 Washington have a nonfatal employee injury incidence rate that  
11 exceeds the rate of construction, agriculture, manufacturing, and  
12 transportation.

13 (3) The physical demands of the nursing profession lead many  
14 nurses to leave the profession. Research shows that the annual  
15 prevalence rate for nursing back injury is over forty percent and  
16 many nurses who suffer a back injury do not return to nursing.  
17 Considering the present nursing shortage in Washington, measures  
18 must be taken to protect nurses from disabling injury.

19 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.41  
20 RCW to read as follows:

21 (1) The definitions in this subsection apply throughout this  
22 section unless the context clearly requires otherwise.

23 (a) "Department" means the department of health.

24 (b) "Lift team" means hospital employees specially trained to  
25 conduct patient lifts, transfers, and repositioning.

26 (c) "No manual lift policy" means hospital protocols to replace  
27 the manual lifting, transferring, and repositioning of patients  
28 identified by the process established in subsection (3)(c) of this

1 section with lift teams or mechanical lifting devices, engineering  
2 controls, and equipment to accomplish these tasks.

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

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

10 (2) By February 1, 2007, each hospital must establish a safe  
11 patient handling committee. At least half of the members of the  
12 safe patient handling committee shall be frontline nonmanagerial  
13 employees who provide direct care to patients.

14 (3) By December 1, 2007, each hospital must establish a written  
15 patient care activities program that addresses patient handling  
16 with input from the safe patient handling committee to prevent  
17 musculoskeletal disorders among health care workers and injuries to  
18 patients. As part of this program, a hospital must:

19 (a) Implement a no manual lift policy for all shifts and units  
20 of the hospital. Implementation of the no manual lift policy may  
21 be phased-in with the acquisition of equipment under subsection (4)  
22 of this section;

23 (b) Conduct a patient handling hazard assessment. This  
24 assessment should consider such variables as patient-handling  
25 tasks, types of nursing units, patient populations, and the  
26 physical environment of patient care areas;

27 (c) Develop a process to identify the appropriate use of the no  
28 manual lift policy based on the patient's physical and medical  
29 condition. However, in limited circumstances applying the no  
30 manual lift policy may be contraindicated for a particular patient.  
31 In these cases, hospitals must document the reasons for the  
32 exemption. The documents shall be retained by the hospital and made  
33 available for review by the safe patient handling committee and the  
34 department; and

35 (d) Implement and conduct an annual performance evaluation of  
36 the program to prevent musculoskeletal disorders to determine the  
37 program's effectiveness according to the reduction of  
38 musculoskeletal disorder claims and days of lost work for

1 musculoskeletal disorder purposes and make recommendations to  
2 increase the program's effectiveness.

3 (e) When developing architectural plans for constructing or  
4 remodeling a hospital or a unit of a hospital in which patient  
5 handling and movement occurs, consider the feasibility of  
6 incorporating patient handling equipment or the physical space and  
7 construction design needed to incorporate that equipment at a later  
8 date.

9 (4) By January 30, 2010, each hospital must complete the  
10 acquisition of all needed equipment and train staff on policies,  
11 equipment, and devices as they are implemented and at least  
12 annually or as changes are made to the patient care activities  
13 program or type or make of equipment being used.

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

16 (6) A hospital employee who refuses a patient care activity due  
17 to concerns about either employee or patient safety or the lack of  
18 trained lift team personnel or equipment may not, based upon the  
19 refusal, be the subject of disciplinary action by the hospital or  
20 hospital managers or employees.

21 NEW SECTION. **Sec. 3.** A new section is added to chapter 72.23  
22 RCW to read as follows:

23 (1) The definitions in this subsection apply throughout this  
24 section unless the context clearly requires otherwise.

25 (a) "Department" means the department of social and health  
26 services.

27 (b) "Lift team" means hospital employees specially trained to  
28 conduct patient lifts, transfers, and repositioning.

29 (c) "No manual lift policy" means hospital protocols to replace  
30 the manual lifting, transferring, and repositioning of patients  
31 identified by the process established in subsection (3)(c) of this  
32 section with lift teams or mechanical lifting devices, engineering  
33 controls, and equipment to accomplish these tasks.

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

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

4 (2) By February 1, 2007, each hospital must establish a safe  
5 patient handling committee. At least half of the members of the  
6 safe patient handling committee shall be frontline nonmanagerial  
7 employees who provide direct care to patients.

8 (3) By December 1, 2007, each hospital must establish a written  
9 patient care activities program that addresses patient handling  
10 with input from the safe patient handling committee to prevent  
11 musculoskeletal disorders among health care workers and injuries to  
12 patients. As part of this program, a hospital must:

13 (a) Implement a no manual lift policy for all shifts and units  
14 of the hospital. Implementation of the no manual lift policy may  
15 be phased-in with the acquisition of equipment under subsection (4)  
16 of this section;

17 (b) Conduct a patient handling hazard assessment. This  
18 assessment should consider such variables as patient-handling  
19 tasks, types of nursing units, patient populations, and the  
20 physical environment of patient care areas;

21 (c) Develop a process to identify the appropriate use of the no  
22 manual lift policy based on the patient's physical and medical  
23 condition. However, in limited circumstances applying the no  
24 manual lift policy may be contraindicated for a particular patient.  
25 In these cases, hospitals must document the reasons for the  
26 exemption. The documents shall be retained by the hospital and made  
27 available for review by the safe patient handling committee and the  
28 department; and

29 (d) Implement and conduct an annual performance evaluation of  
30 the program to prevent musculoskeletal disorders to determine the  
31 program's effectiveness according to the reduction of  
32 musculoskeletal disorder claims and days of lost work for  
33 musculoskeletal disorder purposes and make recommendations to  
34 increase the program's effectiveness.

35 (e) When developing architectural plans for constructing or  
36 remodeling a hospital or a unit of a hospital in which patient  
37 handling and movement occurs, consider the feasibility of  
38 incorporating patient handling equipment or the physical space and

1 construction design needed to incorporate that equipment at a later  
2 date.

3 (4) By January 30, 2010, each hospital must complete the  
4 acquisition of all needed equipment and train staff on policies,  
5 equipment, and devices as they are implemented and at least  
6 annually or as changes are made to the patient care activities  
7 program or type or make of equipment being used.

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

10 (6) A hospital employee who refuses a patient care activity due  
11 to concerns about either employee or patient safety or the lack of  
12 trained lift team personnel or equipment may not, based upon the  
13 refusal, be the subject of disciplinary action by the hospital or  
14 hospital managers or employees.

15 NEW SECTION. **Sec. 4.** A new section is added to chapter 51.16  
16 RCW to read as follows:

17 (1) By January 1, 2007, the department of labor and industries  
18 shall develop rules to provide a reduced workers' compensation  
19 premium for hospitals that implement a no manual lift policy, or  
20 that commit to having in place a patient care activities program  
21 and no manual lift policy, as described in sections 2 and 3 of this  
22 act. The rules shall include any requirements for obtaining the  
23 reduced premium that must be met by hospitals.

24 (2) The department of labor and industries shall complete an  
25 evaluation of the results of the reduced premium, including changes  
26 in claim frequency and costs, and shall report to the appropriate  
27 committees of the legislature by December 1, 2010."

28  
29 Correct the title.

**EFFECT:** (1) Places the requirements of the bill under the  
authority of the Department of Health instead of the Department  
of Labor and Industries, except for the requirements for the  
three state hospitals which are placed in the chapter  
establishing those hospitals.

(2) Requires the Department of Labor and Industries to  
establish a reduced workers' compensation premium for hospitals  
that establish a no manual lift policy or that commit to doing  
so. The rate applies only for hospitals that pay into the  
state fund for the purpose of workers' compensation.

(3) Clarifies that implementation of the no manual lift policy may be phased-in with the acquisition of equipment.

(4) Requires all hospitals, when developing architectural plans for constructing or remodeling, to consider the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.