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**Commerce & Labor Committee**

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**HB 1672**

**Brief Description:** Requiring hospitals to establish a safe patient handling committee.

**Sponsors:** Representatives Conway, Hudgins, Green, Cody, Appleton, Morrell, Wood, McCoy, Kenney, Moeller and Chase.

**Brief Summary of Bill**

- Requires hospitals, including state hospitals to establish a Safe Patient Handling Committee and a written patient care activities program that addresses patient handling.
- Requires the patient care activities program to include a no manual lift policy, employee training, and performance evaluations to determine the program's effectiveness in preventing musculoskeletal disorder claims.

**Hearing Date:** 1/30/06

**Staff:** Sarah Dylag (786-7109).

**Background:**

The Department of Labor and Industries (Department) administers and enforces the Washington Industrial Safety and Health Act (WISHA). The WISHA directs the Department to adopt rules governing safety and health standards for workplaces covered by the WISHA. Washington is a "state plan state" under the federal Occupational Safety and Health Act (OSH Act). As a state plan state, Washington is authorized to assume responsibility for occupational safety and health in the state. To maintain its status, Washington's safety and health standards must be at least as effective as those standards adopted or recognized under the OSH Act.

In 2003, the Occupational Safety and Health Administration (OSHA) adopted voluntary guidelines for nursing homes, including recommendations for nursing home employers to help reduce the number and severity of work-related musculoskeletal disorders in their facilities. These guidelines recommend that (1) manual lifting be minimized in all cases and eliminated when feasible; and (2) employers implement an effective ergonomics process covering specified topics. These guidelines state that they are advisory and do not create any new employer duties under the OSH Act. They also suggest that other employers, such as hospitals, assisted living centers, and homes for the aged or disabled would find the guidelines useful.

The Department, through its SHARP Program, conducted a nursing home study to assess the impact of implementing various interventions intended to reduce workers' compensation claims

among employees performing patient handling duties. The study results were issued in 2003, with findings indicating that although zero lift programs could reduce some injuries, there were barriers to sustained zero lift programs.

Both the Department and the OSHA have had generally applicable ergonomics standards that were repealed. In March of 2001, the Congress adopted a resolution, signed by the President, that repealed an OSHA ergonomics standard that had taken effect a month earlier. In Washington, the voters approved Initiative 841 in 2003 that repealed ergonomics rules that had been adopted by the Department on May 26, 2000. Under Initiative 841, the Director does not have authority to adopt rules dealing with musculoskeletal disorders until, and to the extent, required by the Congress or the OSHA.

In 2005, at the request of the Commerce and Labor Committee, the Department convened a Task Force to examine lifting programs and policies. The Department reported the findings of the Task Force to the Commerce and Labor Committee in January 2006. In the report, entitled "Lifting Patients/Residents/Clients in Health Care", the Task Force did not make recommendations, but concluded, in part, that:

- Manual handling of patients has been recognized as hazardous for caregivers and patients.
- The hazards of manual handling can be reduced by a programmatic approach that includes:
  - Policies for risk assessment and control;
  - Having adequate types and quantities of equipment and staffing;
  - Ongoing patient handling training;
  - Management commitment and staff involvement;
  - Incident investigation, follow-up and communication.
- There are some barriers and challenges to minimizing or eliminating lifting or manual handling.

### **Summary of Bill:**

The Legislature finds that mechanical lift programs can reduce injuries suffered by patients while being lifted, transferred, or repositioned, and that health care workers lead the nation in work-related musculoskeletal disorders. The Legislature also finds that hospitals in Washington have nonfatal employee injury rates higher than those in several other high-risk industries and that the physical demands of the nursing profession lead many to leave the profession.

Hospitals, including state hospitals, must establish a Safe Patient Handling Committee (Committee). At least half of the Committee members must be employees involved in patient care handling activities. (State hospitals are those that are operated and maintained by the state for the care of the mentally ill, and include the facilities at Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center.)

These hospitals must also establish a written patient care activities program. The program must address patient handling with input from the Committee to prevent musculoskeletal disorders among health care workers and injuries to patients. This program must include:

- implementing a no manual lift policy for all hospital shifts and units;

- conducting a patient handling hazard assessment, which should consider patient-handling tasks, types of nursing units, patient populations, and patient care areas;
- developing a process to identify patients that require the appropriate use of the no manual lift policy;
- training staff on policies and equipment before implementation and at least annually, or as changes are made to the program or equipment; and
- conducting an annual performance evaluation of the program to determine its effectiveness in reducing musculoskeletal disorder claims and related lost work days, and to make recommendations.

"No manual lift policies" are hospital protocols to replace manual lifting, transferring, or repositioning of patients identified by the patient care activities program with lift teams or mechanical lifting devices, engineering controls, and equipment.

These provisions do not preclude lift team members from performing other assigned duties.

If a hospital employee refuses a patient care activity because of concerns about either employee or patient safety or the lack of trained lift team personnel or equipment, the employee is not subject to discipline based on that refusal.

**Rulemaking Authority:** The bill does not contain provisions addressing the rule-making powers of an agency.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.