

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1672

59th Legislature
2006 Regular Session

Passed by the House March 7, 2006
Yeas 85 Nays 13

Speaker of the House of Representatives

Passed by the Senate March 8, 2006
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1672** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1672

Passed Legislature - 2006 Regular Session

State of Washington 59th Legislature 2006 Regular Session

By House Committee on Commerce & Labor (originally sponsored by Representatives Conway, Hudgins, Green, Cody, Appleton, Morrell, Wood, McCoy, Kenney, Moeller and Chase)

READ FIRST TIME 02/03/06.

1 AN ACT Relating to reducing injuries among patients and health care
2 workers; adding a new section to chapter 70.41 RCW; adding a new
3 section to chapter 72.23 RCW; adding a new section to chapter 51.16
4 RCW; adding a new section to chapter 82.04 RCW; and creating a new
5 section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** The legislature finds that:

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

13 (2) According to the bureau of labor statistics, hospitals in
14 Washington have a nonfatal employee injury incidence rate that exceeds
15 the rate of construction, agriculture, manufacturing, and
16 transportation.

17 (3) The physical demands of the nursing profession lead many nurses
18 to leave the profession. Research shows that the annual prevalence
19 rate for nursing back injury is over forty percent and many nurses who

1 suffer a back injury do not return to nursing. Considering the present
2 nursing shortage in Washington, measures must be taken to protect
3 nurses from disabling injury.

4 (4) Washington hospitals have made progress toward implementation
5 of safe patient handling programs that are effective in decreasing
6 employee injuries. It is not the intent of this act to place an undue
7 financial burden on hospitals.

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

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

12 (a) "Lift team" means hospital employees specially trained to
13 conduct patient lifts, transfers, and repositioning using lifting
14 equipment when appropriate.

15 (b) "Safe patient handling" means the use of engineering controls,
16 lifting and transfer aids, or assistive devices, by lift teams or other
17 staff, instead of manual lifting to perform the acts of lifting,
18 transferring, and repositioning health care patients and residents.

19 (c) "Musculoskeletal disorders" means conditions that involve the
20 nerves, tendons, muscles, and supporting structures of the body.

21 (2) By February 1, 2007, each hospital must establish a safe
22 patient handling committee either by creating a new committee or
23 assigning the functions of a safe patient handling committee to an
24 existing committee. The purpose of the committee is to design and
25 recommend the process for implementing a safe patient handling program.
26 At least half of the members of the safe patient handling committee
27 shall be frontline nonmanagerial employees who provide direct care to
28 patients unless doing so will adversely affect patient care.

29 (3) By December 1, 2007, each hospital must establish a safe
30 patient handling program. As part of this program, a hospital must:

31 (a) Implement a safe patient handling policy for all shifts and
32 units of the hospital. Implementation of the safe patient handling
33 policy may be phased-in with the acquisition of equipment under
34 subsection (4) of this section;

35 (b) Conduct a patient handling hazard assessment. This assessment
36 should consider such variables as patient-handling tasks, types of

1 nursing units, patient populations, and the physical environment of
2 patient care areas;

3 (c) Develop a process to identify the appropriate use of the safe
4 patient handling policy based on the patient's physical and medical
5 condition and the availability of lifting equipment or lift teams. The
6 policy shall include a means to address circumstances under which it
7 would be medically contraindicated to use lifting or transfer aids or
8 assistive devices for particular patients;

9 (d) Conduct an annual performance evaluation of the program to
10 determine its effectiveness, with the results of the evaluation
11 reported to the safe patient handling committee. The evaluation shall
12 determine the extent to which implementation of the program has
13 resulted in a reduction in musculoskeletal disorder claims and days of
14 lost work attributable to musculoskeletal disorder caused by patient
15 handling, and include recommendations to increase the program's
16 effectiveness; and

17 (e) When developing architectural plans for constructing or
18 remodeling a hospital or a unit of a hospital in which patient handling
19 and movement occurs, consider the feasibility of incorporating patient
20 handling equipment or the physical space and construction design needed
21 to incorporate that equipment at a later date.

22 (4) By January 30, 2010, each hospital must complete, at a minimum,
23 acquisition of their choice of: (a) One readily available lift per
24 acute care unit on the same floor unless the safe patient handling
25 committee determines a lift is unnecessary in the unit; (b) one lift
26 for every ten acute care available inpatient beds; or (c) equipment for
27 use by lift teams. Hospitals must train staff on policies, equipment,
28 and devices at least annually.

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

31 (6) A hospital shall develop procedures for hospital employees to
32 refuse to perform or be involved in patient handling or movement that
33 the hospital employee believes in good faith will expose a patient or
34 a hospital employee to an unacceptable risk of injury. A hospital
35 employee who in good faith follows the procedure developed by the
36 hospital in accordance with this subsection shall not be the subject of
37 disciplinary action by the hospital for the refusal to perform or be
38 involved in the patient handling or movement.

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

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

5 (a) "Lift team" means hospital employees specially trained to
6 conduct patient lifts, transfers, and repositioning using lifting
7 equipment when appropriate.

8 (b) "Safe patient handling" means the use of engineering controls,
9 lifting and transfer aids, or assistive devices, by lift teams or other
10 staff, instead of manual lifting to perform the acts of lifting,
11 transferring, and repositioning health care patients and residents.

12 (c) "Musculoskeletal disorders" means conditions that involve the
13 nerves, tendons, muscles, and supporting structures of the body.

14 (2) By February 1, 2007, each hospital must establish a safe
15 patient handling committee either by creating a new committee or
16 assigning the functions of a safe patient handling committee to an
17 existing committee. The purpose of the committee is to design and
18 recommend the process for implementing a safe patient handling program.
19 At least half of the members of the safe patient handling committee
20 shall be frontline nonmanagerial employees who provide direct care to
21 patients unless doing so will adversely affect patient care.

22 (3) By December 1, 2007, each hospital must establish a safe
23 patient handling program. As part of this program, a hospital must:

24 (a) Implement a safe patient handling policy for all shifts and
25 units of the hospital. Implementation of the safe patient handling
26 policy may be phased-in with the acquisition of equipment under
27 subsection (4) of this section;

28 (b) Conduct a patient handling hazard assessment. This assessment
29 should consider such variables as patient-handling tasks, types of
30 nursing units, patient populations, and the physical environment of
31 patient care areas;

32 (c) Develop a process to identify the appropriate use of the safe
33 patient handling policy based on the patient's physical and medical
34 condition and the availability of lifting equipment or lift teams;

35 (d) Conduct an annual performance evaluation of the program to
36 determine its effectiveness, with the results of the evaluation
37 reported to the safe patient handling committee. The evaluation shall
38 determine the extent to which implementation of the program has

1 resulted in a reduction in musculoskeletal disorder claims and days of
2 lost work attributable to musculoskeletal disorder caused by patient
3 handling, and include recommendations to increase the program's
4 effectiveness; and

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

10 (4) By January 30, 2010, hospitals must complete acquisition of
11 their choice of: (a) One readily available lift per acute care unit on
12 the same floor, unless the safe patient handling committee determines
13 a lift is unnecessary in the unit; (b) one lift for every ten acute
14 care available inpatient beds; or (c) equipment for use by lift teams.
15 Hospitals must train staff on policies, equipment, and devices at least
16 annually.

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

19 (6) A hospital shall develop procedures for hospital employees to
20 refuse to perform or be involved in patient handling or movement that
21 the hospital employee believes in good faith will expose a patient or
22 a hospital employee to an unacceptable risk of injury. A hospital
23 employee who in good faith follows the procedure developed by the
24 hospital in accordance with this subsection shall not be the subject of
25 disciplinary action by the hospital for the refusal to perform or be
26 involved in the patient handling or movement.

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

29 (1) By January 1, 2007, the department shall develop rules to
30 provide a reduced workers' compensation premium for hospitals that
31 implement a safe patient handling program. The rules shall include any
32 requirements for obtaining the reduced premium that must be met by
33 hospitals.

34 (2) The department shall complete an evaluation of the results of
35 the reduced premium, including changes in claim frequency and costs,
36 and shall report to the appropriate committees of the legislature by
37 December 1, 2010, and 2012.

1 NEW SECTION. **Sec. 5.** A new section is added to chapter 82.04 RCW
2 to read as follows:

3 (1) In computing the tax imposed under this chapter, a hospital may
4 take a credit for the cost of purchasing mechanical lifting devices and
5 other equipment that are primarily used to minimize patient handling by
6 health care providers, consistent with a safe patient handling program
7 developed and implemented by the hospital in compliance with section 2
8 of this act. The credit is equal to one hundred percent of the cost of
9 the mechanical lifting devices or other equipment.

10 (2) No application is necessary for the credit, however, a hospital
11 taking a credit under this section must maintain records, as required
12 by the department, necessary to verify eligibility for the credit under
13 this section. The hospital is subject to all of the requirements of
14 chapter 82.32 RCW. A credit earned during one calendar year may be
15 carried over to be credited against taxes incurred in a subsequent
16 calendar year. No refunds shall be granted for credits under this
17 section.

18 (3) The maximum credit that may be earned under this section for
19 each hospital is limited to one thousand dollars for each acute care
20 available inpatient bed.

21 (4) Credits are available on a first in-time basis. The department
22 shall disallow any credits, or portion thereof, that would cause the
23 total amount of credits claimed statewide under this section to exceed
24 ten million dollars. If the ten million dollar limitation is reached,
25 the department shall notify hospitals that the annual statewide limit
26 has been met. In addition, the department shall provide written notice
27 to any hospital that has claimed tax credits after the ten million
28 dollar limitation in this subsection has been met. The notice shall
29 indicate the amount of tax due and shall provide that the tax be paid
30 within thirty days from the date of such notice. The department shall
31 not assess penalties and interest as provided in chapter 82.32 RCW on
32 the amount due in the initial notice if the amount due is paid by the
33 due date specified in the notice, or any extension thereof.

34 (5) Credit may not be claimed under this section for the
35 acquisition of mechanical lifting devices and other equipment if the
36 acquisition occurred before the effective date of this section.

37 (6) Credit may not be claimed under this section for any

1 acquisition of mechanical lifting devices and other equipment that
2 occurs after December 30, 2010.

3 (7) The department shall issue an annual report on the amount of
4 credits claimed by hospitals under this section, with the first report
5 due on July 1, 2008.

6 (8) For the purposes of this section, "hospital" has the meaning
7 provided in RCW 70.41.020.

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