SYNOPSIS

"Safe Patient Handling Act": requires health care facilities to establish safe patient handling programs.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on December 14, 2006, with amendments.
AN ACT concerning health care worker and patient safety and
supplementing Title 26 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State
of New Jersey:

1. This Act shall be known and may be cited as the “Safe Patient
Handling Act.”

2. The Legislature finds and declares that:
   a. In New Jersey, nurses, nurse aides, orderlies and attendants,
      combined, have the highest number of nonfatal occupational
      injuries and illnesses involving days away from work of other
      occupations;
   b. Chronic back pain and other job-related musculoskeletal
      disorders contribute significantly to the decision by nurses and
      other health care workers to leave their professions, which
      exacerbates the shortage of health care providers in this State;
   c. Studies show that manual patient handling and movement
      negatively affect patient safety, quality of care and patient comfort,
      dignity and satisfaction;
   d. The American Hospital Association has stated that work-
      related musculoskeletal disorders account for the largest proportion
      of workers’ compensation costs in hospitals and long-term care
      facilities;
   e. Studies demonstrate that assistive patient handling technology
      reduces workers’ compensation and medical treatment costs for
      musculoskeletal disorders among health care workers, and that
      employers can recoup their initial investment in equipment and
      training within three years;
   f. Therefore, it is appropriate public policy to require the use
      of assistive patient handling technology, as set forth in this act.

3. As used in this act:
   “Assisted patient handling” means patient handling using:
   mechanical patient handling equipment including, but not limited
   to, electric beds, portable base and ceiling track-mounted full body
   lifts, stand assist lifts, and mechanized lateral transfer aids;
   and patient handling aids including, but not limited to, gait belts
   with handles, sliding boards and surface friction-reducing devices.

   “Covered health care facility” means a health care facility
   general or special hospital or nursing home licensed by the
   Department of Health and Senior Services pursuant to P.L.1971,

EXPLANATION – Matter enclosed in bold-faced brackets thus in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
Senate SHH committee amendments adopted December 14, 2006.
c.136 (C.26:2H-1 et seq.), a State developmental center and a State or county psychiatric hospital.

“Health care worker” means an individual who is employed by a covered health care facility whose job duties entail patient handling.

“Patient” means a patient or resident at a covered health care facility.

“Patient handling” means the lifting, transferring, repositioning, transporting or moving of a patient in a covered health care facility.

“Safe patient handling policy” means a written policy to minimize unassisted patient handling in all cases, and eliminate such handling, when feasible, by maximizing the use of assisted patient handling.

“Unassisted patient handling” means patient handling using a health care worker's body strength without the use of mechanical patient handling equipment or patient handling aids.

4. Within 18 months of the effective date of this act, each covered health care facility shall establish a safe patient handling program to reduce the risk of injury to both patients and health care workers at the facility.

a. The facility shall:

(1) maintain a detailed written description of the program and its components;

(2) provide a copy of the written description of the program to the Department of Health and Senior Services or Department of Human Services, as applicable, and make the description available to health care workers at the facility and to any collective bargaining agent representing health care workers at the facility;

(3) establish a safe patient handling policy, as provided in subsection b. of this section;

(4) include in the safe patient handling policy a statement concerning the right of a patient to refuse the use of assisted patient handling, as provided in subsection e. of this section;

(5) post the safe patient handling policy in a location easily visible to staff, patients, and visitors; and

(6) designate a representative of management at the facility who shall be responsible for overseeing all aspects of the safe patient handling program.

b. A safe patient handling program shall include:

(1) a safe patient handling policy on all units and for all shifts that minimizes unassisted patient handling, taking into account the patient’s physical and cognitive condition, and that is consistent with patient safety and well-being, restricts unassisted patient handling of all or most of a patient’s weight to situations where a patient is in need of immediate attention or where the use of assisted patient handling would jeopardize the safety of the patient;
an assessment of the safe patient handling assistive devices needed to carry out the facility’s safe patient handling policy;

(3) [the purchase of] recommendations for a three-year capital plan to purchase safe patient handling equipment and patient handling aids necessary to carry out the safe patient handling policy, which plan takes into account the financial constraints of the facility;

(4) protocols and procedures for assessing and updating the appropriate patient handling requirements of each patient of the facility;

(5) a plan for achieving prompt access to and availability of mechanical patient handling equipment and patient handling aids on all units and all shifts;

(6) a provision requiring that all such equipment and aids be stored and maintained in compliance with their manufacturers’ recommendations;

(7) a training program for health care workers that:
   (a) covers the identification, assessment, and control of patient handling risks; the safe, appropriate, and effective use of patient handling equipment and aids, and proven safe patient handling techniques;
   (b) requires trainees to demonstrate proficiency in the techniques and practices presented;
   (c) is provided during paid work time; and
   (d) is conducted upon commencement of the facility’s safe patient handling program and at least annually thereafter, with appropriate interim training for individuals beginning work between annual training sessions; and

(8) educational materials for patients and their families to help orient them to the facility’s safe patient handling program.

c. A facility shall conduct an annual evaluation of the program, and make revisions to the program based on data analysis and feedback from the facility’s health care workers.

d. A facility shall purchase the equipment and aids determined necessary to carry out its safe patient handling policy and conduct the initial training as required in this section within 24 months of the effective date of this act.

1. e. Nothing in this act shall be construed to limit the right of a patient to refuse the use of assisted patient handling.

5. a. Within 12 months of the effective date of this act, each covered health care facility shall establish a safe patient handling committee, which shall be responsible for all aspects of the development, implementation and periodic evaluation and revision of the facility’s safe patient handling program,
including the evaluation and selection of patient handling equipment and aids and other appropriate engineering controls; in the case of a health care system that owns or operates more than one covered health care facility or Department of Human Services facilities, the safe patient handling committee may be operated at the system or department level, provided that committee membership includes at least one health care worker from each facility, and a safe patient handling program is developed for each facility, taking into account the characteristics of the patients at the facility.

b. At least 50% of the members of the committee shall be health care workers who provide direct patient care to patients at the facility or are otherwise involved in patient handling at the facility and are representative of the different disciplines of health care workers employed at the facility or facilities, in the case of a health care system. In a facility or health care system where health care workers are represented by collective bargaining agents, the collective bargaining agent shall select management of the facility or system shall consult with the collective bargaining agents regarding the selection of the health care worker committee members.

The remaining members of the committee shall have experience, expertise, or responsibility relevant to the operation of a safe patient handling program.

c. A health care system with more than one covered health care facility shall have a committee at each facility.

d. The committee shall meet at least monthly as needed, but no less than quarterly.

6. A covered health care facility shall not take any retaliatory action against any health care worker because that worker refuses to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate and available patient handling equipment or aids. In the event the health care worker refuses to perform a patient handling task pursuant to this section, the worker shall promptly notify his supervisor of the refusal and the reason therefor.

As used in this section, “retaliatory action” shall have the same meaning as provided in section 2 of P.L.1986, c.105 (C.34:19-2).}

{[7. The Commissioner of Health and Senior Services shall provide training to covered health care facilities, at no cost, on how to develop and implement a safe patient handling program.]}

{[8. A covered health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that is in violation of the}
provisions of this act shall be subject to such penalties as the Department of Health and Senior Services may determine pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

9. The Commissioner of Health and Senior Services shall adopt rules and regulations pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), within nine months of the date of enactment of this act, to carry out the purposes of this act.

10. This act shall take effect immediately.