

Introduced by Senator Perata

February 5, 2007

An act to add Section 6403.5 to the Labor Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 171, as introduced, Perata. Hospitals: lift teams.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, establishes certain safety and other responsibilities of employers and employees, including the requirement that employers provide safety devices or safeguards reasonably necessary to render the employment safe.

This bill would require each general acute care hospital, as defined, to establish a patient protection and health care worker back injury prevention plan. This bill would require each hospital to conduct a needs assessment to identify patients needing lift teams, and lift, repositioning, or transfer devices.

This bill would require these hospitals to use lift teams, and lift, repositioning, and transfer devices, and to train health care workers on the appropriate use of lift, repositioning, and transfer devices. This bill would require lift team members to receive specialized training and to demonstrate proficiency in safe techniques for lifting, repositioning, or transferring patients and the appropriate use of lifting or transferring devices and equipment.

This bill would provide that a health care worker who refuses to lift a patient could be disciplined only if the worker has been trained on appropriate patient and equipment lifting procedures and has appropriate

and functional lift, repositioning, or transfer devices available to perform the requested lift, repositioning, or transfer.

This bill would become operative on July 1, 2008.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known and may be cited as the
2 Hospital Patient and Health Care Worker Injury Protection Act.

3 SEC. 2. The Legislature finds and declares the following:

4 (a) Health care workers, 95 percent of whom are women, lead
5 the nation in work-related musculoskeletal disorders (MSDs). In
6 1999, the United States Bureau of Labor Statistics (BLS) identified
7 “health care patient” as the source of 59,002 MSDs. In 2000, BLS
8 data showed that certified nurse assistants, registered nurses, and
9 licensed practical nurses together suffered 62,332 MSDs—17,005
10 more than truck drivers, who were listed as number one with
11 45,327 MSDs. Health care workers’ injuries equaled 138 percent
12 of those of truck drivers, above “first place” for work-related
13 MSDs.

14 (b) 2006 BLS data shows California now leading the nation in
15 the number of MSD’s suffered by its workers. California’s nursing
16 workforce is aging at the same time patient acuity and obesity is
17 rising. It is imperative that we protect our registered nurses and
18 other health care workers from injury, and provide patients with
19 safe and appropriate care. At a cost of between forty thousand
20 dollars (\$40,000) and sixty thousand dollars (\$60,000) to train and
21 orient each new nurse, preventing turnover from injuries will save
22 hospitals money.

23 SEC. 3. Section 6403.5 is added to the Labor Code, to read:

24 6403.5. (a) For the purposes of this section, the following
25 terms have the following meanings:

26 (1) “Lift, reposition, and transfer needs assessment” means a
27 system whereby patients are identified based on the potential risk
28 of injury to the patient or to the health care worker in the event
29 that the patient requires a lift, repositioning, or transfer, consistent
30 with the professional judgment and clinical assessment of the
31 registered nurse.

1 (2) “Lift team” means hospital employees specially trained to
2 handle patient lifts, repositionings, and transfers using patient
3 transfer, repositioning, or lifting devices as appropriate for the
4 specific patient based on the individual hospital’s own needs
5 assessment.

6 (3) “Zero lift policy” is a term of art recognized internationally
7 to mean replacing unassisted manual lifting, repositioning, and
8 transferring of patients with the use of patient lift, repositioning,
9 or transfer devices, and lift teams. Zero lift policy does not require
10 the use of patient lift, repositioning, or transfer devices if the
11 individual hospital’s own needs assessment indicates that it is safe
12 for the patient and the employee to utilize techniques not requiring
13 the use of those devices.

14 (b) As a part of their injury and illness prevention programs
15 required by this chapter, each general acute care hospital, as defined
16 in subdivision (a) of Section 1250 of the Health and Safety Code,
17 shall adopt a patient protection and health care worker back and
18 musculoskeletal injury prevention plan. The plan must include a
19 zero lift policy component reflected in professional occupational
20 safety guidelines for the protection of patients and health care
21 workers in health care facilities.

22 (c) Each general acute care hospital shall develop its own
23 individual lift, repositioning, and transfer needs assessment to
24 determine if a patient requires the use of a lift team or specialized
25 equipment for patient lifts, repositionings, and transfers. Patients
26 identified as being at risk of injury due to a lift, repositioning, or
27 transfer, as well as patient lifts, repositionings, or transfers
28 identified, using the individual hospital’s own needs assessment,
29 as having potential for placing health care workers at risk of being
30 injured while lifting, repositioning, or transferring a patient shall
31 require a lift team or specialized equipment to lift, reposition, or
32 transfer the patient. For patients not at risk for injury due to a lift,
33 repositioning, or transfer, and patient lifts, repositionings, or
34 transfers identified, using the individual hospital’s own needs
35 assessment, as having little or no potential for placing health care
36 workers at risk of being injured, a lift team or specialized
37 equipment to lift, reposition, or transfer the patient shall not be
38 required. Lift team members may perform other duties as assigned
39 during their shift.

1 (d) Each general acute care hospital shall provide training to
2 health care workers on the appropriate use of lift, repositioning,
3 and transfer devices. Training for these health care workers shall
4 include body mechanics and the use of lift, repositioning, and
5 transfer devices to safely handle patients.

6 (e) Lift team members shall receive specialized training and
7 shall demonstrate proficiency in safe techniques for lift,
8 repositioning, and transferring patients and the appropriate use of
9 lift, repositioning, or transfer devices.

10 (f) Except in emergency situations or where specifically
11 contraindicated by a patient's condition or medical status, lift teams
12 shall utilize lift, repositioning, and transfer devices when lifting,
13 repositioning, or transferring patients.

14 (g) A health care worker who refuses to lift, reposition, or
15 transfer a patient due to concerns about patient and worker safety
16 and the lack of trained lift team personnel or equipment may not,
17 based upon the refusal, be the subject of disciplinary action by the
18 hospital or any of its managers or employees.

19 (h) Notwithstanding subdivision (g), a hospital, its managers,
20 or its employees may discipline a health care worker who refuses
21 to lift, reposition, or transfer a patient if the health care worker has
22 been trained on appropriate patient and equipment lifting
23 procedures and has appropriate and functional devices and
24 equipment available to perform the requested lift, reposition, or
25 transfer.

26 SEC. 4. This act shall become operative on July 1, 2008.