

Senate Bill No. 171

Passed the Senate June 4, 2007

Secretary of the Senate

Passed the Assembly September 6, 2007

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2007, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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

LEGISLATIVE COUNSEL'S DIGEST

SB 171, 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.

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

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

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

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

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

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

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

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

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

(3) “Zero lift/safe patient handling policy” is a term of art recognized internationally to mean replacing unassisted manual lifting, repositioning, and transferring of patients with the use of patient lift, repositioning, or transfer devices, and lift teams. Zero lift/safe patient handling policy does not require the use of patient lift, repositioning, or transfer devices if the individual hospital’s

own needs assessment indicates that it is safe for the patient and the employee to utilize techniques not requiring the use of those devices.

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

(c) Each general acute care hospital shall develop its own individual lift, repositioning, and transfer needs assessment to determine if a patient requires the use of a lift team or specialized equipment for patient lifts, repositionings, and transfers. Patients identified as being at risk of injury due to a lift, repositioning, or transfer, as well as patient lifts, repositionings, or transfers identified, using the individual hospital's own needs assessment, as having potential for placing health care workers at risk of being injured while lifting, repositioning, or transferring a patient shall require a lift team or specialized equipment to lift, reposition, or transfer the patient. For patients not at risk for injury due to a lift, repositioning, or transfer, and patient lifts, repositionings, or transfers identified, using the individual hospital's own needs assessment, as having little or no potential for placing health care workers at risk of being injured, a lift team or specialized equipment to lift, reposition, or transfer the patient shall not be required. Lift team members may perform other duties as assigned during their shift.

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

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

(f) Except in emergency situations or where specifically contraindicated by a patient's condition or medical status, lift teams

shall utilize lift, repositioning, and transfer devices when lifting, repositioning, or transferring patients.

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

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

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

Approved _____, 2007

Governor