

SHB 1672 - H AMD 1163

By Representative Cody

ADOPTED AS AMENDED 03/07/2006

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 49.17 RCW
4 to read as follows:

5 The legislature finds that:

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

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

15 (3) The physical demands of the nursing profession lead many nurses
16 to leave the profession. Research shows that the annual prevalence
17 rate for nursing back injury is over forty percent and many nurses who
18 suffer a back injury do not return to nursing. Considering the present
19 nursing shortage in Washington, measures must be taken to protect
20 nurses from disabling injury.

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

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

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

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

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

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

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

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

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

24 (b) Conduct a patient handling hazard assessment. This assessment
25 should consider such variables as patient-handling tasks, types of
26 nursing units, patient populations, and the physical environment of
27 patient care areas;

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

34 (d) Conduct an annual performance evaluation of the program to
35 determine its effectiveness, with the results of the evaluation
36 reported to the safe patient handling committee. The evaluation shall
37 determine the extent to which implementation of the program has
38 resulted in a reduction in musculoskeletal disorder claims and days of

1 lost work attributable to musculoskeletal disorder caused by patient
2 handling, and include recommendations to increase the program's
3 effectiveness; and

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

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

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

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

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

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

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

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

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

3 (2) By February 1, 2007, each hospital must establish a safe
4 patient handling committee either by creating a new committee or
5 assigning the functions of a safe patient handling committee to an
6 existing committee. The purpose of the committee is to design and
7 recommend the process for implementing a safe patient handling program.
8 At least half of the members of the safe patient handling committee
9 shall be frontline nonmanagerial employees who provide direct care to
10 patients unless doing so will adversely affect patient care.

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

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

17 (b) Conduct a patient handling hazard assessment. This assessment
18 should consider such variables as patient-handling tasks, types of
19 nursing units, patient populations, and the physical environment of
20 patient care areas;

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

24 (d) Conduct an annual performance evaluation of the program to
25 determine its effectiveness, with the results of the evaluation
26 reported to the safe patient handling committee. The evaluation shall
27 determine the extent to which implementation of the program has
28 resulted in a reduction in musculoskeletal disorder claims and days of
29 lost work attributable to musculoskeletal disorder caused by patient
30 handling, and include recommendations to increase the program's
31 effectiveness; and

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

37 (4) By January 30, 2010, hospitals must complete acquisition of
38 their choice of: (a) One readily available lift per acute care unit on

1 the same floor, unless the safe patient handling committee determines
2 a lift is unnecessary in the unit; (b) one lift for every ten acute
3 care available inpatient beds; or (c) equipment for use by lift teams.
4 Hospitals must train staff on policies, equipment, and devices at least
5 annually.

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

8 (6) A hospital shall develop procedures for hospital employees to
9 refuse to perform or be involved in patient handling or movement that
10 the hospital employee believes in good faith will expose a patient or
11 a hospital employee to an unacceptable risk of injury. A hospital
12 employee who in good faith follows the procedure developed by the
13 hospital in accordance with this subsection shall not be the subject of
14 disciplinary action by the hospital for the refusal to perform or be
15 involved in the patient handling or movement.

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

18 (1) By January 1, 2007, the department shall develop rules to
19 provide a reduced workers' compensation premium for hospitals that
20 implement a safe patient handling program. The rules shall include any
21 requirements for obtaining the reduced premium that must be met by
22 hospitals.

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

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

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

1 (2) No application is necessary for the credit, however, a hospital
2 taking a credit under this section must maintain records, as required
3 by the department, necessary to verify eligibility for the credit under
4 this section. The hospital is subject to all of the requirements of
5 chapter 82.32 RCW. A credit earned during one calendar year may be
6 carried over to be credited against taxes incurred in a subsequent
7 calendar year. No refunds shall be granted for credits under this
8 section.

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

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

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

28 (6) Credit may not be claimed under this section for any
29 acquisition of mechanical lifting devices and other equipment that
30 occurs after December 30, 2010.

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

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

36 Correct the title.

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