

SENATE BILL REPORT

SB 6595

As Reported By Senate Committee On:
Labor, Commerce, Research & Development, February 1, 2006

Title: An act relating to reducing injuries among patients and health care workers.

Brief Description: Requiring hospitals to establish a safe patient handling committee.

Sponsors: Senators Franklin, Esser, Keiser, Fairley, Kastama, Weinstein, Thibaudeau, Benton, Kline, Pridemore, Prentice, Kohl-Welles, Rasmussen and McAuliffe.

Brief History:

Committee Activity: Labor, Commerce, Research & Development: 1/30/06, 2/1/06 [DPS, DNP, w/oRec].

SENATE COMMITTEE ON LABOR, COMMERCE, RESEARCH & DEVELOPMENT

Majority Report: That Substitute Senate Bill No. 6595 be substituted therefor, and the substitute bill do pass.

Signed by Senators Kohl-Welles, Chair; Franklin, Vice Chair; Brown, Keiser and Prentice.

Minority Report: Do not pass.

Signed by Senators Hewitt and Honeyford.

Minority Report: That it be referred without recommendation.

Signed by Senator Parlette, Ranking Minority Member.

Staff: Jennifer Strus (786-7316)

Background: The Department of Labor and Industries (Department) administers and enforces the Washington Industrial Safety and Health Act (WISHA). WISHA directs the Department to adopt rules governing safety and health standards for workplaces covered by the WISHA. Washington is a "state plan state" under the federal Occupational Safety and Health Act (OSHA). As a state plan state, Washington is authorized to assume responsibility for occupational safety and health in the state. To maintain its status, Washington's safety and health standards must be at least as effective as those standards adopted or recognized under the OSHA.

In 2003, OSHA adopted voluntary guidelines for nursing homes, including recommendations for nursing home employers to help reduce the number and severity of work-related musculoskeletal disorders in their facilities. These guidelines recommend that (1) manual lifting be minimized in all cases and eliminated when feasible; and (2) employers implement an effective ergonomics process covering specified topics. These guidelines state that they are advisory and do not create any new employer duties under OSHA. They also suggest that

other employers, such as hospitals, assisted living centers, and homes for the aged or disabled, would find the guidelines useful.

Both the Department and the OSHA have had generally applicable ergonomics standards that were repealed. In March of 2001, the Congress adopted a resolution, signed by the President, that repealed an OSHA ergonomics standard that had taken effect a month earlier. In Washington, the voters approved Initiative 841 in 2003 that repealed ergonomics rules that had been adopted by the Department on May 26, 2000. Under Initiative 841, the Director does not have authority to adopt rules dealing with musculoskeletal disorders until, and to the extent, required by the Congress or the OSHA.

Summary of Substitute Bill: By December 1, 2006, hospitals, including state hospitals, must establish a Safe Patient Handling Committee (Committee). At least half of the Committee members must be employees involved in patient care handling activities. (State hospitals are those that are operated and maintained by the state for the care of the mentally ill, and include the facilities at Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center.)

By July 1, 2007, these hospitals must also establish a written patient care activities program. The program must address patient handling with input from the Committee to prevent musculoskeletal disorders among health care workers and injuries to patients. This program must include: implementing a no manual lift policy for all hospital shifts and units; conducting a patient handling hazard assessment; developing a process to identify patients that require the appropriate use of the no manual lift policy unless the manual lift policy is contraindicated for a particular patient; training staff on policies and equipment before implementation and at least annually, or as changes are made to the program or equipment; and conducting an annual performance evaluation of the program to determine its effectiveness in reducing musculoskeletal disorder claims and related lost work days, and to make recommendations. By July 1, 2008, each hospital must acquire needed manual lifting equipment and train staff on policies, equipment and devices before implementation of the policies and use of the equipment.

If a hospital employee refuses a patient care activity because of concerns about either employee or patient safety or the lack of trained lift team personnel or equipment, the employee is not subject to discipline based on that refusal.

Substitute Bill Compared to Original Bill: Dates are added. The requirement that hospitals must acquire needed equipment by July 1, 2008 is added.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Health care leads all industries including construction in musculoskeletal injuries. Moving patients causes a high rate of back injuries. This results in increased worker's compensation claims and drives people out of the health care industry. The benefits of this bill

are for patients as well as workers. It is not easy on the patients to manually be lifted by workers. Patients should not be hurt further by manual lifting. Since there is a shortage of health care workers, it makes sense that the use of manual lifting devices would be used to prevent injuries and keep workers in the field.

Testimony Against: Voluntary patient lifting programs work. There is no data on the effectiveness of mandatory lifting programs because no state has required this to be done. Acquiring lift programs and devices does not guarantee that injuries will decrease. Hospitals need to be flexible to determine what's best for the patients . The cost of the equipment is a barrier to many smaller hospitals. Many hospitals are already implementing these programs and using these devices and they feel they can accomplish safety programs without being told to do so.

Who Testified: PRO: Maggie Flanagan, Washington State Nurses Association; Jeri Donahue, UCFW; Chris Barton, SEIU 1199 NW; Sharon Ness, UCFW 141.

CON: Lisa Thatcher, WSHA; Brenda Suiter, Washington State Hospital Association; Dan Donahue, Providence St. Peter's Hospital; Beverly Simmons, WSHA.

OTHER; Steve Cant, L&I .