
SUBSTITUTE SENATE BILL 6595

State of Washington

59th Legislature

2006 Regular Session

By Senate Committee on Labor, Commerce, Research & Development (originally sponsored by Senators Franklin, Esser, Keiser, Fairley, Kastama, Weinstein, Thibaudeau, Benton, Kline, Pridemore, Prentice, Kohl-Welles, Rasmussen and McAuliffe)

READ FIRST TIME 02/06/06.

1 AN ACT Relating to reducing injuries among patients and health care
2 workers; and adding a new section to chapter 49.17 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

6 (1) The legislature finds that:

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

12 (b) Health care workers lead the nation in work-related
13 musculoskeletal disorders. In 1999, the bureau of labor statistics
14 identified "health care patient" as the source of fifty-nine thousand
15 such injuries.

16 (c) According to the bureau of labor statistics, hospitals in
17 Washington have a nonfatal employee injury incidence rate that exceeds
18 the rate of construction, agriculture, manufacturing, and
19 transportation.

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

7 (e) Between 1993 and 2001, self-insured hospitals have led the
8 state in compensable lost-time back injury claims and compensable
9 lost-time back, neck, and upper extremity claims with four thousand
10 three hundred fourteen and nine thousand seven hundred fifty-four,
11 respectively.

12 (2) The definitions in this subsection apply throughout this
13 section unless the context clearly requires otherwise.

14 (a) "Department" means the department of labor and industries.

15 (b) "Hospital" means hospitals as defined in chapter 70.41 RCW and
16 state hospitals as defined in RCW 72.23.010.

17 (c) "Lift team" means hospital employees specially trained to
18 conduct patient lifts, transfers, and repositioning.

19 (d) "No manual lift policy" means hospital protocols to replace the
20 manual lifting, transferring, and repositioning of patients identified
21 by the process established in subsection (4)(c) of this section with
22 lift teams using mechanical lifting devices, engineering controls, and
23 equipment to accomplish these tasks.

24 (e) "Safe patient handling" means the use of engineering controls,
25 transfer aids, or assistive devices instead of manual lifting to
26 perform the acts of lifting, transferring, and repositioning healthcare
27 patients and residents.

28 (f) "Musculoskeletal disorders" means conditions that involve the
29 nerves, tendons, muscles, and supporting structures of the body.

30 (3) By December 1, 2006, each hospital must establish a safe
31 patient handling committee. At least half of the members of the safe
32 patient handling committee shall be frontline nonmanagerial employees
33 who provide direct care to patients involved in patient care handling
34 activities.

35 (4) By July 1, 2007, each hospital must establish a written patient
36 care activities program that addresses patient handling with input from
37 the safe patient handling committee to prevent musculoskeletal

1 disorders among health care workers and injuries to patients. As part
2 of this program, a hospital must:

3 (a) Implement a no manual lift policy for all shifts and units of
4 the hospital;

5 (b) Conduct a patient handling hazard assessment. This assessment
6 should consider such variables as patient-handling tasks, types of
7 nursing units, patient populations, and the physical environment of
8 patient care areas;

9 (c) Develop a process to identify the appropriate use of the no
10 manual lift policy based on the patient's physical and medical
11 condition. However, in limited circumstances applying the no manual
12 lift policy may be contraindicated for a particular patient. In such
13 cases hospitals must document the reasons for the exemption. Such
14 documents shall be retained by the hospital and made available for
15 review by the safe patient handling committee and the department; and

16 (d) Implement and conduct an annual performance evaluation of the
17 program to prevent musculoskeletal disorders to determine the program's
18 effectiveness according to the reduction of musculoskeletal disorder
19 claims and days of lost work for musculoskeletal disorder purposes and
20 make recommendations to increase the program's effectiveness.

21 (5) By July 1, 2008, each hospital must acquire needed equipment
22 and train staff on policies, equipment, and devices before
23 implementation and at least annually or as changes are made to the
24 patient care activities program or type or make of equipment being
25 used.

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

28 (7) A hospital employee who refuses a patient care activity due to
29 concerns about either employee or patient safety or the lack of trained
30 lift team personnel or equipment may not, based upon the refusal, be
31 the subject of disciplinary action by the hospital or hospital managers
32 or employees.

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