SENATE BILL No. 377

March 27, 2007, Introduced by Senators OLSHOVE, JACOBS, BASHAM, BRATER, CHERRY and PATTERSON and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding section 21525.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

SEC. 21525. (1) BY JANUARY 1, 2008, EACH HOSPITAL SHALL
1 ESTABLISH A SAFE PATIENT HANDLING COMMITTEE EITHER BY CREATING A
2 NEW COMMITTEE OR ASSIGNING THE FUNCTIONS OF A SAFE PATIENT HANDLING
3 COMMITTEE TO AN EXISTING COMMITTEE. THE PURPOSE OF THE COMMITTEE IS
4 TO DESIGN AND RECOMMEND THE PROCESS FOR IMPLEMENTING A SAFE PATIENT
5 HANDLING PROGRAM. AT LEAST 1/2 OF THE MEMBERS OF THE SAFE PATIENT
6 HANDLING COMMITTEE SHALL BE FRONTLINE NONMANAGERIAL EMPLOYEES WHO
7 PROVIDE DIRECT CARE TO PATIENTS, UNLESS MAINTAINING THIS PROPORTION
8 WILL ADVERSELY AFFECT PATIENT CARE.
(2) By September 1, 2008, each hospital must establish a safe patient handling program. As part of this program, a hospital shall do each of the following:

(A) implement a safe patient handling policy for all shifts and units of the hospital. Implementation of the safe patient handling policy may be phased in with the acquisition of equipment under subdivision (f).

(B) conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas.

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

(D) conduct an annual performance evaluation of the program to determine its effectiveness, with the results of the evaluation reported to the safe patient handling committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling and include recommendations to increase the program's effectiveness.

(E) when developing architectural plans for constructing or remodeling a hospital or a unit of a hospital in which patient
HANDLING AND MOVEMENT OCCURS, CONSIDER THE FEASIBILITY OF INCORPORATING PATIENT HANDLING EQUIPMENT OR THE PHYSICAL SPACE AND CONSTRUCTION DESIGN NEEDED TO INCORPORATE THAT EQUIPMENT AT A LATER DATE.

(F) BY DECEMBER 31, 2011, EACH HOSPITAL SHALL COMPLETE, AT A MINIMUM, ACQUISITION OF 1 OF THE FOLLOWING:

(i) ONE READILY AVAILABLE LIFT PER ACUTE CARE UNIT ON THE SAME FLOOR UNLESS THE SAFE PATIENT HANDLING COMMITTEE DETERMINES THAT A LIFT IS UNNECESSARY IN THE UNIT.

(ii) ONE LIFT FOR EVERY 10 ACUTE CARE AVAILABLE INPATIENT BEDS.

(iii) EQUIPMENT FOR USE BY LIFT TEAMS.

(3) EACH HOSPITAL SHALL TRAIN ITS STAFF ON POLICIES, EQUIPMENT, AND DEVICES OBTAINED PURSUANT TO SUBSECTION (2)(F) AT LEAST ANNUALLY.

(4) NOTHING IN THIS SECTION PRECLUDES A LIFT TEAM MEMBER FROM PERFORMING OTHER DUTIES AS ASSIGNED DURING HIS OR HER SHIFT.

(5) A HOSPITAL SHALL DEVELOP PROCEDURES FOR HOSPITAL EMPLOYEES TO REFUSE TO PERFORM OR BE INVOLVED IN PATIENT HANDLING OR MOVEMENT THAT THE HOSPITAL EMPLOYEE BELIEVES IN GOOD FAITH WILL EXPOSE A PATIENT OR A HOSPITAL EMPLOYEE TO AN UNACCEPTABLE RISK OF INJURY. A HOSPITAL EMPLOYEE WHO IN GOOD FAITH FOLLOWS THE PROCEDURE DEVELOPED BY THE HOSPITAL UNDER THIS SUBSECTION SHALL NOT BE THE SUBJECT OF DISCIPLINARY ACTION BY THE HOSPITAL FOR THE REFUSAL TO PERFORM OR BE INVOLVED IN THE PATIENT HANDLING OR MOVEMENT.

(6) AS USED IN THIS SECTION:

(A) "LIFT TEAM" MEANS HOSPITAL EMPLOYEES SPECIALLY TRAINED TO CONDUCT PATIENT LIFTS, TRANSFERS, AND REPOSITION USING LIFTING
EQUIPMENT WHEN APPROPRIATE.

(B) "MUSCULOSKELETAL DISORDERS" MEANS CONDITIONS THAT INVOLVE THE NERVES, TENDONS, MUSCLES, AND SUPPORTING STRUCTURES OF THE BODY.

(C) "SAFE PATIENT HANDLING" MEANS THE USE OF ENGINEERING CONTROLS, LIFTING AND TRANSFER AIDS, OR ASSISTIVE DEVICES, BY LIFT TEAMS OR OTHER STAFF, INSTEAD OF MANUAL LIFTING TO PERFORM THE ACTS OF LIFTING, TRANSFERRING, AND REPOSITIONING HEALTH CARE PATIENTS AND RESIDENTS.