
A BILL FOR AN ACT

RELATING TO SAFE PATIENT HANDLING PROTOCOL.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the safe handling of
2 patients reduces injuries to both patients and health
3 professionals. Handling patients is an arduous and physically
4 demanding task for nurses and other clinical health
5 professionals. Adult patients are difficult to physically
6 manipulate, lift, or carry. Patients may also be heavy,
7 combative, unable to cooperate, or have a physical disability
8 that hinders physical handling. Studies have shown that the
9 cumulative weight lifted by a single nurse during a typical
10 eight-hour shift may reach almost two tons; and nineteen
11 separate stressful physical tasks that nurses and other clinical
12 health professionals need to perform have been identified.
13 Despite frequent underreporting, nursing has consistently been
14 ranked in the top ten occupations for work-related
15 musculoskeletal disorders with incident rates of 8.8 per one
16 hundred in hospital settings and 13.5 per one hundred in nursing
17 home settings. Most of these injuries occur during a planned
18 physical patient transfer, not during unplanned emergencies. It



1 has been estimated that as many as twelve per cent of nurses are
2 either terminated or leave the profession due to back injuries.

3 The legislature further finds that prevention of work-
4 related injuries for nurses and other clinical health
5 professionals who physically handle patients through a safe
6 patient handling program will reduce work-related injury leave,
7 provide more consistent staffing levels, increase job
8 satisfactions, and generally reduce patient-handling injuries.

9 Unsafe patient handling techniques also cause injuries to
10 patients including damage to joints, muscles, skin tears due to
11 friction and shearing movements, and bruising. A limited range
12 of motion due to old humeral head fractures, shoulder
13 subluxation, or arthritis may also predispose patients to pain
14 and further injury when being handled. Patients may also
15 experience fear of being dropped or loss of dignity during
16 awkward handling. A patient's lack of mobility may also cause
17 pressure ulcers and thus the patient needs to be physically
18 repositioned at least every two hours. Nurses and other
19 clinical health professionals who physically handle patients may
20 think twice about maintaining this rigorous and strenuous
21 schedule for fear of personal injury to themselves.



1 The legislature also finds that the proper implementation
2 of a safe patient handling program has the potential to reduce
3 patient length of stay -- a major cost component -- costs of
4 treating pressure ulcers, patient pain and suffering, work-
5 related injuries for nurses and other clinical health
6 professionals who physically handle patients, and legal actions
7 for malpractice. The implementation of similar safe patient
8 handling programs has resulted in a decrease in workers'
9 compensation costs per full-time employee by twenty-nine to
10 sixty-eight per cent.

11 The purpose of this Act is to require all public and
12 private hospitals in the State to implement a safe patient
13 handling program.

14 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
15 amended by adding a new part to be appropriately designated and
16 to read as follows:

17 **"PART . SAFE PATIENT HANDLING PROGRAM**

18 **§321-A Findings.** The legislature finds that:

- 19 (1) Patients are not at optimum levels of safety while
20 being lifted, transferred, or repositioned manually.
21 Mechanical lift programs can reduce skin tears
22 suffered by patients by threefold. Nurses, thirty-



1 eight per cent of whom have previous back injuries,
2 can drop patients if their pain thresholds are
3 triggered;

4 (2) The physical demands of the nursing profession lead
5 many nurses to leave the profession. Research shows
6 that the annual prevalence rate for nursing back
7 injury is over forty per cent and many nurses who
8 suffer a back injury do not return to nursing.
9 Considering the present nursing shortage in Hawaii,
10 measures must be taken to protect nurses from
11 disabling injury; and

12 (3) Hawaii private hospitals have made progress toward
13 implementation of safe patient handling programs that
14 are effective in decreasing employee injuries. It is
15 not the intent of this part to place an undue
16 financial burden on private hospitals.

17 **§321-B Definitions.** As used in this part:

18 "Lift team" means hospital employees specially trained to
19 conduct patient lifts, transfers, and repositioning using
20 lifting equipment when appropriate.



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

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

9 **§321-C Safe patient handling committee; program;**
10 **equipment.** (a) By January 1, 2010, each private hospital in
11 the State shall establish a safe patient handling committee
12 either by creating a new committee or assigning the functions of
13 a safe patient handling committee to an existing committee. The
14 purpose of the committee shall be to design and recommend the
15 process for implementing a safe patient handling program. At
16 least half of the members of the safe patient handling committee
17 shall be frontline nonmanagerial employees who provide direct
18 care to patients unless membership will adversely affect patient
19 care.

20 (b) By October 1, 2010, each private hospital in the State
21 shall establish a safe patient handling program. As part of
22 this program, each private hospital shall:



- 1 (1) Implement a safe patient handling policy for all
2 shifts and units of the hospital. Implementation of
3 the safe patient handling policy may be phased-in with
4 the acquisition of equipment under subsection (c);
- 5 (2) Conduct a patient handling hazard assessment. The
6 assessment shall consider such variables as patient-
7 handling tasks, types of nursing units, patient
8 populations, and the physical environment of patient
9 care areas;
- 10 (3) Develop a process to identify the appropriate use of
11 the safe patient handling policy based on the
12 patient's physical and medical condition and the
13 availability of lifting equipment or lift teams. The
14 policy shall include a means to address circumstances
15 under which it would be medically contraindicated to
16 use lifting or transfer aids or assistive devices for
17 particular patients;
- 18 (4) Conduct an annual performance evaluation of the
19 program to determine its effectiveness, with the
20 results of the evaluation reported to the safe patient
21 handling committee. The evaluation shall determine
22 the extent to which implementation of the program has



1 resulted in a reduction in musculoskeletal disorder
2 claims and days of lost work attributable to
3 musculoskeletal disorder caused by patient handling,
4 and include recommendations to increase the program's
5 effectiveness; and

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

13 (c) By January 30, 2013, each private hospital in the
14 State shall complete, at a minimum, acquisition of their choice
15 of:

16 (1) One readily available lift per acute care unit on the
17 same floor unless the safe patient handling committee
18 determines a lift is unnecessary in the unit;

19 (2) One lift for every ten acute care available inpatient
20 beds; or



1 (3) Equipment for use by lift teams. Hospitals shall
2 train staff on policies, equipment, and devices at
3 least annually.

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

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

15 SECTION 3. Chapter 323F, Hawaii Revised Statutes, is
16 amended by adding a new part to be appropriately designated and
17 to read as follows:

18 **"PART . SAFE PATIENT HANDLING PROGRAM**

19 **§323F-A Findings.** The legislature finds that:

20 (1) Patients are not at optimum levels of safety while
21 being lifted, transferred, or repositioned manually.

22 Mechanical lift programs can reduce skin tears



1 suffered by patients by threefold. Nurses, thirty-
2 eight per cent of whom have previous back injuries,
3 can drop patients if their pain thresholds are
4 triggered;

5 (2) The physical demands of the nursing profession lead
6 many nurses to leave the profession. Research shows
7 that the annual prevalence rate for nursing back
8 injury is over forty per cent and many nurses who
9 suffer a back injury do not return to nursing.
10 Considering the present nursing shortage in Hawaii,
11 measures must be taken to protect nurses from
12 disabling injury; and

13 (3) Hawaii health systems corporation hospitals have made
14 progress toward implementation of safe patient
15 handling programs that are effective in decreasing
16 employee injuries. It is not the intent of this part
17 to place an undue financial burden on Hawaii health
18 systems corporation hospitals.

19 **§323F-B Definitions.** As used in this part:

20 "Lift team" means hospital employees specially trained to
21 conduct patient lifts, transfers, and repositioning using
22 lifting equipment when appropriate.



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

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

9 **§323F-C Safe patient handling committee; program;**
10 **equipment.** (a) By January 1, 2010, each hospital within the
11 Hawaii health systems corporation shall establish a safe patient
12 handling committee either by creating a new committee or
13 assigning the functions of a safe patient handling committee to
14 an existing committee. The purpose of the committee shall be to
15 design and recommend the process for implementing a safe patient
16 handling program. At least half of the members of the safe
17 patient handling committee shall be frontline nonmanagerial
18 employees who provide direct care to patients unless membership
19 will adversely affect patient care.

20 (b) By October 1, 2010, each hospital within the Hawaii
21 health systems corporation shall establish a safe patient
22 handling program. As part of this program, each hospital shall:



- 1 (1) Implement a safe patient handling policy for all
2 shifts and units of the hospital. Implementation of
3 the safe patient handling policy may be phased-in with
4 the acquisition of equipment under subsection (c);
- 5 (2) Conduct a patient handling hazard assessment. The
6 assessment shall consider such variables as patient-
7 handling tasks, types of nursing units, patient
8 populations, and the physical environment of patient
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13 availability of lifting equipment or lift teams. The
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- 18 (4) Conduct an annual performance evaluation of the
19 program to determine its effectiveness, with the
20 results of the evaluation reported to the safe patient
21 handling committee. The evaluation shall determine
22 the extent to which implementation of the program has



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3 musculoskeletal disorder caused by patient handling,
4 and include recommendations to increase the program's
5 effectiveness; and

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

13 (c) By January 30, 2013, each hospital within the Hawaii
14 health systems corporation shall complete, at a minimum,
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2 train staff on policies, equipment, and devices at
3 least annually.

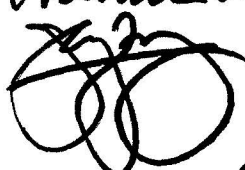

4 (d) Nothing in this section precludes lift team members
5 from performing other duties as assigned during their shift.




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

16 SECTION 4. This Act shall take effect upon its approval.

17

INTRODUCED BY:

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Report Title:

Safe Patient Handling Protocol; Committee; Program

Description:

Requires each private hospital in the State and each community hospital within the Hawaii health systems corporation to establish a safe patient handling committee by 01/01/2010 and a safe patient handling program by 10/01/2010.

