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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH
SESSION

HOUSE FILE No. 712

February 8, 2007

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The bill was read for the first time and referred to the Committee on Health and Human Services

March 5, 2007

Committee Recommendation and Adoption of Report:

To Pass as Amended and re-referred to the Committee on Commerce and Labor

1.1 A bill for an act
1.2 relating to employee health; establishing the "Safe Patient Handling Act;"
1.3 requiring safe patient handling programs and committees to be established;
1.4 requiring training programs on safe patient handling; appropriating money;
1.5 proposing coding for new law in Minnesota Statutes, chapter 182.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. [182.6551] CITATION.

1.8 Sections 182.6551 to 182.6553 may be cited as the "Safe Patient Handling Act."

1.9 Sec. 2. [182.6552] DEFINITIONS.

1.10 Subdivision 1. **Direct patient care worker.** "Direct patient care worker" means an
1.11 individual doing the job of directly providing physical care to patients including nurses, as
1.12 defined by section 148.171, who provide physical care to patients.

1.13 Subd. 2. **Health care facility.** "Health care facility" means a hospital as defined in
1.14 section 144.50, subdivision 2, a medical facility as defined in section 144.561, subdivision
1.15 1, paragraph (b), a nursing home as defined in section 144A.01, subdivision 5, an
1.16 outpatient clinic, or a physician's office.

1.17 Subd. 3. **Safe patient handling.** "Safe patient handling" means a process, based on
1.18 scientific evidence on causes of injuries, that uses safe patient handling equipment rather
1.19 than people to transfer, move, and reposition patients in all health care facilities to reduce
1.20 workplace injuries. This process also reduces the risk of injury to patients.

1.21 Subd. 4. **Safe patient handling equipment.** "Safe patient handling equipment"
1.22 means engineering controls, lifting and transfer aids, or mechanical assistive devices used
1.23 by nurses and other direct patient care workers instead of manual lifting to perform the
1.24 acts of lifting, transferring, and repositioning health care facility patients and residents.

2.1 Sec. 3. **[182.6553] SAFE PATIENT HANDLING PROGRAM.**

2.2 Subdivision 1. Safe patient handling program required. (a) By January 1, 2008,
2.3 every licensed health care facility in the state shall adopt a written safe patient handling
2.4 policy establishing the facility's plan to achieve by January 1, 2011, the goal of minimizing
2.5 manual lifting of patients by nurses and other direct patient care workers by utilizing
2.6 safe patient handling equipment.

2.7 (b) The program shall address:

2.8 (1) assessment of hazards with regard to patient handling;

2.9 (2) the acquisition of an adequate supply of appropriate safe patient handling
2.10 equipment;

2.11 (3) initial and ongoing training of nurses and other direct patient care workers on
2.12 the use of this equipment;

2.13 (4) procedures to ensure that physical plant modifications and major construction
2.14 projects are consistent with program goals; and

2.15 (5) periodic evaluations of the safe patient handling program.

2.16 Subd. 2. Safe patient handling committee. (a) By July 1, 2008, every licensed
2.17 health care facility in the state shall establish a safe patient handling committee either by
2.18 creating a new committee or assigning the functions of a safe patient handling committee
2.19 to an existing committee.

2.20 (b) Membership of a safe patient handling committee or an existing committee must
2.21 meet the following requirements:

2.22 (1) at least half the members shall be nonmanagerial nurses and other direct patient
2.23 care workers; and

2.24 (2) in a health care facility where nurses and other direct patient care workers
2.25 are covered by a collective bargaining agreement, the union shall select the committee
2.26 members proportionate to its representation of nonmanagement nurses and other direct
2.27 patient care workers.

2.28 (c) A health care organization with more than one covered health care facility may
2.29 establish a committee at each facility or one committee to serve this function for all the
2.30 facilities. If the organization chooses to have one overall committee for multiple facilities,
2.31 at least half of the members of the overall committee must be nonmanagerial nurses and
2.32 other direct patient care workers and each facility must be represented on the committee.

2.33 (d) Employees who serve on a safe patient handling committee must be compensated
2.34 by their employer for all hours spent on committee business.

2.35 Subd. 3. Facilities with existing programs. A facility that has already adopted
2.36 a safe patient handling policy that satisfies the requirements of subdivision 1, and

3.1 established a safe patient handling committee by January 1, 2008, is considered to be
3.2 in compliance with those requirements. The committee must continue to satisfy the
3.3 requirements of subdivision 2, paragraph (b), on an ongoing basis.

3.4 Subd. 4. **Committee duties.** A safe patient handling committee shall:

3.5 (1) complete a patient handling hazard assessment that:

3.6 (i) considers patient handling tasks, types of nursing units, patient populations, and
3.7 the physical environment of patient care areas;

3.8 (ii) identifies problems and solutions;

3.9 (iii) identifies areas of highest risk for lifting injuries; and

3.10 (iv) recommends a mechanism to report, track, and analyze injury trends;

3.11 (2) make recommendations on the purchase, use, and maintenance of an adequate
3.12 supply of appropriate safe patient handling equipment;

3.13 (3) make recommendations on training of nurses and other direct patient care
3.14 workers on use of safe patient handling equipment, initially when the equipment arrives at
3.15 the facility and periodically afterwards;

3.16 (4) conduct annual evaluations of the safe patient handling implementation plan and
3.17 progress toward goals established in the safe patient handling plan; and

3.18 (5) recommend procedures to ensure that, when remodeling of patient care areas
3.19 occurs, the plans incorporate safe patient handling equipment or the physical space and
3.20 construction design needed to accommodate safe patient handling equipment at a later date.

3.21 Subd. 5. **Training materials.** The commissioner shall make training materials on
3.22 implementation of this section available to all health care facilities at no cost as part of the
3.23 training and education duties of the commissioner under section 182.673.

3.24 **Sec. 4. ENFORCEMENT.**

3.25 This section shall be enforced by the commissioner under Minnesota Statutes,
3.26 section 182.661. A violation of this section is subject to the penalties provided under
3.27 Minnesota Statutes, section 182.666.

3.28 **Sec. 5. RULES.**

3.29 Pursuant to Minnesota Statutes, section 14.388, subdivision 1, clause (3), the
3.30 commissioner of labor and industry shall make the following changes in Minnesota Rules,
3.31 chapter 5203:

3.32 (1) add projects at health care facilities, regardless of the number of employees
3.33 or size of the facility, to acquire safe patient handling equipment for use by nurses and
3.34 direct patient care workers in performing the acts of lifting, transferring, or repositioning

4.1 of patients and health care facility residents to the list of proposal preferences under
4.2 Minnesota Rules, part 5203.0060, subpart 4; and

4.3 (2) increase the maximum safety grant award to 50 percent of project costs up to a
4.4 maximum grant award of \$40,000.

4.5 **Sec. 6. STUDY.**

4.6 The commissioner of labor and industry shall study ways to require workers'
4.7 compensation insurers to recognize compliance with section 3 in the workers'
4.8 compensation premiums of health care and long-term care facilities. The commissioner
4.9 shall report by January 15, 2008, the results of the study to the chairs of the policy
4.10 committees of the legislature with primary jurisdiction over workers' compensation issues.

4.11 **Sec. 7. APPROPRIATION FOR SAFE PATIENT HANDLING GRANTS.**

4.12 \$..... is appropriated in fiscal years 2008 and 2009 from the general fund to the
4.13 commissioner of labor and industry for grants under Minnesota Statutes, section 79.253,
4.14 to health care facilities, regardless of the number of employees or size of the facility, for
4.15 the acquisition of safe patient handling equipment for use by nurses and direct patient
4.16 care workers in performing the acts of lifting, transferring, or repositioning of patients
4.17 and health care facility residents. Grants may also be used for the training of staff on safe
4.18 patient handling and the use of safe patient handling equipment. Grants must be matched
4.19 on a dollar-for-dollar basis by grantees. Grant awards cannot exceed 50 percent of the
4.20 total project cost up to a maximum grant award of \$40,000.