

## Draft for Advisory Committee 9-28-12

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### Section 5120. Health Care Worker Back and Musculoskeletal Injury Prevention

#### (a) Scope and Application.

This Section shall apply to all employers in all general acute care hospitals.

Exception: This Section shall not apply to general acute care hospitals within the Department of Corrections and Rehabilitation or the State Department of Developmental Services.

Note: This Section does not preclude the application of Section 3203 or other safety orders to patient handling in health care facilities, services and operations not covered by this Section, nor does it preclude the application of other Sections of Title 8, including but not limited to Sections 3203 and 5110, to patient handling in general acute care hospitals.

#### (b) Definitions.

“Designated health care worker” means a lift team member or other employee responsible for performing or assisting in patient handling activities who is specifically trained to handle patient lifts, repositioning, and transfers using patient transfer, repositioning, and lifting devices as appropriate for the specific patient.

“Emergency” means unanticipated circumstances that can be life-threatening or cause significant injuries to the patient, staff or public, requiring immediate action.

“Equipment” means a powered or non-powered device that effectively reduces the forces exerted by or on employees while they perform patient handling activities, including all accessories necessary for the operation of the device. Devices and accessories include replaceable and disposable items.

“General acute care hospital” (GACH) means a hospital, licensed by the California Department of Public Health as such in accordance with Title 22, California Code of Regulations.

“Lift team” means designated health care workers specifically trained to perform patient handling activities using equipment as appropriate for the specific patient.

“Lifting” means the vertical movement of a patient or the support of part or all of a patient’s body.

“Manual patient handling” means the lifting, transferring, repositioning, or mobilizing of part or all of a patient’s body done without the assistance of equipment.

“Mobilizing” means the putting into movement, or assisting in the putting into movement, of part or all of a patient’s body.

“Musculoskeletal injury” means acute injury or cumulative trauma of the muscles, tendons, ligaments, bursa, peripheral nerves, joints, bone or blood vessels.

“Patient” means a person who is receiving diagnostic, therapeutic or preventive health services or who is under observation or treatment for illness or injury or care during and after pregnancy.

“Patient care unit” means a unit or department that is included within a general acute care hospital’s license that provides direct patient care including but not limited to nursing units, diagnostic imaging, emergency departments, or rehabilitation and behavioral health units.

“Patient handling” means lifting, transferring, repositioning or mobilizing of part or all of a patient’s body.

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“Repositioning” means changing a patient’s position on a bed, gurney, chair or other support surface.

“Safe patient handling policy” means a policy that requires replacement of manual lifting and transferring of patients with powered patient transfer devices, lifting devices, and lift teams, as appropriate for the specific patient and consistent with the employer's safety policies and the professional judgment and clinical assessment of the registered nurse.

“Transferring” means moving a patient from one surface to another (for example from a bed to a gurney).

(c) Patient protection and health care worker back and musculoskeletal injury prevention plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, each employer covered by this section shall establish, implement and maintain an effective written patient protection and health care worker back and musculoskeletal injury prevention plan (Plan). The employer shall maintain the Plan at all times for all patient care units. The Plan may be incorporated into the IIPP, or may be maintained as a separate document. A copy of the Plan applicable to the unit shall be available in each patient care unit at all times. The Plan shall include:

(1) An effective safe patient handling policy component reflected in professional occupational safety guidelines for the protection of patients and health care workers in health care facilities.

NOTE to subsection (c)(1). Examples of professional occupational safety guidelines for the protection and care of patients and health care workers are listed in Appendix A.

(2) The names and/or job titles of the persons responsible for implementing the Plan. Employers who do not exercise direct supervision in the hospital shall also include in the Plan the names and/or job titles of the employer’s representatives responsible for coordinating application of the Plan in units to which employees are assigned.

(3) Procedures to ensure that supervisory and non-supervisory employees comply with the Plan and use specified procedures and equipment when performing a patient handling activity.

(4) Procedures for identifying and evaluating patient handling hazards, including all of the following:

(A) A procedure to determine the types, quantities and locations for powered patient handling equipment and other patient handling equipment required for each unit covered by the Plan. This procedure shall include determining where permanent and portable equipment should be placed in order to ensure its availability. The equipment needs for each unit shall be evaluated when the program is first established and at least annually thereafter, as specified in subsection (c)(4)(C). The procedures shall include how designated health care workers can participate in the evaluations.

(B) Procedures by which the registered nurse, as the coordinator of care, will assess the mobility needs of each patient to determine the appropriate patient handling procedures based on assessment tools, decision trees, algorithms or other effective means, and prepare safe patient handling instructions for the patient. The Plan shall also include procedures for determination of appropriate patient handling procedures for units or situations in which a registered nurse is not present, or has not made an individual patient mobility assessment.

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(C) Inspections to evaluate the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures. These inspections shall be conducted:

1. When the Plan is first established;
2. Whenever the equipment or conditions change in a manner that may affect safe patient handling;
3. Whenever the employer is made aware of a new or previously unrecognized patient handling hazard; and
4. At least annually for each unit covered by the Plan.

(5) Procedures for the investigation of musculoskeletal injuries related to patient handling. For acute injuries and for cumulative trauma to the extent that relevant information is available, this shall include all of the following:

- (A) Assessment of the factors involved in the injury, including the registered nurse's safe patient handling instruction for the patient, and any patient specific risk factors;
  - (B) Identification of the patient handling equipment that was available;
  - (C) Determination of whether equipment was used appropriately and the basis for any decision not to use specified patient handling equipment or procedures;
  - (D) The availability of additional staff to perform or assist in the patient handling activity;
  - (E) The patient handling equipment, procedures, and training that had been provided to the injured employee(s); and
  - (F) The injured employee's opinion about whether the use of patient handling or equipment, additional staff, or any other measure, could have prevented the injury.
- NOTE to subsection (c)(5): Records of injury investigations shall not include medical information as defined by Civil Code Section 56.05.

(6) Procedures for correcting hazards related to patient handling including procedures for:

- (A) The evaluation and selection of patient handling equipment, including the involvement of registered nurses and designated health care workers, and, where utilized, lift team members.;
- (B) How sufficient and appropriate patient handling equipment, selected in accordance with subsections (c)(4) and (c)(6)(A), will be made available on each unit covered by this section. This shall include procedures for procurement, inspection, maintenance, repair, and replacement of appropriate patient handling equipment;
- (C) The procedures by which the registered nurse will observe and direct patient lifts and mobilizations on each patient care unit, in accordance with Labor Code Section 6403.5 and Title 22, California Code of Regulations, Section 70215;
- (D) The procedures by which the registered nurse will communicate the nurse's assessment regarding patient handling practices to the patient and patient's family or representatives, in accordance with Title 22, California Code of Regulations, Section 70215;
- (E) The procedures by which lift teams and other designated health care workers will be available to perform lifts and other patient handling tasks in each patient care unit at all times. Designated health care workers and lift team members shall follow the safe patient

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handling policy, including replacement of manual patient handling with powered patient transfer devices and lifting devices as appropriate for the specific situation and patient.

(F) The procedures to be followed by designated health care workers and lift team members in performing patient handling tasks under normal circumstances, in emergencies, in situations in which there is no registered nurse present, and in those situations in which there is no applicable individual safe patient handling instruction.

(G) Procedures for correcting problems found during the review of the Plan.

(7) Procedures for communicating with employees regarding safe patient handling matters, including:

(A) The method by which the registered nurse's safe patient handling instruction for each patient will be documented and communicated to designated health care workers and lift team members providing care to that patient;

(B) The means by which employees may communicate without fear of reprisal their concerns regarding performing a patient handling activity as instructed, and the means by which concerns and reported hazards will be investigated and corrected as necessary

(C) The means by which designated health care workers, lift team members registered nurses, and supervisors can participate in reviewing the effectiveness of the Plan in their work areas or departments.

(8) Procedures for providing training to employees who may be present in patient care units in accordance with subsection (d).

(9) The schedule and method of implementation for all measures that can not be implemented by [OAL to insert date 60 days after effective date of standard].

(10) Procedures for reviewing, at least annually, the effectiveness of the Plan in each patient care unit, which shall include a review of injury data and trends. The Plan shall include an effective procedure for obtaining the active involvement of employees in reviewing and updating the Plan with respect to the procedures performed by employees in their respective work areas or departments. Deficiencies found during this review shall be corrected, in accordance with subsection (c)(6) and Section 3203.

(d) Training. The employer shall provide training to all employees whose work assignments include being present on patient care units, that effectively addresses the activities they are reasonably anticipated to perform under the Plan.

(1) Frequency of training. Employees shall be trained as follows:

(A) Initial training shall be provided when the Plan is first established, to all new employees, and to all employees given new job assignments for which training has not previously been received;

(B) At least every twelve months, designated health care workers, lift team members, registered nurses and supervisors shall also receive refresher training.

(C) Employers shall provide additional training when new equipment or work practices are introduced. The additional training may be limited to addressing the new equipment or work practices.

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(2) Initial training for designated health care workers, lift team members, registered nurses and supervisors of employees who work in patient care units shall include at least the following elements as applicable to the employee's assignment:

(A) The types of injuries associated with patient handling activities and the importance of early recognition and management.

(B) The appropriate use of patient handling equipment to reduce injuries to patients and employees.

(C) How to communicate with patients regarding the use of patient handling procedures and equipment.

(D) How risk factors such as patient's ability to cooperate, bariatric condition, clinical condition, potential combativeness, etc. are assessed and controlled during patient handling tasks including the following: vertical lifts, lateral transfer, repositioning, and ambulation.

(E) The use of powered and non-powered equipment to handle patients safely. This shall include practice using the types and models of equipment that lift team members and other designated health care workers will be expected to use.

(F) Procedures to be followed in order to safely perform manual patient handling when necessary.

(G) The process for reporting concerns regarding equipment availability, condition, storage and maintenance, and concerns regarding unavailability of additional staff to perform patient handling activities.

(H) The elements of the employer's Plan and safe patient handling policy and how the Plan will be made available to employees.

(I) The right to refuse to perform an unsafe patient handling activity, and how a health care worker can communicate concerns regarding the designated activity to an appropriate supervisor.

(J) The role of the registered nurse as the coordinator of care, and how the registered nurse will be responsible for the observation and direction of patient lifts and mobilization.

(K) The role of the supervisor to be familiar with the Plan, the safe patient handling policy, and the patient handling hazards in their unit.

(L) How the employee can request additional training.

(M) An opportunity for interactive questions and answers.

(O) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(K), supervisors shall also be trained on the hospital's policy that a health care worker may not be disciplined for refusal to lift, reposition or transfer a patient due to concerns about patient or worker safety or the lack of trained designated health care workers or equipment.

(P) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(J), registered nurses who will assess patients in accordance with subsection (c)(4)(B) shall be trained in how to assess patients' mobility needs, how to communicate with patients and their families and representatives, and how to communicate with supervisors,

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designated health care workers, and other health care workers regarding safe patient handling practices for specific patients.

(3) Refresher training for designated health care workers, lift team members, registered nurses and supervisors shall include at least the following elements as applicable to the employee's assignment:

(A) The use of powered and non-powered equipment to handle patients safely. This shall include practice using the types and models of equipment that designated health care workers will be expected to use.

(B) Procedures to be followed in order to safely perform manual patient handling when necessary. This training shall include practice in performing tasks involving multiple employees.

(C) A review of the items included in the initial training.

(D) An opportunity for interactive questions and answers with a person knowledgeable about the Plan and safe patient handling equipment and procedures.

(4) Training for employees other than those identified in subsections (d)(2) and (d)(3) whose job assignment includes being present on patient care units, shall address the recognition of the patient interactions that require the involvement of designated health care workers or lift teams, how to obtain that involvement when necessary, and procedures to follow for emergencies relating to safe patient handling.

(e) Records. The employer shall develop and maintain the following records:

(1) Records regarding the evaluation, selection, and placement or installation of patient handling equipment or devices shall be maintained for a minimum of one year.

(2) Training records shall be maintained for a minimum of one year and include the following information: training dates; contents or a summary of the training sessions; types and models of equipment practiced during training; names and qualifications of persons conducting the training; and names and job titles of all persons attending the training sessions.

(3) Records of inspection, including hazard correction, shall be maintained for a minimum of one year and include the following information: inspection dates; person(s) conducting the inspection; the unsafe conditions (such as equipment unavailability, storage or maintenance issues) and work practices that have been identified; action taken to correct the identified unsafe conditions and work practices; and correction dates.

(4) Records of investigation of occupational injuries and illnesses related to safe patient handling shall be created and maintained for a minimum of three years;

NOTE to subsection (e)(4): Records required by Division 1, Chapter 7, Subchapter 1 of these orders shall be created and maintained in accordance with those orders.

(5) All records required by this subsection shall be made available to the Chief of the Division of Occupational Safety and Health and his or her representatives for examination and copying.

(6) All records required by this subsection shall be made available to employees and their representatives for examination and copying as employee exposure records in accordance with Section 3204(e)(1).

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Appendix A (Non-Mandatory):

The following are examples of professional occupational safety guidelines for the protection of patients and health care workers in health care facilities

Facility Guidelines Institute Patient Handling and Movement Assessments: A White Paper by the 2010 Health Guidelines Revision Committee, April 2010

Association for Occupational Health Professionals AOHP Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting, Summer 2006

Centers for Disease Control National Institute of Occupational Safety and Health, NIOSH Safe Patient Handling Training for Schools of Nursing DHHS Publication No. 2009-127 November 2009

US Department of Veteran Affairs, VA Hospital Safe Patient Handling and Movement Guidelines (various)