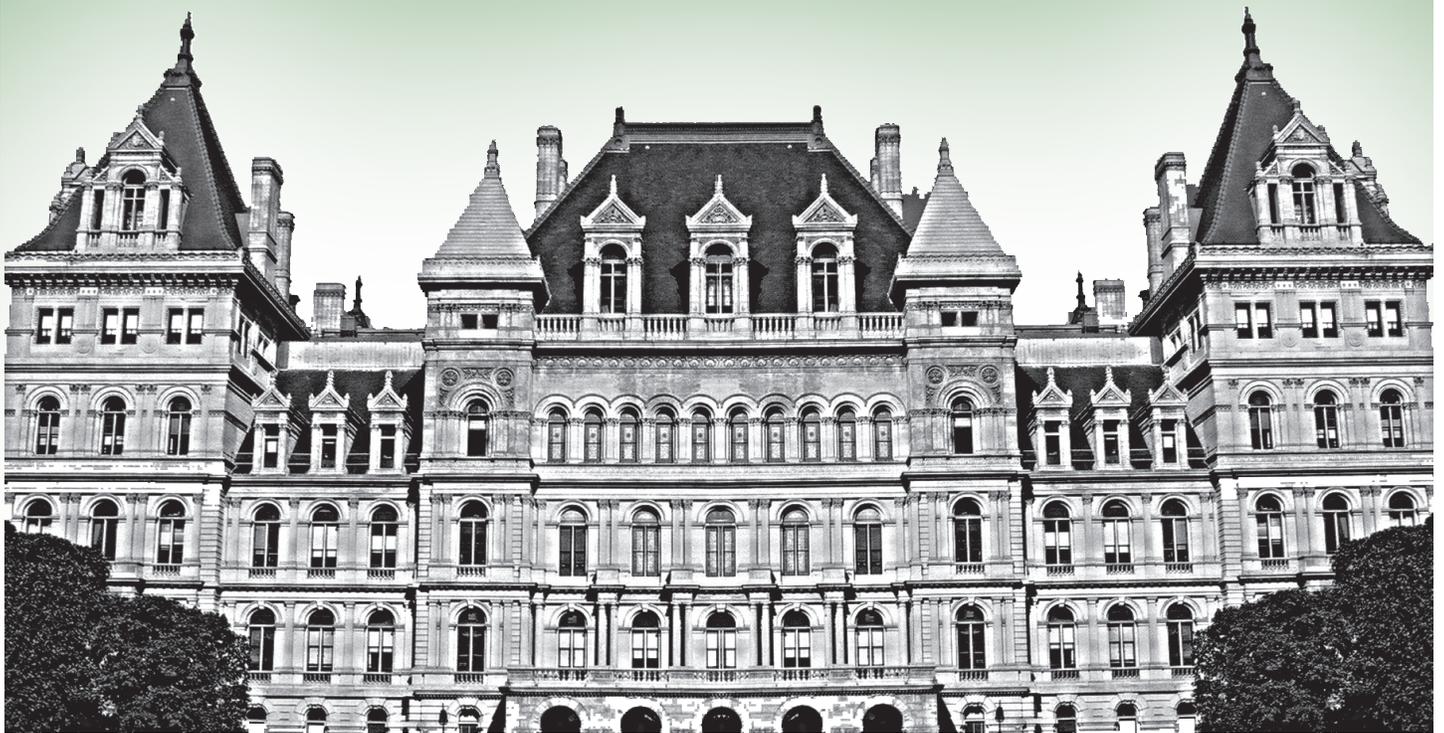


# Safe Patient Handling in New York

*Short Term Costs Yield Long Term Results*

*May 2011*



**Rory Lancman, Chair**  
**NYS Assembly Subcommittee on Workplace Safety**

**Keith L.T. Wright, Chair**  
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Allison Weingarten  
Legislative Director, Subcommittee on Workplace Safety



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# I. Executive Summary

The healthcare industry experiences some of the highest workplace injury rates in the United States,<sup>1</sup> with overexertion as the leading cause.<sup>2</sup> Indeed, healthcare workers in New York who manually lift and maneuver patients suffer more overexertion injuries than laborers and freight, stock and material movers.<sup>3</sup>

The problem is not merely one of inadequate training. Even if coached in “proper manual lifting technique,” healthcare workers are unable to manually lift patients without exceeding the lifting weight limit established by the National Institute for Occupational Safety and Health.<sup>4</sup>

A comprehensive safe patient handling program is essential. Safe patient handling is defined as follows:

A policy and practice that creates a safe environment for patients and healthcare workers by eliminating hazardous manual lifting tasks. Transferring and repositioning patients is accomplished by using new technologies in mechanical lifts and repositioning devices.<sup>5</sup>

Safe patient handling has proven to significantly reduce injuries and increase morale and job satisfaction. The cost of implementing safe patient handling programs has been recouped in as few as three years through savings from reduced workplace injuries, and healthcare facilities with safe patient handling programs have accrued net benefits of up to six million dollars in savings over a seven year period.

The Assembly Subcommittee on Workplace Safety recommends enactment of the “Safe Patient Handling Act” (A.1370/S.2470), sponsored by Assemblyman Rory Lancman and Senator George Maziarz. This bill would create a state safe patient handling taskforce comprised of healthcare professionals, ergonomic specialists and experts in workplace safety and health. The

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<sup>1</sup> News Release, United States Department of Labor Bureau of Labor Statistics, November 9, 2010, <[http://www.bls.gov/news.release/archives/osh2\\_11092010.pdf](http://www.bls.gov/news.release/archives/osh2_11092010.pdf)>

<sup>2</sup> *Ibid.*

<sup>3</sup> Wende, Karl. Compiled Data from the Bureau of Labor Statistics, March 2011.

<sup>4</sup> Waters, Thomas. “*When is it Safe to Manually Lift a Patient?*” American Journal of Nursing; August 2007, Vol. 107, No. 8. <<http://www.safeliftingportal.com/safeliftinglibrary/documents/Tom%20Waters%20article-%20when%20is%20it%20safe%20to%20manually%20lift%20a%20patient.pdf>>

<sup>5</sup> Fact Sheet 1: Safe Patient Handling Overview, New York State Zero Lift Task Force Website, Last Visited March 31, 2011; <<http://www.csealocal1000.org/images/womachka/FACTSHEET1.pdf>>

taskforce would conduct public hearings on safe patient handling and recommend to the New York State Department of Health (DoH) a comprehensive safe patient handling policy to be implemented at all healthcare facilities based on the findings from those hearings. DoH would then promulgate rules and regulations implementing a state-wide safe patient handling policy. Each healthcare facility in New York would establish a joint management-employee committee to implement the required safe patient handling program to comply with that state-wide policy.

## II. National and New York Healthcare Industry Worker Injury/Illness Rates:

- o Data from the Bureau of Labor Statistics and the New York State Workers' Compensation Board

The healthcare industry is ranked among the most hazardous in the nation as well as in New York. The federal Bureau of Labor Statistics (BLS) ranks healthcare among the industries with the highest rate of workplace injury/illness (5 injuries/illnesses per 100 full-time healthcare and social assistance employees, compared with 3.7 injuries/illnesses per 100 full-time total industry employees in 2009).<sup>6</sup> In New York, the U.S. Department of Labor documents the private industry total incidence rate for occupational injuries in 2009 as 2.8 injuries/illnesses per 100 full-time employees, while the private healthcare industry in New York has a recorded rate of 4.3, state healthcare, 18.3, and local government, 10.6 per 100 full-time employees.<sup>7</sup>

United States BLS 2009 Data	Total Industry	Total Healthcare
Rate of Occupational Injuries/Illnesses <sup>8</sup> (National)	3.7	5

New York BLS 2009 Data	Total Private Industry	Private Healthcare	State Healthcare	Local Government Healthcare
Rate of Occupational Injuries/Illnesses <sup>9</sup> (New York)	2.8	4.3	18.3	10.6

<sup>6</sup> *Incidence Rate and Number of Non Fatal Occupational Injuries by Industry and Ownership*, Bureau of Labor Statistics, 2009. <<http://www.bls.gov/iif/oshwc/osh/os/ostb2427.pdf>>

<sup>7</sup> *Incidence Rate and Number of Non Fatal Occupational Injuries by Industry and Ownership*, New York State Department of Labor Division of Research and Statistics, 2009, Web, Site Last Visited March 2011 <<http://www.labor.ny.gov/stats/osh/PDFs/2009-Table10.pdf>>

<sup>8</sup> Per 100 full time employees

<sup>9</sup> Per 100 full time employees

BLS cites the source of the injury as “healthcare patient” in 30.46% of national private healthcare industry injuries in 2009<sup>10</sup>. Similarly, in 2009, the “healthcare patient” was the source of 25.93% of injuries in New York’s private healthcare industry, and 32.3% of the total injuries for 2009 in New York’s local government run healthcare facilities.<sup>11</sup>

Nursing and Residential Care facilities experience similarly high rates of injury according to national statistics. National rates of reported injuries in nursing and residential care facilities have been on the decline since 2003 but remain very high. BLS reports 8.4 incidents per 100 full time employees for the national private nursing and residential care industry totals in 2009, with rates as high as 11.1 incidents per 100 full time employees in U.S. local government nursing and residential care industry.<sup>12</sup>

The New York State Workers’ Compensation Board attributes the injuries in the healthcare and social assistance industry in high degree to overexertion.<sup>13</sup> Overexertion accounted for 36.4% of all workers’ compensation claims in nursing and residential care facilities from April 1st 2006-March 31st 2007. Between April 1st 2008 and March 31st 2009, overexertion accounted for 32.5% of all claims in residential care facilities, 32% of claims in hospitals, and 32.5% in ambulatory healthcare services. Throughout the healthcare and social assistance industry, overexertion is the leading cause of injury and claims for workers’ compensation.

Below is a table showing the number of injuries caused by overexertion in industries that generally require lifting, moving and exertion. These injuries were compiled by BLS, which conducts an annual nationwide survey of work related injuries and illnesses.

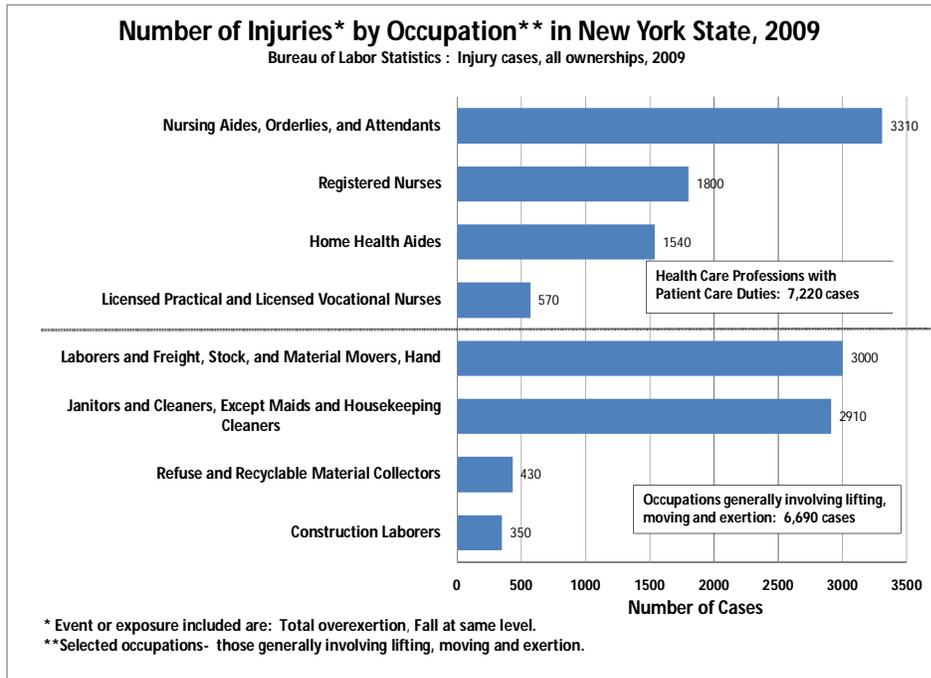
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<sup>10</sup> Table R74: Incidence Rates(1) for Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work (2) per 10,000 Full-time Workers by Source of Injury or Illness and Industry Sector,private Industry, 2009." *Case and Demographic Characteristics for Work-related Injuries and Illnesses Involving Days Away From Work*. Bureau of Labor Statistics. Web. <<http://http://bls.gov/iif/oshwc/osh/case/ostb2520.pdf>>

<sup>11</sup> Table 4. Number, Incidence Rate, and Median Days Away from Work for Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work by Selected Injury or Illness Characteristics and Private Industry, State Government, and Local Government, 2009." Bureau of Labor Statistics. Web. <<http://www.bls.gov/news.release/osh2.t04.htm>>

<sup>12</sup> Table 1. Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Case Type and Ownership, Selected Industries, 2009." Bureau of Labor Statistics, 21 Oct. 2010. Web. <<http://www.bls.gov/news.release/osh.t01.htm>>

<sup>13</sup> *Event or Exposure in the Healthcare and Social Assistance Industry*, New York State Workers’ Compensation Board. (April 1st 2006 to March 31st 2009).



As demonstrated in the table above, BLS data from 2009 recording the number of injuries in New York shows that physically taxing occupations such as material movers, janitors and cleaners, refuse and recyclable material collectors and construction laborers, all recorded fewer injuries caused by overexertion and trips and falls than the number of recorded cases for nursing aides, orderlies and attendants.<sup>14</sup> Healthcare professions with patient care duties had a total of 7,220 injury cases in New York in 2009, compared with the 6,690 cases total for other occupations which generally involve lifting, moving and exertion. Physically demanding industries, such as construction, implement the use of tools to alleviate lifting and overexertion tasks, which prevent injuries on the job.<sup>15</sup> Healthcare professions must also consider such modifications in order to correct unsafe patient handling practice.

<sup>14</sup> Wende, Karl. Compiled Data from the Bureau of Labor Statistics, March 2011.

<sup>15</sup> Wende, Karl. *Data in Support of Zero Lift in Nursing and Residential Care Facilities and Hospitals*, University at Buffalo, School of Public Health Department of Social and Preventative Medicine, March 2011.

### III. Financial and Social Impact of Healthcare Injuries

- *Lost Work Days*

In 2009, total incidents resulting in days away from work, job transfer or restriction in private healthcare and social assistance amount to 29.35% of total incidents nationally (22,900 out of 86,900 cases).<sup>16</sup> In New York nursing and residential care facilities, 17.65% of non-fatal injuries resulted in more than thirty-one days away from work.<sup>17</sup> 21.63%<sup>18</sup> of injuries in privately run nursing and residential care facilities in New York, and 30.87% of injuries in nursing and residential care facilities operated by local government in New York resulted in more than thirty-one days away from work.<sup>19</sup>

	New York Total	New York Private	New York Local Governments
Percent of total injuries in Nursing and Residential Care resulting in 31 or more days lost of work <sup>20</sup>	17.65%	21.63%	30.87%

- *Workers' Compensation Costs*

The direct cost of an average back injury case is \$19,000. Serious cases involving surgery average \$85,000 in direct costs. Indirect costs to healthcare facilities average between four and ten times the direct costs.<sup>21</sup>

<sup>16</sup> "Table 7. Numbers of Nonfatal Occupational Injuries and Illnesses by Industry and Case Types, 2009." *Workplace Injuries*. Bureau of Labor Statistics, 2009. Web. 31 Mar. 2011. <<http://www.bls.gov/iif/oshwc/osh/os/pr097ny.pdf>>.

<sup>17</sup>"Table 6. Incidence Rates 1 of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work 2 by Selected Worker and Case Characteristics and Industry, All United States, Private Industry, 2003-2009." *Bureau of Labor Statistics*. United States Department of Labor.

<sup>18</sup> "Table 6. Incidence Rates 1 of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work 2 by Selected Worker and Case Characteristics and Industry, New York, Private Industry, 2003-2009." *Bureau of Labor Statistics*. United States Department of Labor.

<sup>19</sup> "Table 4. Incidence Rates 1 of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work 2 by Selected Worker and Case Characteristics and Industry, New York, Local Government, 2003-2009." *Bureau of Labor Statistics*. United States Department of Labor.

<sup>20</sup> *Ibid.*

<sup>21</sup> Fact Sheet #5: Investing in Safe Patient Handling and Movement is Money in the Bank; NYS Zero Lift Task Force Website, Last visited March 31, 2011, [http://www.nycosh.org/uploads/initiatives/safe\\_patient\\_handling/zero\\_lift-ny\\_fact\\_sheets/FACTSHEET5\\_Cost-Benefit.pdf](http://www.nycosh.org/uploads/initiatives/safe_patient_handling/zero_lift-ny_fact_sheets/FACTSHEET5_Cost-Benefit.pdf)

○ *Patient Safety*

Manual lifting can be harmful to patients as well as their caregivers. Traditional manual lifting methods not only place stress on the muscles and joints of those who are doing the lifting, but patients are also active participants and both physically and mentally feel the impact of a lift. Safe patient handling technology not only prevents accidents such as drops and falls, which can lead to major injuries, but also eliminates the uncomfortable patient handling methods which cause minor or persistent injuries.

An American Nurse Today article titled “Taking the Pain out of Patient Handling” identifies the costs of unsafe patient handling to patients’ health. The journal addresses the basic types of manual patient lifting and movement performed by nurses, which can harm the patient in many ways, citing:

- “A patient may be injured if caregivers lift or tug at her arms or lift her under the shoulders when rolling her or propping her up in bed.
- The patient’s skin may tear or bruise if the nurse uses a gait belt to help move a dependent patient.
- The patient may fall if caregivers neglect to assess her handling requirements and physical abilities.
- Lack of adequate staff or assistive devices to reposition patients can lead to pressure sores (from infrequent repositioning) and skin shear (from linen friction).”<sup>22</sup>

The New York State Zero-Lift Task Force pinpoints specific manual lifting strategies which have negative effects on both the healthcare worker and the patient. The task force cites the “Hook and Toss” method and the “Pivot Transfer” as two detrimental practices to patients’ health. The Hook and Toss, which consists of the caregiver hooking his or her arm under the patient’s armpits and tugging up in order to “toss” the patient to the desired location has been banned in twenty countries and can cause nerve and skin damage and bruising.<sup>23</sup> The Pivot Transfer uses the caregiver’s support in lifting the patient, while the patient takes an independent step while turning toward the desired location. An improper pivot transfer, which is very

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<sup>22</sup> DuBose, Jan, and Terry Donahue. "Taking the Pain Out of Patient Handling." *American Nurse Today* 1.3 (2006): 37-43. *AmericanNurseToday.com*. Dec. 2006. Web. Mar. 2011. <<http://www.americannursetoday.com/assets/0/434/436/440/3862/3864/3874/3876/5485ec33-9ada-4c68-818b-f6e08fb9c1a3.pdf>>.

<sup>23</sup> "Fact Sheet #10: Dangerous Manual Patient Transfers Injure Patients." *NYS Zero Lift Task Force*. Web. 31 Mar. 2011. <<http://www.csealocal1000.org/images/womachka/FACTSHEET10.pdf>>.

common, can result in damage to the patient's soft tissues supporting joints, hip strain and injury, and exacerbation of pre-existing conditions.<sup>24</sup>

However, in implementing safe patient handling technology, the patient will benefit from increased levels of comfort and even a more positive clinical outcome. Assisted and frequent mobility can amount to speedier and more fruitful recovery.<sup>25</sup> The patient can achieve a higher level of fitness, be bathed and washed with ease, experience increased agility through muscle strengthening, increased blood flow and heart strength and an overall improvement in personal dignity.

## IV. Safe Patient Handling Definition

Safe patient handling is a policy and practice that replaces manual lifting and moving tasks for healthcare professionals with machines and training, resulting in comfortable and safe mobility for the patient without risk of injury to the care-provider. Safe patient handling incorporates knowledge of human anatomy and physiology with technologies that ease the stress of repetitive motions and dangerous lifting tasks. According to the National Institute for Occupational Safety and Health, the human body is not designed to lift greater than thirty-five pounds. Current practice such as utilizing good body mechanics to lift with your legs and keeping your back straight is not enough to prevent injuries, which is why a statewide safe patient handling program is necessary.

### SAFE PATIENT HANDLING REDUCES INJURIES AND EMPLOYER COSTS

In nine National Institute of Occupational Safety and Health case studies,<sup>26</sup> there were:

- 60-95% reduction in injuries
- 95% reduction in workers' compensation costs
- 92% reduction in medical/indemnity costs
- As much as 100% reduction in lost work days (absence due to injury)
- 98% reduction in absenteeism (absence due to unreported injury)

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<sup>24</sup>"A Closer Look at the Pivot Transfer: Altering Technique to Reduce Injury during Patient Transfer." *NYS Zero Lift Task Force*. Caring for the Ages, Dec. 2005. Web. 31 Mar. 2011.

<<http://www.csealocal1000.org/images/womachka/Disclaimer%20included-Close%20Look%20at%20the%20Pivot%20Transfer..pdf>>.

<sup>25</sup> DuBose,, and Donahue p.38.

<sup>26</sup> Fact Sheet #5: Investing in Safe Patient Handling and Movement is Money in the Bank; NYS Zero Lift Task Force Website, Last visited March 31, 2011; [http://www.nycosh.org/uploads/initiatives/safe\\_patient\\_handling/zero\\_lift-ny\\_fact\\_sheets/FACTSHEET5\\_Cost-Benefit.pdf](http://www.nycosh.org/uploads/initiatives/safe_patient_handling/zero_lift-ny_fact_sheets/FACTSHEET5_Cost-Benefit.pdf)

### ***A Cost-Effective Safe Patient Handling Program***

A study conducted by the Patient Safety Center in the United States Veterans Health Administration (VHA) implemented a safe patient handling and movement (SPHM) project in 2001. The program was introduced and evaluated at twenty-three high-risk facilities in Florida and Puerto Rico known to have high rates of injuries. The study observed the progress of the SPHM program over eighteen months: the nine months before and after implementation. Within the twenty-three facilities chosen for the study, a sample of staff was selected making up 537 staff members comprised of 173 nursing assistants, 135 licensed practitioner nurses and 198 registered nurses, the remainder comprising of other medical personnel.<sup>27</sup>

The results of cross benefit analysis of the program can be found below:

**Table 1. Cost comparisons: before and after program intervention<sup>28</sup>**

<b>Cost element</b>	<b>Preintervention</b>	<b>Postintervention</b>
Cost of medical care provided to injured employees billed to WC	\$ 62,702	\$ 16,260
Cost of care not billed to WC	\$ 32,388	\$ 32,983
WC paid to individuals by facilities	\$173,763	\$ 86,881
Cost of lost days (sick leave)	\$ 24,047	\$ 18,657
Estimated cost of days on restricted duty	\$ 84,281	\$ 4,622

WC = workers' compensation

The chart above indicates a significant decrease in costs associated with medical care, compensation claims and lost work days. The initial cost to implement the program was \$774,000 for purchasing equipment (\$1,311 per employee), \$57,000 for training (\$730 per employee trained, 78 employees trained) and \$17,100 for retraining each year. Total estimated savings after implementation of the SPHM program, considering savings in cost of medical care, workers' compensation, and the dollar value of lost and restricted days and subtracting the

<sup>27</sup>Siddharthan, Kris, Audrey Nelson, Hope Tiesman, and FangGei Chen. "Cost Effectiveness of a Multifaceted Program for Safe Patient Handling." *Advances in Patient Safety: From Research to Implementation* 3 (2005): 347-358. Agency for Healthcare Research and Study, Feb. 2005. Web. 29 Mar. 2011. <<http://www.ncbi.nlm.nih.gov/books/NBK20565/>>.

<sup>28</sup>*Ibid.*, p.355.

capital and training costs results in approximately \$155,719 saved in the nine months post-intervention. This translates into \$2,000,000 over a ten year period. Additionally, the estimated payback period for the SPHM program was 4.30 years, not including indirect benefits such as patient and employee satisfaction.<sup>29</sup>

## **V. Proven Results in New York**

### **○ New York State Veterans Home at Batavia**

Safe patient handling programs in New York have already proven effective in preventing injuries and saving money by decreasing lost work days. In 2002, for example, employees at the New York State Veterans Home at Batavia, a medium sized facility with 126 beds, experienced forty-two resident-handling injuries accounting for 1,862 lost work days that year.<sup>30</sup> In 2005, the Veterans Home, with help from the Civil Service Employee Association (CSEA) Ergonomics Sub-committee, applied for and received a workforce grant from the New York/CSEA Partnership for Education Training for \$30,000 toward implementing an effective Zero Manual Lift/Safe Resident Handling Program. The total cost of implementing the program was \$110,000. After three years of implementation, the facility experienced a 93% reduction in lost workdays due to resident handling injuries and the facility turnover rate has dramatically decreased from 17% to 3%. Although the facility which is operated by the NYS Department of Health cannot identify the precise monetary benefit of implementing the program as New York funds workers' compensation benefits and does not track costs per facility, the facility reports that in 2004, prior to implementation of the program, the costs directly related to staff turnover was \$107,283; and in 2009, \$38,900—a 63.7% decrease.

### **○ Kaleida Health Network**

The Kaleida Health Network (Kaleida Health) is a not-for-profit healthcare provider based in Buffalo, New York and is the largest healthcare provider in Western New York employing ten thousand and serving over one million patients each year. Kaleida Health includes Buffalo General Hospital, with 511 beds; DeGaff Memorial Hospital- 70 inpatient beds; Millard Fillmore Gates Circle Hospital- 189 beds; Millard Fillmore Suburban Hospital- 201 beds; and Women and Children Hospital of Buffalo, with 190 beds.<sup>31</sup>

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<sup>29</sup> *Ibid.*

<sup>30</sup> *NYS Zero Lift Task Force: Success Stories*, NYS Zero Lift Task Force Website, Last Visited March 31, 2011; [http://www.zeroliftfornny.org/success\\_stories.php](http://www.zeroliftfornny.org/success_stories.php)

<sup>31</sup> "Kaleida Health - About Kaleida Health." *Kaleida Health - a Not-for-profit Healthcare Provider - Buffalo, NY*. Web. 31 Mar. 2011. <[http://kaleidahealth.org/gen\\_info/about.asp](http://kaleidahealth.org/gen_info/about.asp)>.

Desperate to reduce skyrocketing injury rates, workers' compensation and turnover costs associated with patient handling, Kaleida Health implemented a comprehensive safe patient handling program in October 2004, investing two million dollars in the program. By 2007, Kaleida Health realized its full return on investment, and by 2011, Kaleida Health had saved six million dollars in reduction of patient handling injury costs.

“As an organization [Kaleida Health] experienced a 48% reduction in lost work days comparing 2009 to 2010. Acute Care experienced a 36% reduction in lost work days and Long Term Care experienced an 82% reduction in lost work days.”<sup>32</sup>

Among the safe patient handling equipment purchased by Kaleida Health were Sit/Stand Lifts and full mechanical floor lifts to ambulate patients of up to 800 pounds. Additionally, Kaleida Health Network purchased friction reducing devices, air mats and ceiling lifts for a comprehensive approach to moving a diverse group of patients.

## ○ **Service Employees International Union Local 1199 Training Program**

The Service Employees Union Local 1199 Training and Employment Funds launched a safe patient handling & movement (SPHM) training program at some of its participating facilities. 2009 marked the start of the pilot program at Riverhead Care Center in Riverhead, New York and in Saint James Healthcare Center in Saint James, New York. The program called for a joint labor and management committee to handle the implementation and oversight of the program. Committee members were required to attend four days of training in ergonomics, problem solving, action planning, and communication skills. Later, the health center staff received two days of training in the program, with one and a half days of ergonomics training and one half-day of training with the on-site equipment. Both facilities purchased the equipment used in the training, and are now considered “no-lift” facilities. The program participants, including labor, management and patients report that the SPHM has positively affected resident/patient care. In 2010, four more long term care facilities began implementing the programs as well.<sup>33</sup>

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<sup>32</sup>Pless, Paula and Robert Guess, “Kaleida Health 2010 Safe Patient Handling Lost Work Days- 4 Years of Data.” 2010.

<sup>33</sup> Menendez, Vicki, Site Manager Service Employees International Union Local 1199 Training and Employment Fund; March 2011.

## ○ **New York Demonstration Act Facilities**

In 2009 the New York State Legislature enacted legislation to extend a program for the NYS Department of Health to provide funding to select healthcare facilities to participate in a safe patient handling demonstration program.<sup>34</sup>

Participating facilities include:

- *Saratoga County Maplewood Manor; Ballston Spa, New York*
- *Medina Memorial Hospital; Medina, New York*
- *John T. Mather Memorial Hospital; Port Jefferson, New York*
- *Adirondack Tri-County Nursing and Rehab Center; North Creek, New York*
- *NYS Veterans Home at Oxford; Oxford, New York*
- *Kaleida Health at Buffalo General Hospital; Buffalo, New York*
- *Champlain Valley Physicians Hospital Medical Center; Plattsburgh, New York*

All projects are in various stages of implementation. The contract dates are August 1, 2009 to July 21, 2011. The majority of the funding was dedicated to lifting and safe patient handling equipment. According to the NYS Department of Health, it appears that from the quarterly reports that have been submitted and reviewed, there has been a noticeable decrease in lost work time accidents; however, most contractors have not submitted vouchers for their costs as of yet, so no concrete analysis has been conducted.

### **Other New York Success Stories:**

#### **Glens Falls Hospital; Glens Falls, New York:<sup>35</sup>**

- Five years post implementation of a safe patient handling program, the hospital has experienced a 56% decrease in injuries related to patient handling.

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<sup>34</sup> Chapter 153 of the Laws of 2009.

<sup>35</sup> Fact Sheet #4 Healthcare Work is Among the Most Hazardous Occupations in New York State; NYS Zero Lift Task Force Website; Last Visited March 31, 2011, [http://www.nycosh.org/uploads/initiatives/safe\\_patient\\_handling/zero\\_lift-ny\\_fact\\_sheets/FACTSHEET4\\_NYS\\_Health-Injury-Stats.pdf](http://www.nycosh.org/uploads/initiatives/safe_patient_handling/zero_lift-ny_fact_sheets/FACTSHEET4_NYS_Health-Injury-Stats.pdf)

- 25% decrease in total workers' compensation costs and a 16% decrease in the amount per workers' compensation claim.

**Geneva Living Center North; Geneva, New York:**

- Since November 2007, Geneva Living Center North has experienced 387 days and counting without an injury after implementing a safe patient-handling program (March 31, 2011).

## **VI. The Washington State Model**

Implementation of safe patient handling programs extends nationally. Healthcare employees in Washington State experienced high rates of injury related to patient care, one report noting that “1 in 10 serious work-related back injuries involves nursing personnel and about 12% leave the profession because of back injuries.”<sup>36</sup> This led to the enactment of safe patient handling legislation.

The law, enacted in March 2006, requires hospitals to establish a “Safe Patient Handling Committee.” Other legislation requirements for hospitals include the establishment of a safe patient handling program in each hospital by December 1, 2007 and the acquisition of one lift per acute care unit or one lift per ten acute care inpatient beds, or equipment for use by lift teams and procedures for the right-to-refusal by staff to perform unsafe lifts. The legislation requires the Department of Labor and Industries to develop rules to provide reduction of workers' compensation premiums for state funded hospitals with safe patient handling programs; by December 1, 2010 to have the first of two evaluations of results of reduced premiums completed; and by December 1, 2012 to complete the second evaluation and report. Additionally, the Department of Revenue is required by the law to establish a Business and Occupations tax credit for the cost of safe patient handling equipment and by July 1, 2008 to issue an annual report on the amount of credits claimed by hospitals.<sup>37</sup>

The Washington State Department of Health (WS DOH) must ensure that hospitals implement the components of the legislation, including having a safe patient handling committee and provision of equipment and training. However, WS DOH sees their jurisdiction as safety for the patient, not necessarily for staff. Hospitals are being cited for lack of following their safe

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<sup>36</sup> Silverstein, Barbara, PhD, and Judy Schurke, “Washington State Department of Labor & Industries' SHARP Program: Implementation of Safe Patient Handling in Washington State Hospitals.” 21 January 2011. <<http://www.washingtonsafepatienthandling.org/>>

<sup>37</sup> Washington State Safe Patient Handling Bill 1672. March 2006. <<http://www.leg.wa.gov/pub/billinfo/2005-06/Pdf/Bills/House%20Passed%20Legislature/1672-S.PL.pdf>>

patient handling program requirements through Washington State’s Labor and Industries’ Division of Occupational Health and Safety.<sup>38</sup>

A January report<sup>39</sup> in Washington State sponsored by the Safety & Health Assessment and Research for Prevention (SHARP) and the Washington State Department of Labor & Industries, investigated the process of implementing safe patient handling programs in Washington State hospitals. The evaluation process included conducting a five year study by the SHARP Program, surveying safe patient handling committees from 2007, 2009 and 2011, and interviewing staff and management. The study found that since 2006, there has been a decrease in claims incidence rates for all claims, those involving another person and back claims. The SHARP report noted that the percent of direct care staff reporting a “no safe patient handling policy” in their hospital had decreased considerably, from 10.8% in 2007 to 3.6% in 2009. It also found that participating committees and staff experienced an increase in staff routinely using patient handling equipment, and that “in 2009, fewer respondents overall, felt that taking risks was part of the job than in 2007.”<sup>40</sup> Hospitals that received both the premium discount and the B&O tax credit had the most significant decrease in patient handling related injury rates between 2008 and 2009.<sup>41</sup>

## VII. Subcommittee Recommendations

Chair of the Subcommittee on Workplace Safety, Assemblyman Rory Lancman, and Senator George Maziarz currently sponsor the Safe Patient Handling Act (A.1370/S.2470). This bill would (1) create a safe patient handling taskforce, (2) direct the New York State Department of Health to establish a safe patient handling policy, and (3) require each covered healthcare facility to write and execute a plan that coincides with that policy. The Subcommittee on Workplace Safety considers passing the bill a top priority for the 2011-2012 legislative session.

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<sup>38</sup> Silverstein, Barbara, PhD, and Judy Schurke, “Washington State Department of Labor & Industries’ SHARP Program: Implementation of Safe Patient Handling in Washington State Hospitals.” 21 January 2011.

<http://www.washingtonsafepatienthandling.org/>

<sup>39</sup> *Ibid*, p.3.

<sup>40</sup> SHARP Program: Implementation of Safe Patient Handling in Washington State Hospitals. p.6

<sup>41</sup> SHARP Program: Implementation of Safe Patient Handling in Washington State Hospitals. P.18

## **VIII. Index**

- 1. The Safe Patient Handling Act (A.1370/S.2470)**
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**1.**  
**The Safe Patient Handling Act (A.1370/S.2470)**

**A 1370-A** Lancman Same as [S 2470-A](#)  
**MAZIARZ**  
 Public Health Law  
 TITLE....Enacts the "safe patient handling act"  
 01/05/11 referred to health  
 01/19/11 reported referred to codes  
 02/16/11 amend and recommit to codes  
 02/16/11 print number 1370a  
 05/03/11 reported referred to ways and means

**S2470-A** MAZIARZ Same as [A 1370-A](#)  
 Lancman  
 ON FILE: 02/18/11 Public Health Law  
 TITLE....Enacts the "safe patient handling act"  
 01/21/11 REFERRED TO HEALTH  
 02/16/11 AMEND AND RECOMMIT TO  
 HEALTH  
 02/16/11 PRINT NUMBER 2470A

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LANCMAN, GUNTHER, PAULIN, ROSENTHAL, ROBINSON, JAFFEE, BENEDETTO, CAHILL, GOTTFRIED, GALEF, CLARK, LUPARDO, JACOBS, GABRYSZAK, BRONSON, HOYT, P. RIVERA, LINARES, SCHROEDER, WEPRIN, BARRON, M. MILLER, PERRY; M-S: Abinanti, Arroyo, Brennan, Colton, Farrell, Glick, Heastie, Johns, Lifton, Magee, McEneny, Meng, J. Miller, Millman, Nolan, Raia, Russell, Sweeney, Weisenberg  
 Add Art 29-D Title 4 SS2999-g - 2999-l, Pub Health L; add S6510-f, Ed L  
 Creates the New York state safe patient handling task force.

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# STATE OF NEW YORK

1370--A

2011-2012 Regular Sessions

## IN ASSEMBLY

(Prefiled)

January 5, 2011

Introduced by M. of A. LANCMAN, GUNTHER, PAULIN, ROSENTHAL, ROBINSON, JAFFEE, BENEDETTO, CAHILL, GOTTFRIED, GALEF, CLARK, LUPARDO, JACOBS, GABRYSZAK, BRONSON, HOYT, P. RIVERA, LINARES, SCHROEDER -- Multi-Sponsored by -- M. of A. ABINANTI, ARROYO, BRENNAN, COLTON, DESTITO, GLICK, HEASTIE, LIFTON, MENG, NOLAN, PHEFFER, SWEENEY -- read once and referred to the Committee on Health -- reported and referred to the Committee on Codes -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act shall be known and may be cited as the "safe  
2 patient handling act".  
3 § 2. Article 29-D of the public health law is amended by adding a new  
4 title 4 to read as follows:  
5 TITLE 4  
6 SAFE PATIENT HANDLING POLICY  
7 Section 2999-g. Legislative intent.  
8 2999-h. Definitions.  
9 2999-i. New York state safe patient handling task force.  
10 2999-j. Statewide safe patient handling policy.  
11 2999-k. Health care facility safe patient handling committees.  
12 2999-l. Enforcement.  
13 § 2999-g. Legislative intent. The legislature hereby finds and  
14 declares that it is in the public interest to enact a statewide safe  
15 patient handling policy for health care facilities in New York state.  
16 Without safe patient handling legislation, it is predicted that the  
17 demand for nursing services will exceed the supply by nearly thirty  
18 percent by the year two thousand twenty thus decreasing the quality of

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD04321-02-1

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1 health care in New York state. There are many benefits that can be  
2 derived from safe patient handling programs. Patients benefit through  
3 improved quality of care and quality of life by reducing the risk of  
4 falls, being dropped, friction burns, skin tears and bruises. Caregivers  
5 benefit from the reduced risk of career ending and debilitating injuries  
6 leading to increased morale, improved job satisfaction and longevity in  
7 the profession. Health care facilities realize a quick return on their  
8 investment through reduced workers' compensation medical and indemnity  
9 costs, reduced lost workdays and improved recruitment and retention of  
10 caregivers. All of this will lead to fiscal improvement in health care  
11 in New York state.

12 § 2999-h. Definitions. For the purposes of this title:

13 1. "Health care facility" shall mean any individual, partnership,  
14 association, corporation, limited liability company or any person or  
15 group of persons acting directly or indirectly on behalf of or in the  
16 interest of the employer, which provides health care services in a  
17 facility licensed or operated pursuant to article twenty-eight, twenty-  
18 eight-A or thirty-six of this chapter, or the mental hygiene law, the  
19 education law or the correction law, including any facility operated by  
20 the state, a political subdivision or a public benefit corporation as  
21 defined by section sixty-six of the general construction law.

22 2. "Nurse" shall mean a registered professional nurse or a licensed  
23 practical nurse as defined by article one hundred thirty-nine of the  
24 education law.

25 3. "Direct care worker" shall mean any employee of a health care  
26 facility that is responsible for patient handling or patient assessment  
27 as a regular or incidental part of their employment, including any  
28 licensed or unlicensed health care worker.

29 4. "Employee representative" shall mean the recognized or certified  
30 collective bargaining agent for nurses or direct care workers of a  
31 health care facility.

32 5. "Safe patient handling" shall mean the use of engineering controls,  
33 lifting and transfer aids, or assistive devices, by nurses or direct  
34 care workers, instead of manual lifting to perform the acts of lifting,  
35 transferring and repositioning of health care patients and residents.

36 6. "Safe patient handling program" shall include:

37 (a) a written policy statement; and

38 (b) management commitment and employee involvement; and

39 (c) committees; and

40 (d) risk assessments; and

41 (e) incident investigation; and

42 (f) procurement of engineering controls, lifting and transfer aids or  
43 assistive devices to ensure safe patient handling; and

44 (g) employee training and education on safe patient handling; and

45 (h) program evaluation and modification.

46 § 2999-i. New York state safe patient handling task force. 1. A New  
47 York state safe patient handling task force is hereby created within the  
48 department. Such task force shall consist of a total of eleven members  
49 and shall include the commissioner or his or her designee; the commis-  
50 sioner of labor or his or her designee; three members appointed by the  
51 governor, two such members shall be representatives of health care  
52 organizations, one such member shall be from an employee organization  
53 representing nurses and one such member shall be from an employee organ-  
54 ization representing direct care workers; two such members shall be  
55 certified ergonomist evaluation specialists; two members to be appointed  
56 by the temporary president of the senate, who shall have expertise in

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1 fields of discipline related to health care or occupational safety and  
2 one such appointee shall be from an organization representing either a  
3 nurse or direct care worker; two members to be appointed by the speaker  
4 of the assembly, who shall have expertise in fields of discipline  
5 related to health care or occupational safety and one such appointee  
6 shall be from an organization representing either a nurse or direct care  
7 worker; one member to be appointed by the minority leader of the senate,  
8 who shall have expertise in fields of discipline related to health care  
9 or occupational safety; and one member appointed by the minority leader  
10 of the assembly, who shall have expertise in fields of discipline  
11 related to health care or occupational safety.

12 2. Task force members shall receive no compensation for their  
13 services, but shall be reimbursed for actual and necessary expenses  
14 incurred in the performance of their duties.

15 3. The task force shall be appointed no later than July first, two  
16 thousand thirteen and shall serve for a period of two years; any vacan-  
17 cies on the task force shall be filled in the manner provided for in the  
18 initial appointment.

19 4. The chairperson of the task force shall be the commissioner or his  
20 or her designee.

21 5. The task force shall meet no less than three times a year.

22 6. Notwithstanding any other provision of law, a majority of the  
23 members of the task force then in office shall constitute a quorum for  
24 the transaction of business or the exercise of power or function of the  
25 task force. An act, determination or decision of the majority of the  
26 members of the task force shall be held to be the act, determination or  
27 decision of the task force.

28 7. The task force shall:

29 (a) prepare a policy statement requiring a comprehensive safe patient  
30 handling program to be implemented at all health care facilities, as  
31 defined in subdivision one of section twenty-nine hundred ninety-nine-h  
32 of this title. The policy statement shall include the requirements for  
33 developing and implementing an effective safe patient handling program  
34 that shall include all elements specified in subdivision six of section  
35 twenty-nine hundred ninety-nine-h of this title;

36 (b) review existing safe patient handling programs or policies,  
37 including demonstration programs previously authorized by chapter seven  
38 hundred thirty-eight of the laws of two thousand five;

39 (c) consult with any organization, educational institution, other  
40 government entity or agency or person;

41 (d) conduct public hearings, as it deems necessary;

42 (e) identify or develop training materials and procedures with regard  
43 to the equipment or technology required by the statewide policy;

44 (f) review rules and regulations prior to adoption by the department;

45 (g) review and update the policy statement on a bi-annual basis; and

46 (h) submit a report to the commissioner by July first, two thousand  
47 fourteen identifying safe patient handling program elements and recom-  
48 mendations of safe patient lifting equipment, techniques or devices.

49 8. All state departments, commissions, agencies and public authorities  
50 shall provide the task force with any reasonably requested assistance of  
51 advice in a timely manner.

52 § 2999-j. Statewide safe patient handling policy. 1. The commissioner,  
53 in consultation with the task force, shall promulgate rules and regu-  
54 lations for a statewide safe patient handling policy for health care  
55 facilities covered by this title. Such policy shall be made available to

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1 all facilities covered by this title on or before January first, two  
2 thousand fifteen.

3 2. The statewide safe patient handling policy shall include standards  
4 with regard to:

5 (a) the equipment, devices or technology to be used by a nurse or  
6 direct care worker who is engaged in patient handling;

7 (b) the ratio of such equipment or technology based upon the type of  
8 facility, the number of beds in a facility, the number of patient-han-  
9 dling tasks, types of care units, patient populations, and patient care  
10 areas;

11 (c) the minimum number of devices to ensure that current assessed  
12 hazards are eliminated or mitigated;

13 (d) establishing procedures for the submission and reporting of  
14 compliance by each health care facility covered by this title; and

15 (e) establishing procedures for complaints or violations, including  
16 the filing process, review, and evaluation and corrective action of such  
17 complaints.

18 3. Each health care facility shall file with the department by July  
19 first, two thousand fifteen a detailed plan to comply with the rules and  
20 regulations of the statewide safe patient handling policy. The depart-  
21 ment shall accept such plan by July first, two thousand sixteen.

22 § 2999-k. Health care facility safe patient handling committees. 1.  
23 Each health care facility shall establish a safe patient handling  
24 committee either by creating a new committee or assigning the powers and  
25 duties to an existing committee. At least one-half of the members of  
26 the safe patient handling committee shall be frontline non-managerial  
27 nurses or direct care workers. At least one non-managerial nurse and one  
28 non-managerial direct care worker shall be on the safe patient handling  
29 committee. The committee shall have two co-chairs with one from manage-  
30 ment and one frontline non-managerial nurse or direct care worker.

31 2. The safe patient handling committee shall: (a) set criteria for  
32 evaluation of patients and/or residents to determine which lift and/or  
33 repositioning equipment, devices or technology are to be used; and for  
34 performance of risk assessments of the environment, job tasks and  
35 patient needs;

36 (b) ensure lift and/or repositioning equipment is set up, used and  
37 maintained according to manufacturer's instructions;

38 (c) provide initial and on-going yearly training and education on safe  
39 patient handling for current employees and new hires, and ensure that  
40 retraining for those found to be deficient is provided as needed without  
41 impact to the employment status of the retrained employees;

42 (d) set up and utilize a process for incident investigation and post-  
43 investigation review which includes a plan of correction and implementa-  
44 tion of controls;

45 (e) make recommendations for the acquisition of equipment or proce-  
46 dures beyond the minimum state recommendations; and

47 (f) perform, at minimum, an annual program assessment and evaluation.

48 § 2999-l. Enforcement. 1. Any nurse or direct care worker or employee  
49 representative who believes the health care facility has not met the  
50 standards set forth in this title shall bring the matter to the atten-  
51 tion of the health care facility in the form of a written notice and  
52 shall afford the health care facility a reasonable opportunity to  
53 correct such deficiencies, provided that such notice need not be  
54 provided where the nurse or direct worker or employee representative  
55 reasonably believes that the failure to meet standards presents an immi-  
56 nent threat to the safety of a specific nurse or direct care worker, or

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1 to the general health of a specific patient, and reporting will not  
2 result in corrective action.

3 2. In the event that the health care facility receiving notice pursu-  
4 ant to subdivision one of this section does not take corrective action  
5 within sixty days, or in the event that notice of a failure to meet  
6 standards is not required pursuant to subdivision one of this section, a  
7 nurse or direct care worker shall have the right to refuse to engage in  
8 patient handling until the health care facility has adequately addressed  
9 the specific failure to meet standards. Upon refusal, such nurse or  
10 direct care worker or his or her representative shall file a complaint  
11 to the department in the manner set forth in the statewide safe patient  
12 handling policy.

13 3. No employer shall take retaliatory action against any nurse or  
14 direct care worker for raising concerns or issues regarding safe patient  
15 handling, filing a complaint or refusing to engage in patient handling.

16 4. Nurses and direct care workers, as defined in section twenty-nine  
17 hundred ninety-nine-h of this title shall be considered employees for  
18 the purposes of section seven hundred forty-one of the labor law.

19 5. The department and the department of labor shall publish and make  
20 public which health care facilities are in compliance with the statewide  
21 safe patient handling policy.

22 § 3. The education law is amended by adding a new section 6510-f to  
23 read as follows:

24 § 6510-f. State safe patient handling policy. 1. The refusal of a  
25 licensed practical nurse or a registered nurse to engage in patient  
26 handling shall not constitute patient abandonment or neglect if such  
27 nurse has, in a manner consistent with article twenty-nine-D of the  
28 public health law and the rules and regulations promulgated pursuant to  
29 such article, refused a patient handling assignment and filed a  
30 complaint with the department of health.

31 2. The refusal of a licensed or unlicensed health care worker to  
32 engage in patient handling not consistent with the state safe patient  
33 handling policy or a facility's safe patient handling policy shall not  
34 be considered professional misconduct. The refusal of a licensed or  
35 unlicensed health care worker to engage in patient handling shall not  
36 constitute patient abandonment or neglect if such worker has, in a  
37 manner consistent with article twenty-nine-D of the public health law  
38 and the rules and regulations promulgated pursuant to such article,  
39 refused a patient handling assignment and filed a complaint with the  
40 department of health.

41 § 4. This act shall take effect on the one hundred twentieth day after  
42 it shall have become a law.

**NEW YORK STATE ASSEMBLY  
MEMORANDUM IN SUPPORT OF LEGISLATION  
submitted in accordance with Assembly Rule III, Sec 1(f)**

**BILL NUMBER:** A1370A

**SPONSOR:** Lancman

**TITLE OF BILL:** An act to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities

**PURPOSE OR GENERAL IDEA OF BILL:** To create a Statewide Safe Patient Handling policy for all health care facilities in New York State.

**SUMMARY OF SPECIFIC PROVISIONS:** Section 1 adds a new title 4 to article 29-d of the public health law. The bill creates an eleven member New York State Safe Patient Handling Task Force within the Department of Health, which includes the composition of the task force and its powers and duties. The bill requires that a report identifying Safe Patient Handling Program elements and recommendations to the Commissioner of Health by July 1, 2014.

The Commissioner of Health in consultation with the task force shall promulgate rules and regulations for a statewide safe patient handling policy to be made available to all health care facilities by January 1, 2015.

Requires all facilities covered by this act to file a plan for compliance with the Department of Health by July 1, 2015 that must be accepted by the Department of Health by July 1, 2016. Requires all covered facilities to establish Safe Patient Handling Committees to assist with compliance and training requirements of the statewide policy.

Section 2 adds a new section 6510-e to the education law stating that a nurse's refusal to engage in patient handling not consistent with the state safe patient handling policy shall not be considered professional misconduct. The section pertains to refusal of a licensed or unlicensed health care workers refusal to engage in patient handling not consistent with the state safe patient handling policy shall not be considered professional misconduct.

**JUSTIFICATION:** Safe Patient Handling uses the latest technology to assist patients with movement. The -old- method of manual lifting can cause patients fear, anxiety and discomfort, not to mention it increases the chance of slips, falls and drops. Patients can also develop skin tears and bruising due to manual lifting. For patients, the safe patient handling program improves safety and comfort, reduces the risk of falls, drops, skin tears and bruising, reduces fear and anxiety, gives residents/patients greater satisfaction of their care, makes residents/patients more independent, increases dignity, improves urinary continence and makes patients more ambulatory. For Health care workers, safe patient handling programs reduce injuries, decrease pain and muscle fatigue, decrease lost work days, decreases overtime, increases morale

and job satisfaction. For health care facilities, safe patient handling programs increase, the quality of care for patients, increases employees retention rates, reduces injuries to workers, which reduces worker compensation claims, lost days and lawsuits.

**LEGISLATIVE HISTORY:** A.11484 of 2008:. reported to Ways & Means;  
A.2047- B of 2009: reported to Ways & Means

**FISCAL IMPLICATIONS:** No fiscal costs to the state or localities.

**EFFECTIVE DATE:** This act shall take effect 120 days after it shall have become a law.

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**2.**

**The Safe Patient Handling Demonstration Act of 2009**

**A 8045-A** Gunther (MS) Same as [S 5786](#)  
 MAZIARZ, [S 50041](#) RULES  
 Public Health  
 TITLE....Provides for an extender of 2 years for  
 the safe patient handling demonstration program  
**This bill is not active in the current session.**  
 05/01/09 referred to health  
 05/12/09 reported referred to ways and means  
 05/27/09 reported  
 05/28/09 advanced to third reading cal.694  
 06/08/09 amended on third reading 8045a  
 06/15/09 passed assembly  
 06/16/09 delivered to senate  
 06/15/09 REFERRED TO RULES  
 06/30/09 SUBSTITUTED FOR S5786  
 06/30/09 3RD READING CAL.693  
 06/30/09 PASSED SENATE  
 07/09/09 VOTE RECONSIDERED - RESTORED  
 TO THIRD READING  
 07/09/09 REPASSED SENATE  
 07/09/09 RETURNED TO ASSEMBLY  
 07/10/09 delivered to governor  
 07/11/09 signed chap.153

**S5786** MAZIARZ Same as [A 8045-A](#) Gunther  
 (MS), [S 50041](#) RULES  
 Public Health  
 TITLE....Provides for an extender of 2 years for the  
 safe patient handling demonstration program  
**This bill is not active in the current session.**  
 06/04/09 REFERRED TO HEALTH  
 06/30/09 COMMITTEE DISCHARGED AND  
 COMMITTED TO RULES  
 06/30/09 ORDERED TO THIRD READING  
 CAL.693  
 06/30/09 SUBSTITUTED BY A8045A  
**A08045 Gunther (MS) AMEND=A**  
 05/01/09 referred to health  
 05/12/09 reported referred to ways and means  
 05/27/09 reported  
 05/28/09 advanced to third reading cal.694  
 06/08/09 amended on third reading 8045a  
 06/15/09 passed assembly  
 06/16/09 delivered to senate  
 06/15/09 REFERRED TO RULES  
 06/30/09 SUBSTITUTED FOR S5786  
 06/30/09 3RD READING CAL.693  
 06/30/09 PASSED SENATE  
 07/09/09 VOTE RECONSIDERED - RESTORED  
 TO THIRD READING  
 07/09/09 REPASSED SENATE  
 07/09/09 RETURNED TO ASSEMBLY  
 07/10/09 delivered to governor  
 07/11/09 signed chap.153

**S50041** RULES Same as [S 5786](#) MAZIARZ, [A 8045-A](#) Gunther (MS)  
**Governor Program #**  
 Public Health  
 TITLE....Provides for an extender of 2 years for the  
 safe patient handling demonstration program  
**This bill is not active in the current session.**  
 06/23/09 REFERRED TO RULES  
 06/23/09 ORDERED TO THIRD READING  
 CAL.10  
 06/23/09 MESSAGE OF NECESSITY - 3 DAY  
 MESSAGE  
 06/23/09 PASSED SENATE

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GUNTHER, GOTTFRIED, DINOWITZ, GABRYSZAK, SPANO, FIELDS, ESPAILLAT, JAFFEE,  
 CASTRO, LUPARDO; M-S: Amedore, Cahill, Cook, Crouch, Hooper, John, McDonough, Pheffer,

Titone

Amd S3, Chap 738 of 2005

Provides for an extension of 2 years for the safe patient handling demonstration program.

EFF. DATE 07/11/2009

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# STATE OF NEW YORK

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8045--A

Cal. No. 694

2009-2010 Regular Sessions

## IN ASSEMBLY

May 1, 2009

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Introduced by M. of A. GUNTHER, GOTTFRIED, DINOWITZ, GABRYSZAK, SPANO, FIELDS, ESPAILLAT, JAFFEE, CASTRO, LUPARDO -- Multi-Sponsored by -- M. of A. CAHILL, COOK, CROUCH, JOHN, McDONOUGH, PHEFFER, TITONE -- read once and referred to the Committee on Health -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend chapter 738 of the laws of 2005, relating to establishing a safe patient handling demonstration program, in relation to the effectiveness thereof

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Section 3 of chapter 738 of the laws of 2005, relating to  
2 establishing a safe patient handling demonstration program, as amended  
3 by chapter 131 of the laws of 2007, is amended to read as follows:  
4 § 3. This act shall take effect immediately, and shall expire and be  
5 deemed repealed [~~4~~] 6 years after such date.  
6 § 2. This act shall take effect immediately.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [~~-~~] is old law to be omitted.

LBD11499-03-9

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**NEW YORK STATE ASSEMBLY  
MEMORANDUM IN SUPPORT OF LEGISLATION  
submitted in accordance with Assembly Rule III, Sec 1(f)**

**BILL NUMBER:** A8045A

**SPONSOR:** Gunther (MS)

**TITLE OF BILL:** An act to amend chapter 738 of the laws of 2005, relating to establishing a safe patient handling demonstration program, in relation to the effectiveness thereof

**PURPOSE OR GENERAL IDEA OF BILL:** To extend for an additional two years the demonstration program to research the effect of safe patient handling programs in health care facilities across New York State.

**SUMMARY OF SPECIFIC PROVISIONS:** This bill would extend for an additional two years the study to establish safe patient handling programs throughout the state to build upon existing evidence-based data, with the ultimate goal of designing a "best" practice for safe patient handling in New York State health care facilities. The bill also establishes specifications for safe patient handling programs.

**JUSTIFICATION:** Nursing is among occupations whose personnel suffer from the highest risk of developing musculoskeletal disorders (MSDs). Research has determined the extent of MSDs on the American nursing workforce is significant.

\*52% report chronic back pain.

\*20% of RNs transfer to different units because of lower back pain.

\*12% have left the nursing profession.

\*38% have suffered occupation related back pain severe enough to require a leave of absence.

There is no safe way to manually lift a physically dependent adult patient. Nurses have been taught to counteract physical stress associated with patient handling by applying principles of body mechanics. These recommendations were based on studies using static loads with men doing the lifting. Furthermore, these methods primarily concentrate on the lower back for lifting and do not accommodate for other vulnerable parts of the body.

**PRIOR LEGISLATIVE HISTORY:** Chapter 131 of the Laws of 2007.

**FISCAL IMPLICATIONS:** None.

**EFFECTIVE DATE:** Immediate.



**3.**  
**New York State Zero Lift Task Force**

# NYS Zero Lift Task Force



## About Us

### Who We Are

The New York State Zero Lift Task Force is made up of healthcare workers, administrators, patient advocates, union representatives and safety and health professionals that want to ensure the health and safety of all patients and healthcare workers in New York State.

### Our Mission Statement

Our mission is to create a safe environment for patients and healthcare workers by eliminating strenuous manual lifting tasks involved in transferring and repositioning patients, thus improving the physical well-being of health care workers, significantly reducing negative patient outcomes, improving the financial strength of the health care industry by significantly reducing workers compensation costs, and retaining and recruiting qualified staff.

### NYS P.U.S.H. Campaign

The NYS P.U.S.H. (Protection Using Safe Handling) Campaign is our educational and awareness program by which we hope to educate New York about the clear benefits of safe patient handling. Through training programs, continuing research, statistical data and legislative efforts, we want New Yorkers to know that safe patient handling programs and legislation will save and protect the future of healthcare in New York State.

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**Warning:** date() [function.date]: It is not safe to rely on the system's timezone settings. You are \*required\* to use the date.timezone setting or the date\_default\_timezone\_set() function. In case you used any of those methods and you are still getting this warning, you most likely misspelled the timezone identifier. We selected 'America/New\_York' for 'EDT/-4.0/DST' instead in **/home/web\_manager/zeroliftforny/repository/zero\_footer.pinc** on line **24**  
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## **New York State Zero Lift Task Force Membership**

- New York State AFL-CIO
- New York State Department of Labor Bureau of Public Employee Safety and Health
- New York Committee for Occupational Safety and Health
- Western New York Committee for Occupational Safety and Health
- Communication Workers of America District 1
- Service Employees International Union Local 1199
- Civil Service Employees Association
- Public Employees Federation
- New York State Nurses Association
- District Council 37
- Communication Workers of America Local 1168
- Kaleida Health Network

**4.**

**Memoranda in Support of the New York Safe Patient Handling Act**



# SUPPORT Memorandum

Denis M. Hughes  
President

Terrence L. Melvin  
Secretary-Treasurer

Ed Donnelly  
Legislative Director

## NYS AFL-CIO PROGRAM BILL

- S. Awaiting Senate Introduction  
A. 1370 Lancman, et al

AN ACT, to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities.

The New York State AFL-CIO, representing over 2 million union workers, their families and our retirees strongly supports the above referenced legislation. This bill creates a statewide safe patient handling policy for various health care providers in New York State including hospitals, nursing homes and other health care facilities. The bill is necessary to improve patient care, reduce workforce injuries and help to reduce overall health care costs in the state.

Improper lifting combined with unsafe patient handling are one of the leading causes of workplace injury for direct care employees, nurses and other health care professionals. Inadequate training and equipment also endangers the quality of health care and can lead to serious injuries of immobile patients.

The Safe Patient Handling Act requires health care facilities to provide education and training on proper lifting and patient maneuvering techniques, installation of appropriate equipment to assist staff in lifting and patient handling, based on the needs and mobility level of the patient as well as require ongoing updates and analysis of safe patient handling procedures.

The long term savings in workers' compensation costs and reduced leave time due to injuries far outweigh the initial investments required by this act. Facilities across the nation and several facilities in state that have piloted these policies have seen dramatic reduction in injury related costs as well as improved health care. Quality Health care and safe policies for patients and staff should not be optional and the success of such programs warrant passage of this legislation into law.

For further information contact the Legislative Department at 518-436-8516.

ED:MN:eb  
opetu-153  
Memo #1/2011

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# LEGISLATIVE MEMORANDUM

*in support of...*

**A 1370-A Laneman / S 2470-A Maziarz**

**The American Federation of State, County and Municipal  
Employees (AFSCME) strongly supports the passage of this  
legislation**

This legislation seeks to improve the methods used to lift and move patients in hospitals, nursing homes, and other health care facilities. Presently, patients and residents are often lifted or moved manually by their caregivers. This method too frequently results in fear and discomfort for patients, injuries and lost work time for health care workers, and increased costs for health care facilities. This legislation would address these problems by implementing safe patient handling policies.

AFSCME members provide vital health care and direct care services to thousands of vulnerable New Yorkers every day. In the course of performing their duties, they risk injury each time they move a patient using outdated and unsafe methods. Policies for improved patient handling would make health care facilities across the state safer workplaces for AFSCME members.

A number of health care facilities statewide have already implemented patient handling policies similar to those provided in this legislation. Those facilities have seen improvements in patient care and have offset implementation costs with lower workers' compensation costs and fewer lost workdays due to employee injuries.

This legislation benefits all stakeholders. For health care workers and the patients they serve, improved patient handling techniques are essential to personal safety and wellbeing. For health care facilities, this legislation offers dual incentives: increased safety for their clients and employees, and reduced long-term costs.

If a health care worker is injured while handling a patient, it could be life-altering and career-ending. If a patient falls or is dropped while being lifted, it could be deadly. This legislation provides an opportunity to mitigate a known danger in the health care industry and it deserves your support.

**On behalf of the more than 420,000 public and non-profit workers that  
AFSCME represents in New York State, including thousands of direct  
care employees, nurses, and other health care professionals, we ask for  
your support of this important legislation.**

Respectfully Submitted,



Brian McDonnell  
Political and Legislative Direct  
AFSCME NY

AFSCME

AFSCME



New York State  
PUBLIC EMPLOYEES  
FEDERATION AFL-CIO  
LEGISLATIVE DEPARTMENT  
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Kenneth Brynien, *President*

Arlen Igoe, *Secretary Treasurer*

# **SUPPORT**

**January 18, 2011**  
**A1370\Lancman**

The New York State Public Employees Federation, representing 56,000 Professional, Scientific, and Technical workers of New York State, supports this legislation.

Each day, in healthcare facilities across the state, patients and caregivers are needlessly subjected to injury by manual patient lifting. Patient injuries that can result include fractures, bruises, and skin tears. For healthcare workers the risks consist of serious musculoskeletal injuries, particularly in the lower back. Aside from the physical toll of manual patient lifting, there is also a tremendous financial cost. These injuries produce added costs for the treatment of injuries, increased personnel expenses to cover shifts for injured workers, and higher workers compensation premiums.

This bill would address the problems associated with manual patient lifting by creating a safe patient handling task force within the Department of Health. Safe patient handling refers to eliminating the hazards of manual lifting by transferring and repositioning patients with mechanical lifts and repositioning devices. The task force will develop a statewide policy and oversee the implementation of safe patient handling programs in all health care facilities across the state. In addition, each facility will be required to establish a safe patient handling committee that includes direct care workers to ensure the proper use of equipment based on patient needs and risks.

Facilities which have implemented safe patient handling programs have reported dramatic improvement in the rate of injuries, workers compensation as well as medical/indemnity costs, and absence due to injury.

For these reasons, the Public Employees Federation urges you to support this legislation.

For more information, please contact:

Brian F. Curran, Legislative Director and Counsel

# SUPPORT

January 18, 2011

## MEMORANDUM IN

## SUPPORT

OF

A. 1370 - Lancman

The CSEA strongly supports this legislation.

This bill amends the Public Health Law and Education Law to require the creation of a safe patient handling policy for hospitals and nursing homes in New York State.

This bill creates a task force within the Department of Health (DOH) to issue recommendations to the Commissioner for the implementation of a safe-patient handling program at all nursing homes and hospitals. The Commissioner is then required to promulgate rules and regulations that create a statewide safe patient handling policy for covered facilities. Additionally, the bill would require committees to be established within covered health care facilities to assist with compliance and training of the requirements contained in the statewide policy.

Health care workers, as well as patients, are hurt on a daily basis due to the manual lifting of patients. This does not have to be the case. Evidence shows that patients, caregivers and health care administrators all benefit from safe patient handling policies. When these policies are in place patients receive higher quality of care, caregivers see a drastic reduction of injuries and a higher level of morale, and health care administrators see a reduction in lost work days as well as workers compensation and indemnity costs. For example, in 2002 the New York State Veterans Home in Batavia had 42 resident-handling injuries that accounted for 1,862 lost work days. In 2005, they received a grant to implement a safe patient handling program. In 2006 the home saw the number of lost work days decrease by 75%.

On behalf of more than 300,000 active and retired, public and private employees, CSEA strongly urges the passage of this proposal.

Respectfully submitted,

Fran Turner  
 Director

FRAN TURNER  
 Director

JOHN BELMONT  
 Legislative Representative

JOSHUA TERRY  
 Legislative Representative



*LEGISLATIVE MEMO:*

**WE SUPPORT**



**A.1370-A/Lancman  
Safe Patient Handling Act**

**Political Action and  
Legislation Department**  
Wanda Williams  
*Director*

This proposal seeks to create a statewide safe patient handling policy for various health care providers in New York State including hospitals, nursing homes and other health care facilities. The bill is necessary to improve patient care, reduce workforce injuries and help to reduce overall health care costs in the state.

**Albany Address:**  
150 State Street, 5th floor  
Albany, NY 12207-1682  
Tel: (518) 436-0665  
Fax: (518) 436-1066

Improper lifting combined with unsafe patient handling are amongst the leading causes of workplace injury for direct care employees, nurses and other health care professionals. Inadequate training and equipment also endangers the quality of health care and can lead to serious injuries of immobile patients. Aside from the risk of injury, lifting patients manually can cause patients fear, anxiety and discomfort.

The Safe Patient Handling Act requires health care facilities to provide education and training on proper lifting and patient maneuvering techniques, installations of appropriate equipment to assist staff in lifting and patient handling, based on the needs and mobility level of the patients as well as require ongoing updates and analysis of safe patient handling procedures. For health care workers, safe patient handling programs reduce injuries and pain and muscle fatigue.

This legislation will help to reduce health care costs because the long term savings in workers' compensation costs far outweigh the initial investments required by this act. State hospitals paid out \$30 Billion in lawsuits from patients who suffered because of unsafe and improper patient handling. Facilities across the nation that have piloted these policies have seen dramatic reduction in injury related costs.

On behalf of the 121,000 members, many of whom work in the health care system, District Council 37 strongly urges you to support this legislation.

Wanda Williams, Director  
Political Action and Legislation

# MEMORANDUM OF SUPPORT On Agenda

A1370  
By Assemblymember Lancman

**An ACT to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities**

The New York State Nurses Association, representing the interests of Registered Nurses and the patients they serve, supports the above-referenced bill which would create a Statewide Safe Patient Handling Policy for all health care facilities in New York State.

This legislation creates an eleven member New York State Safe Patient Handling Task Force within the Department of Health - identifying the composition of the task force and its powers and duties. The bill requires that a report identifying Safe Patient Handling Program elements and recommendations be submitted to the Commissioner of Health by July 1, 2012. The Commissioner of Health in consultation with the task force shall then promulgate rules and regulations for a statewide safe patient handling policy to be made available to all health care facilities by January 1, 2013. Facilities covered by this act shall file a plan for compliance with the Department of Health by July 1, 2013 that must be accepted by the Department by July 1, 2014.

Safe patient handling is a comprehensive approach to reducing the use of the manual movement of patients when lifting, transferring and re-positioning. The rules and regulations of A1370 will require that each healthcare facility's Safe Patient Handling Program include: a written policy statement, management commitment and employee involvement, committees, risks assessments, incident investigation, procurement of engineering controls, lifting and transfer aids or assistive devices, employee training and education on safe patient handling, and program evaluation and modification. Each facility will also establish a Safe Patient Handling Committee to assist with implementation and oversight of the Program.

The Nurses Association appreciates and supports the many benefits that can be derived from safe patient handling programs. Patients benefit through improved quality of care and quality of life by reducing risks of falls, being dropped, friction burns, skin tears, and bruises. Healthcare workers benefit from the reduced risk of career ending and debilitating injuries; decreases pain and muscle fatigue; and increases in morale, job satisfaction, and longevity in the profession. Healthcare facilities realize a quick return on their investment through reduced workers' compensation medical and indemnity costs, reduced lost workdays and improved recruitment and retention of health care workers - including R.N.s of which the state is experiencing an ever worsening short supply. Further, these benefits will lead to the fiscal improvement of New York's healthcare system.

New York State's patients and healthcare workers deserve the positive outcomes that result from the adoption of Safe Patient Handling policies and practices. To promote quality patient care and a safer work environment for healthcare workers, the New York State Nurses Association strongly urges enactment of this legislation.



LEGISLATIVE MEMORANDUM



SUPPORTS



NYSUT represents more than 600,000 professionals in education and health care. Affiliated with AFT • NEA • AEA • UIO

Richard C. Iannuzzi, President
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Stephen K. Mlinger, Director of Legislation

Table with 3 columns: Bill Number, Name, and Committee. Row 1: S-2470-A, Maziarz, Codes Committee. Row 2: A-1370-A, Lancman, Health Committee.

PROVISIONS OF THE BILL:

This bill amends Article 29-d of the Public Health Law and adds a section 6510-f to the Education Law establishing a New York State Safe Patient Handling Task Force within the Department of Health (DOH). The provisions included within this legislation are:

- creation of an eleven member New York State Safe Patient Handling Task Force within the Department of Health, which includes the composition of the task force and its powers and duties. A report by the Task Force, identifying Safe Patient Handling Program elements and recommendations, must be submitted to the Commissioner of Health by July 1, 2013;
promulgation of rules and regulations for a statewide safe patient handling policy to be made available to all health care facilities by January 1, 2015 as prepared by both the Commissioner of Health and the Task Force;
requirement of all facilities covered by this act to file a plan for compliance with the Department of Health by July 1, 2013 that must be accepted by the Department of Health by January 1, 2016.
requirement that all covered facilities establish Safe Patient Handling Committees to assist with compliance and training requirements of the statewide policy; and
statement that a nurse's refusal to engage in patient handling not consistent with the state safe patient handling policy shall not be considered professional misconduct.

STATEMENT OF SUPPORT:

New York State United Teachers represents both the professional and legislative interests of thousands of health care workers across the state; we strongly support any measures that enhance or ensure a safe and productive work environment for both our health care professionals and the patients they serve. The Statewide Safe Patient Handling Policy is one such legislative measure that would greatly improve the conditions at a number of health care facilities. The enactment of this legislation would establish a safe patient handling task force at DOH, which would be directed to make recommendations to the commissioner regarding a safe patient handling policy. The legislation would also establish specifications for safe patient handling programs.

Numerous studies have documented a high incidence of back, knee, shoulder and other joint pain among healthcare workers. Based on workers' compensation claims for back injuries, nursing aides and licensed practical nurses (LPNs) ranked fifth and ninth, respectively, among all occupations, and nursing aides are at a higher risk for back injuries than construction laborers, lumbermen, material handlers and laborers.

Lifting and transferring patients are the most commonly reported causes of back pain and knee and shoulder injury among healthcare workers. Most programs for the prevention of back and joint injury for healthcare personnel tend to focus on proper lifting techniques, body mechanics and back care.

# 1199 SEIU

United Healthcare Workers East

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**CHIEF FINANCIAL OFFICER**  
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\*\* Acting Executive VP

## Memorandum of Support

### A.1370-A (Lancman)/S.2470-A (Maziarz)

1199 SEIU-UHE, representing 250,000 health care workers in the State of New York, strongly supports A.1370-A (Lancman)/S.2470-A (Maziarz), the Safe Patient Handling Act.

This bill creates a statewide safe patient handling policy for various health care providers in New York State including hospitals, nursing homes and other health care facilities. The bill is necessary to improve patient care, reduce workforce injuries and help to reduce overall health care costs in the state.

Improper lifting combined with unsafe patient handling are one of the leading causes of workplace injury for direct care employees, nurses and other health care professionals. Inadequate training and equipment also endangers the quality of health care and can lead to serious injuries of immobile patients.

The Safe Patient Handling Act requires health care facilities to provide education and training on proper lifting and patient maneuvering techniques, installation of appropriate equipment to assist staff in lifting and patient handling, based on the needs and mobility level of the patient as well as require ongoing updates and analysis of safe patient handling procedures.

The long term savings in workers' compensation costs and reduced leave time due to injuries far outweigh the initial investments required by this act. Facilities across the nation and several facilities in state have piloted these policies have seen dramatic reduction in injury related costs as well as improved health care.

Quality health care and safe policies for patients and staff should not be optional and the success of such programs warrants passage of this legislation into law.

For the above reasons, 1199 SEIU-UHE strongly supports A.1370-A (Lancman)/S.2470-A (Maziarz), the Safe Patient Handling Act. If you have any questions please contact Richard Winsten at (518) 465-5551.

2011

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**A.1370**

***The Safe Patient Handling Act***

**Memorandum in Support**

Submitted on behalf of  
The Committee of Interns and Residents/SEIU Healthcare

According to numbers released by the Bureau of Labor Statistics, nurses who handle patients have a higher rate of injury than laborers, movers, and truck drivers. To anyone familiar with the work that nurses and other ancillary staff do day in and day out on the front lines of our health care system, this shouldn't be a surprise. The strain from older methods of repositioning, moving and lifting patients poses a potential risk to the health of the healthcare workers themselves, to say nothing of the risk of discomfort and potential harm to the patients being transported. For injured workers, this is not a temporary inconvenience. More than half of all nurses nationwide complain of chronic back pain and 38% feel pain severe enough to require leave time. Given the volume of work at our hospitals in New York State and the mounting nurse shortage, this risk negatively impacts the entire healthcare system.

New safe handling techniques utilize technology to reduce injuries, decrease pain and muscle fatigue, decrease lost work days, decreases overtime, increases morale, and job satisfaction. Additionally, they provide for safer and more comfortable conditions for patients. It ought to be the policy of the state to encourage wide adoption of safe handling techniques on behalf of workers and patients.

*The Safe Patient Handling Act* would take concrete steps to make this a reality. By convening an 11-member New York Safe Patient Handling Task Force within the Department of Health, the Act would ensure that decisions about safe patient handling policies and procedures will benefit from the experience of frontline providers of care. We are confident that the subsequent policy adopted by the state will truly protect nurses from potentially debilitating patient handling injuries.

The Committee of Interns and Residents, the nation's oldest and largest union for resident physicians which represents some 6,000 physicians in New York State, applauds any effort to support the nurses and ancillary staff who we work with every day. CIR supports A.1370, *The Safe Patient Handling Act*, and strongly urges you to do the same.

For more information, please contact:

Tim Foley, Political Director

March 1, 2011



An act to amend the public health law  
and the education law, in relation to a safe  
patient handling policy for health care facilities

JERRY DENNIS  
President

LIZ GOLEMBESKI  
Executive Vice President

ELAINE GERACE  
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MICHAEL LONIGRO  
Secretary-Treasurer

SCOTT PHILLIPSON, ESQ  
Recording Secretary

JOHN WALKER  
Sergeant-at-Arms

A1370-A/S2470-A

**MEMORANDUM IN SUPPORT**

Submitted on behalf of  
SEIU Local 200United

The proposed legislation would create a statewide Safe Patient Handling policy in order to ensure that the latest technologies are in use by health care facilities to enable the best patient care. Safe patient handling is critical to the quality of New York State's health care facilities, and the health and safety of their patients.

This legislation would require health care facilities to file a plan for compliance with the Department of Health, as well as free nurses from threat of professional misconduct for refusing to engage in patient handling not consistent with safe handling policies. In doing so, safe patient handling not only greatly reduces the number of patient care accidents and resulting law suits, but also allows much greater comfort and support for vulnerable patients. By following Safe Patient Handling guidelines, patient's will be further assured to receive the best possible care in their time of need.

Therefore, for the reasons stated herein, SEIU Local 200United strongly urges you to support this legislation.

**SERVICE EMPLOYEES  
INTERNATIONAL UNION  
CTW, CLC**

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Memorandum of Support –A.1370A /S.2470

## **Support Patient Safe Handling Legislation to Stop Injuries & Save Money**

### **Sponsors:**

**Prime Assembly Sponsor: Rory Lancman (D-Queens)**

**Co-Sponsors:** Gunther (D-Monticello), Paulin (D-Westchester), Rosenthal (D-Manhattan), Robinson (D-Brooklyn), Jaffee (D-Rockland), Benedetto (D-Bronx), Cahill (D-Kingston), Gottfried (D-Manhattan), Galef (D-Westchester), Clark (D-Queens), Lupardo (D-Binghamton), Jacobs (D-Queens), Gabryszak (D-Cheektowaga), Bronson (D-Rochester), Hoyt (D-Buffalo), Rivera P. (D-Bronx), Linares (D-Manhattan), Schroeder (D-Buffalo), Weprin (D-Queens) as of 3/10/11.

**Multi-Sponsors:** Abinanti (D-Westchester), Arroyo (D-Bronx), Brennan (D-Brooklyn), Colton (D-Brooklyn), Destito (D-Utica), Glick (D-Manhattan), Heastie (D-Bronx), Lifton (D-Ithaca), Meng (D-Queens), Nolan (D-Queens), Pheffer (D-Queens), Sweeney (D-Suffolk) as of 3/10/11. Alessi (D-Suffolk), Barra (R-Nassau), Crespo (D-Bronx), Destito (D-Utica), Hooper (D-Nassau), Meng (D-Queens) as of 3/10/11.

**Prime Senate Sponsor: George Maziarz (R-Niagara)**

**Co-Sponsors:** None as of 3/10/11.

### **Bill Status:**

In the Assembly, this bill was referred to the Health Committee, where it was passed on 1/5/11. The bill is now referred to the Codes Committee.

In the Senate, this bill is referred to the Health Committee.

### **What the Bill Would Do:**

This bill creates a task force to implement a statewide patient safe handling policy.

### **Background:**

The traditional method of moving and handling patients is manual lifting. Manual lifting causes patients fear, anxiety and discomfort – and increases the chances of slips, falls and drops. For health care workers, it is the top source of workplace injuries.

In New York State, health care workers experience far more strain and sprain injuries than even construction workers or truck drivers. The top source of these injuries is moving and handling patients. According to the Bureau of Labor Statistics (U.S.), in 2007, 29% of all workplace injuries requiring time away from work were Musculoskeletal disorders (MSDs). The rate of MSD injury

for nursing aides, orderlies, and nursing attendants was seven times higher than the average of all occupations.

New York State has a severe shortage of trained, experienced nurses. Nurses most often cite the physically demanding nature of the work as their reason for leaving the job (too few nurses taking care of too many patients is a major cause of the physically arduous nature of the work).

### **Safe Patient Handling Policies Reduce Worker Injuries:**

Health care workers frequently experience strain and sprain injuries. Even more serious fractures and career-ending injuries also occur. In Western New York, CWA and Kaleida Health have collaborated on a model program for safe patient handling. The program uses better training, automation, and technology to reduce manual lifting. It has delivered a 77% drop in lost work days. In Batavia, the NYS Veterans' Home also implemented a safe patient handling program and reduced lost workdays by 93%.

### **Safe Patient Handling Policies Reduce Patient Injuries:**

Unfortunately, health care workers can and do drop or improperly move patients when they are using their own bodies to do all the lifting and moving. Patient skin tears, friction burns, bruises and fractures are all too often the result of manual patient lifts and moves.

Safe patient handling programs reduce patient injuries dramatically. For example, Niagara County's Long Term Care Facility experienced a 64% reduction in bone fractures, a 37% reduction in skin tears and bruising and the elimination of lower body spiral fractures just one year into implementation of its Safe Patient Handling program.

### **Safe Patient Handling Policies Save Money:**

Returns in lower workers' compensation claims and higher productivity have far surpassed the cost of Kaleida Health and CWA's collaborative patient safe program. Safe patient handling programs reduce turnover among nurses and prolong their careers. Evidence shows that Safe Patient Handling programs decrease: Patient-handling related workers' compensation injury rates (30-95%), Lost workday injury rates (66-100%), Restricted workdays (up to 38%), Workers compensation costs (30-75%), and Insurance premiums (50%).

## **Co-Sponsor and Pass S.2470/A.1370A to Protect Patients, Workers & Save Money**

For More Information Contact CWA District 1 at 212-344-2515

**5.**

**Memoranda in Opposition to the New York Safe Patient Handling Act**

# GNYHA STATEMENT OF OPPOSITION

May  
Two  
2011

TO: Members of the New York State Legislature

FROM: The Greater New York Hospital Association

RE: A.1370-A/S.2470-A: Safe Patient Handling Act

A.1370-A/S.2470-A amends the public health law to mandate a statewide safe patient handling policy for health care facilities. The proposed legislation would require the creation of a task force within the New York State Department of Health (DOH) which would define the elements of a comprehensive safe patient handling program that must be implemented in all health care facilities, as well as very specific staffing and equipment requirements for health care facilities with regard to the safe handling of patients.

Greater New York Hospital Association (GNYHA) agrees that patient and employee safety should be a major priority for health care facilities, and GNYHA supports the requirements that health care facilities implement appropriate systems and mechanisms to ensure patient and employee safety including the reduction of occupational injuries that may arise from the patient handling process. To that end, GNYHA supports the continued study of the most effective ways to safely handle patients, including the identification of the most effective techniques that should be implemented and equipment that should be obtained, in order to avoid patient and staff injury in the process. However, GNYHA believes that the most appropriate next step for the task force called for in the legislation is to review the data from the demonstration authorized by the 2005 legislation. Review of these data prior to implementing overly prescriptive policies and procedures with regard to safe patient handling is critical.

Also of concern is the reporting of patient and staff adverse events that may arise during the transfer and other processes that is called for in this legislation. This is redundant to reporting requirements that currently exist in both State and Federal law and should be reconsidered.

Additionally, A.1370-A/S.2470-A fails to address the fiscal implications of the overly prescriptive requirements of the legislation with regard to equipment acquisition and other administrative procedural requirements called for in this bill. The fiscal impact of this legislation cannot be ignored in light of the significant financial constraints within which most of our health care facilities are currently operating and the threat of greater financial fragility posed by the State budget cap and Federal budget cuts. In essence, the health care industry in New York State cannot withstand yet another overly prescriptive, unfunded mandate.

GNYHA and its members wholly support the goal of promoting patient and employee safety in all aspects of patient care, including the safe handling of patients. However, for all of the aforementioned reasons, GNYHA opposes A.1370-A/S.2470-A and urges its defeat.



GREATER NEW YORK HOSPITAL ASSOCIATION

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Daniel Sisto, President

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# OPPOSITION Memorandum

April 29, 2011

**TO: Members, New York State Legislature**

**RE: A.1370-A (Lancman)—On 5/3/11 Assembly Codes Committee Agenda  
Same as S.2470-A (Maziarz)—In Senate Health Committee**

This bill amends the public health law to mandate a very prescriptive safe patient handling program for hospitals, nursing homes, home care agencies, mental health providers, corrections, and education. It would also set up a task force and then stipulate in great detail what the task force must require of health care facilities. It would also prescribe specific policies that the Department of Health would be required to promulgate and impose on providers.

While the Healthcare Association of New York State (HANYS) supports putting in place measures to ensure patient and employee safety and reduce occupational injuries, we have a number of serious concerns with this legislation, particularly its prescriptive nature, that make this bill unworkable. As a result, HANYS must oppose this legislation.

In 2005, HANYS was very involved in legislative discussions that created a safe patient handling demonstration program. Our goal was to learn from these demonstrations so that evidenced-based best practices could be designed. The demonstration program is currently set to expire this year.

This particular bill would require the development of a statewide safe patient handling policy that includes "standards" with regard to the ratio of equipment and technology based on type of facility; the type of equipment, device, or technology; and minimum number of devices. This provision is problematic because it locks into place, on a statewide basis, specific equipment and device ratios. Such decisions should be based on a variety of factors. Not all patients are the same, neither are providers. Equally important, the bill does not seem to reflect the need to incorporate new technologies as they evolve.

The bill would also require the creation of a safe patient handling committee in each health care organization. The committee would involve direct care workers, which is important. However, the bill does not, unlike the language for the original demonstration program, require that the committee involve

“...individuals with expertise and experience that is relevant to the operation of such a program.” The demonstration program created in 2005 also required that provider oversight include individuals involved with risk management, purchasing, and occupational safety and health. These omissions are surprising given the otherwise extreme level of detail in the bill.

Unlike the demonstration program, which included grant funding, this legislation does not incorporate funding to make necessary investments. Although a portion of these costs should be reimbursed through Medicaid, full costs are clearly not covered. Additionally, there is no requirement for any payor to reimburse these added costs.

Additionally, it is unclear how the required committee, risk assessment, recommendations for equipment purchase, and the proposed process for incident investigation will work since hospitals and nursing homes are already required to have quality assurance committees that assess internal risk areas, including patient safety, and surveillance that evaluate compliance with OSHA requirements. This bill creates new silos, contrasted with a more integrated approach.

Finally, the bill raises questions about liability as well, since it allows employees to refuse to provide patient care in certain situations, yet mandates health care organizations to comply with new requirements.

In a Request for Applications (RFA) released by the Department of Health (DOH) in November 2007, DOH described the program as “...designed to collect evidence-based data reflecting the incidence of employee and patient injuries resulting from patient handling and the use of manual and technology-based techniques. The findings from the demonstration program will be used to identify and describe to the health care industry successful strategies for improving the health and safety of the healthcare workforce and patients during patient handling.”

Health care providers embrace the goal of promoting patient and employee safety. HANYS supported the demonstration program and we believe the results of that initiative should be considered before imposing significant new requirements. Further dialogue needs to occur prior to the enactment of legislation. **As a result, HANYS urges the Legislature to reject this bill.**



Assembly Codes Committee

Tuesday, May 3, 2011

## MEMORANDUM

**A.1370-A (Lancman)-S.2470-A (Maziarz)**

*AN ACT to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities*

The bill would create a Statewide Safe Patient Handling Policy for all health care “facilities” in New York State and require facilities to establish Safe Patient Handling Committees to assist with compliance and training requirements reflecting the statewide policy. While NYAHS A supports the underlying concept, we believe the bill overreaches and is unclear in several areas.

The use of the term “facility” is particularly vague, since the bill refers to providers licensed under PHL, including Article 36 home care agencies. For example, would the requirements apply to assisted living and adult care facilities in which home care services are provided? If so, how would it affect the cost of these services and the living environment, which is supposed to support independence? With the hands-on services often being provided by an agency that is different than the facility operator in these cases, it is unclear which entity would bear responsibility for furnishing the equipment and ensuring its proper use.

There is no provision in the bill for reimbursement of the costs associated with equipment acquisition and maintenance, training, and the time and expenses associated with operating the committee. This translates into a potentially large unfunded mandate for long term care providers and the individuals they serve. Furthermore, we would question the bill’s assertion that providers will “quickly” recover the costs. In fact, it can take more staff time to deploy and use the equipment than to perform a traditional hands-on patient assist. Additionally, the potential exists for employees and patients to sustain injuries even when the equipment is used.

By creating yet another broad-based mandate, this bill also creates significant additional liability for long term care providers. Without any clear definition of the language “imminent danger or threat exists to the safety of a specific nurse or direct care worker or to the general health of a specific patient,” the bill would allow employees to refuse to provide needed patient care without full consideration of the potential consequences for patients or the facility.

Creating a statewide task force to identify safe practices and develop training materials makes a lot of sense. However, mandating the establishment of facility safe handling committees, setting up criteria for patient evaluation, recommending equipment purchases and developing procedures for the reporting and submission of complaints for the most part already exists in regulation. Empowering individuals on a committee who may be well-intended but may not have the expertise to deal with these issues may not lead to the best outcomes. Furthermore, this could impair the ability of the facility’s managers to effectively weigh investments in this area against other needed patient care investments in an environment of limited resources.

Although NYAHS A and its members support efforts to enhance the safety of both patients and health care workers, NYAHS A must oppose A.1370-A/S.2470-A and urge that it be rejected.

The New York Association of Homes and Services for the Aging (NYAHS A) represents nearly 600 not-for-profit and public long-term care providers, including nursing homes, home care agencies, senior housing, retirement communities, assisted living, adult care facilities, adult day health care and managed long term care.

# HCA MEMORANDUM OF OPPOSITION WITH RECOMMENDATION



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FOR POLICY &  
CLINICAL AFFAIRS

HCA, New York State's premier home care association, represents more than 400 providers, individuals and associate members who collectively serve thousands of New Yorkers.

Home care encompasses a broad spectrum of services delivered at home to patients who are disabled, chronically ill, recovering from an illness, or have other health-related needs that can be met in the home setting.

"Helping New Yorkers Feel Right at Home"

TO: Members of the New York State Legislature

RE: A.1370-A (LANCMAN), S.2470-A (MAZIARZ)  
AN ACT to amend the public health law and the education law, in relation to a safe patient handling policy for health care facilities

Date: May 2, 2011

The Home Care Association of New York State, Inc. (HCA) supports the highest quality patient care, and recognizes the role of safe patient handling and worker safety in relation to this standard.

However, HCA is compelled to strongly oppose this particular legislation, A.1370 -A and S.2470-A, which would create a State Safe Patient Handling Task Force to implement a Statewide Safe Patient Handling Policy for all health care facilities.

The provisions of this legislation are mistakenly applied to home care agencies through a contradictory reference to the home care statute in the definition section of the bill. The legislation seeks the regulation of patient handling in "Health Care Facilities," which the bill specifically defines as an individual or entity "which provides health care services in a facility." The legislation proceeds to list a series of statutory references that identify licensed facilities, and includes as part of that list a reference to "article thirty-six of this chapter." Article thirty-six entities are not facilities or places in which health care services are provided. Rather, article thirty-six entities are agencies through which health personnel are deployed to provide services in patients' private homes.

The ensuing standards and provisions of the bill proceed from the "Health Care Facilities" definition and the notion that the entities subject to the proposed safe patient handling initiative are those that "provide health care services in a facility." Consequently, the provisions of the bill do not fit with the delivery of services in the home – for example the proposed safe handling policy requires standards with regard to the "ratio of equipment or technology based on the type of facility, number of beds, types of care units, patient populations and patient care areas." These are clearly facility-oriented circumstances and standards that do not apply to care in a patient's home.

HCA therefore respectfully requests that A.1370-A and S.2470-A be amended to exclude references to "article thirty-six" (home care entities).