

# VICTORY!

## AB 1136 Will Help PREVENT HOSPITAL WORKER INJURIES DUE TO LIFTING, TRANSFERS

Governor Brown signed landmark Safe Patient Handling legislation (AB 1136) on Oct. 7 to help slow a staggering epidemic of workplace injuries among hospital workers while also improving patient care.

“The SEIU nurses here in California have long recognized the need for safe patient handling legislation and this was the year to finally get that accomplished. Too many of our nurses and other healthcare workers have been injured on the job while moving or repositioning the patients in their care.”

**Ingela Dahlgren, RN**, Executive Director, SEIU Nurse Alliance of California

Due to excessive and unnecessary manual patient lifting and/or transfers, RNs and other healthcare workers experience some of the nation’s highest rates of disabling neck, back, and shoulder injuries. For more than a decade, mechanical lifting and transfer devices have proven to be remarkably effective in reducing these injuries while reducing serious patient skin tears and patients being dropped.

Dahlgren said, “With this important legislation, not only will our patients be provided safer care, but hospitals will have the guidelines to better protect their employees and prevent career-ending injuries.”

The nation’s first Safe Patient Handling law requiring the purchase of safe patient handling equipment and training programs was passed in Washington State in 2006. As a result of the implementation of this law, a January 2011 study found that neck, back, and shoulder injuries to hospital workers caused by manual patient handling have decreased by more than one third.



Some hospitals fought against passage of the law, such as Catholic Healthcare West’s St. John’s Hospitals in Ventura County.

In the St. John’s Hospitals Oct. 2011 Marketing Highlights newsletter, it states: “AB 1136 Lift Teams/Patient Handling - AB 1136 (Swanson) would require employers to have a safe-patient handling policy for patient care units and to provide trained lift teams or staff trained in safe lifting techniques in each general acute-care hospital. Letters were faxed to the Governor’s Office requesting that this bill be vetoed.”

As nurses, many of us know first-hand how dangerous manual lifting and transfers can be. We know that it’s not always just nuisance pain that’s caused by moving patients. Sometimes it can be completely debilitating and lead to early death.

***That’s not acceptable.***

That’s why our SEIU Nurse Alliance of California fought for so many years to get this legislation passed. **A big thank you to all 121RN nurses who participate in our Nurse Alliance in California!**

SECTION 1. This act shall be known and cited as the Hospital Patient and Health Care Worker Injury Protection Act.

SEC. 2. The Legislature finds and declares the following:

(a) In 2008, there were 36,130 occupational musculoskeletal disorder (MSD) cases in private industry where the source of injury or illness was a health care patient or resident of a health care facility. This accounted for 11 percent of the 317,440 total cases of MSDs that resulted in at least one lost day from work in 2008. Almost all (98 percent) of the cases involving patient handling occurred within the health care and social assistance industry, composing 55 percent of the 64,300 total MSD cases in that industry.

(b) For MSD cases involving patient handling, almost all (99 percent) were the result of over-exertion. A sprain, strain, or tear was the type of injury that was incurred in 84 percent of the MSD cases involving patient handling.

(c) Nursing aides, orderlies, and attendants incurred occupational injuries or illnesses in 52 percent of the MSD cases involving health care patients. Registered nurses accounted for 16 percent and home health aides for another 6 percent. Other occupations with MSD cases involving health care patients included licensed practical and licensed vocational nurses, emergency medical technicians and paramedics, personal and home care aides, health care support workers, radiologic technologists and technicians, and medical and health services managers.

(d) Over 12 percent of the nursing workforce leaves the bedside due to back injuries each year. California's nursing workforce is aging at the same time patient acuity and obesity are rising. It is imperative that we protect our registered nurses and other health care workers from injury, and provide patients with safe and appropriate care. At a cost of between sixty thousand dollars (\$60,000) and one hundred forty thousand dollars (\$140,000) to train and orient each new nurse, preventing turnover from injuries will save hospitals money.

SEC. 3. Section 6403.5 is added to the Labor Code, to read:

6403.5. (a) As part of the injury and illness prevention programs required by Section 3203 of Title 8 of the California Code of Regulations, or any successor law or regulation, employers shall adopt a patient protection and health care worker back and musculoskeletal injury prevention plan. The plan shall include a safe patient handling policy component reflected in professional occupational safety guidelines for the protection of patients and health care workers in health care facilities.

(b) An employer shall maintain a safe patient handling policy at all times for all patient care units, and shall provide trained lift teams or other support staff trained in safe lifting techniques in each general acute care hospital. The employer shall provide training to health care workers that includes, but is not limited to, the following:

(1) The appropriate use of lifting devices and equipment.

(2) The five areas of body exposure: vertical, lateral, bariatric, repositioning, and ambulation.

(3) The use of lifting devices to handle patients safely.

(c) As the coordinator of care, the registered nurse shall be responsible for the observation and direction of patient lifts and mobilization, and shall participate as needed in patient handling in accordance with the nurse's job description and professional judgment.

(d) For purposes of this section, "lift team" means hospital employees specifically trained to handle patient lifts, repositionings, and transfers using patient transfer, repositioning, or lifting devices as appropriate for the specific patient. Lift team members may perform other duties as assigned during their shifts. A general acute care hospital shall not be required by this section to hire new staff to comprise the lift team so long as direct patient care assignments are not compromised.

(e) For purposes of this section, "health care worker" means a lift team member or other staff responsible for assisting in lifting patients who is a hospital employee specifically trained to handle patient lifts, repositioning, and transfers using patient transfer, repositioning, and lifting devices as appropriate for the specific patient.

(f) For the purposes of this section, "safe patient handling policy" means a policy that requires replacement of manual lifting and transferring of patients with powered patient transfer devices, lifting devices, and lift teams, as appropriate for the specific patient and consistent with the employer's safety policies and the professional judgment and clinical assessment of the registered nurse.

(g) A health care worker who refuses to lift, reposition, or transfer a patient due to concerns about patient or worker safety or the lack of trained lift team personnel or equipment shall not, based upon the refusal, be the subject of disciplinary action by the hospital or any of its managers or employees.

(h) This section shall not apply to general acute care hospitals within the Department of Corrections and Rehabilitation or the State Department of Developmental Services.



**If you have questions about AB 1136 or its implementation at your hospital, contact your SEIU 121RN Union Representative. If you do not know who your Union Rep is, go to [www.seiu121rn.org](http://www.seiu121rn.org), click on "Our Hospitals" then find your worksite.**