



The Cal/OSHA Safe Patient Handling Regulation

Health Care Worker Back and Musculoskeletal Injury Prevention Law

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*Health Care Worker Back and
Musculoskeletal Injury Prevention Law*

*August 2014
1st Edition*



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Preface

Safe patient handling has been a focus of the health care community for nearly a decade. On June 19, 2014, the Cal/OSHA Standards Board adopted the much-anticipated Safe Patient Handling regulation. The regulation will become effective on Oct. 1, 2014.

This guidebook explains the requirements of the Safe Patient Handling regulation, the elements of a patient protection and health care worker back and musculoskeletal injury prevention plan, how to implement a plan in your facility, and what to expect regarding enforcement. The guidebook also provides resources helpful to compliance.

All hospital departments that involve patient care will be affected. In addition, departments that may not be directly involved in patient care, but that have employees who are present on patient care units, are affected. Each patient care unit is required to complete an assessment of patient handling needs and equipment, and develop a safe patient handling strategy. The regulation requires that all patients — regardless of weight, mobility or other health issues — be assessed for safe patient handling protocols. The hospital must ensure that all employees whose job assignments require them to be present on patient care units receive appropriate training — including employees of other employers, such as registry nurses, medical group physicians, first responders, medical device manufacturer representatives, and others. Finally, hospitals will have to develop and maintain required documentation.

The Cal/OSHA Safe Patient Handling Regulation guidebook is intended to help hospital management understand the requirements of the law and implement it. It is written specifically for California's hospital human resources executives, employee relations managers, chief operating officers, chief nursing officers, legal counsel, risk managers and department directors.

Complying with the safe patient handling regulation is a significant undertaking. CHA is pleased to publish this manual as a service to our members and others, and hope you find it useful. If you have any comments or suggestions on how to improve *The Cal/OSHA Safe Patient Handling Regulation* guidebook, please feel free to contact us by phone or email.

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The Cal/OSHA Safe Patient Handling Regulation

I. INTRODUCTION

Effective Oct. 1, 2014, every general acute care hospital must adopt and implement a patient protection and health care worker back and musculoskeletal injury prevention plan (MIPP) as required by Title 8, California Code of Regulations, Section 5120. Hospitals must also train their employees by Oct. 1, 2014 on the new plan and related policies. This guidebook explains the requirements of the law, which is also known as the “Safe Patient Handling” regulation. (*See SPH Appendix A, “Cal/OSHA Safe Patient Handling Regulation.”*)

The state agency responsible for enforcing the Safe Patient Handling regulation is the California Department of Industrial Relations, Division of Occupational Safety and Health (DOSH), better known as Cal/OSHA. Information about how Cal/OSHA will enforce the regulation is found in X. “State Agency Enforcement,” page 18. The California Department of Public Health (CDPH) will not survey hospitals for compliance with this regulation; however, CDPH surveyors may contact Cal/OSHA inspectors if they suspect violations. In addition, Cal/OSHA personnel may refer patient care issues to CDPH.

Cal/OSHA provides free consultation services to California employers with questions about health and safety issues at their workplaces, without the risk of receiving citations or fines. Visit www.dir.ca.gov/DOSH/etools/09-031/resources.htm or www.dir.ca.gov/dosh/consultation_offices.html for phone numbers and web addresses to contact the Cal/OSHA Consultation Service.

NOTE: Throughout this guidebook, the word “must” indicates a legal requirement. The words “may” or “should” indicate something optional that is not a legal requirement. For example, when the guidebook says that a hospital “may” wish to establish a Safe Patient Handling task force, this is merely an idea or a suggestion, not a requirement of the law.

II. WHO MUST COMPLY WITH THIS LAW?

This law applies to all general acute care hospitals (GACHs), except hospitals within the Department of Corrections and Rehabilitation or the State Department of Developmental Services. It does not apply to distinct part skilled nursing units or acute psychiatric hospitals. (**NOTE:** Critical access hospitals are licensed in California as GACHs, and are required to comply with this law.)

The regulations apply to all units or departments included on a GACH license that provide direct patient care. This includes both inpatient and outpatient departments. Some units that are covered by the MIPP that are not immediately obvious include

newborn nursery, pediatrics, outpatient clinics, emergency department, operating room, post-anesthesia recovery room, home health, hospice, and psychiatric unit — that is, any unit or department on the hospital’s license. If the hospital owns a freestanding unit or department that is not on the hospital’s license (such as a separate home health agency, for example), then those units are not required to comply with the new Safe Patient Handling regulation. However, under the existing law, they are still required to have an IIPP.

This guidebook focuses on the new Cal/OSHA Safe Patient Handling regulation. Hospitals should be aware that there are other employee safety regulations that they must comply with, such as the requirement to adopt and implement an “Injury and Illness Prevention Program” (IIPP), as required by Title 8, California Code of Regulations, Section 3203 (Section 3203 is found in SPH Appendix B, “Cal/OSHA Injury and Illness Prevention Program Regulation”).

In addition, Section 3203 and other Cal/OSHA safety orders apply to patient handling in health care facilities, services and operations that are not covered by the Cal/OSHA Safe Patient Handling regulation.

Finally, other sections of Title 8, including (but not limited to) Section 5110, apply to patient handling in general acute care hospitals. (Section 5110 covers repetitive motion injuries; *see Section 5110 in SPH Appendix C, “Cal/OSHA Repetitive Motion Injuries Regulation.”*)

III. DEFINITIONS

The regulation includes the following definitions.

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

“Designated registered nurse” means a registered nurse who has responsibilities under the MIPP, including (but not limited to) the responsibilities of a designated health care worker, preparation of a safe patient handling instruction, the observation and direction of patient lifts or mobilizations, or the communication of patient handling information to patients or their authorized representatives.

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

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

“IIPP” is the acronym for the Injury and Illness Prevention Program.

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

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

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

“MIPP” is the acronym for the Musculoskeletal Injury Prevention Plan.

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

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

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

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

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

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

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

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

IV. BACK AND MUSCULOSKELETAL INJURY PREVENTION PLAN

Prior to Jan. 1, 2012, existing law required every hospital to adopt an Injury and Illness Prevention Program (IIPP), as required by Title 8, California Code of Regulations, Section 3203 (*see Section 3203 in SPH Appendix B, “Cal/OSHA Injury and Illness Prevention Program Regulation”*). Comprehensive information about the IPP, as well as helpful tools, may be found at www.dir.ca.gov/DOSH/etools/09-031/index.htm.

On Jan. 1, 2012, Labor Code Section 6403.5 (*see Section 6403.5 in SPH Appendix D, “California Safe Patient Handling Statute”*) became effective, requiring general acute care hospitals to adopt a “patient protection and health care worker back and musculoskeletal injury prevention plan” (MIPP). Cal/OSHA has been enforcing the general requirements of that law under the IIPP regulation. However, this Labor

Code statute is fairly general, so Cal/OSHA developed a regulation to make it more clear and specific. The Cal/OSHA regulation becomes effective on Oct. 1, 2014. As of that date, general acute care hospitals must establish, implement and maintain an effective written MIPP in accordance with the new Cal/OSHA regulation, which may be incorporated into the IIPP, or be maintained as a separate document. A hospital's IIPP will likely already include several components that are required by the new Cal/OSHA Safe Patient Handling regulation. Each hospital should consult its IIPP during the development of its MIPP. Hopefully, some of the work of implementing the new regulation will already be done.

The MIPP must be maintained and in effect at all times for all patient care units. Employees in each patient care unit must be able to access the MIPP applicable to that unit at all times. A hospital may choose to have one plan for the entire hospital, or separate plans for different patient care units. For example, a hospital may wish to have one plan for the newborn nursery and newborn intensive care unit, one plan for the rest of the inpatient units and the emergency department, and one plan for outpatient clinics. Or a hospital may wish to have one plan for all inpatient units, one plan for all outpatient clinics, and a separate plan for the emergency department. Given the unique nature of home health and hospice, a hospital will likely need a separate plan for these departments. It is up to each hospital to decide how best to address the various patient care units.

A. Contents of the MIPP

The MIPP must include:

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

NOTE: The hospital is not required to implement a “zero lift” policy and is not required to eliminate all manual lifting. Additionally, hospitals are not required to utilize lift teams. Rather, each hospital must determine how to implement an effective safe patient handling policy. The policy must replace manual lifting as appropriate for the specific patient and consistent with the employer's safety policies and the judgment/assessment of the registered nurse. Hospitals should utilize professional occupational safety guidelines when developing their policies, as well as input from their own health care providers including, but not limited to, registered nurses, physical therapists, occupational therapists and employee health staff. (Examples of professional occupational safety guidelines for the protection and care of patients and health care workers are listed under XII. “Resources,” page 20.)

2. The names and/or job titles of the persons responsible for implementing the MIPP.

3. The methods the hospital will use to coordinate the implementation of the MIPP with other employers whose employees have work assignments that include being present on patient care units. This includes both direct patient care workers as well as employees whose work assignment does not involve direct patient care. The coordination methods must include how employees will be provided with the required training and procedures for investigation and recording of injuries associated with patient handling. (*For more information, see Tasks #4, #5 and #16 under “Checklist: How to Get Started,” page 21.*)
4. Procedures to ensure that supervisory and non-supervisory employees comply with the MIPP and use specified procedures and equipment when performing a patient handling activity, in accordance with Section 3203(a)(2). Section 3203(a)(2) requires that the IIPP include a system for ensuring that employees comply with safe and healthy work practices, and states that substantial compliance with this provision includes recognizing employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other similar means to ensure employee compliance.
5. Procedures for identifying and evaluating patient handling hazards in accordance with Section 3203(a)(4). Section 3203(a)(4), requires that the IIPP include procedures for identifying and evaluating work place hazards, including scheduled periodic inspections to identify unsafe conditions and work practices, and specifies when these inspections must be made. The MIPP’s procedures must including all of the following:
 - a. A procedure to determine the types, quantities and locations for powered patient handling equipment and other patient handling equipment required for each unit covered by the MIPP. This procedure must include determining where permanent and portable equipment should be placed to ensure its availability and accessibility at all times. (*See VI. “Restrictions on Keeping Lift Equipment in Corridors,” page 9.*) The equipment needs for each unit must be initially evaluated by Nov. 29, 2014, unless an initial evaluation meeting the requirements of this subsection was conducted after Jan. 1, 2012. Hospital facilities or units that become operational after Nov. 29, 2014, must have this procedure conducted prior to the start of patient handling operations in that facility. The procedures must include how designated health care workers can participate in the evaluations.
 - b. Procedures by which the designated registered nurse, as the coordinator of care, will assess the mobility needs of each patient (regardless of weight, mobility or other health issues) to determine the appropriate patient handling procedures based on the nurse’s professional judgment using assessment tools, decision trees, algorithms or other effective means, and prepare safe patient handling instructions for the patient. The MIPP must include the means by which health care workers and supervisors licensed in other disciplines can provide input to the designated registered nurse regarding the patient mobility assessment.

(See Task # 6 on page 24 for information about sample patient mobility assessment tools.)

NOTE: The Cal/OSHA Safe Patient Handling regulation does not require that a nurse assess each patient. The plan contemplates situations where no designated registered nurse is present. For example, outpatient rehabilitation or imaging departments do not generally involve nursing care and thus a nurse does not conduct assessments in those settings. Accordingly, this section should be interpreted to require a mobility assessment by a nurse when nursing care is provided. Hospitals must have procedures for safe patient handling when a nurse assessment has not been made.

- c. Evaluation of the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures. These evaluations must be conducted:
 - When the MIPP is first established;
 - Whenever the equipment or conditions change in a manner that may affect safe patient handling;
 - Whenever the employer is made aware of a new or previously unrecognized patient handling hazard; and
 - At least annually for each patient care unit.
6. Procedures for the investigation of musculoskeletal injuries related to patient handling. To the extent that relevant information is available, this must include:
 - a. Review of any patient-specific risk factors (such as a patient’s ability and willingness to cooperate, bariatric condition, clinical condition, etc.) and the designated registered nurse’s safe patient handling instruction;
 - b. Review of whether the MIPP was effectively implemented, including the availability and correct use of equipment, the availability and use of sufficient staff, and whether the employees involved had been trained as required by the law (*see VII. “Training Requirements,” page 11*); and
 - c. Solicitation from the injured employee and other staff involved in the incident of their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.

CHA has developed a form, “Documentation of Investigation of Musculoskeletal Injury Related to Patient Handling” (CHA Form SPH 1-B, “Documentation of Investigation of Musculoskeletal Injury Related To Patient Handling”), that hospitals may wish to use as a template for documenting injury investigations. This form is additional to other required Cal/OSHA forms. (*See C. “Records and Reporting of Occupational Illness or Injury,” page 15, for additional information.*)

7. Procedures for correcting hazards related to patient handling, including:
- a. The evaluation and selection of patient handling equipment, including the involvement of designated registered nurses and other designated health care workers, and, where utilized, lift team members;
 - b. How sufficient and appropriate patient handling equipment, selected in accordance with paragraphs 5 (on page 5) and 7a (above), will be made available on each patient care unit. This must include procedures for procurement, inspection, maintenance, repair, and replacement of appropriate patient handling equipment. Where equipment is shared between units, these procedures must also include the means by which the current location of the equipment can be determined;
 - c. The procedures by which the designated registered nurse will observe and direct patient lifts and mobilizations on each patient care unit, in accordance with Labor Code Section 6403.5 and Title 22, California Code of Regulations, Section 70215. Labor Code Section 6403.5 is the statute that requires hospitals to adopt and implement a patient protection and health care worker back and musculoskeletal injury prevention plan (*see Labor Code Section 6403.5 in SPH Appendix D, “California Safe Patient Handling Statute”*). Title 22, California Code of Regulations, Section 70215 is the regulation that requires a registered nurse to assess the patient, as well as plan, supervise, implement, and evaluate nursing care and education provided to the patient (*see SPH Appendix E, “CDPH Planning and Implementing Care Regulation”*). That section authorizes a registered nurse to delegate implementation of nursing care to other licensed nursing staff or to unlicensed staff, or to unlicensed staff subject to any limitations of their licensure, certification, level of validated competency and/or regulation.
 - d. The procedures by which the designated registered nurse will communicate the nurse’s assessment regarding patient handling practices to the patient and patient’s authorized representatives, in accordance with Title 22, California Code of Regulations, Section 70215. Title 22, California Code of Regulations, Section 70215 is the regulation that requires a registered nurse to assess the patient, as well as plan, supervise, implement, and evaluate nursing care and education provided to the patient (*see SPH Appendix E, “CDPH Planning and Implementing Care Regulation”*).
 - e. The procedures by which lift teams and/or other designated health care workers will be available to perform lifts and other patient handling tasks in each patient care unit at all times in accordance with the safe patient handling policy. An employee is not considered to be available if the employee’s other assignments prevent the person from participating in the patient handling tasks within the timeframe determined to be necessary by the person designated to observe and direct the patient lifts and mobilizations in accordance with paragraphs 7c (above) and 7f (below). Designated health care workers and lift team members must follow the safe patient handling policy, including replacement of manual

- patient handling with powered patient transfer devices and lifting devices as appropriate for the specific situation and patient.
- f. The procedures to be followed by designated health care workers and/or lift team members in performing patient handling tasks:
 - Under normal circumstances;
 - In emergencies;
 - In situations in which there is no designated registered nurse present;
 - In situations in which patients do not cooperate with the safe patient handling instruction; and
 - In those situations in which there is no applicable individual safe patient handling instruction.
 - g. Procedures for correcting problems found during the review of the MIPP.
8. Procedures for communicating with employees regarding safe patient handling matters, including:
 - a. The method by which the designated registered nurse's safe patient handling instruction for each patient will be documented and communicated to designated health care workers and/or lift team members providing care to that patient;
 - b. The means by which employees may communicate without fear of reprisal their concerns regarding performing a patient handling activity as instructed, and the means by which concerns and reported hazards will be investigated and corrected as necessary; and
 - c. The means by which designated health care workers, lift team members, designated registered nurses, and their supervisors can participate in reviewing the effectiveness of the MIPP in their work areas or departments.
 9. Procedures for providing training to employees who may be present in patient care units (*see VII. "Training Requirements," page 11*).
 10. For facilities or units in existence as of Oct. 1, 2014, a list of the patient handling equipment identified in paragraph 7b (on page 7) that cannot be implemented by Oct. 1, 2014, must be made. For each listed item, the facility or unit must include the reason for the delay, the schedule by which the equipment will be put into use, and alternative measures to protect employees until the equipment is put into use. In any event, any equipment identified must be put into use no later than Oct. 1, 2015.
 11. Procedures for reviewing, at least annually, the effectiveness of the MIPP in each patient care unit. This annual review must include a review of injury data and trends. The MIPP must include an effective procedure for obtaining the active involvement of employees in reviewing and updating the MIPP with respect to the procedures performed by employees in their respective work areas or departments. Deficiencies found during this review

must be corrected in accordance with paragraphs 7a through g (starting on page 7). Deficiencies must be corrected in a timely manner, based on the severity of the hazard [Title 8, California Code of Regulations, Section 3203(a)(6)].

V. LIFT TEAMS/DESIGNATED HEALTH CARE WORKERS

Each general acute care hospital must provide trained lift teams or other support staff trained in safe lifting techniques. This requirement is found in Labor Code Section 6403.5(b) as well as the Cal/OSHA regulation. If a hospital elects to utilize lift teams, lift team members may perform other duties as assigned during their shifts.

An employee is not considered to be available if other assignments prevent him or her from participating in patient handling tasks within the timeframe determined to be necessary by the person designated to observe and direct the patient lifts and mobilizations.

A general acute care hospital is not required to hire new staff to comply with the law, so long as direct patient care assignments are not compromised.

VI. RESTRICTIONS ON KEEPING LIFT EQUIPMENT IN CORRIDORS

Hospitals must remember to comply with restrictions on keeping equipment in corridors established by the Centers for Medicare & Medicaid Services (CMS) and the Fire Marshal. This portion of the guidebook explains the CMS requirements. However, local fire marshals may have more restrictive requirements than CMS. Hospitals that wish to keep lift equipment in corridors must check with their local fire marshal.

In addition, hospitals must obtain approval from the Office of Statewide Health Planning and Development (OSHPD) prior to installing equipment that has components that are anchored or braced.

A. 2000 Edition NFPA 101

The Centers for Medicare & Medicaid Services (CMS) currently requires hospitals to comply with the 2000 edition National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), which restricts the placement of equipment (such as lift equipment) in corridors when not in use, so as to not impede the means of egress. However, CMS has identified several provisions of the LSC for which it permits waivers. (The Joint Commission and other accrediting bodies survey for compliance with CMS requirements.)

CMS permits a waiver of LSC sections 18/19.2.3 Capacity of Means of Egress and more specifically the requirements at 18/19.2.3.4 to allow, under certain circumstances, projections into the means of egress corridor width for wheeled equipment. The waiver will allow wheeled equipment to project into the corridor in

accordance with the 2012 edition of NFPA 101 (*see below*). (S&C 12-21-LSC, March 9, 2012.¹) Until Aug. 30, 2013, each hospital had to submit a waiver request to the CMS Regional Office for approval. However, effective Aug. 30, 2013, individual waiver applications are no longer required; CMS has established so-called “categorical waivers.” Providers that wish to take advantage of these categorical waivers must:

1. Formally elect to use the waiver;
2. Document the election decision;
3. Meet the waiver requirements (*see below*); and
4. Notify surveyors at the entrance conference that they have elected to use a categorical waiver and that they meet the applicable waiver requirements. It is not acceptable for a hospital to first notify the surveyors of waiver election after a LSC citation has been issued.

(*See S&C 13-58-LSC, Aug. 30, 2013.*)

The categorical waiver for the provisions noted above allows patient lift and transportation devices to be placed in the exit corridor without “not-in-use” restrictions. (The not-in-use restriction, which applies to items left unattended in corridors or not moved for more than 30 minutes, still applies to nonmedical equipment placed in the exit corridor, such as housekeeping carts and computers on wheels.)

Hospitals wishing to use this waiver must be in compliance with all other requirements outlined in the March 9, 2012 memo noted above (S&C 12-21-LSC) and with NFPA 18/19.2.3.4.

A copy of S&C 12-21-LSC is included as SPH Appendix F, “CMS Survey and Certification Memo 12-21-LSC.” A copy of S&C 13-58-LSC is included as SPH Appendix G, “CMS Survey and Certification Memo 13-58-LSC.”

B. 2012 NFPA 101

The 2012 LSC 18/19.2.3.4 explicitly permits wheeled patient lift and transport equipment to project into the required corridor width so long as (1) the wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 inches, and (2) the health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency. At the time of publication of this guidebook (August 2014), it was unknown whether and when CMS will adopt the 2012 NFPA 101.

¹ CMS frequently sends memos to State Survey Agency directors (in California, the State Survey Agency is the California Department of Public Health). These memos clarify issues that may be misunderstood by surveyors, update surveyors on changes to CMS requirements, and provide survey tools to surveyors. They can be helpful to hospitals in understanding CMS requirements. The memos come from the Director of the CMS Survey and Certification (S&C) Group, are referenced with a code and date, and are posted on the CMS website at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html.

VII. TRAINING REQUIREMENTS

The employer must provide training to all employees whose work assignments include being present on patient care units. The training must effectively address the activities the employees are reasonably anticipated to perform under the MIPP.

The content of the training will differ depending upon the employee's work duties. Designated health care workers, lift team members, designated registered nurses and their supervisors must receive "Safe Patient Handling" training (*see B. "Content of Training: Safe Patient Handling Training," page 12*). Other employees whose work assignments include being present on patient care units but are not reasonably expected to perform patient handling activities must receive "Awareness" training. The required content for this type of training is described in D. "Content of Training: Awareness Training," page 13.

Designated health care workers, lift team members, designated registered nurses and their supervisors must also receive annual refresher training and additional training for new equipment or work practices. The required content for these types of training is described in C. "Content of Training: Annual Refresher Training," page 13. Other employees do not need to receive annual refresher training.

The question of whether volunteers and students must be trained is unsettled. Cal/OSHA takes the position that these individuals should be treated as employees for purposes of training if they are covered by the employer's worker compensation policy and whether they receive any type of benefit or stipend. Each hospital should evaluate this issue.

All training material used must be appropriate in content and vocabulary to the educational level, literacy, and language of employees. Required documentation of training is discussed under B. "Training Records," page 15.

A. Frequency of Training

Employees must be trained as follows:

1. **Initial training.** Initial training must be provided when the MIPP is first established (by Oct. 1, 2014), and afterwards to new employees and employees given new job assignments for which training has not previously been received. The content of this training will differ depending upon the employee's work duties. Designated health care workers, lift team members, designated registered nurses and their supervisors must receive "Safe Patient Handling" training. Other employees must receive "Awareness" training. (*See below for more information about the content of these types of training.*) Employees whose job assignments do not include being present on patient care units do not need to receive training.
2. **Annual refresher training.** At least every twelve months, designated health care workers, lift team members, designated registered nurses and their supervisors must receive refresher training. (Other employees are not required to have annual refresher training.)
3. **Additional training for new equipment or work practices.** Employers must provide additional training when new equipment or work practices are

introduced. The training must be provided to the employees impacted by the new equipment or work practices. The additional training may be limited to addressing the new equipment or work practices.

NOTE: For employees who received initial training in the year preceding Oct. 1, 2014, only training on the elements that were not included in the initial training must be provided.

B. Content of Training: Safe Patient Handling Training

Initial training for designated health care workers, lift team members, designated registered nurses and their supervisors must include at least the following elements, as applicable to the employee's assignment:

1. The areas of body exposure and types of injuries associated with manual patient handling activities, including risk associated with vertical and lateral movement, bariatric patients, repositioning and ambulation, and the importance of early recognition and management.
2. How risk factors, such as the patient's ability and willingness to cooperate, bariatric condition, clinical condition, etc., are assessed and controlled during patient handling tasks, including the following: vertical lifts, lateral transfer, repositioning, and ambulation.
3. How to communicate with patients regarding the use of patient handling procedures and equipment.
4. The appropriate use of powered and non-powered equipment to reduce injuries to patients and employees. This must include practice using the types and models of equipment that lift team members and other designated health care workers will be expected to use.
5. Procedures to be followed in order to safely perform manual patient handling when necessary.
6. The importance and process for reporting concerns regarding equipment availability, condition, storage and maintenance, and concerns regarding availability of sufficient staff to perform patient handling activities.
7. The elements of the employer's MIPP and safe patient handling policy and how the MIPP will be made available to employees.
8. The right to refuse to lift, reposition, mobilize, or transfer a patient due to concerns about patient or worker safety or the lack of trained personnel or equipment, and how a health care worker can communicate concerns regarding the designated activity to an appropriate supervisor.
9. The role of the designated registered nurse as the coordinator of care, and how the registered nurse will be responsible for the observation and direction of patient lifts and mobilization and how that responsibility may be delegated.
10. The role of supervisors to be familiar with the MIPP, the safe patient handling policy, and the patient handling hazards in their unit.
11. How the employee can request additional training.

12. An opportunity for interactive questions and answers with a person knowledgeable about the MIPP and safe patient handling equipment and procedures.
13. In addition to the elements described in paragraphs 1 through 12, above, supervisors of employees covered by the MIPP must also be trained on the hospital's policy that a health care worker may not be disciplined for refusal to lift, reposition or transfer a patient due to concerns about patient or worker safety or the lack of trained designated health care workers or equipment (*see IX. "Anti-Retaliation Protections," page 18*).
14. In addition to the elements described in paragraphs 1 through 12, above, designated registered nurses who will assess patients in accordance with paragraph 5b (on page 7) must be trained in how to assess patients' mobility needs; how to communicate with patients and their authorized representatives; and how to communicate with supervisors, designated health care workers, and other health care workers regarding safe patient handling practices for specific patients.

C. Content of Training: Annual Refresher Training

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

1. The use of powered and non-powered equipment to handle patients safely. This must include practice using the types and models of equipment that the lift team members and/or designated health care workers will be expected to use.
2. Procedures to be followed in order to safely perform manual patient handling when necessary. This training must include practice in performing tasks involving multiple employees.
3. A review of the items included in the initial training.
4. An opportunity for interactive questions and answers with a person knowledgeable about the MIPP and safe patient handling equipment and procedures.

Employees who are present on patient care units but are not designated health care workers, lift team members, designated registered nurses or supervisors, are not required to receive annual refresher training.

D. Content of Training: Awareness Training

Training must be provided to all employees whose work assignments include being present on patient care units. This could include pharmacy, laboratory, environmental services, dietary or patient financial services employees. Employees who are present on patient care units but are not designated health care workers, lift team members, designated registered nurses or supervisors, are not required to receive the full "Safe Patient Handling" training; instead, they receive "Awareness" training, which must address:

1. The recognition of the patient interactions that require the involvement of designated health care workers or lift teams,
2. How to obtain that involvement when necessary, and
3. Procedures to follow for emergencies relating to safe patient handling.

Awareness training may be fairly brief. Thus, it may be easiest for hospitals to provide Awareness training to all new employees as part of the new employee orientation — even though some of the employees at the orientation do not have work assignments that include being present on patient care units (such as billing clerks), and even though many of the employees at the orientation will need Safe Patient Handling training, also.

VIII. DOCUMENTATION REQUIREMENTS

Hospitals must develop and maintain the following records in accordance with Section 3203(b) as records of the implementation of the MIPP.

EXCEPTION: An exception to Section 3203(b) provides that local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the IIPP. As the MIPP is a component of the IIPP, the record-keeping exemption would apply so long as the actual employer is a local governmental entity.

A. Inspection Records

Records of inspections, including hazard identification and evaluation, must include:

1. Records regarding the evaluation, selection, and placement or installation of patient handling equipment or devices and the availability of this equipment at all times on each unit covered by the MIPP.
2. Records of initial and periodic inspection of patient handling procedures. These inspections are performed for the purpose of identifying unsafe conditions and work practices. The records must include the name of the person(s) conducting the inspection, the unsafe conditions and work practices that were identified, and action taken to correct the identified unsafe condition or practice. [Title 8, California Code of Regulations, Section 3203(b)(1)]
3. Records of investigation of occupational injuries and illnesses related to safe patient handling. The Safe Patient Handling regulation requires that certain inquiries be made and documented when a musculoskeletal injury related to patient handling occurs (see paragraph 6 on page 6 for a list of the requirements.) CHA has developed a form that includes these elements, “Documentation of Investigation of Musculoskeletal Injury Related to Patient Handling” (CHA Form SPH 1-B, “Documentation of Investigation of Musculoskeletal Injury Related To Patient Handling”) that hospitals may wish

to use as a template for documenting injury investigations. (*See C. “Records and Reporting of Occupational Illness or Injury,” page 15, for additional information.*)

B. Training Records

Training records must include the following information:

1. Training dates;
2. Contents or a summary of the training sessions;
3. Types and models of equipment practiced during training;
4. Names and qualifications of persons conducting the training; and
5. Names and job titles of all persons attending the training sessions.

The above are the Cal/OSHA documentation requirements for training. However, the California Department of Public Health (CDPH) requires that all staff development programs be documented by:

1. A record of the title, length of course in hours, and objectives of the education program presented;
2. Name, title, and qualifications of the instructor or the title and type of other educational media;
3. A description of the content;
4. A date, a record of the instructor, process, or media and a list of attendees; and
5. Written evaluation of the course content by attendees.

[Title 22, California Code of Regulations, Section 70214(d)]

CHA recommends that hospitals comply with both the Cal/OSHA and the CDPH documentation requirements. CHA has developed a form, “Documentation of Safe Patient Handling Training or Awareness Training” (CHA Form SPH 1-A), that hospitals may wish to use as a template for documenting training.

C. Records and Reporting of Occupational Illness or Injury

The Safe Patient Handling regulation requires that certain inquiries be made and documented when a musculoskeletal injury related to patient handling occurs (*see paragraph 6 on page 6 for a list of the requirements.*) CHA has developed a form that includes these elements, “Documentation of Investigation of Musculoskeletal Injury Related to Patient Handling” (CHA Form SPH 1-B, “Documentation of Investigation of Musculoskeletal Injury Related To Patient Handling”) that hospitals may wish to use as a template for documenting injury investigations.

Records of injury investigations must not include “medical information” as defined by Civil Code Section 56.05, which defines “**medical information**” to mean “any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical

company, or contractor regarding a patient’s medical history, mental or physical condition, or treatment.” **“Individually identifiable”** means that “the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity.” Hospitals should assign a case number and keep a separate, confidential list of the case numbers and employee names. Hospitals may wish to use the same case number they use on the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses.

The hospital’s IIPP must include a system for communicating with employees about occupational safety and health matters, including provisions designed to encourage employees to inform the employer of hazards at the work site without fear of reprisal. According to Cal/OSHA, substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees. Hospitals may use a labor/management safety and health committee to comply with these communication requirements. (*See SPH Appendix B, “Cal/OSHA Injury and Illness Prevention Program Regulation, Section 3203(a)(3) and (c).*) A hospital that has established such a committee may wish to provide copies of the illness investigation reports to the committee.

In addition, hospitals must continue to comply with the requirement to report immediately by telephone to the nearest District Office of the Division of Occupational Safety and Health any serious work-connected injury, illness or death as required by Title 8, California Code of Regulations, Section 342(a). **“Serious injury or illness”** is defined in Title 8, California Code of Regulations, Section 330(h) to mean any injury or illness occurring in a place of employment, or in connection with any employment, which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. However, an injury or illness or death caused by the commission of a Penal Code violation, except the violation of Penal Code Section 385 (which relates to high voltage overhead conductors) or an accident on a public street or highway, need not be reported.

The Cal/OSHA Safe Patient Handling regulation does not replace the law about record keeping regarding occupational injuries. Records regarding injuries occurring from patient handling incidents should be kept in accordance with pre-existing law, including the required Cal/OSHA forms, such as the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses, the Cal/OSHA Form 300A Summary of Work-Related Injuries and Illnesses, and the Cal/OSHA Form 301 Injury and Illness Incident Report. These forms and related information may be found at www.dir.ca.gov/DOSH/etools/recordkeeping/CaStandard/CalStandard.htm. [Title 8, California Code of Regulations, Sections 14300-14400]

It is important to follow your MIPP procedures to investigate musculoskeletal injuries and correct hazards related to patient handling as required by the Safe Patient Handling regulation.

D. Record Retention Period

Cal/OSHA requires that all records required by this law must be maintained for at least one year [Title 8, California Code of Regulations, Sections 3203(b) and 5120(e)(1)(B)].

In addition, Title 22, California Code of Regulations, Section 70214 states that orientation and competency validation shall be documented in the employee's file and shall be retained for the duration of the individual's employment. To the extent that training is included in orientation, or that training records include competency validation, those records should be documented in the employee's file and retained for the duration of employment. **NOTE:** CHA recommends that the employee file be kept for several years after the termination of employment, but CDPH only requires the records documenting competency be kept for the duration of employment.

E. Cal/OSHA Access to Records

All records required by this law must be made available on request to the Chief of the Division of Occupational Safety and Health and his or her representatives (such as Cal/OSHA investigators) for examination and copying.

F. Employee/Designated Representatives Access to Records

All records required by this law must be made available on request to employees and their representatives for examination and copying in accordance with Title 8, California Code of Regulations, Section 3204(e)(1). Section 3204(e)(1) states:

1. Whenever an employee or designated representative requests access to a record, the employer must assure that access is provided in a reasonable time, place, and manner, but in no event later than fifteen (15) days after the request for access is made. If the employer wants an extension to the 15-day deadline, the employer must request an extension from the Chief, Division of Occupational Safety and Health. The chief must grant the extension if he/she finds that the employer has good cause for requesting the extension. The extension must be requested before the 15-day deadline has passed, and the employer must notify the employee or designated representative in writing of the request for extension.
2. The employer may require of the requester only such information as should be readily known to the requester and which may be necessary to locate or identify the records being requested (for example, dates and locations where the employee worked during the time period in question).
3. Whenever an employee or designated representative requests a copy of a record, the employer must assure that either:
 - a. A copy of the record is provided without cost to the employee or designated representative;

- b. The necessary mechanical copying facilities (for example, photocopying) are made available without cost to the employee or designated representative for copying the record; or
 - c. The record is loaned to the employee or designated representative for a reasonable time to enable a copy to be made.
4. In the case of an original X-ray, the employer may restrict access to on-site examination or make other suitable arrangements for the temporary loan of the X-ray.
 5. Whenever a record has been provided previously without cost to an employee or designated representative, the employer may charge reasonable, non-discriminatory administrative costs (for example, search and copying expenses, but not including overhead expenses) for additional copies of the record. However, an employer must not charge for an initial request for a copy of new information that has been added to a record which was previously provided.

A “**designated representative**” is defined as “any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent must be treated automatically as a designated representative for the purpose of access to employee exposure records and analyses using exposure or medical records, but access to an employee’s medical records requires the employee’s written consent.” [Title 8, California Code of Regulations, Section 3204(c)(3)]

NOTE: Employees and collective bargaining agents may collectively bargain to obtain access to information in addition to that available under this law.

IX. ANTI-RETALIATION PROTECTIONS

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 [Labor Code Section 6403.5(g)]. An employee who believes he or she experienced wrongful retaliation may seek assistance from the California Department of Industrial Relations, Division of Labor Standards Enforcement.

X. STATE AGENCY ENFORCEMENT

The state agency responsible for enforcing the Cal/OSHA Safe Patient Handling regulation is the California Department of Industrial Relations, Division of Occupational Safety and Health (DOSH), better known as Cal/OSHA. The Cal/OSHA enforcement unit inspects California workplaces in response to a report of an on-the-job injury, a complaint about an occupational safety and health hazard, or as part of an inspection program. Cal/OSHA may issue fines and orders of abatement. Cal/OSHA fines may range from a few hundred dollars to over a hundred thousand dollars, depending on the severity and extent of the violation, whether it is a willful or repeated violation, whether the employer abated the violation, and other factors.

Cal/OSHA provides free consultation services to California employers with questions about health and safety issues at their workplaces, without the risk of receiving citations or fines. Visit www.dir.ca.gov/DOSH/etools/09-031/resources.htm or www.dir.ca.gov/dosh/consultation_offices.html for phone numbers and web addresses to contact the Cal/OSHA Consultation Service.

The California Department of Public Health (CDPH) will not survey hospitals for compliance with this regulation; however, CDPH surveyors may contact Cal/OSHA investigators if they wish if they suspect violations. In addition, Cal/OSHA personnel may refer patient care issues to CDPH.

XI. COMMON DEFICIENCIES

Cal/OSHA has conducted some investigations of worker injury due to patient lifts. Hospitals should review this list and make sure their policies address these issues. The common deficiencies Cal/OSHA has found include:

1. Equipment not available; for example, blocked in storerooms
2. Equipment not locatable
3. Equipment not functional — broken, disassembled, slings not available on units
4. Compatibility problems; for example, portable lift not compatible with bariatric beds or other bedside equipment
5. Employees not familiar with equipment
6. No formal patient assessment in ED and outpatient units — unclear whether not completed, not recorded or not communicated
7. Not enough trained lift personnel available, particularly on night shifts
8. Lack of employee involvement in developing procedures
9. Failure to identify and evaluate patient handling hazards
10. Failure to ensure that employees comply with safe patient handling policies and procedures
11. Failure to provide training on group lifting procedures and procedures for complex lifts, transfers and repositioning
12. Not having effective procedures for ensuring sufficient staff are available for patient handling tasks
13. Not having procedures to investigate patient handling injuries and illnesses
14. Not implementing safe patient handling program on hazard correction
15. Not making sure mechanical lifts were readily available
16. Not establishing and implementing procedures for communicating with employees regarding patient handling hazards
17. Not fully implementing new training procedures
18. Periodic inspection records not available or missing information

19. Lift equipment not inspected and maintained as recommended by manufacturer
20. Failure to report serious injury immediately by telephone (*see C. "Records and Reporting of Occupational Illness or Injury," page 15*)
21. Not accurately recording the number of days away from work for a work-related injury or illness on OSHA 300 log

XII. RESOURCES

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

1. Facility Guidelines Institute Patient Handling and Movement Assessments: A White Paper by the 2010 Health Guidelines Revision Committee, April 2010
www.fgiguideelines.org/pdfs/FGI_PHAMA_whitepaper_042810.pdf
2. Association for Occupational Health Professionals AOHP Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting, Summer 2011
http://aohp.org/aohp/Portals/0/Documents/AboutAOHP/BGS_Summer2011.pdf
3. Centers for Disease Control National Institute of Occupational Safety and Health, NIOSH Safe Patient Handling Training for Schools of Nursing DHHS Publication No. 2009-127 November 2009
www.cdc.gov/niosh/docs/2009-127/
4. Safe Patient Handling and Mobility Interprofessional National Standards, American Nurses Association 2013
www.nursingworld.org/sphm
5. Safe Patient Handling Guidebook for Facility Champions/Coordinators, Matz, 10-29-2013
www.visn8.va.gov/patientsafetycenter/safepthandling/sphguidebook.doc
6. A sample patient mobility assessment tool, as well as both a PowerPoint presentation and a YouTube video explaining how to use the tool, are found at the websites listed below. Hospitals will need to carefully review these resources and tailor them to their patient populations and the needs of their facilities.
Sample Tool: www.dli.mn.gov/wsc/PDF/sph_bmat_4_nurses.pdf
PowerPoint: www.dli.mn.gov/wsc/PDF/sph_bmat_presentation0513.pdf
YouTube video: www.youtube.com/watch?v=vqkwI3Ucpg8

Cal/OSHA provides free consultation services to California employers with questions about health and safety issues at their workplaces, without the risk of receiving citations or fines. Visit www.dir.ca.gov/DOSH/etools/09-031/resources.htm or www.dir.cal.gov/dosh/consultation_offices.html for phone numbers and web addresses to contact the Cal/OSHA Consultation Service. The Cal/OSHA consultation service publishes a Back Injury Prevention Guide for Health Care Providers at www.dir.ca.gov/dosh/dosh_publications/backinj.pdf.

Checklist: How to Get Started

Complying with the Cal/OSHA Safe Patient Handling regulation is a significant undertaking. All hospital departments that involve patient care will be affected. The following list of tasks will help hospitals in their effort to implement this regulation throughout their facility.

Task 1

Establish a Safe Patient Handling Task Force to implement the requirements of the new Cal/OSHA Safe Patient Handling regulation (or convene an appropriate existing committee, if one exists). Members of the task force may include representatives from Nursing, Human Resources, Workers' Compensation, Employee Relations, Employee Health, Staff Development, Diagnostic Imaging, Purchasing, and Biomedical Engineering, as well as the medical staff coordinator, contracting manager, and lift team supervisor (if you utilize lift teams). You may wish to provide each member of the task force with a copy of the Cal/OSHA Safe Patient Handling regulation or the CHA guidebook on this topic. (*The Cal/OSHA Safe Patient Handling Regulation* guidebook can be ordered online at www.calhospital.org/safe-patient-handling.)

Target Date for Completion _____

Name of Person Responsible _____

Task 2

Provide a copy of your hospital’s Injury and Illness Prevention Plan (IIPP) to the task force members, and review it with the task force.

Target Date for Completion _____

Name of Person Responsible _____

Task 3

Create a list of each patient care unit. A **“patient care unit”** is defined as a unit or department that is included within a general acute care hospital’s license that provides direct patient care including (but not limited to) nursing units, diagnostic imaging, ED, rehabilitation and behavioral health. Don’t forget to include your newborn nursery and NICU (if applicable). Even though patient handling in these units typically isn’t a problem, they fall under the definition of a patient care unit and, thus, must be covered by the hospital’s back and musculoskeletal injury prevention plan. Outpatient clinics and departments that are on the hospital’s license must also be included. This may include imaging, surgery centers and home health. Decide whether you will have one plan for the entire hospital, or separate plans for different patient care units (*see IV. “Back and Musculoskeletal Injury Prevention Plan,” page 3*). **NOTE:** You are not required to include your distinct part skilled nursing facility in your back and musculoskeletal injury prevention plan. However, you may wish to do so anyway. (You are required to include your distinct part skilled nursing facility in your IIPP.)

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 4

Create a list of all other employers whose employees have work assignments that include being present on patient care units. Some of these employees may include registry nurses, physicians employed by medical groups, first responders, contracted dialysis services providers, medical device manufacturer representatives, etc. Your contracting manager may be able to help identify these employers, or you may wish to send a questionnaire to the manager on each patient care unit — or you may wish to do both.

NOTE: Physicians may be employees of a medical group, partners in a professional corporation, or independent practitioners. The law requires that employees of other employers receive appropriate training (either Safe Patient Handling or Awareness training, depending upon whether they perform patient handling tasks). Therefore, physicians who are employees of a medical group must be trained. Physicians who are partners or independent practitioners do not need to receive training. However, it may be easier to train all physicians, rather than to determine the legal status of each, particularly if they don't participate in patient handling tasks and, thus, only need Awareness training. Your hospital's legal counsel may be able to help determine which physicians must be trained. Hospitals may also wish to address training for students performing clinical rotations in the hospital, as well as volunteers (*see page 11 regarding students and volunteers*). If any person who is not an employee is creating a workplace hazard for an employee(s), that hazard must be remediated, whether by training the person or in another manner.

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 5

Designate a hospital employee to work with each employer identified in Task #4, above. Make a list of which employees of that employer may perform patient handling tasks and which do not; determine the appropriate training (Safe Patient Handling vs. Awareness training) for each group; and determine which employer will actually provide the training. The hospital and the other employer will also need to coordinate procedures for investigation and recording of injuries associated with patient handling (*see Task #16, below*). Contracts between the hospital and the employers of these personnel should be clear regarding the responsibilities of each party; the hospital's contracting manager may wish to draft a contract (or an addendum to existing contracts) and have it signed by the other employer, particularly if the other employer will be responsible for training, investigation, or recording injuries.

Target Date for Completion _____

Name of Person Responsible _____

□ Task 6

Develop procedures by which the designated registered nurse will assess the mobility needs of each patient (regardless of weight, mobility or other health issues) to determine the appropriate patient handling procedures (*see paragraph 5b on page 6*). Determine how health care workers and supervisors licensed in other disciplines can provide input to the designated registered nurse regarding the patient mobility assessment. The hospital must also determine the method by which the designated registered nurse’s safe patient handling instruction for each patient will be documented and communicated to designated health care workers and lift team members providing care to the patient. The hospital may wish to develop a paper form or an electronic screen in the EHR to help the nurse make and document this assessment. The hospital may wish to use stickers or other methods to communicate the instruction (for example, a green sticker by the bed if the patient is completely mobile). The hospital will also need to determine how re-assessments will be made in a timely manner, documented, and communicated as the patient’s mobility changes. The hospital must also develop procedures by which the designated registered nurse will observe and direct patient lifts and mobilizations on each patient care unit, or delegate this task to others. (*see 7c. on page 7*).

A sample patient mobility assessment tool, as well as both a PowerPoint presentation and a YouTube video explaining how to use the tool, are found at the websites listed below. Hospitals will need to carefully review these resources and tailor them to their patient populations and the needs of their facilities.

Sample Tool: www.dli.mn.gov/wsc/PDF/sph_bmat_4_nurses.pdf

PowerPoint: www.dli.mn.gov/wsc/PDF/sph_bmat_presentation0513.pdf

YouTube video: www.youtube.com/watch?v=vqkwI3Ucpg8

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 7

Develop procedures by which the designated registered nurse will communicate the nurse's mobility assessment regarding patient handling practices to the patient and patient's authorized representatives (*see 7d. on page 7*). The hospital should also determine how re-assessments will be communicated as the patient's mobility changes.

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 8

Evaluate equipment needs for each patient care unit. The hospital must develop a procedure to determine the types, quantities and locations for powered patient handling equipment and other patient handling equipment for each patient care unit (use the list of patient care units developed in Task #3, above). The hospital may wish to review injury records in the course of this evaluation. The procedure must include determining where permanent and portable equipment should be placed to ensure its availability and accessibility at all times. (*See VI. "Restrictions on Keeping Lift Equipment in Corridors," page 9.*) Where equipment is shared between units, the procedures must include the means by which the current location of the equipment can be determined. The procedures must also include how designated health care workers can participate in the evaluations of equipment needs.

Target Date for Completion: Must be completed between Jan. 1, 2012 and Nov. 29, 2014, although a hospital may choose to have an earlier target date for completion. Hospital units that become operational after Nov. 29, 2014 must conduct this evaluation and develop these procedures prior to the start of patient handling operations. _____

Name of Person Responsible _____

Task 9

Evaluate the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures. (This task is closely related to Tasks #10 and #11, below.)

Target Date for Completion: Evaluations must be conducted:

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

Name of Person Responsible _____

Task 10

Determine how patient handling equipment will be evaluated and selected. Designated registered nurses and other designated health care workers and, where appropriate, lift team members must be involved in the evaluation and selection. (This task is closely related to Tasks #9, above, and #11, below.)

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 11

Determine how sufficient and appropriate patient handling equipment will be made available on each patient care unit. This must include procedures for procurement, inspection, maintenance, repair, and replacement of appropriate patient handling equipment. Where equipment is shared between units, these procedures must also include the means by which the current location of the equipment can be determined. For units in existence as of Oct. 1, 2014, a list of equipment that cannot be implemented by Oct. 1, 2014, must be made. For each item listed, the unit must include the reason for the delay, the schedule by which the equipment will be put into use, and alternative measures to protect employees until the equipment is put into use. In any event, any equipment identified must be put into use no later than Oct. 1, 2015. (This task is closely related to Tasks #9 and #10, above.)

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 12

Establish and train lift teams or other support staff trained in safe lifting techniques (*see V. "Lift Teams/Designated Health Care Workers," page 9*). Develop procedures by which lift teams and/or other designated health care workers will be available to perform lifts and other patient handling tasks in each patient care unit at all times in accordance with the safe patient handling policy, including replacement of manual patient handling with powered patient transfer devices and lifting devices as appropriate for the specific situation and patient.

Target Date for Completion _____

Name of Person Responsible _____

Task 13

Write your safe patient handling policy. You must use professional occupational safety guidelines for the protection of patients and health care workers in health care facilities to guide the development of your policy. Examples of these guidelines are listed under XII. “Resources,” page 20. The policy must include the procedures to be followed by designated health care workers and/or lift team members in performing patient handling tasks in all of the situations listed under paragraph 7f on page 8.

Target Date for Completion _____

Name of Person Responsible _____

Task 14

Develop procedures for communicating with employees regarding safe patient handling matters, including how employees may communicate their concerns regarding performing a patient handling activity as instructed; how concerns and reported hazards will be investigated and corrected as necessary; and how designated health care workers, lift team members, designated registered nurses, and their supervisors can participate in reviewing the effectiveness of the MIPP in their unit(s).

Target Date for Completion _____

Name of Person Responsible _____

Task 15

Develop procedures to ensure that employees comply with the MIPP and use specified procedures and equipment when performing patient handling activities. Cal/OSHA states that substantial compliance with this provision includes recognizing employees who follow safe work practices, training and retraining programs, disciplinary actions, and other similar means to ensure employee compliance. Your IIPP should already include procedures like these, so you may want to use your IIPP as a model or revise your IIPP to include safe patient handling activities.

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 16

Develop procedures for investigating musculoskeletal injuries related to patient handling. The procedures must address the elements listed in paragraph 6 on page 6. CHA has developed a form, “Documentation of Investigation of Musculoskeletal Injury Related to Patient Handling” (CHA Form SPH 1-B, “Documentation of Investigation of Musculoskeletal Injury Related To Patient Handling”), that hospitals may wish to use as a template for documenting investigations. (See C. “Records and Reporting of Occupational Illness or Injury,” page 15, for more information.) Be sure to coordinate investigations of injuries with other employers as appropriate (see Task #5, above).

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 17

Develop procedures for identifying and evaluating patient handling hazards. These procedures must include scheduled periodic inspections to identify unsafe conditions and practices. Your IIPP should already include procedures like these, so you may want to use your IIPP as a model or revise your IIPP to include safe patient handling activities. The documentation of these inspections must include the name of the person(s) conducting the inspection, the unsafe conditions and practices identified, and action taken to correct the identified unsafe condition or practice.

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 18

Develop procedures for correcting hazards related to patient handling. Hazards may be identified during scheduled periodic inspections, from employee input (including employee complaints), from investigations of injuries, and during required annual review of the MIPP.

Target Date for Completion _____

Name of Person Responsible _____

Task 19

Review and revise (as needed) your current policies and procedures related to anti-retaliation, reporting and recordkeeping regarding occupational injuries, Cal/OSHA access to records, and employee/designated representative access to records to clarify that those policies and procedures also apply to patient handling activities.

Target Date for Completion _____

Name of Person Responsible _____

Task 20

Develop curricula for initial training of employees (including employees of other employers identified during Task #4, above). The curricula will differ depending upon whether the employee performs patient handling tasks or not, and the types of patient handling tasks the employee may perform. (See VII. “Training Requirements,” page 11, for required content and frequency of training.) Create a training schedule for current employees and implement it. Determine how new employees will receive training. Be sure to document all training; CHA has developed a form, “Documentation of Safe Patient Handling Training or Awareness Training” (CHA Form SPH 1-A, “Documentation of Safe Patient Handling Training or Awareness Training”), that hospitals may wish to use as a template for documenting training. (See B. “Training Records,” page 15.)

Target Date for Completion _____

Name of Person Responsible _____

Task 21

Develop curricula for annual refresher training and determine when employees will receive this training. Be sure to document all training; CHA has developed a form, “Documentation of Safe Patient Handling Training or Awareness Training” (CHA Form SPH 1-A, “Documentation of Safe Patient Handling Training or Awareness Training”), that hospitals may wish to use as a template for documenting training. (See B. “Training Records,” page 15.)

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 22

Develop a procedure to ensure that additional training is provided for new equipment or work practices, as appropriate. Be sure to document all training; CHA has developed a form, “Documentation of Safe Patient Handling Training or Awareness Training” (CHA SPH Appendix 1-A, “Documentation of Safe Patient Handling Training or Awareness Training”), that hospitals may wish to use as a template for documenting training. (See B. “Training Records,” page 15.)

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 23

Develop a procedure for reviewing, at least annually, the effectiveness of the MIPP in each patient care unit. This procedure must include the elements listed in paragraph 11 on page 8.

Target Date for Completion _____

Name of Person Responsible _____

☐ Task 24

Develop a means by which every employee can access, at all times, the MIPP applicable to the unit to which he/she is assigned. For example, the hospital may wish to post the MIPP(s) on the hospital’s intranet or make paper copies available in binders on nursing units. The hospital should implement a procedure to ensure that updates are also made available.

Target Date for Completion _____

Name of Person Responsible _____

Forms and Appendixes

SPH Form 1-A	Documentation of Safe Patient Handling Training or Awareness Training
SPH Form 1-B	Documentation of Investigation of Musculoskeletal Injury Related To Patient Handling
SPH Appendix A	Cal/OSHA Safe Patient Handling Regulation
SPH Appendix B	Cal/OSHA Injury and Illness Prevention Program Regulation
SPH Appendix C	Cal/OSHA Repetitive Motion Injuries Regulation
SPH Appendix D	California Safe Patient Handling Statute
SPH Appendix E	CDPH Planning and Implementing Care Regulation
SPH Appendix F	CMS Survey & Certification Memo 12-21-LSC
SPH Appendix G	CMS Survey & Certification Memo 13-58-LSC
SPH Appendix H	Where to Find the Laws

Documentation of Safe Patient Handling Training or Awareness Training

1. This documentation is for:
 - Safe Patient Handling Training (for designated health care workers, lift team members, designated registered nurses and their supervisors)
 - Awareness Training (for employees whose work assignments include being present on patient care units, but are not designated health care workers, lift team members, designated registered nurses or their supervisors)
2. Title of course: _____
3. Length of course (in hours): _____
4. Training dates and times: _____

5. Objectives of the education program: _____

6. Name, title and qualifications of instructor(s): _____

7. Description of content of education program: _____

8. Types and models of equipment practiced during training (**NOTE:** This section of the form does not need to be completed for awareness training): _____

(over)

Signature of person completing this form: _____

Name of person completing this form (please print clearly): _____

Title: _____

Phone number: _____

Date and time of completion: _____ AM/PM

- 9. Attach the following information to this sheet:
 - a. Names and job titles of all persons attending the training sessions
 - b. Written evaluation of the course content by attendees

Documentation of Investigation of Musculoskeletal Injury Related to Patient Handling

INSTRUCTIONS

This form must be completed when an employee experiences a musculoskeletal injury related to patient handling. This form is additional to other required Cal/OSHA forms and to reporting any serious work-connected injury immediately by telephone (see C. "Records and Reporting of Occupational Illness or Injury," page 15). After the form is completed, please send it to _____

_____[hospital to insert name of person or department to receive completed forms]. If you have questions related to the completion of this form, contact: _____
_____[hospital to insert name and phone number of person who can assist in completion of the form].

Attach extra pieces of paper if necessary.

Date and time of injury: _____ AM/PM

Unit where injury occurred: _____

Case number**: _____

Name of person completing this form: _____

Title: _____

Phone number: _____

Please include all information requested below, to the extent available.

1. Describe the injury and how it happened: _____

2. List any patient-specific risk factors (such as a patient's ability and willingness to cooperate, bariatric condition, clinical condition, etc.): _____

3. What was the designated registered nurse's safe patient handling instruction? _____

(over)

- 4. Was the hospital's safe patient handling plan effectively implemented? If not, describe. _____

- 5. Was the appropriate patient handling equipment available? If not, describe what equipment was not available and why. _____
- 6. Was the safe patient handling equipment used correctly? If not, describe how it was used incorrectly. _____

- 7. Was sufficient staff available? If not, describe what would have been sufficient and why sufficient staff was not available, to the extent known. _____

- 8. Was sufficient staff used? If not, why not? _____

- 9. Were the employees involved trained as required by law? That is, did they receive initial training, annual refresher training, and additional training for new equipment or work practices? List any employee involved who did not receive all required training, and which training he/she did not receive: _____

- 10. Ask the injured employee what he or she thinks caused the incident, and whether any measure would have prevented the injury. Write down the injured employee's answer: _____

- 11. Ask each other staff person involved in the incident what he or she thinks caused the incident, and whether any measure would have prevented the injury. Write down their answers: _____

Signature of person completing this form: _____

Date and time of completion: _____ AM/PM

****NOTE:** This form must not include the injured employee's name, address, email address, phone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the injured employee's identity. Hospitals should assign a case number and keep a separate, confidential list of the case numbers and employee names. Hospitals may wish to use the same case number they use on the Cal/OSHA Form 300 Log of Work-Related Injuries and Illnesses.

THIS FORM AND ATTACHMENTS (IF ANY) MUST BE RETAINED FOR AT LEAST ONE YEAR.

Cal/OSHA Safe Patient Handling Regulation

TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 5120

(a) Scope and Application.

This Section shall apply to all general acute care hospitals.

Exception (1): This Section shall not apply to general acute care hospitals within the Department of Corrections and Rehabilitation or the State Department of Developmental Services.

Exception (2): This section shall not apply to units within a general acute care hospital that are separately licensed as a distinct part under Title 22 Section 70625 and 70627.

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

(b) Definitions.

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

“Designated registered nurse” means a registered nurse who has responsibilities under the Plan required by subsection (c), including, but not limited to, the responsibilities of a designated health care worker, preparation of a safe patient handling instruction, the observation and direction of patient lifts or mobilizations, or the communication of patient handling information to patients or their authorized representatives.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Patient protection and health care worker back and musculoskeletal injury prevention plan.

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

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

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

(2) The names and/or job titles of the persons responsible for implementing the Plan.

(3) The methods the hospital will use to coordinate the implementation of the Plan with other employers whose employees have work assignments that include being present on patient care units. These methods shall include how employees will be provided with the awareness training required by subsection (d)(4), and procedures for investigation and recording of injuries associated with patient handling. In addition, the hospital’s Plan shall include procedures to ensure that the Plan is implemented for employees of other employers who are responsible for performing or assisting in patient handling activities, including the provision of training required for designated health care workers.

(4) Procedures to ensure that supervisory and non-supervisory employees comply with the Plan and use specified procedures and equipment when performing a patient handling activity, in accordance with Section 3203(a)(2).

(5) Procedures for identifying and evaluating patient handling hazards, in accordance with Section 3203(a)(4) including all of the following:

(A) A procedure to determine the types, quantities and locations for powered patient handling equipment and other patient handling equipment required for each unit covered by the Plan. This procedure shall include determining where permanent and portable equipment should be placed in order to ensure its availability and accessibility at all times. The equipment needs for each unit shall be initially evaluated by November 29, 2014 unless an initial evaluation meeting the requirements of this subsection was conducted after January 1, 2012. GACH facilities or units that become operational after November 29, 2014 shall have this procedure conducted prior to the start of patient handling operations in that facility. The procedures shall include how designated health care workers can participate in the evaluations.

(B) Procedures by which the designated registered nurse, as the coordinator of care, will assess the mobility needs of each patient to determine the appropriate patient handling procedures based on the nurse's professional judgment using assessment tools, decision trees, algorithms or other effective means, and prepare safe patient handling instructions for the patient. The Plan shall include the means by which health care workers and supervisors licensed in other disciplines can provide input to the designated registered nurse regarding the patient mobility assessment.

(C) Evaluation of the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures. These evaluations shall be conducted:

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

(6) Procedures for the investigation of musculoskeletal injuries related to patient handling. To the extent that relevant information is available, this shall include:

(A) Review of any patient specific risk factors and the designated registered nurse's safe patient handling instruction;

(B) Review of whether the Plan was effectively implemented, including the availability and correct use of equipment, the availability and use of sufficient staff, and whether the employees involved had been trained as required by subsection (d); and

(C) Solicitation from the injured employee and other staff involved in the incident of their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.

(7) Procedures for correcting hazards related to patient handling, including:

(A) The evaluation and selection of patient handling equipment, including the involvement of designated registered nurses and other designated health care workers, and, where utilized, lift team members;

- (B) How sufficient and appropriate patient handling equipment, selected in accordance with subsections (c)(5) and (c)(7)(A), will be made available on each unit covered by this section. This shall include procedures for procurement, inspection, maintenance, repair, and replacement of appropriate patient handling equipment. Where equipment is shared between units, these procedures shall also include the means by which the current location of the equipment can be determined;
- (C) The procedures by which the designated registered nurse will observe and direct patient lifts and mobilizations on each patient care unit, in accordance with Labor Code Section 6403.5 and Title 22, California Code of Regulations, Section 70215;
- (D) The procedures by which the designated registered nurse will communicate the nurse's assessment regarding patient handling practices to the patient and patient's authorized representatives, in accordance with Title 22, California Code of Regulations, Section 70215;
- (E) The procedures by which lift teams and/or other designated health care workers will be available to perform lifts and other patient handling tasks in each patient care unit at all times in accordance with the Safe Patient Handling Policy. An employee is not considered to be available if the employee's other assignments prevent the person from participating in the patient handling tasks within the timeframe determined to be necessary by the person designated to observe and direct the patient lifts and mobilizations in accordance with subsection (c)(7)(C) and (c)(7)(F). Designated health care workers and lift team members shall follow the safe patient handling policy, including replacement of manual patient handling with powered patient transfer devices and lifting devices as appropriate for the specific situation and patient.
- (F) The procedures to be followed by designated health care workers and lift team members in performing patient handling tasks under normal circumstances, in emergencies, in situations in which there is no designated registered nurse present, in situations in which patients are not cooperative with the safe patient handling instruction, and in those situations in which there is no applicable individual safe patient handling instruction.
- (G) Procedures for correcting problems found during the review of the Plan.
- (8) Procedures for communicating with employees regarding safe patient handling matters, including:
- (A) The method by which the designated registered nurse's safe patient handling instruction for each patient will be documented and communicated to designated health care workers and lift team members providing care to that patient;
- (B) The means by which employees may communicate without fear of reprisal their concerns regarding performing a patient handling activity as instructed, and the means by which concerns and reported hazards will be investigated and corrected as necessary; and
- (C) The means by which designated health care workers, lift team members, designated registered nurses, and their supervisors can participate in reviewing the effectiveness of the Plan in their work areas or departments.

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

(10) For facilities or units in existence as of October 1, 2014, a list of the patient handling equipment identified in (c)(7)(B) that cannot be implemented by October 1, 2014 shall be made. For each listed item, this shall include the reason for the delay, and the schedule by which the equipment will be put into use, and alternative measures to protect employees until the equipment is put into use. In any event, any equipment identified shall be put into use no later than one year after October 1, 2014.

(11) Procedures for reviewing, at least annually, the effectiveness of the Plan in each patient care unit, which shall include a review of injury data and trends. The Plan shall include an effective procedure for obtaining the active involvement of employees in reviewing and updating the Plan with respect to the procedures performed by employees in their respective work areas or departments. Deficiencies found during this review shall be corrected, in accordance with subsection (c)(7) and Section 3203.

(d) Training.

The employer shall provide training to all employees whose work assignments include being present on patient care units, that effectively addresses the activities they are reasonably anticipated to perform under the Plan. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.

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

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

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

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

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

(A) The areas of body exposure and types of injuries associated with manual patient handling activities including risk associated with vertical and lateral movement, bariatric patients, repositioning and ambulation, and the importance of early recognition and management.

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

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

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

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

(F) The importance and process for reporting concerns regarding equipment availability, condition, storage and maintenance, and concerns regarding availability of sufficient staff to perform patient handling activities.

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

(H) The right to refuse to lift, reposition, mobilize, or transfer a patient due to concerns about patient or worker safety or the lack of trained personnel or equipment, and how a health care worker can communicate concerns regarding the designated activity to an appropriate supervisor.

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

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

(K) How the employee can request additional training.

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

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

(N) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(L) designated registered nurses who will assess patients in accordance with subsection (c)(5) (B), shall be trained in how to assess patients' mobility needs, how to communicate with patients and their authorized representatives, and how to communicate with supervisors, designated health care workers, and other health care workers regarding safe patient handling practices for specific patients.

EXCEPTION to subsection (d)(2): For employees who have received initial training in the year preceding October 1, 2014, only training on the elements which were not included in the training need be provided.

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

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

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

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

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

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

(e) Records.

(1) The hospital shall develop and maintain the following records in accordance with Section 3203(b) as records of the implementation of the Plan:

(A) Records of inspections, including hazard identification and evaluation, shall include:

1. Records regarding the evaluation, selection, and placement or installation of patient handling equipment or devices and the availability of this equipment at all times on each unit covered by the Plan;
2. Records of initial and periodic inspection of patient handling procedures; and
3. Records of investigation of occupational injuries and illnesses related to safe patient handling.

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

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

(D) All records required by this subsection shall be made available on request to employees and their representatives for examination and copying in accordance with Section 3204(e)(1) of these orders.

(E) Records of injury investigations shall not include “medical information” as defined by Civil Code Section 56.05(g).

(F) Records required by Division 1, Chapter 7, Subchapter 1, Occupational Injury or Illness Reports and Records, of these orders shall be created and maintained in accordance with those orders.

Appendix A (Non-Mandatory):

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

Facility Guidelines Institute Patient Handling and Movement Assessments: A White Paper by the 2010 Health Guidelines Revision Committee, April 2010 (www.fgiguideguidelines.org/pdfs/FGI_PHAMA_whitepaper_042810.pdf)

Association for Occupational Health Professionals AOHP Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting, Summer 2011 (http://aohp.org/aohp/Portals/0/Documents/AboutAOHP/BGS_Summer2011.pdf)

Centers for Disease Control National Institute of Occupational Safety and Health, NIOSH Safe Patient Handling Training for Schools of Nursing DHHS Publication No. 2009-127 November 2009 (www.cdc.gov/niosh/docs/2009-127/)

Safe Patient Handling and Mobility Interprofessional National Standards, American Nurses Association 2013 (www.nursingworld.org/sphm)

Safe Patient Handling Guidebook For Facility Champions/Coordinators, Matz, 10/29/2013 (www.visn8.va.gov/patientsafetycenter/safepthandling/sphguidebook.doc)

Cal/OSHA Injury and Illness Prevention Program Regulation

TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 3203

(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:

- (1) Identify the person or persons with authority and responsibility for implementing the Program.
- (2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.
- (3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments as compliance with subsection (a)(3).

(4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

- (A) When the Program is first established;

Exception: Those employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with previously existing section 3203.

- (B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and

- (C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(5) Include a procedure to investigate occupational injury or occupational illness.

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

- (A) When observed or discovered; and,

- (B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area

except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

(A) When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

(b) Records of the steps taken to implement and maintain the Program shall include:

(1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for at least one (1) year; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

(2) Documentation of safety and health training required by subsection (a)(7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for at least one (1) year.

Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties.

Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

Exception No. 3: For Employers with fewer than 20 employees who are in industries that are not on a designated list of high-hazard industries established by the Department of Industrial Relations (Department) and who have a Workers' Compensation Experience Modification Rate of 1.1 or less, and for any employers with fewer than 20 employees who are in industries

on a designated list of low-hazard industries established by the Department. Written documentation of the Program may be limited to the following requirements:

- A. Written documentation of the identity of the person or persons with authority and responsibility for implementing the program as required by subsection (a)(1).
- B. Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices as required by subsection (a)(4).
- C. Written documentation of training and instruction as required by subsection (a)(7).

Exception No. 4: Local governmental entities (any county, city, city and county, or district, or any public or quasi-public corporation or public agency therein, including any public entity, other than a state agency, that is a member of, or created by, a joint powers agreement) are not required to keep records concerning the steps taken to implement and maintain the Program.

NOTE 1: Employers determined by the Division to have historically utilized seasonal or intermittent employees shall be deemed in compliance with respect to the requirements for a written Program if the employer adopts the Model Program prepared by the Division and complies with the requirements set forth therein.

NOTE 2: Employers in the construction industry who are required to be licensed under Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code may use records relating to employee training provided to the employer in connection with an occupational safety and health training program approved by the Division, and shall only be required to keep records of those steps taken to implement and maintain the program with respect to hazards specific to the employees' job duties.

(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a)(3) of this section shall be presumed to be in substantial compliance with subsection (a)(3) if the committee:

- (1) Meets regularly, but not less than quarterly;
- (2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request. The committee meeting records shall be maintained for at least one (1) year;
- (3) Reviews results of the periodic, scheduled worksite inspections;
- (4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;
- (5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
- (6) Submits recommendations to assist in the evaluation of employee safety suggestions; and
- (7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

Cal/OSHA Repetitive Motion Injuries Regulation

TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 5110

(a) Scope and application. This section shall apply to a job, process, or operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

- (1) Work related causation. The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
- (2) Relationship between RMIs at the workplace. The employees incurring the RMIs were performing a job, process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly, or loading;
- (3) Medical requirements. The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and
- (4) Time requirements. The RMIs were reported by the employees to the employer in the last 12 months but not before July 3, 1997.

(b) Program designated to minimize RMIs. Every employer subject to this section shall establish and implement a program designed to minimize RMIs. The program shall include a worksite evaluation, control of exposures which have caused RMIs and training of employees.

- (1) Worksite evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.
- (2) Control of exposures which have caused RMIs. Any exposures that caused RMIs shall, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The employer shall consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks.
- (3) Training. Employees shall be provided training that includes an explanation of:
 - (A) The employer's program;
 - (B) The exposures which have been associated with RMIs;
 - (C) The symptoms and consequences of injuries caused by repetitive motion;
 - (D) The importance of reporting symptoms and injuries to the employer; and
 - (E) Methods used by the employer to minimize RMIs.

(c) Satisfaction of an employer's obligation. Measures implemented by an employer under subsection (b) (1), (b)(2), or (b)(3) shall satisfy the employer's obligation under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.

California Safe Patient Handling Statute

LABOR CODE SECTION 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.

CDPH Planning and Implementing Care Regulation

TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 70215

(a) A registered nurse shall directly provide:

(1) Ongoing patient assessments as defined in the Business and Professions Code, section 2725(b)(4). Such assessments shall be performed, and the findings documented in the patient's medical record, for each shift, and upon receipt of the patient when he/she is transferred to another patient care area.

(2) The planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for the patient to other licensed nursing staff, or may be assigned to unlicensed staff, subject to any limitations of their licensure, certification, level of validated competency, and/or regulation.

(3) The assessment, planning, implementation, and evaluation of patient education, including ongoing discharge teaching of each patient. Any assignment of specific patient education tasks to patient care personnel shall be made by the registered nurse responsible for the patient.

(b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.

(c) The nursing plan for the patient's care shall be discussed with and developed as a result of coordination with the patient, the patient's family, or other representatives, when appropriate, and staff of other disciplines involved in the care of the patient.

(d) Information related to the patient's initial assessment and reassessments, nursing diagnosis, plan, intervention, evaluation, and patient advocacy shall be permanently recorded in the patient's medical record.

CMS Survey & Certification Memo

12-21-LSC

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Office of Clinical Standards and Quality/Survey & Certification Group

Ref: S&C-12-21-LSC

DATE: March 9, 2012

TO: State Survey Agency Directors
State Fire Authorities

FROM: Director
Survey and Certification Group

SUBJECT: Instructions Concerning Waivers of Specific Requirements of the 2012 Edition of the National Fire Protection Association (NFPA) 101, the Life Safety Code (LSC), in Health Care Facilities – Clarification Effective Immediately

Memorandum Summary

- **Updates to Previous Instructions:** This letter addresses updates to the Centers for Medicare & Medicaid Services (CMS) policy regarding Capacity of the Means of Egress; Cooking Facilities; Heating, Ventilating, and Air Conditioning; and Furnishings, Mattresses, and Decorations.
- **Permitting Nursing Homes to Utilize Certain Changes to Life Safety Code Provisions Immediately:** Since these changes are included in the 2012 Life Safety Code, CMS is permitting nursing homes to use the new provisions immediately.
- **Waiver Processing:** Waiver requests will be processed in accordance with standard operating procedures.

Recent changes to the NFPA, LSC 2012 edition allow:

- Previously restricted items to be placed in exit corridors;
- The recognition that a kitchen is not a hazardous area and can be open to an exit corridor under certain circumstances;
- Changes allowing the installation of direct-vent gas fireplaces and solid fuel burning fireplaces; and
- Changes to the requirements allowing the installation of combustible decorations.

A National task force developed these changes over three years subsequent to public comments at the CMS/Pioneer Network 2008 National Symposium on Culture Change and the Environment Requirements. These NFPA approved changes give nursing home providers additional ways to enhance resident autonomy and quality of life.

In support of these changes and the positive impact they may have on residents' lives, CMS will allow providers to implement these four changes by considering waivers of the current LSC requirements found in the 2000 edition of the LSC without showing "unreasonable hardship".

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These changes include (1) increasing the amount of wall space that may be covered by combustible decorations; (2) permitting gas fireplaces in common areas; (3) permitting permanent seating groupings of furniture in corridors; (4) allowing kitchens, serving less than 30 residents, to be open to corridors as long as they are contained within smoke compartments. The waivers will be applicable to both new and existing health care occupancies. Specifically, CMS will consider a waiver to allow uses that meet the requirements found in the 2012 edition:

- LSC sections 18/19.2.3 Capacity of Means of Egress and more specifically the requirements at 18/19.2.3.4 which allow, under certain circumstances, projections into the means of egress corridor width for wheeled equipment and fixed furniture;
- LSC section 18/19.3.2.5 Cooking Facilities, more specifically the requirements at 18/19.3.2.5.2, 18/19.3.2.5.3, 18/19.3.2.5.4 and sections 18/19.3.2.5.5 which allow certain types of alternative type kitchen cooking arrangements;
- LSC section 18/19.5.2 Heating, Ventilating, and Air Conditioning more specifically the requirements at 18/19.5.2.3(2), (3) and (4) which allow the installation of direct vent gas fireplaces in smoke compartments containing patient sleeping rooms and the installation of solid fuel burning fireplaces in areas other than patient sleeping areas;
- And lastly, CMS will consider a waiver to allow the use of the requirements found at LSC section 18/19.7.5 Furnishings, Mattresses, and Decorations including sections 18/19.7.5.6 which allow the installation of combustible decorations on walls, doors and ceilings.

No changes were made to the Corridor Access provisions at 18/19.2.5.6.1 that requires “every habitable room shall have an exit access door leading directly to an exit access corridor, unless otherwise provided ...” Also, previous guidance concerning “not in use” criteria found in S&C-10-18-LSC is still applicable.

Due to the complex nature of some of the requirements, each waiver request will have to be evaluated separately in the interest of fire safety and to ensure that the facility has followed all LSC requirements and the equipment has been installed properly by the facility. All waiver requests will be processed in the regular fashion with input from the State Survey Agency and final approval by the CMS Regional Office.

No other requirements of the 2012 edition of the LSC are being implemented at this time. Further changes to the Fire Safety requirements will be done through the formal rule-making process.

Effective Date: The information contained in this memorandum is current policy and is in effect for all applicable healthcare facilities such as Hospitals and Nursing Homes. This clarification should be shared with all survey and certification staff, fire authorities, plan reviewers, surveyors, their managers and the State/Regional Office training coordinators within 30 days of the date of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

CMS Survey & Certification Memo

13-58-LSC

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality / Survey & Certification Group

Ref: S&C: 13-58-LSC

DATE: August 30, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: 2000 Edition National Fire Protection Association (NFPA) 101® Life Safety Code (LSC) Waivers

Memorandum Summary

- **Several Categorical LSC Waivers Permitted:** The Centers for Medicare & Medicaid Services (CMS) has identified several areas of the 2000 edition of the LSC and 1999 edition of NFPA 99 that may result in unreasonable hardship on a large number of certified providers/suppliers and for which there are alternative approaches that provide an equal level of protection. This memorandum specifies the provisions that are available for waiver, including the conditions for the alternative approaches.
- **Providers and Suppliers Must Elect to Use the Waiver:** Individual waiver applications are not required, but providers and suppliers are expected to have written documentation that they have elected to use a waiver and must notify the survey team at the entrance conference for any survey assessing LSC compliance that it has elected the use of a waiver permitted under this guidance and that it meets the applicable waiver requirements. The survey team will review the information and confirm they are meeting the circumstances for the waiver.

Various regulations governing certain certified providers and suppliers require compliance with the 2000 edition of the NFPA 101: LSC. The LSC establishes minimum requirements for the design, operation, and maintenance of buildings and structures to protect individuals from fire and related hazards.

As allowed by the regulations at §482.41(b)(2), §485.623(d)(3), §483.70(a)(2), §416.44(b)(2), and §418.110(d)(2), CMS may waive specific provisions of the 2000 edition of the LSC in hospitals, critical access hospitals, long-term care facilities, ambulatory surgical centers, and inpatient hospice, which, if rigidly applied, would result in unreasonable hardship upon a provider or supplier, but only if the waiver does not adversely affect the health and safety of patients or residents. CMS has determined that the 2000 edition of the LSC contains several provisions that may result in unreasonable hardship for providers/suppliers, for which an adequate alternative level of protection may be achieved. Accordingly, CMS is making available several categorical waivers to new and existing providers and suppliers subject to the LSC.

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Waiver Process

Providers and suppliers that want to take advantage of one or more of the categorical waivers identified below must formally elect to use one or more of the waivers and must document their election decision. If a provider/supplier conforms to the requirements identified for each categorical waiver elected, it will not need to apply specifically to CMS for the waiver, nor will it need to wait until being cited for a deficiency in order to use this waiver. At the entrance conference for any survey assessing LSC compliance, a provider/supplier that has elected to use a categorical waiver must notify the survey team of this fact, and that it meets the applicable waiver provisions. It is not acceptable for a healthcare facility to first notify surveyors of waiver election after a LSC citation has been issued.

The survey team will review the provider's/supplier's documentation electing to use one or more of the categorical waivers and confirm it is meeting all applicable categorical waiver provisions. This will ensure an adequate level of protection is afforded. The waiver(s) elected by the provider/supplier must be described under Tag K000. Categorical waivers do not need to be cited as deficiencies nor do they require Regional Office approval. Therefore the applicable field on the Form CMS-2786 should be marked as "Facility Meets, Based Upon, 3. Waivers." If the survey team determines that the waiver provisions are not being met, the provider/supplier will be cited as a deficiency under §482.41(b)(2), §485.623(d)(3), §483.70(a)(2), §416.44(b)(2), or §418.110(d)(2), as appropriate.

Categorical Waivers Available:**1. Medical Gas Master Alarms**

The 1999 NFPA 99, *Health Care Facilities Code* is cross-referenced in the 2000 LSC and, as a result, it contains requirements applicable to providers and suppliers who must meet the 2000 edition of the LSC under our regulations. The 1999 NFPA 99, sections 4-3.1.2.2(b)(2) requires medical gas master alarms to be located in two separate locations and section 4-3.1.2.2(a)(9) does not allow a centralized computer as a substitute for any medical gas alarm panel. The use of computers to continuously monitor critical signals has increased in health care facilities and the use of computers to monitor medical gas can improve surveillance and shorten response time. As a result, the 1999 NFPA 99 provision required under the 2000 LSC is not only outmoded and unduly burdensome to providers and suppliers, but also arguably less efficient in promoting fire safety. As a result, in the 2005 edition of NFPA 99, the NFPA began to permit a centralized computer system to be substituted for one of the master alarms, and this policy is continued in section 5.1.9.4 of the 2012 NFPA 99. Accordingly, we are permitting a waiver to allow a centralized computer system to substitute for one of the Category 1 medical gas master alarms, but only if the provider/supplier is in compliance with all other applicable 1999 NFPA medical gas master alarm provisions, as well as with section 5.1.9.4 of the 2012 NFPA 99.

2. Openings in Exit Enclosures

The 2000 LSC limits opening in exit enclosures (e.g., stairwells) to doors from normally occupied spaces and corridor, and doors for egress from the enclosure, with a few exceptions. Existing health care facilities often have unoccupied mechanical equipment spaces that have an exit access door to

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an exit enclosure. Providing an alternative exit access to these areas is typically impractical and unduly burdensome with respect to the cost of the reconstruction that would be required. With the 2003 LSC, the NFPA began to permit existing unoccupied openings to mechanical equipment spaces with fire-rated doors to open into exit enclosures, and continuation of this policy is reflected in section 7.1.3.2(9)(c) of the 2012 LSC. Accordingly, we are permitting a waiver to allow existing openings in exit enclosures to mechanical equipment spaces that are protected by fire-rated door assemblies. These mechanical equipment spaces must be used only for non-fuel-fired mechanical equipment, must contain no storage of combustible materials, and must be located in sprinklered buildings. This waiver allowance will be permitted only if the provider/supplier is in compliance with all other applicable 2000 LSC exit provisions, as well as with section 7.1.3.2.1(9)(c) of the 2012 LSC.

3. Emergency Generators and Standby Power Systems

Section 9.1.3 of the 2000 LSC requires emergency generators and standby power systems to be installed, tested, and maintained in accordance with 1999 NFPA 110, *Standard for Emergency and Standby Power Systems*. Section 6-4.2.2 of the 1999 NFPA 110 requires diesel-powered generators that do not meet the monthly testing requirements under section 6-4.2 to be run annually with various loads for a total of two (2) continuous hours. Shorter generator run times will reduce undue cost burden and negative environmental impacts. In the 2010 NFPA 110, the NFPA began to allow for total test duration of one hour and 30 minutes (1-1/2 continuous hours). Accordingly, we are permitting a waiver to allow for a reduction in the annual diesel-powered generator exercising requirement from two (2) continuous hours to one hour and 30 minutes (1-1/2 continuous hours), but only if the provider/supplier is in compliance with all other applicable 1999 NFPA 110 operational inspection and testing provisions, as well as with section 8.4.2.3 of the 2010 NFPA 110.

4. Doors

Section 18/19.2.2.2.2 through 18/19.2.2.2.5 of the 2000 LSC permits door locking arrangements where the clinical needs (e.g., psychiatric units, Alzheimer units, dementia units) of the patients require specialized security measures for their safety, provided adequate provisions are made for the rapid removal of occupants by means such as remote control locks or keys carried by staff at all times. The need for door locking arrangements may extend to other circumstances, such as instances when patients pose a security risk (e.g., some patients in emergency departments) or when a patient requires specialized protective measures for safety (e.g., pediatric units, newborn nurseries). In the 2009 LSC, the NFPA recognized this and began to allow for door locking arrangements when patients pose a security risk or when patients require specialized protective measures for safety, and continuation of this policy is reflected in the 2012 LSC, in sections 18/19.2.2.2.2 through 18/19.2.2.2.6. Accordingly, we are permitting a waiver to allow door locking arrangements where there are clinical needs justifying them, patients pose a security risk, or where patients require specialized protective measures for their safety, but only if the provider/supplier is in compliance with all other applicable 2000 LSC door provisions, as well as with sections 18/19.2.2.2.2 through 18/19.2.2.2.6 of the 2012 LSC.

Section 19.2.2.2.4 of the 2000 LSC permits delayed-egress locks in the means of egress, provided not more than one such device is located in an egress path. However, where the clinical needs (e.g., psychiatric units, Alzheimer units, dementia units) of the patients require specialized security measures for their safety, or where patients pose a security risk (e.g., some patients in emergency departments) or when a patient requires specialized protective measures for safety (e.g., pediatric

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units, newborn nurseries), more than one delayed egress lock may be required along the path of egress in order to accommodate the clinical, security, and other special needs of patients. In the 2009 LSC, NFPA began to allow for more than one delayed-egress lock in an egress path, and continuation of this policy is reflected in sections 18/19.2.2.2.4 of the 2012 LSC, provided that the facility also employs the compensating safety measures specified in those sections which facilitate rapid removal of occupants. Accordingly, we are permitting a waiver to allow more than one delayed-egress lock in the egress path, but only if the provider/supplier is in compliance with all other applicable 2000 LSC door provisions, as well as with sections 18/19.2.2.2.4 of the 2012 LSC.

5. Suites

Sections 18/19.2.5 of the 2000 LSC requires every habitable room to have an exit access door leading directly to an exit access corridor; allows for exit access from a suite to include intervening rooms only under certain circumstances; requires suites of certain size to have two exit access doors remotely located from one another; and limits the size of sleeping room suites to 5,000 ft². Suites are used to create groupings of rooms and spaces that can function more efficiently than individual rooms located off of a corridor. The specific limitations on suite size and design in the 2000 LSC limit their efficiency and the ability for facilities to accommodate suites in their building space, which results in undue burden. In the 2006 LSC, NFPA began to include additional provisions to further accommodate the use of suites, and continue to be reflected in sections 18/19.2.5.7 of the 2012 LSC. Accordingly, we are permitting a waiver to further accommodate the use of suites by allowing: (1) one of the required means of egress from sleeping and non-sleeping suites to be through another suite, provided adequate separation exists between suites; (2) one of the two required exit access doors from sleeping and non-sleeping suites to be into an exit stair, exit passageway, or exit door to the exterior; and (3) an increase in sleeping room suite size up to 10,000 ft². This waiver allowance will be permitted only if the provider/supplier is in compliance with all other applicable 2000 LSC suite provisions, as well as with sections 18/19.2.5.7 of the 2012 LSC.

6. Extinguishing Requirements

Section 9.7.5 of the 2000 LSC requires all automatic sprinkler and standpipe systems to be inspected, tested, and maintained in accordance with the 1998 edition of NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-based Fire Protection Systems*. Sections 2-3.3 and 5-3.2 of the 1998 NFPA 25 require the quarterly testing of vane-type and pressure switch type waterflow alarm devices, and weekly testing of electric motor-driven pump assemblies. Reducing the frequency of testing requirements will reduce cost burden. In the 2011 NFPA 25, the NFPA began allowing for the testing of vane-type and pressure switch type waterflow alarm semiannually and electric motor-driven pump assemblies monthly. Accordingly, we are permitting a waiver to allow for the reduction in the testing frequencies for sprinkler system vane-type and pressure switch type waterflow alarm devices to semiannual, and electric motor-driven pump assemblies to monthly. This waiver allowance will be permitted only if the provider/supplier is in compliance with all other applicable 1998 NFPA 25 (as referenced in section 9.7.5 of the 2000 LSC) testing provisions, as well as with sections 5.3 and 8.3 of the 2011 NFPA 25.

7. Clean Waste & Patient Record Recycling Containers

Sections 18/19.7.5.7 of the 2000 LSC limit the size of trash collection containers to 32-gallons when located outside of a hazardous storage area and not attended. Recycling containers used for clean waste (e.g., bottles, cans, paper) pose a lower fire risk than trash containing grease, oil, or flammable

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liquids. Allowing the size of container used for recycling to increase will reduce the number of trash receptacles and hazardous storage areas required, which will reduce undue cost burden. In the 2012 LSC, the NFPA began allowing containers used solely for recycling clean waste or for patient records awaiting destruction outside a hazardous storage area to be a maximum capacity of 96-gallons. Accordingly, we are permitting a waiver to allow the increase in size of containers used solely for recycling clean waste or for patient records awaiting destruction outside of a hazardous storage area to be a maximum of 96-gallons, but only if the provider/supplier is in compliance with sections 18/19.7.5.7.2 of the 2012 LSC.

8. Clarification of Process for LSC Waivers permitted under S&C-12-21

CMS memorandum S&C-12-21-LSC, dated March 9, 2012, also provided for categorical waivers of several provisions of the 2000 LSC, but required each provider/supplier waiver to be evaluated separately before a survey was to be conducted, with final approval by the CMS Regional Office. Providers/suppliers seeking to take advantage of these categorical waivers may now use the categorical waiver process described above, so long as they are in compliance with all other requirements identified in S&C-12-21-LSC.

Questions: If you have questions regarding this memorandum please contact Lieutenant Commander Martin Casey at Martin.Casey@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Where to Find the Laws

All of the laws discussed in *The Safe Patient Handling Regulation* guidebook can be found on the Internet.

FEDERAL LAW

A federal statute is written by a United States Senator or Representative. It is voted on by the United States Senate and the House of Representatives, and then signed by the President. A federal statute is referenced like this: 42 U.S.C. Section 1395. “U.S.C.” stands for “United States Code.” Federal statutes may be found at www.gpo.gov/fdsys or at www.law.cornell.edu.

A federal regulation is written by a federal agency, such as the U.S. Department of Health and Human Services or the U.S. Food and Drug Administration. The proposed regulation is published in the Federal Register, along with an explanation (called the “preamble”) of the regulation, so that the general public and lobbyists may comment on it. The federal agency must summarize and respond to each comment it receives on the proposed regulation. The agency may or may not make changes to the proposed regulation based on the comments. The final regulation is also published in the Federal Register. A federal regulation is referenced like this: 42 C.F.R. Section 482.1 or 42 C.F.R. Part 2. “C.F.R.” stands for “Code of Federal Regulations.” Federal regulations may be found at www.gpo.gov/fdsys or at www.ecfr.gov. The preamble, however, is only published in the Federal Register and not in the Code of Federal Regulations. The Federal Register may be found at www.gpo.gov/fdsys or at www.federalregister.gov.

The Centers for Medicare & Medicaid Services publishes its *Interpretive Guidelines* for surveyors on the internet. They may be found at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo. There are several appendices that hospitals will find useful; for example, A (hospitals), AA (psychiatric hospitals), V (EMTALA), and W (critical access hospitals).

A federal law must be obeyed throughout the United States, including in California, unless the federal law expressly states otherwise. As a general rule, if a federal law conflicts with a state law, the federal law prevails, unless the federal law expressly states otherwise.

If there is no conflict, such as when one law is stricter but they don’t actually conflict with each other, both laws generally must be followed. For example, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal law states that providers must conform to whichever provision of federal or state law provides patients with greater privacy protection or gives them greater access to their medical information.

STATE LAW

A state statute is written by a California Senator or Assembly Member. It is voted on by the California Senate and Assembly, and then signed by the Governor. A state statute is referenced like this: Civil Code Section 56 or Health and Safety Code Section 819. State statutes may be found at www.leginfo.ca.gov. Proposed laws (Assembly Bills and Senate Bills) may also be found at this website.

A state regulation is written by a state agency, such as the California Department of Public Health or the California Department of Mental Health. A short description of the proposed regulation is published in the California Regulatory Notice Register, more commonly called the Z Register, so that the general public and lobbyists may request a copy of the exact text of the proposed regulation and comment on it.

The state agency must summarize and respond to each comment it receives on the proposed regulation. The agency may or may not make changes to the proposed regulation based on the comments. A notice that the final regulation has been officially adopted is also published in the Z Register. The Z Register may be found at www.oal.ca.gov/notice_register.htm.

A state regulation is referenced like this: Title 22, C.C.R., Section 70707. “C.C.R.” stands for “California Code of Regulations.” State regulations may be found at www.calregs.com.

A state law must be obeyed in California only. As a general rule, if a California law conflicts with a federal law, the federal law prevails, unless the federal law expressly states otherwise. (If there is no conflict, such as when one law is stricter but they don’t actually conflict with each other, both laws generally must be followed.)