

NYS Safe Patient Handling Law



THE NYS SAFE PATIENT HANDLING (SPH) Law¹ was passed in an effort to reduce injuries experienced by health care workers when lifting and moving patients. The law covers all hospitals, nursing homes, diagnostic treatment centers and clinics licensed under Article 28 of the NYS Public Health Law, and also includes state operated group homes as well as health care units in prisons.

The law requires employers to:

- Establish facility based committees that will assist in the development and implementation of the SPH program;
- Develop a written SPH Program that includes the policy, a comprehensive assessment of current equipment utilized, the number of each type of equipment, patient assessment procedures, the maintenance schedule for the equipment and procedures for decontamination and/or taking the equipment out of service.

Safe patient handling (“SPH”) is defined as the use of engineering controls, lifting and transfer aids or assistive devices by staff to perform the acts of lifting, transferring and repositioning health care patients and residents.

Facility Based Safe Patient Handling Committee

ALL NYC HEALTH + HOSPITAL facilities must have an established facility-based SPH Committee. One half of each committee’s membership must be front-line, non-managerial employees that provide direct care and include at least one nurse and at least one

non-nurse direct care provider. In long-term care facilities, such as nursing homes, a resident representative must also be included.

The mission of the facility-based committee is to plan and recommend the practices and procedures for putting together SPH programs for their respective facilities that are consistent with NYC Health + Hospitals Policy. The committee members should actively monitor the SPH program in their facility, assess facility needs (such as repair or replacement of equipment), establish an incident review process and propose program changes for an effective SPH program.

¹Title 1-A of Article 29-D, added to the Public Health Law by Chapter 60 of the Laws of 2014, Part A, § 20:

Safe Patient Handling Program



The program must be specific to each facility and include or consider the following:

- Best practices recommended by the state-wide workgroup for an effective program, as well as the type of facility, services provided, patient population, care plans, types of caregivers and physical environments for all shifts and units of the facility;

The recommendations can be found at:

http://www.health.ny.gov/statistics/safe_patient_handling/docs/sph_report.pdf

- Procedures for conducting patient handling hazard assessments with the understanding that the findings may change as the patient improves or conditions get worse;
- A process to identify the appropriate use of the SPH policy, based on patients' physical and medical condition and availability of equipment, which includes a way to address circumstances where it is contradicted to use the policy based on a patient's condition;
- The provision of initial and ongoing training and education on SPH to all affected titles including; but not limited to; **Nurses, Nurse's aides, Patient Care Associates, Patient Care Technicians, Physical Therapists, Respiratory Therapists, and Respiratory Therapy Technicians;**
- The establishment of an investigation process for review of incidents involving patient lifting or mobility tasks that result in near-misses or injuries to either the patient and/or worker, and follow-up plans for corrective action;
- The scheduling and review of the program by the SPH Director or designee with the findings/results reported to the committee(s). The report must include an evaluation of the reduction of injury to patients and workers;
- The feasibility of incorporating SPH equipment and consideration of storage needs when construction or remodeling happens within the facility; and
- Developing a process by which a covered employee may refuse to perform or be involved in patient handling or movement that the employee reasonably believes in good faith will expose a patient or employee to an unacceptable risk of injury. Such policy must require that the employee make a good faith effort to ensure patient safety and bring the matter to the attention of the facility in a timely manner. Employees who follow the procedure shall not be subject to disciplinary action.

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