

FINALLY!

CNA-Sponsored Lift Teams/Safe Patient Handling Signed into Law



On Friday, October 9, Governor Brown signed A.B. 1136 (Swanson) **safe patient handling legislation into law!** This law has been a major goal of nurses for years—finally achieved this year through the incredible work of our CNA legislative staff and nurses against the strident opposition of the hospital industry and their lobbying arm, the California Hospital Association.

Here are some important things to know as the bill gets implemented next year:

WHAT DOES THE BILL DO?

A.B. 1136 is considered to be the strongest RN/healthcare worker and patient protection measure in the nation. The bill requires acute-care facilities to provide 24/7 lift teams **AND** equipment to assist in the handling of patients based on severity of illness and worker safety.

The RN is the coordinator of care and each lift will be based on her or his own professional judgment in coordination with pre-designated, trained lift team members.

WHEN DOES THE BILL GO INTO EFFECT?

The bill goes into effect, January 1, 2012. No delayed implementation!

WHO HAS TO COMPLY?

All acute-care facilities, that includes rural and children's hospitals. Correctional facilities and developmental centers are exempted from the law.

WHAT IF WE ALREADY HAVE LIFT TEAMS IN PLACE? DOES THE LAW TRUMP HOSPITAL POLICIES?

Yes! All facilities must comply. It is a state statute, punishable by law if not implemented. If your collective bargaining contracts have mandated lift teams, then the stronger language will prevail. In addition, if there is a system in place in your facility that is working well, this bill allows the RN, who is the coordinator of care, to work with the lift team to ensure compliance and feasibility in the unit.

CAN OUR HOSPITAL REALLY COMPLY? WE ARE A SMALL, RURAL FACILITY.

Absolutely. The lift team law is designed to work in concert with hospital policies that take into account the individual needs of that particular hospital. This statute is doable in **EVERY** facility, big or small. Again, the RN will be coordinating these policies to ensure that patient safety is the number-one priority.

HOW IS IT ENFORCED?

The California Occupational Safety and Health Act of 1973 (CalOSHA) has jurisdiction over the bill. There are fines and penalties already in law for failure to comply with the Act. The lift team bill is amended into that Act.

WILL MY EMPLOYER DISCIPLINE ME IF I REFUSE TO LIFT?

No! Your employer **CANNOT** discipline you or retaliate against you if you, based on your professional RN judgment, feel a lift is unsafe for yourself or for your patient. In addition, you cannot be disciplined if you are in a situation where you are lifting with **UNTRAINED** personnel.

WHO MUST BE TRAINED?

The hospital **MUST** train and designate lift team members ahead of time. These lift team members must be trained not only on body mechanics but on a stricter standard including **BUT NOT LIMITED TO** the five areas of body exposure which include "vertical, lateral, bariatric, repositioning, and ambulation." Lift teams are also to be trained on the use of lifting devices to handle patients safely.

If you find yourself working alongside a lift team member who is untrained, **REFUSE** the lift and ensure you are working with trained personnel. This is a hospital mandate. Remember, this training should be evolving as we find newer and better ways of mobilizing patients, so this training is **unlimited**.

Always note that you and your team's primary duties and responsibilities to patient safety are of utmost importance and should never be compromised.

For more information, please contact your Labor Rep.

Join us at [Twitter.com/nationalnurses](https://twitter.com/nationalnurses) · [Facebook.com/nationalnurses](https://facebook.com/nationalnurses)



CALIFORNIA
NURSES
ASSOCIATION



National
Nurses
United

A Voice for Nurses. A Vision for Healthcare.