Amends the Nursing Home Care Act. Requires every nursing home and hospital to adopt and ensure implementation of a policy to identify, assess, and develop strategies to control the risk of injury to residents, patients, and nurses associated with the lifting, transferring, repositioning, or movement of a resident or patient. Sets forth certain items that must be included in the policy, including (i) an analysis of the risk of injury to residents, patients, and nurses posed by the handling needs of the resident or patient populations served by the nursing home or hospital and the physical environment in which resident or patient handling and movement occurs and (ii) education of nurses in the identification, assessment, and control of risk of injury to residents, patients, and nurses during resident or patient handling. Effective immediately.

LRB094 16988 DRJ 52269 b
AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Nursing Home Care Act is amended by adding Section 3-217 as follows:

(210 ILCS 45/3-217 new)

Sec. 3-217. Handling residents; controlling risk of injury. Every facility shall adopt and ensure implementation of a policy to identify, assess, and develop strategies to control the risk of injury to residents and nurses associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:

(1) Analysis of the risk of injury to both residents and nurses posed by the handling needs of the resident populations served by the facility and the physical environment in which resident handling and movement occurs.

(2) Education of nurses in the identification, assessment, and control of risk of injury to residents and nurses during resident handling.

(3) Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment.

(4) Restriction, to the extent feasible with existing equipment and aids, of manual resident handling or movement of all or most of a resident's weight to emergency, life-threatening, or otherwise exceptional circumstances.

(5) Collaboration with and an annual report to the facility's nurse staffing committee.

(6) Procedures for a nurse to refuse to perform or be involved in resident handling or movement that the nurse in
good faith believes will expose a resident or a nurse to an
unacceptable risk of injury.

(7) Submission of an annual report to the facility's
governing body or the facility's quality assurance
committee on activities related to the identification,
assessment, and development of strategies to control risk
of injury to residents and nurses associated with the
lifting, transferring, repositioning, or movement of a
resident.

(8) In developing architectural plans for constructing
or remodeling a facility or a unit of a facility in which
resident handling and movement occurs, consideration of
the feasibility of incorporating resident-handling
equipment or the physical space and construction design
needed to incorporate that equipment at a later date.

Section 10. The Hospital Licensing Act is amended by adding
Section 6.22 as follows:

(210 ILCS 85/6.22 new)
Sec. 6.22. Handling patients; controlling risk of injury.
Every hospital shall adopt and ensure implementation of a
policy to identify, assess, and develop strategies to control
the risk of injury to patients and nurses associated with the
lifting, transferring, repositioning, or movement of a
patient. The policy shall establish a process that, at a
minimum, includes all of the following:

(1) Analysis of the risk of injury to both patients and
nurses posed by the handling needs of the patient
populations served by the hospital and the physical
environment in which patient handling and movement occurs.

(2) Education of nurses in the identification,
assessment, and control of risk of injury to patients and
nurses during patient handling.

(3) Evaluation of alternative ways to reduce risks
associated with patient handling, including evaluation of
equipment and the environment.

(4) Restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient’s weight to emergency, life-threatening, or otherwise exceptional circumstances.

(5) Collaboration with and an annual report to the hospital’s nurse staffing committee.

(6) Procedures for a nurse to refuse to perform or be involved in patient handling or movement that the nurse in good faith believes will expose a patient or a nurse to an unacceptable risk of injury.

(7) Submission of an annual report to the hospital’s governing body or the hospital’s quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient.

(8) In developing architectural plans for constructing or remodeling a hospital or a unit of a hospital in which patient handling and movement occurs, consideration of the feasibility of incorporating patient-handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

Section 99. Effective date. This Act takes effect upon becoming law.