

## Rep. Esther Golar

## Filed: 3/26/2012

	09700HB5655ham001 LRB097 18527 DRJ 66310 a
1	AMENDMENT TO HOUSE BILL 5655
2	AMENDMENT NO Amend House Bill 5655 by replacing
3	everything after the enacting clause with the following:
4	"Section 5. The Nursing Home Care Act is amended by
5	changing Section 3-206.05 as follows:
6	(210 ILCS 45/3-206.05)
7	Sec. 3-206.05. Safe resident handling policy.
8	(a) In this Section:
9	"Health care worker" means an individual providing direct
10	resident care services who may be required to lift, transfer,
11	reposition, or move a resident.
12	"Nurse" means an advanced practice nurse, a registered
13	nurse, or a licensed practical nurse licensed under the Nurse
14	Practice Act.
15	"Safe lifting equipment and accessories" means mechanical
16	equipment designed to lift, move, reposition, and transfer

1	residents, including, but not limited to, fixed and portable
2	ceiling lifts, sit-to-stand lifts, slide sheets and boards,
3	slings, and repositioning and turning sheets.
4	"Safe lifting team" means at least 2 individuals who are
5	trained and proficient in the use of both safe lifting
6	techniques and safe lifting equipment and accessories.
7	"Adjustable equipment" means products and devices that may
8	be adapted for use by individuals with physical and other
9	disabilities in order to optimize accessibility. Adjustable
10	equipment includes, but is not limited to, the following:
11	(1) Wheelchairs with adjustable footrest height and
12	seat width and depth.
13	(2) Height-adjustable, drop-arm commode chairs and
14	height-adjustable shower gurneys or shower benches to
15	enable individuals with mobility disabilities to use a
16	toilet and to shower safely and with increased comfort.
17	(3) Accessible weight scales that accommodate
18	wheelchair users.
19	(4) Height-adjustable beds that can be lowered to
20	accommodate individuals with mobility disabilities in
21	getting in and out of bed and that utilize drop-down side
22	railings for stability and positioning support.
23	(5) Universally designed or adaptable call buttons and
24	motorized bed position and height controls that can be
25	operated by persons with limited or no reach range, fine
26	motor ability, or vision.

motor ability, or vision.

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(	6)	Heigh	nt-adjustab	le pl	atform	tables	for	physi	ical
thera	ру т	with	drop-down	side	railing	gs for	stabi	lity	and
posit	ioni	.ng su	ipport.						

- (7) Therapeutic rehabilitation and exercise machines with foot straps to secure the user's feet to the pedals and with cuffs or splints to augment the user's grip strength on handles.
- (b) A facility must adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers 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 residents and nurses and other health care workers taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs.
  - (2) Education and training of nurses and other direct resident care providers in the identification, assessment, and control of risks of injury to residents and nurses and other health care workers during resident handling and on safe lifting policies and techniques and current lifting equipment.
    - (3) Evaluation of alternative ways to reduce risks

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1	ssociated with resident handling, including evaluation	of
2	quipment 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 except for emergency, life-threatening, or otherwise exceptional circumstances.
- (5) 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 nurse or other health care worker to an unacceptable risk of injury.
- (6) Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.
- (7) In developing architectural plans for construction or remodeling of a facility or 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.
- (8) Fostering and maintaining resident safety, dignity, self-determination, and choice, including the following policies, strategies, and procedures:
  - (A) The existence and availability of a trained safe lifting team.
    - (B) A policy of advising residents of a range of

Τ	transier and lift options, including adjustable
2	diagnostic and treatment equipment, mechanical lifts,
3	and provision of a trained safe lifting team.
4	(C) The right of a competent resident, or the
5	quardian of a resident adjudicated incompetent, to
6	choose among the range of transfer and lift options
7	consistent with the procedures set forth under
8	subdivision (b)(5) and the policies set forth under
9	this paragraph (8), subject to the provisions of
10	subparagraph (E) of this paragraph (8).
11	(D) Procedures for documenting, upon admission and
12	as status changes, a mobility assessment and plan for
13	lifting, transferring, repositioning, or movement of a
14	resident, including the choice of the resident or the
15	resident's quardian among the range of transfer and
16	<pre>lift options.</pre>
17	(E) Incorporation of such safe lifting procedures,
18	techniques, and equipment as are consistent with
19	applicable federal law.
20	(c) Safe lifting teams must receive specialized, in-depth
21	training that includes, but need not be limited to, the
22	<pre>following:</pre>
23	(1) Types and operation of equipment.
24	(2) Safe manual lifting and moving techniques.
25	(3) Ergonomic principles in the assessment of risk both
26	to nurses and other workers and to residents.

14 (Source: P.A. 96-389, eff. 1-1-10.)".

1	(4) The selection, safe use, location, and condition of
2	appropriate pieces of equipment individualized to each
3	resident's medical and physical conditions and
4	preferences.
5	(5) Procedures for advising residents of the full range
6	of transfer and lift options and for documenting
7	individualized lifting plans that include resident choice.
8	Specialized, in-depth training may rely on federal
9	standards and guidelines such as the United States Department
10	of Labor Guidelines for Nursing Homes, supplemented by federal
11	requirements for barrier removal, independent access, and
12	means of accommodation optimizing independent movement and
13	transfer.