

## RHODE ISLAND

---

Downloaded January 2011

### **SAFE RESIDENT HANDLING**

3.6 Each licensed nursing facility shall comply with the following as a condition of licensure:

3.6.1 Each licensed nursing facility shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A nursing facility may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct resident care.

3.6.2 By July 1, 2007, each licensed nursing facility shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to residents. As part of this program, each licensed nursing facility shall:

3.6.3 By July 1, 2008, implement a safe resident handling policy for all shifts and units of the

facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a resident's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;

a) Conduct a resident handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, resident populations, and the physical environment of resident care areas;

b) Develop a process to identify the appropriate use of the safe resident handling policy based on the resident's physical and mental condition, the resident's choice, and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular residents;

c) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe resident handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;

d) Conduct an annual performance evaluation of the safe resident handling with the results of the evaluation reported to the safe resident handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by resident handling, and include recommendations to increase the program's effectiveness; and

e) Submit an annual report to the safe resident handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses, and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.

3.6.4 Nothing in this section precludes lift team members from performing other duties as assigned during their shift.

3.6.5 An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a resident handling activity that he/she believes in good faith exposed the resident and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation

## **SECTION 21.0 RESIDENT CARE POLICIES**

21.1 Each facility shall have written resident care policies to govern the continuing nursing care and related medical or other services provided.

21.2 Each nursing facility licensed under the provision of Chapter 23-17 of the Rhode Island General Laws, as amended, shall have a written plan for preventing the hazards of resident wandering from the facility. Said plan shall be on file in the nursing facility and available to the licensing agency upon request.

## **RESIDENT IMMUNIZATION POLICIES/PRACTICES**

22.5 Long term care resident immunization: Except as provided in subsection 22.5 (e) (below), every facility in this state shall request that residents be immunized for influenza virus and pneumococcal disease in accordance with Chapter 23-17.19 of the Rhode Island General Laws, as amended.

Influenza, pneumococcal, and other adult vaccination policies and protocols (such as physician's standing orders) for facility residents shall be developed and implemented by the facility and shall contain no less than the following provisions:

a) Notice to resident: In accordance with the provisions of section 23-17.19-4 of the Rhode Island General Laws, as amended, upon admission, the facility shall notify the resident and legal guardian of the immunization requirements of Chapter 23-17.19 of the Rhode Island General Laws, as amended, and request that the resident agree to be immunized against influenza virus and pneumococcal disease.

b) Records and immunizations: Every facility shall document the annual immunization against influenza virus and immunization against pneumococcal disease for each resident which includes written evidence from a health care provider indicating the date and location the vaccine was administered.

Upon finding that a resident is lacking such immunization or the facility or individual is unable to provide documentation that the individual has received the appropriate immunization, the facility shall make available the immunization.

c) Other immunizations: An individual who becomes a resident shall have his status for influenza and pneumococcal immunization determined by the facility, and, if found to be deficient, the facility shall make available the necessary immunizations.

d) Vaccinations must be provided in accordance with the most current ACIP (Advisory Council on Immunization Practices) guidelines for these vaccinations.

e) Exceptions: No resident or employee shall be required to receive either the influenza or pneumococcal vaccine if any of the following apply:

1) the vaccine is contraindicated; 2) it is against his religious beliefs; or 3) the resident or the resident's legal guardian refuses the vaccine after being fully informed

of the health risks of such action.

f) Reports of vaccination rates shall be submitted annually (by July 1st of each year) to the Department. Such reports shall include, at a minimum:

i) number of all eligible residents 65 years and older residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;

ii) number of all eligible residents 64 years and younger residing in or admitted to the facility from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;

iii) percentage of current residents 65 years and older vaccinated with pneumococcal vaccine;

iv) the number of residents who are exempted from influenza and/or pneumococcal vaccination for medical reasons;

v) the number of outbreaks in the facility each year due to influenza virus and pneumococcal disease, if known;

vi) the number of hospitalizations of facility residents each year due to influenza virus, pneumococcal disease and complications thereof; if known; and

vii) other reports as may be required by the Director.

## **SECTION 25.0 SELECTED NURSING CARE PROCEDURES**

... 25.2 The personal hygiene of each resident shall be attended to. All residents shall receive care including care of skin, shampooing and grooming of hair, oral hygiene, shaving, cleaning and cutting of fingernails and toenails. Residents shall be kept free of offensive odors.

25.3 Residents shall be encouraged and/or assisted to function at their highest level of self-care and independence. Every effort shall be made to keep residents active and out of bed for reasonable periods of time except when contraindicated by physician orders.

25.4 Every facility shall have an active program for rehabilitative nursing care.

25.5 Such supportive and restorative nursing care needed to maintain maximum functioning of the resident shall be provided.

25.6 Each resident shall be given care to prevent pressure ulcers, contractures and deformities, including:

a) preventive skin care as appropriate;

b) changing the position of bedfast and chair-fed residents;

c) maintaining proper body alignment and joint movement to prevent contractures and deformities; and

d) encouraging, assisting and training residents in self-care and activities of daily living.

25.7 Measures shall be taken to prevent and reduce incontinence for each resident which shall include no less than:

a) written assessment by a registered nurse, within two (2) weeks of admission, of each incontinent resident's ability to participate in a bowel and/or bladder training program;

b) an individualized plan of care for each resident selected for training to be included in the resident's nursing care plan to restore as much normal bladder function as possible.

#### **ASSISTANCE WITH EATING AND HYDRATION**

25.11 Nursing facilities may employ resident attendants to assist residents with activities of eating and drinking. The resident attendant shall not be counted in the direct care staffing levels (see also section 24.4 herein).

25.12 A nursing facility shall not use any individual on a paid or unpaid basis in the capacity of a resident attendant, as defined herein, in the nursing home unless the individual:

a) has satisfactorily completed a training program approved by the Director, as described in section 25.14 of these regulations;

b) continues to provide competent eating and hydration assistance as determined by the facility's professional nursing staff.

25.13 The facility shall ensure: a) the resident attendant works in congregate dining areas under the supervision of a

registered nurse (RN) or licensed practical nurse (LPN); b) the resident attendant wears a photo identification badge in accordance with section

14.14 of these regulations; c) the resident attendant only assists residents selected by the professional nursing staff,

based on the charge nurse's assessment and the resident's latest assessment and plan of care;

d) the resident attendant assists with eating and drinking for residents who have no complicated eating/feeding problems, including but not limited to:

i. Tube or parenteral/IV feedings;

ii. Recurrent lung aspirations;

iii. Difficulty swallowing;

iv. Residents at risk of choking while eating or drinking;

v. Residents with significant behavior management challenges while eating or drinking;

vi. Residents presenting other risk factors that may require emergency intervention.

e) maintenance of records regarding individuals acting as resident attendants and the training program attended.

#### **PAIN ASSESSMENT**

25.15 All health care providers licensed by this state to provide health care services and all health care facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall assess patient pain in accordance with the requirements of the Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN) promulgated by the Department.

#### **SECTION 34.0 EQUIPMENT**

34.1 Each facility shall maintain sufficient and appropriate types of equipment consistent with resident needs and sufficient to meet emergency situations.

34.2 All equipment to meet the needs of the residents shall be maintained in safe and good operational condition.