



Diagnosing and removing MSD pain in an acute care hospital

Workers at a large acute care hospital have shown that doing your homework, making effective joint health and safety committee (JHSC) recommendations and insisting upon solutions can bring successful outcomes.

The challenge

The JHSC's sub-committee which tracks injuries noted a spike in musculoskeletal disorders (MSDs) in the hospital's dialysis units. This spike followed a major change in the work process. With the elimination of dialysis technicians, the work of loading and unloading dialysis machines and hooking up and removing patient lines was added to nurses' workload. These new tasks resulted in nurses having to twist and turn their wrists over 200 times per patient treatment, often treating up to nine patients a shift.

Making the case

Worker health and safety reps began to track the injuries and the workload changes in the dialysis unit, adding it as an ongoing JHSC agenda item. Unhappy with the speed of progress, worker members of the JHSC eventually escalated the issue by asking hospital leadership to attend a JHSC meeting to report on actions taken.

Worker committee members representing nursing staff took the lead in drafting a comprehensive set of recommendations building upon rights and responsibilities specified in the *Occupational Health & Safety Act (the Act)* and *Regulations for Health Care and Residential Facilities (O. Reg 67/93)*. To hone their ergonomics knowledge, the local union president, also a WHSC-qualified instructor, taught the WHSC's *Ergonomics in Health Care and Social Services* training program to her union members of the committee. The educational is an ongoing commitment by the union local to provide eight half-day educational sessions each year to its JHSC members.

The committee also used resources from the Occupational Health Clinics for Ontario Workers and Ontario's MSD Prevention Toolbox in developing their recommendations. When they did submit recommendations they also requested a response within 21 days as per *the Act*.

Building sustainable solutions

Involving key staff, including those in leadership positions, is often helpful in moving health and safety issues from recommendation to resolution. To address the dialysis unit issues in a more concerted and committed manner, a broader sub-committee was created which included nurses from the dialysis unit, the local union president as co-chair, a worker rep with specialized knowledge of hand and upper limb injuries, as well as the staff ergonomist, a health and safety analyst, a biomedical specialist and senior management leadership.

Conducting a thorough workplace assessment is essential in identifying the root cause of injury. In this case, this included videotaping affected staff performing work tasks to help identify and analyse the source of injury. This information also served as the basis for additional JHSC recommendations focused specifically on reducing the number of harmful twisting, turning and pinching movements.

All of these JHSC efforts helped bring about effective and lasting change. The hospital now has a measure and procedure, developed by frontline staff and a staff ergonomist, for setting up and priming dialysis equipment. The JHSC also developed a plan to ensure the new protocol was communicated to staff. Nurses interviewing for dialysis unit jobs are now informed of the potential MSD hazards up front.

Since these interventions were implemented the numbers of injuries in the dialysis unit have declined. The dialysis unit safety team is now a permanent group in the department addressing other safety concerns, including workplace violence. So successful were their efforts, the team was nominated for a workplace safety award.

**Work
shouldn't
hurt**