

Handle with Care

Patient Handling and the Application of Ergonomics (MSI) Requirements

About the WCB

Preventing on-the-job injury and disease is the first priority of the Workers' Compensation Board (WCB) of British Columbia. WCB officers inspect worksites in B.C. to make sure they comply with the Occupational Health and Safety Regulation, which sets out minimum workplace standards for health and safety. The WCB also investigate serious workplace incidents and consults with employers, supervisors, and workers to promote health and safety in the workplace.

Under the requirements of the *Workers Compensation Act*, a worker must report an injury or a disabling occupational disease as soon as possible to the employer. The employer must report work-related injuries, occupational diseases, and work-related deaths to the WCB within three days. A worker may not make an agreement with the employer to give up WCB benefits.

If a worker suffers a work-related injury or illness, the WCB provides fair compensation that may include medical costs, loss of earnings, physical rehabilitation, and pensions. The WCB also works with employers to help injured workers return to work. If a worker is killed on the job, counselling and financial help are made available to the victim's family. For more information on requirements or eligibility for WCB coverage, contact the WCB office nearest you.

WCB Prevention Information Line

The WCB Prevention Information Line can answer your questions about workplace health and safety, worker and employer responsibilities, and reporting a workplace incident. The Prevention Information Line accepts anonymous calls.

Phone 604 276-3100 in the Lower Mainland, or call 1 888 621-7233 (621-SAFE) toll-free in British Columbia. To report after-hours and weekend incidents and emergencies, call 604 273-7711 in the Lower Mainland, or call 1 866 922-4357 (WCB-HELP) toll-free in B.C.

WCB Publications

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For further information or comments on the contents of this guide, please call the Prevention Information Line and ask for the Occupational Disease Prevention Services Department of the WCB (see page 2 for contact information).

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Overview

The health care sector in British Columbia accounts for more worker injuries than any other sector, including forestry, construction, and transportation. Workers' Compensation Board (WCB) of British Columbia statistics show that, on average, 1100 health care workers in B.C. miss work each day because of work-related injuries. In the five-year period from 1997 to 2001, the direct cost of those claims was \$400 million.¹ When indirect costs are included (for example, replacing and retraining workers), the total cost of work-related injuries and diseases is much greater. In addition to the financial costs, there are substantial human costs.

Of particular concern is the manual handling of patients, which can result in musculoskeletal injuries (MSIs) such as back and shoulder strains. The WCB appreciates that the term *manual handling* may sound offensive to some people when used to describe the care of individual patients. In this context, manual handling means the lifting, lowering, holding, pushing, or pulling of patients while assisting them with their daily living activities. Patient handling activities account for 50% of musculoskeletal injuries in acute care settings and 60% of musculoskeletal injuries in long-term care settings.

Many factors are related to the incidence of MSI among workers, including:

- Frequency, force, and postures associated with patient handling
- Design and layout of the care environment
- Availability and use of appropriate patient handling equipment
- Work organization
- Patient characteristics
- Knowledge of appropriate patient handling techniques
- Belief that back injuries are just part of the job

Research and experience show that injuries and claims costs are reduced when the risks of MSI are identified, assessed, and controlled as part of an effective occupational health and safety program.

¹ Fully Reserved Claims Costs (FRCC) include health care, rehabilitation, time loss, and pension costs paid by the WCB. Costs do not include overtime, retraining, and other indirect costs that result from injuries.

This guide describes the process of identifying, assessing, and controlling the risks of MSI associated with patient handling. Specifically, it promotes the implementation of a “no-lift” policy (sometimes referred to as a minimal-lift or safer-lift policy) as a means of preventing MSI.

Note that this guide does not include specific patient handling techniques. It is intended to help health care employers, managers, and workers interpret and apply the requirements of the Occupational Health and Safety Regulation, specifically Sections 4.46 to 4.53, Ergonomics (MSI) Requirements (see Appendix I on page 109).

The B.C. health care community has developed considerable expertise in the safe moving and handling of patients. This expertise will continue to develop through the application of safe patient handling principles and the use of new and improved equipment.

Who should use this guide

This guide is for employers, managers, and workers in British Columbia's health care sector.

Employers and senior managers are responsible for developing strategic policies and allocating resources for occupational health and safety. The information in this guide will help them ensure that their workplaces comply with legal requirements and that the duties imposed on them by statute are discharged.

Operational managers such as departmental or ward managers and supervisors are responsible for implementing health and safety policies and procedures. They will find information to help them provide healthy, safe workplaces for their workers and patients.

Workers, particularly worker health and safety representatives or joint health and safety committee members, will find information to help them assess patient handling tasks.

Occupational health and safety advisors, occupational therapists, physiotherapists, and nurses may have an influence on policy development and implementation, depending on their role within an organization. They will find information to help them advise senior and operational managers and workers on practical methods of policy implementation and risk control.

Other professionals, such as risk managers and patient-care quality managers, will also find useful information for reviewing their care management systems. Patient care systems are designed to ensure the safety of patients while they are in the care of the facility. Such formalized systems of safety and quality management significantly assist care facilities and regional health authorities in managing the risk associated with improper handling practices that could lead to civil litigation.

Although this guide focuses on patient handling in long-term care and acute care settings, much of the content also applies to other workplaces in which caregivers manually handle patients, such as community care and special education establishments. Many of the concepts described in this guide may also be adapted to address the risk of MSI in non-patient handling tasks.

How to use this guide

This guide includes health and safety information that will help employers and workers in the health care sector prevent musculoskeletal injury (MSI) associated with patient handling activities. The guide is divided into seven parts (illustrated below). Each part builds on the material presented in earlier parts. “Part 5: Risk Assessment” (page 31) includes four sections that describe factors to consider when performing a patient handling risk assessment.

“Forms” (page 75) contains both blank forms and completed samples of forms for risk identification and risk assessment.

This guide also contains appendices, including an excerpt of WCB ergonomics (MSI) requirements, information on occupational health and safety programs, an example of a safe patient handling policy, a list of terms and acronyms, and a bibliography.

