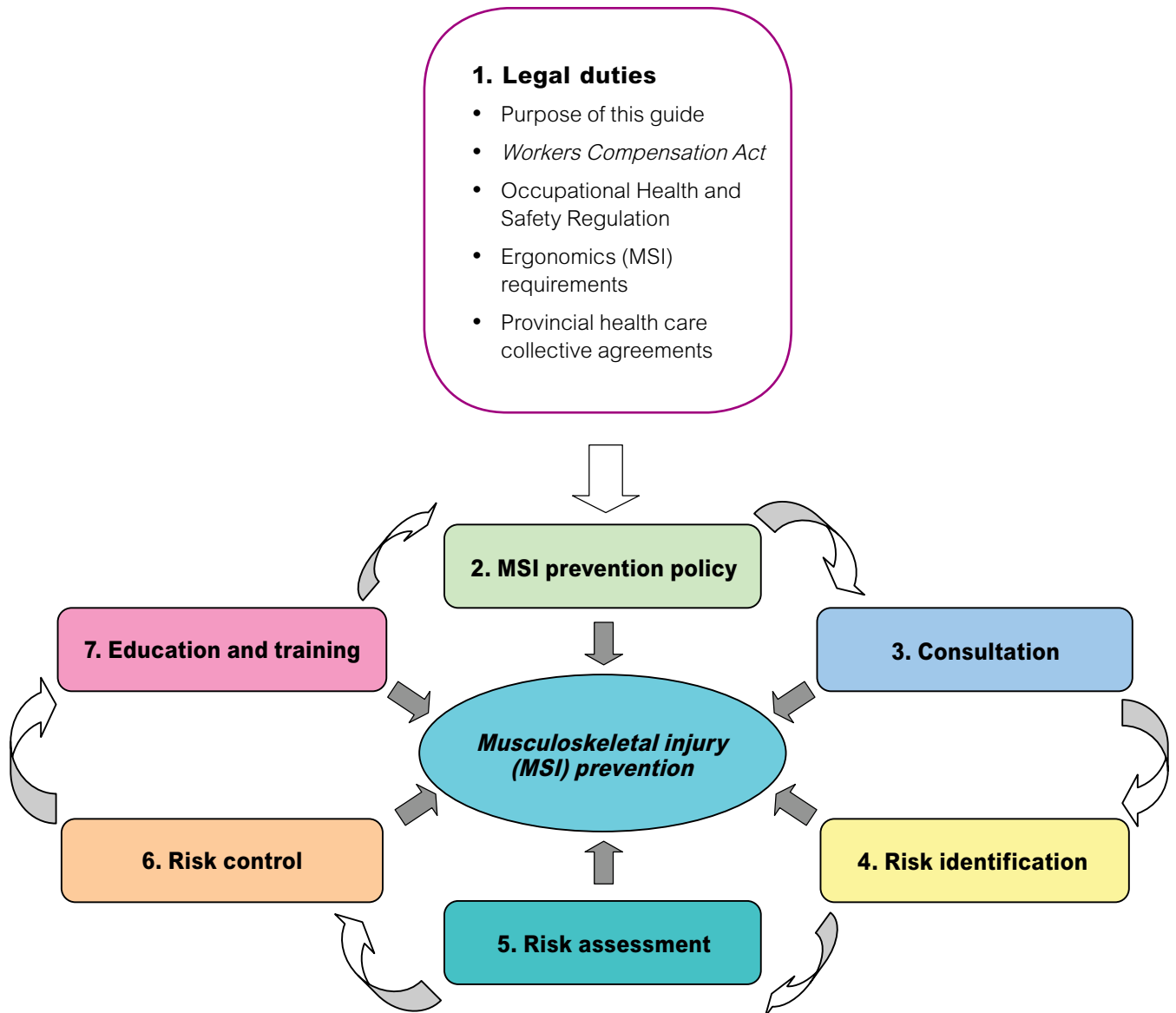


Part 1: Legal duties



Purpose of this guide

This guide is intended to provide advice on complying with the ergonomics (MSI) requirements contained in the *Workers Compensation Act* (the *Act*) and the Occupational Health and Safety Regulation (the Regulation). This guide is not a legal document or an instrument of WorkSafeBC policy. It does not in any way replace, limit, or alter requirements of the *Act* or the Regulation, nor does it limit in any way the ability of WorkSafeBC or its officers to apply, interpret, and enforce the *Act* and the Regulation as appropriate in the circumstances.

The information in this guide is not intended to be prescriptive—employers are free to use alternative methods, provided such methods comply with the requirements in the *Act* and the Regulation, to manage the risk of MSI within their facilities.

Workers Compensation Act

The *Act* prescribes the jurisdiction of WorkSafeBC and its authority to make regulations, inspect workplaces, issue orders, and impose penalties. The *Act* also sets out the general rights and responsibilities of employers, workers, suppliers, and others with respect to health and safety in the workplace. For example, employers have a general duty to establish occupational health and safety policies and programs in accordance with the Regulation, to have a joint health and safety committee or worker health and safety representative, and to record, investigate, and report incidents in the workplace.

Occupational Health and Safety Regulation

The Regulation expands on the general requirements of the *Act*, specifying further legal requirements that must be met by all workplaces under the inspectional jurisdiction of WorkSafeBC.

These requirements represent the minimum standards that must be achieved by employers. They include:

- Policies and procedures
- Risk identification, assessment, and control
- Education and training
- Inspections
- First aid

Some of these requirements are addressed in this guide and are included as elements of a health and safety program in Appendix II (see page 100).

The requirements are not an end in themselves but are a foundation upon which to build an effective health and safety program. (For information on health and safety programs, see the WorkSafeBC booklet *How to Implement an Effective Occupational Health and Safety Program*.)

Employers must also take steps to control risks. The greater the risk, the greater the need for specific policies, safe work practices, and other measures to control them.

Ergonomics (MSI) requirements

The Regulation specifies ergonomics (MSI) requirements in Sections 4.46 to 4.53, Ergonomics (MSI) Requirements. For example, employers are required to “eliminate or, where that is not practicable, minimize the risks of MSI to workers” (sub-section 4.50(1)). For a detailed explanation of the term *practicable*, see page 55.

Employers and workers should familiarize themselves with the ergonomics requirements because they form the basis of an effective MSI prevention policy. Appendix I (page 98) includes a complete excerpt of the requirements at the time of publication. Employers and workers should bear in mind that the Regulation is amended and updated regularly; they are advised to refer to WorkSafeBC’s Web site for an up-to-date (though unofficial) version of the Regulation. The following parts of this guide explain in more detail how to interpret and apply these requirements in a health care setting.

Employer requirements

Employer requirements include the following:

- Consult with the joint health and safety committee (or worker health and safety representative) regarding MSI risk identification, assessment, and control and evaluation as well as worker education and training (Section 4.53(1)).
- When performing a risk assessment, consult with workers with signs or symptoms of MSI and a representative sample of workers (Section 4.53(2)).
- Identify risks of MSI (Section 4.47).

- Assess the degree of risk posed to workers (Section 4.48).
- Implement control measures to reduce the risks of MSI (Section 4.50).
- Evaluate control measures to determine their effectiveness and ensure that deficiencies are corrected (Section 4.52).
- Educate workers in the early signs and symptoms of MSI and its potential health effects, and in risk control measures for preventing MSI (Section 4.51 (1)).
- Train workers in the MSI control measures that have been implemented (Section 4.51(2)).

Worker responsibilities

Worker responsibilities include the following:

- Know the MSI risk factors related to your work, as well as MSI signs and symptoms and potential health effects.
- Participate in education and training on established safe work procedures and the use of risk controls such as mechanical lifts.
- Follow MSI prevention policies and safe work procedures.
- Cooperate with your employer, joint health and safety committee (or worker health and safety representative), and WorkSafeBC officers.
- Report signs and symptoms of MSI to your supervisor and first aid attendant (if your worksite has one). You must also report unsafe acts or conditions to your supervisor. This includes a sudden change in a patient’s ability to assist with their own transfers and the failure of mechanical lifting equipment.

Provincial health care collective agreements

Collective agreements between the Health Employers Association of British Columbia (HEABC) and B.C. health care unions include provisions for occupational health and safety. In general, these agreements specify that employers and health care unions will cooperate in the promotion of safe working conditions, safe work practices, and the prevention of workplace injuries and diseases.

Specific to the prevention of MSI, the HEABC and the Association of Unions² have entered into a memorandum of understanding to work toward “eliminating all unsafe manual lifts of patients/residents” (see page 9). The memorandum substantially parallels the ergonomics (MSI) requirements in the Regulation, which are intended to “eliminate or, if that is not practicable, minimize the risk of musculoskeletal injury to workers.” The memorandum supports the development and implementation of specific policies and procedures such as those outlined in “Part 2: Developing an MSI Prevention Policy for Patient Handling” (see page 11).

Accompanying resources

Appendix I: WorkSafeBC ergonomics (MSI) requirements, page 98

Appendix II: Occupational health and safety programs, page 100

² Including the HEU, BCGEU, BCNU, CSWU, IBEW, IUPAT, IUOE, UAJAP&P, UBCJA, and USWA.

Memorandum of understanding between Association of Unions and Health Employers Association of British Columbia (Excerpt)*

Manual Lifting

The parties agree to establish a goal of eliminating all unsafe manual lifts of patients/residents through the use of mechanical equipment except where the use of mechanical lifting equipment would be a risk to the well-being of the patients/residents.

The Employer shall make every reasonable effort to ensure the provision of sufficient trained staff and appropriate equipment to handle patients/residents safely at all times, and specifically to avoid the need to manually lift patients/residents when unsafe to do so. If the use of mechanical equipment would be a risk to the well-being of the patients/residents, sufficient staff must be made available to lift patients/residents safely.

The parties agree to take the following immediate steps through the Occupational Health and Safety Agency for Healthcare to achieve this goal throughout the sub-sector.

- (a) Work in partnership with the Workers' Compensation Board, the Ministry of Health and others to establish a financing framework to make funds available to purchase the necessary mechanical equipment;
- (b) Finalize and distribute clear industry guidelines for safe patients/residents handling;
- (c) Encourage the full participation of the local Joint Occupational Health and Safety Committee in the development, implementation and on-going monitoring of this goal;

Recommend to the Ministry of Health that all new health care facilities be equipped with appropriate lifting equipment;

Produce an annual report card on the progress to date including specific recommendations for the coming year.

Signed on behalf of HEABC: Tony Collins

Date: March 17, 2001

Signed on behalf of the Association: Chris Allnutt

Date: March 18, 2001

* *This excerpt is provided here courtesy of the Association of Unions and the Health Employers Association of British Columbia.*