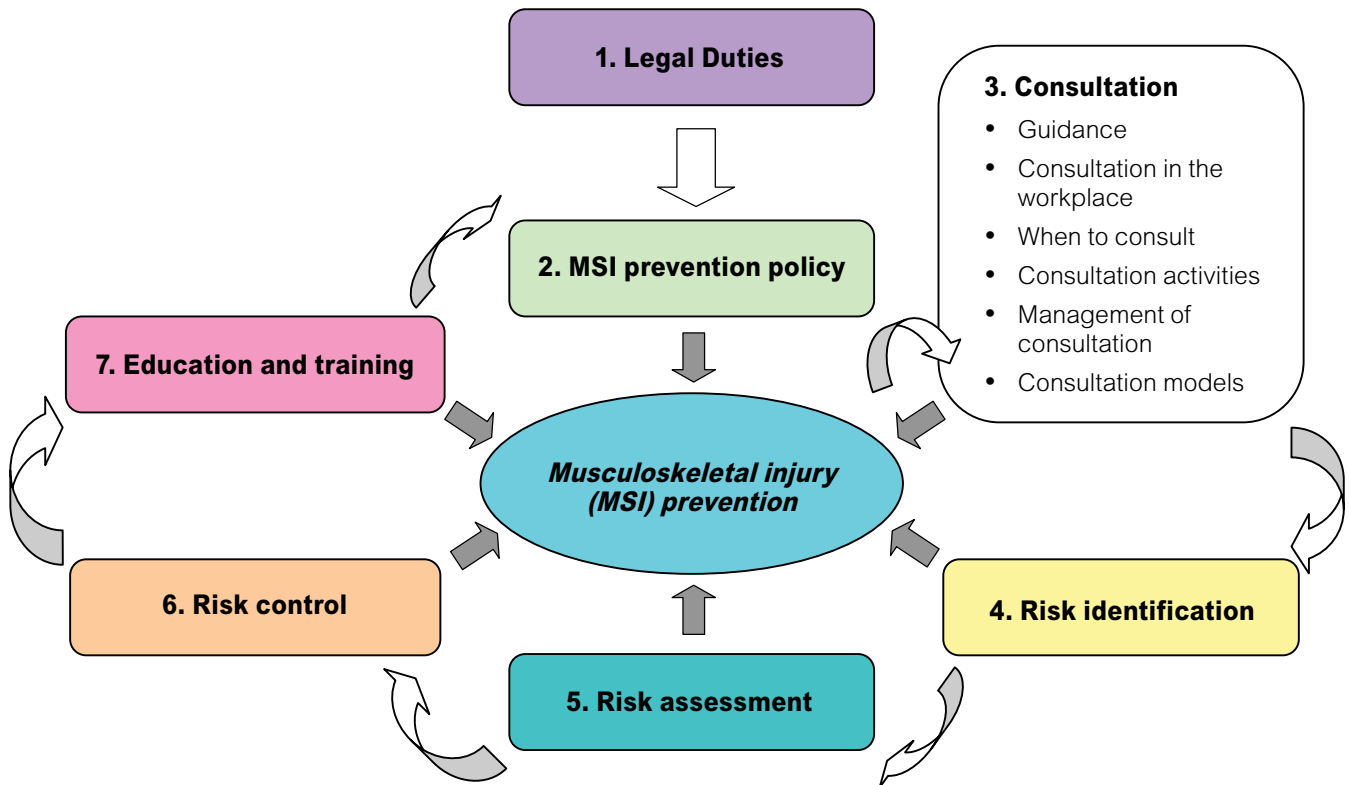


Part 3: Consultation



Regulation excerpt

Section 4.53 of the Regulation states:

- (1) The employer must consult with the joint committee or the worker health and safety representative, as applicable, with respect to the following when they are required by the Ergonomics (MSI) Requirements:
 - (a) risk identification, assessment and control;
 - (b) the content and provision of worker education and training;
 - (c) the evaluation of the compliance measures taken.
- (2) The employer must, when performing a risk assessment, consult with:
 - (a) workers with signs or symptoms of MSI, and
 - (b) a representative sample of the workers who are required to carry out the work being assessed.

Guidance

In Section 4.53 *consult* means to seek participation from the workers and the joint health and safety committee and to solicit their input into decisions and evaluations under Sections 4.47–4.52 of the Regulation.

Subsection (1) requires the employer to consult with the joint health and safety committee (or worker health and safety representative) regarding implementation of ergonomics requirements.

Subsection (2) requires the employer to consult with the affected workers when a risk assessment is conducted regarding tasks or functions that those workers carry out. In subsection (2)(b) a *representative sample* means, in addition to workers with early signs and symptoms, a cross-section of workers, with regard for age, shift schedule, size (height and weight), gender, and work location. For example, climatic conditions can vary considerably when working with clients in their homes where icy surfaces may appear.

Consultation in the workplace

Experience shows that it is often the workers who perform a job who are the best source of information for identifying, assessing, and controlling the risks of MSI. When workers are involved in the health and safety process and asked appropriate questions, they usually provide insights into the risks associated with their work. Workers often have good ideas for effective risk controls and may provide valuable information on which controls are likely to succeed and which are not.

Consultation also provides a forum for workers to be included in the type of decision making that affects their daily work duties. This encourages worker “buy-in,” making the MSI strategy more likely to succeed.

When to consult

Consultation is a core component of an MSI prevention implementation strategy, so setting up the consultation process should be the first step in MSI prevention and an ongoing part of the strategy.

Initial consultation means forming a team or user group of people who will carry out the MSI prevention implementation strategy. Ideally, this group should include members who are experienced in patient handling activities and aware of the specific MSI risk factors associated with some patient handling techniques. The size and composition of the team will vary, depending on the type of care facility, and can be determined at the beginning of the development of the MSI prevention strategy.

Ongoing consultation means continually getting ideas and opinions from workers as well as regular feedback after changes have taken place.

Consultation activities

Consultation may include the following activities:

- Discussing safety initiatives with the joint health and safety committee and getting their feedback
- Conducting worker trials for the selection and use of new equipment and getting worker feedback
- Speaking to workers directly while they perform their jobs
- Requesting input from workers during staff meetings
- Distributing body discomfort surveys
- Forming local MSI prevention workplace core groups
- Including workers on MSI prevention implementation teams
- Conducting management interviews with workers
- Conducting an organization-wide MSI survey

Management of consultation

The purpose of consultation is to establish worker feedback on MSI risk management within the facility. The most effective processes focus on developing a facility-wide framework for MSI risk management while encouraging effective local decision making to resolve MSI issues as they arise.

The consultation process may become unwieldy, impractical, and ineffective if local, day-to-day decision making is curtailed in favour of a rigid central committee-style structure. Such a structure can stifle effective MSI risk management and risk reduction measures. This may allow unsafe acts and conditions to remain uncontrolled for prolonged periods, posing risks to workers and patients.

Consultation models

Consultation may be formal or informal, depending on the facility size and the locations of workers who will be affected. The model adapted by a facility will depend on that facility's specific needs and available resources. There are various models for setting up a consultation process, including the following examples. Any type of model requires the support and involvement of management and workers.

Joint health and safety committee model

In facilities such as some long-term care facilities the members of the joint health and safety committee may be responsible for implementing the MSI prevention strategy. Hence, these facilities may not need to form an MSI prevention subcommittee. The advantage of this model is that the same people are involved in all aspects of the health and safety program.

However, even though the joint health and safety committee may be a suitable forum for consultation, committee members may not have the necessary skills and experience to make meaningful MSI risk-management decisions.

Expert model

In some facilities, one person may oversee the entire MSI prevention strategy. In this model the joint health and safety committee develops a policy framework for the facility but relies on a professional specialist who takes responsibility for management and implementation of the MSI prevention strategy.

MSI team model

An MSI team generally includes a number and variety of specially trained care professionals with specific clinical and ergonomics skills. The team acts in a mentoring or advisory role, providing expert advice on possible risk control

options for unit-based core teams or specially trained MSI prevention champions. MSI teams can provide a forum for effective consultation and active worker involvement.

Core team or MSI prevention champion model

Core teams are similar to MSI teams but are formed primarily of frontline workers who have received specific patient handling training and who act as mentors or “champions” for their co-workers. An MSI prevention expert who is internal or external to a facility may provide specific training. This is an employee-driven model. As well as acting as training resources and mentors, members of the core team can facilitate consultation between the joint health and safety committee and workers, providing accurate feedback on the success of the MSI prevention strategy. Core teams should have a management representative to act in a coordination and leadership role.