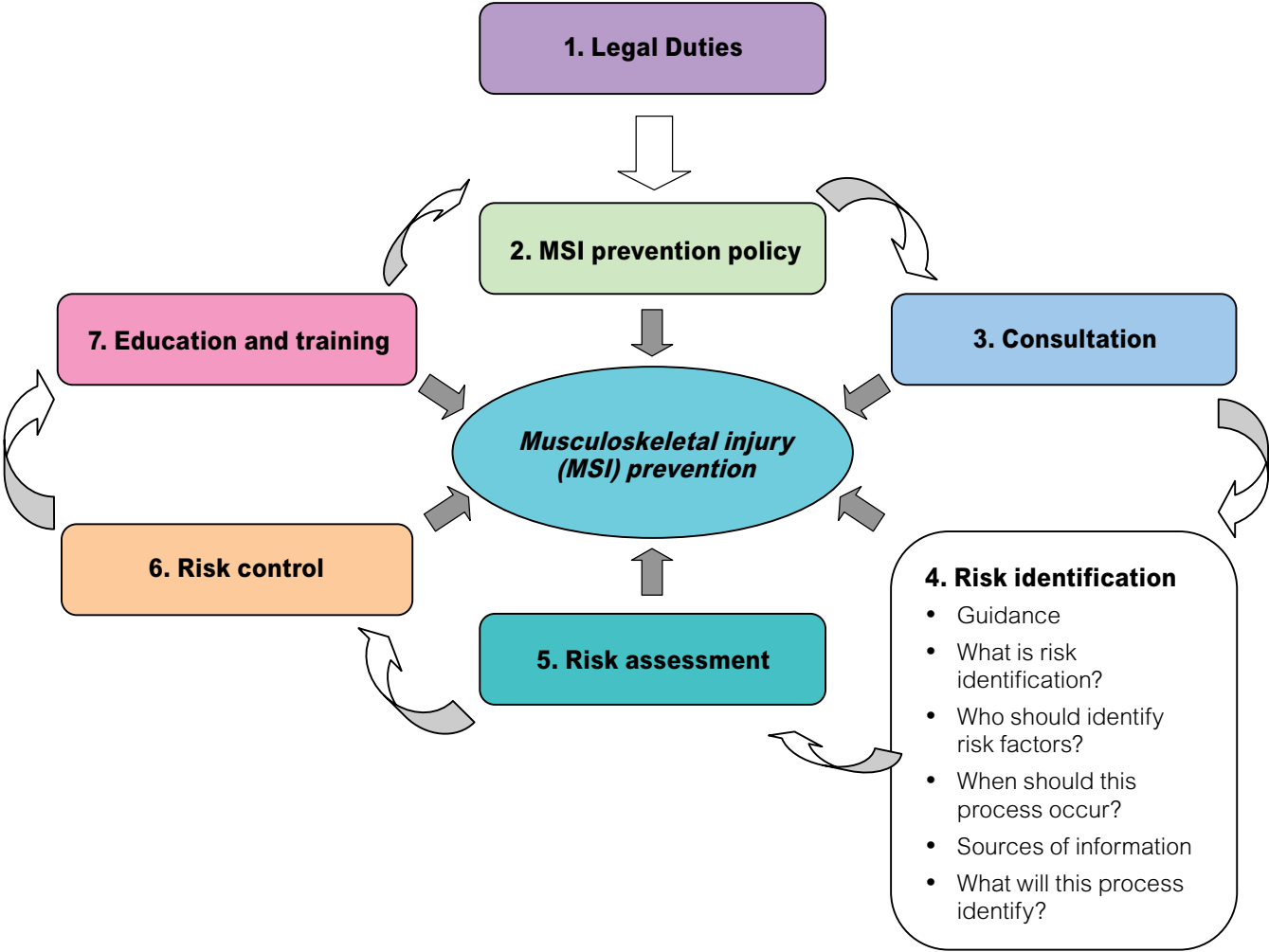


Part 4: Risk identification



Regulation excerpt

Section 4.47 of the Regulation states:

The employer must identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI).

Guidance

The intent of risk identification is to establish a history of injury for all jobs or tasks that have been shown to pose a significant risk of injury or are known by observation to have significant MSI risk factors present. Risk identification enables a process of prioritization to occur that will lead to further risk management activities.

Section 4.49 of the Regulation lists the risk factors that must be considered but there may also be other factors to consider such as illumination or psychosocial factors. Psychosocial factors are the workers' perceptions of the job or work environment, including the organizational culture, social environment, and interfering noise.

What is risk identification?

Most patient handling activities may pose at least some risk of MSI to workers. Risk identification is the process of identifying the tasks and locations (for example, units, wards, or residences) within a facility that pose the greatest risks of MSI to workers based on the information available.

Risk identification can be achieved by reviewing and analyzing information such as injury statistics, incident investigation reports, and first aid reports. The desired outcome is a risk profile that prioritizes the patient handling and care tasks that will be assessed for risk control.

This prioritization first focuses risk assessment on the areas likely to contain the highest risks of MSI to workers before moving on to lower-risk areas. Without prioritization, time and effort may be wasted on risk assessments for tasks that have a relatively low risk of injury. Risk identification is important because it ensures that adequate information is gathered so informed decisions can be made and the most effective results can be achieved.

Who should identify risk factors?

Risk factors should be identified by persons who are knowledgeable of the work process and who have been trained in the recognition and interpretation of MSI risk factors. Section 4.53 of the Regulation requires that employers consult with the joint health and safety committee or worker health and safety representative during the risk identification process.

Depending on the facility's consultation model (see "Consultation Models," page 19), those persons involved in the no-lift policy development and implementation process are likely candidates for carrying out risk identification. Such persons may have a variety of professional backgrounds and are generally familiar with the work activities carried out at the facility.

When should this process occur?

Ideally, risk identification should occur proactively (before incidents occur). The process may occur whenever new patients, equipment, or activities are introduced into the workplace. Incorporate risk identification when making plans for new facilities, wards, or work practices and when planning renovations to existing facilities. Risk identification may also be included as part of regular workplace inspections. (For more information on workplace inspections, see Sections 3.5–3.8 of the Regulation.)

Risk identification may also occur reactively (after incidents occur) to establish the extent to which MSI risk factors may have contributed to an incident and to prevent similar incidents from recurring.

Sources of information

Tracking injuries enables a facility to establish a baseline, identify trends, and set goals and targets for injury reduction. The following sources may provide useful information for MSI risk identification.

Injury statistics

- Type of incident, area of body injured, days lost, and claims costs
- Task or activity performed and the location (for example, the specific ward) at the time of injury
- Greatest time loss

Note: In order for injury statistics to be useful as a source of information, MSIs should be identifiable in the injury statistics. Form 1 on page 64 uses

injury statistics to identify the areas within a facility that are experiencing the highest numbers and rates of MSIs.

Incident investigation reports

- Location where the injury occurred
- Area of the body injured
- Type of activity that caused the injury

First aid records

- Records of aggravating activities as reported by workers during first aid visits

Other sources of information may include the following:

- Consultation with workers and supervisors. Identify the tasks that they find physically demanding and request their input on how to reduce MSI.
- Staff meetings or informal discussions. Identify problematic tasks. Note that this may be difficult if the staff is unaware of the risks or believe ongoing discomfort and pain is part of the job.

What will this process identify?

The risk identification process will vary at different facilities, depending on a number of factors, including patient abilities and the types of care services provided.

Some examples of patient handling tasks that may be identified as high-risk include:

- Transferring from toilet to chair
- Transferring from chair to bed
- Transferring from bathtub to chair
- Repositioning in bed

Some examples of areas of a facility that may be identified as high-risk include:

- Bathing rooms
- Extended care wings

- Diagnostic units such as radiology
- Emergency departments
- Spinal units
- Orthotics departments

Accompanying resources

Form 1: (a) Patient handling: Risk identification tool using MSI statistics (completed example), page 65

Form 1: (b) Patient handling: Risk identification tool using MSI statistics (blank), page 66