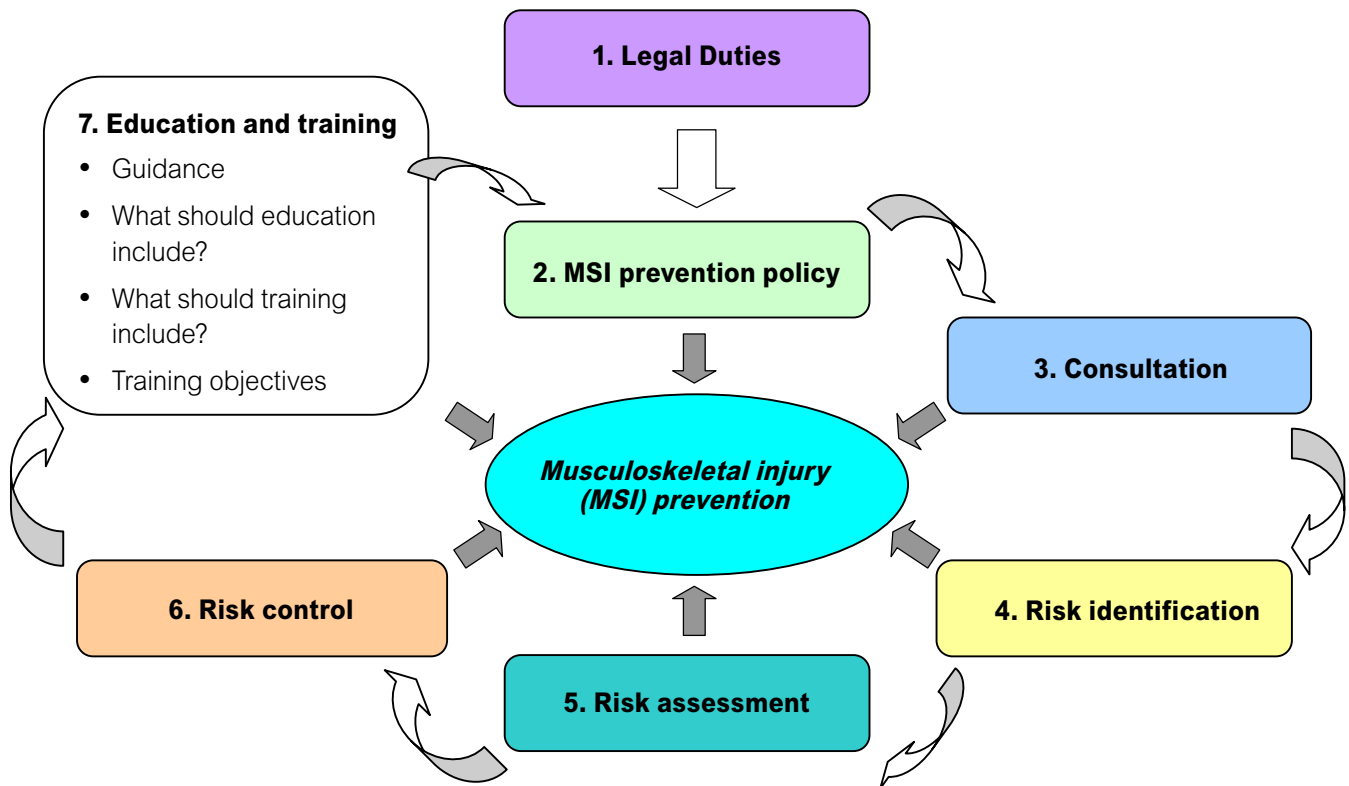


# Part 7: Education and training



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### Regulation excerpt

Section 4.51 of the Regulation states:

- (1) The employer must ensure that a worker who may be exposed to a risk of MSI is educated in risk identification related to the work, including the recognition of early signs and symptoms of MSIs and their potential health effects.
- (2) The employer must ensure that a worker to be assigned to work which requires specific measures to control the risk of MSI is trained in the use of those measures, including, where applicable, work procedures, mechanical aids and personal protective equipment.

### Guidance

*Education* is the communication of generic information on a subject. An example is educating workers on the hazards or risks that they may encounter while performing tasks. A good education session will test the worker's comprehension of the material, either informally or formally.

*Training* is the communication of task-specific skills and knowledge, with a hands-on or practical component and a specific behavioural objective. An example is training workers on how to dress patients. A good training session will test the worker's comprehension of what was taught, either through practice or demonstration. Without this demonstration of learned skills, training cannot be considered successful.

### What should education include?

Employers must ensure that workers are educated about the MSI risk factors associated with their jobs. In the health care setting this means that workers must be made aware of the high-risk nature of manual patient handling and the residual risks (see "Part 6: Risk Control" on page 53) associated with nearly all transferring or repositioning techniques.

By far the most common type of education that health care workers receive is back care education. Back care education alone is not sufficient for conveying information about the types of risk factors related to patient handling work. In addition to back injuries, health care workers sustain shoulder, arm, and leg injuries. Education should include risk factors related to all body parts.

Education should also illustrate the types of lifting, transferring, and repositioning techniques that are considered very high risk and prohibited within the facility (for example, chicken lifts, cradle lifts, and drag lifts). It is also important to inform workers, particularly new or temporary workers, about the facility's health and safety policy and patient handling standards (for example, the presence of a no-lift policy). This lets workers know what is expected of them when handling patients.

### Early signs and symptoms of MSI

Employers must also ensure that workers know the early signs and symptoms and potential health effects of MSI. This education allows workers to report problems promptly, which leads to early intervention by first aid attendants and keeps the injury from developing further.

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## **What should training include?**

Employers must ensure that workers receive training that allows them to carry out their patient care and handling tasks safely. Because patient handling is a high-risk activity, workers who have not received suitable training should not attempt any procedures.

Training is most effective when it is hands-on, is practical, and incorporates competency testing. Testing should cover patient handling techniques, equipment, and the critical thinking skills needed to make appropriate choices and manage the risk posed by mobilizing the patient. Evaluation of training and subsequent skills development could be initially undertaken immediately following the training session and periodically reviewed by the supervisor. Routine workplace inspections may reveal a need for reinforcement of safe work procedures.

Training competency required in the health care work environment includes:

- How to conduct specific patient handling techniques such as bathing, dressing, and toileting
- How to operate mechanical equipment supplied for use with patients
- How to place and remove slings and other non-mechanical transfer assist devices

Employers should ensure that records are kept of all worker education and training sessions. Training records should include information on the subject covered and evidence that the worker has demonstrated competence.

## **Training objectives**

The basic objective of training can be summed up in one question: Do you know how to safely move the patient? Workers should be able to demonstrate the techniques taught to them. This helps ensure that they understand what the employer expects of them. They should also be able to apply the principles of patient handling to other situations (for example, to address the risks posed by a very heavy patient).

Training should also include the necessary administrative components such as:

- Worker awareness of patient care plans and ADL charts and the handling practices recommended in them
- Procedures for reporting changes in the functional capacities of patients
- Pre-handling assessments that workers should make before they attempt patient handling activities

## **Training follow-up and coaching**

Training follow-up and coaching are often neglected aspects of the training process in care facilities. Some care facilities have adopted peer mentoring programs in which workers volunteer to be patient handling leaders within specific wards or residences. They coach co-workers and assist in handling patients who have more complex handling needs. Leaders also act as a link to the facility safety division or patient handling coordinator.