

Program Implementation Guide

For Health PEI Sites

December 2016

All Health PEI sites are required to have a musculoskeletal injury prevention (MSIP) program that is customized to the site and the work of its employees.

Establish one of the following at each site (depending on the size of the site):

- (a) An MSIP Committee that reports to the site's Occupational Health & Safety (OH&S) Committee,**
- (b) An MSIP subgroup of the site's OH&S Committee,**
- (c) MSIP as a standing agenda item at the site's OH&S Committee meetings.**

MSIP PROGRAM COMPONENTS

A. RESPONSIBILITY/COORDINATION

Establish regular meetings and ensure committee members are thoroughly familiar with the provincial MSIP policy and the committee's responsibilities. If your site opts to have an MSIP committee, see **Appendix A** for development of the committee's terms of reference. Determine how the MSIP committee will report to the site's OH&S committee.

Ensure all employees are aware of the provincial MSIP policy and their responsibilities. Decide how this will be done, e.g. will the policy be reviewed at staff meetings, at training sessions? Will the policy be posted and if so, where?

Are students or volunteers required to move patients or materials at your site in such a manner that puts them at risk of injury? (If you are not sure, you may want to have their tasks assessed for potential risks.) If so, develop a plan for training these students and volunteers. Collaborate with the managers of these groups/individuals to coordinate training sessions.

While it is recognized that all employees share responsibility for injury prevention in the workplace, management carries a greater responsibility for ensuring a safe working environment. See the provincial MSIP Policy for a list of responsibilities.

B. POLICY AND PROCEDURES

The provincial MSIP Policy is very broad in scope and language. Each site needs to develop its own set of processes and procedures that will result in compliance with the policy. **Review the policy in detail and determine the process and procedures your site will use to meet the standards of the policy**, e.g. how will injury risks get identified in each department? Who will be responsible for teaching new employees how to use the equipment/technology in their department/unit?

C. MSIP TEAM

An MSIP program has a number of players/stakeholders who all have roles and responsibilities. Some of these are outlined in section 5.0 of the Policy. **Develop and maintain processes and procedures to ensure these responsibilities are met at your site.** Players/stakeholders can include but are not limited to, management, supervisors, trainers, allied health and frontline employees.

D. SUPPORTIVE CULTURE OF SAFETY

Culture is sometimes described as “the way things are done around here”. If your MSIP program is going to be successful, it needs a supportive culture of safety. Attitudes and behaviours among workers and their perception of the employer’s/manager’s approach to safety can have a significant impact on safety. **Develop a supportive culture of safety at your worksite.** See **Appendix B** for ideas to create a healthy safety culture.

E. RISK IDENTIFICATION, ASSESSMENT AND MANAGEMENT

Musculoskeletal injury (MSI) risks must be identified, assessed and managed (eliminated or controlled).

Identifying and Reporting Risks

Use the Musculoskeletal Injury Risk Screening Tool (Appendix C) to identify potential MSI risks in each work area with particular emphasis on tasks that require repetitive movement, sustained posture, excessive force or awkward posture.

Repeat the identification process for any new equipment, tasks or environments or when changes occur to any of these.

Educate employees on their responsibilities for reporting risks, incidents and “near misses”.

Assessing and Investigating Risks

If a risk is found or reported, be sure to assess/investigate it (See Appendix D).

See **Appendix E** for a sample investigation tool for TLR related incidents.

Forward the results of any investigations to your OH&S officer.

Managing (controlling/eliminating) Risks

Set up processes for managing musculoskeletal risks at your site as per Appendix D of the provincial policy.

Develop safe work procedures for risks that cannot be eliminated.

Review all safe work procedures on a regular basis for currency. Just prior to refresher training is a good time to review safe work procedures so any changes can be discussed with staff during the refresher training. Note: many safe work procedures for nursing staff can be found in the TLR Trainers Guide.

Decide how your MSIP committee, OH&S Committee, OH&S Officer and management will jointly coordinate musculoskeletal injury risk management and use information from Health PEI’s incident reporting system (Provincial Safety Management System).

Risk control measures can be grouped into three main categories:

- 1. Administrative control measures:** solutions that deal with how work is organized or structured
Examples: scheduling of rest breaks, development of safe work procedures, job rotation
- 2. Engineering control measures:** solutions that involve a physical change to the work
Examples: structural modifications, use of tools, workstation re-design, power vs. manual equipment
- 3. Behavioural control measures:** solutions where the worker changes how they work or behave.
Examples: use of safe body mechanics, use of personal protective equipment

Lifting and moving patients and materials

Conduct a TLR Assessment on all patients within 48 hours of admission and when the patient’s abilities improve or decline as per the TLR procedures of the facility/program.

Communicate the results of the TLR Assessment in the patient’s official chart as well as in the area of the patient’s care as per the TLR procedures of the facility/program.

Employees who are required to lift a child as part of the child’s care need to assess and manage the risk(s) on an individual-case basis by applying the principles of TLR®, safe body mechanics and the needs of the child’s condition.

Note: All safe work procedures that are taught in MSIP training are inherently Health PEI safe work procedures

Employees must not lift/support all (or most) of a patient’s weight except in exceptional circumstances (see provincial MSIP policy).

- a) Ensure your site has adequate types and numbers of patient lifting equipment.
- b) Develop site-specific safe work procedures for lifting patients in life threatening or emergency situations.

Note: Predominantly display the weight capacity/safe working load on any patient lifting equipment.

If a patient refuses to use a mechanical lift or repositioning device, the team caring for the patient will need to resolve the issue in conjunction with the patient and family such that neither the patient nor employees are put at risk for injury.

Manual moving/lifting of materials should be minimized through the maximum use of materials-handling equipment. Provide mechanical lifting and moving equipment for staff who move and lift materials/objects – especially for heavy, awkward or repetitious moving/lifting. Explore different options available on the market and solutions from other departments/sites. Many pieces of equipment can be borrowed from vendors or other sites for trial before making a decision to purchase.

New Equipment, Technology, Workspaces

When purchasing new equipment or technology, renovating, or designing new facilities, consider and heavily weigh the ergonomic implications for end users and other employees who may have to use or maintain the equipment or space. One or more of the following should be consulted before purchasing: end users, OH&S, MSIP team, provincial MSIP program coordinator.

When purchasing equipment, furniture or technology that requires operation or adjustment, ensure the supplier provides training, training materials, checklists, videos, etc.

Develop checklists and responsibilities for tasks that need to be performed when:

- 1) The equipment arrives, e.g. add equipment to inventory, perform biomedical check, etc.
- 2) The vendor completes in-services, e.g. arrange additional in-services for those who missed the vendor's in-services, arrange for storage, develop battery recharging processes, etc

F. TRAINING / EDUCATION

Training Programs

Health PEI has four training programs:

1. TLR® (Transferring Lifting Repositioning Training) is required for all nursing and caregiver employees. This training is appropriate for employees who move and lift patients.

2. SMART© (Safe Moving and Repositioning) training is required for all support services employees. This training (or portions of this training) is appropriate for employees who move and lift objects/materials.

3. Workstation/Office Ergonomics training is required for all administrative, technical and managerial employees. This training is appropriate for employees who sit or stand at a workstation (desk/counter) to conduct the majority of their work. It is also appropriate as supplemental training for staff who stand or sit a computer workstation for a portion of their day/shift.

Note: Some employees who need this training may also need a portion of SMART training if their job responsibilities also include moving and lifting objects/materials.

4. Combination Training (combination of the other three programs) is required for all diagnostic imaging and cardio-respiratory employees. This training is appropriate for employees who move and lift both patients and objects and use workstations for a significant portion of their work.

One of the above MSIP training programs is mandatory for all employees, including managers.

MSIP training includes both basic training and refresher training.

Basic MSIP training is required for new employees within three months of hire. Basic training is also required for employees who do not meet the refresher training standard, i.e. if a staff person hasn't received the minimum number of refresher training hours within 3 years of their

basic training or previous refresher training, they need to take basic training again. The minimum numbers of basic training hours are:

- TLR© - 7.5 hours
- SMART© - 4 hours
- Combination – 7.5 hours
- Office Ergonomics – 2 hours approximately (on-line self-paced training)
- Workstation Ergonomics – 2 hours of Office Ergonomics + 1 hour of additional training for employees who work in standing and/or are required to move/lift objects

These are minimum training standards. Sites are free to provide more than the minimum hours of basic training.

Develop a process/procedure for ensuring all new staff, students and volunteers receive MSIP training within 3 months of hire. If they have had MSIP training previously, check to see if their training is current, i.e. they received the required minimum amount of basic or refresher training in the past 3 years.

Refresher MSIP training is required for all employees. The minimum numbers of refresher training hours are:

- TLR© and – 4 hours every 3 years
- Combination Training - 4 hours every 3 years
- SMART© - 2 hours every 3 years
- Workstation/Office Ergonomics – 1 hour every 3 years

These are minimum training standards. Sites are free to provide more frequent or additional training.

Consider combining your MSIP refreshers with other education sessions such as WHMIS, Fire Safety, CPR, etc. as this can reduce staff scheduling issues.

Develop a process/procedure for providing refresher training to all staff as per the minimum standards.

All MSIP training must be endorsed by the Provincial MSIP Program Coordinator. If sites are interested in providing additional content or supplemental training, they are asked to review their plans with the provincial coordinator.

Providing MSIP training sessions requires a lot of coordination. See **Appendix F** for a sample preparation and follow-up checklist.

MSIP Trainers

Trainers must complete a comprehensive trainers program in MSIP for the purpose of providing training to other employees. Trainers must complete any required training to maintain their certification.

The minimum number of training days for trainers is:

- TLR© Trainer Training – 3 days
- SMART© Trainer Training – 2 days
- Combination Trainer Training – 3 days

Trainers need to maintain their certification by attending a minimum of one full day (7.5 hours) of recertification training every three years. Trainers will be contacted by the provincial MSIP program coordinator when they are due for re-certification.

Trainers have a demanding role and providing support to them on an ongoing basis is essential to the overall success of the training program. Be sure to include new trainers in upcoming training sessions as soon as possible. If possible, progress new trainers from observation, to minor teaching responsibilities to sharing teaching responsibilities. Provide time for trainers (especially new trainers) to prepare for training sessions. Try to pair new trainers with experienced trainers as teaching peers can sometimes be intimidating.

MSIP Training Coordination

Organize and coordinate a process at your site to ensure the following:

- You have trainers or have access to trainers
- Your trainers maintain their certification
- All your staff receive basic training
- All your staff receive the minimum number of required refresher training hours every three years

Develop a system for scheduling and recording staff MSIP training (See *Appendix G*). An electronic spreadsheet will help you change and customize your record as needed. Records should include:

- The names of all employees
- The dates and length of training sessions they attended
- The names of all trainers and the date/length of all sessions they have taught

G. EQUIPMENT MANAGEMENT

Identify and establish a process for managing the following at your sites:

- Creating a list of equipment needed to ensure staff are able to do their work safely
- Purchasing the above equipment
- Creating and maintaining an inventory of the above equipment
- Maintaining the above equipment in safe working order – including preventative maintenance and repair. Equipment has to be inspected and maintained according to the PEI Occupational Health and Safety Act General Regulations and any national standards with regards to mechanical and/or biomedical safety where applicable.)
- Keeping a record of all repairs and inspections
- Ensuring all staff receive training on how to safely use the above equipment prior to using it, especially for new staff or students – *see Appendix H*
- Keeping a record of all training
- Replacing the equipment as it ages

When purchasing new equipment or technology, request training materials and training instructions/checklists from the vendor or manufacturer.

H. PROGRAM EVALUATION

Develop a plan for evaluating your MSIP program. The plan might include but is not limited to:

- Training session evaluations
- Staff feedback – surveys or training evaluations
- Injury statistics – available from OH&S or provincial MSIP program
- Incident statistics – available from PSMS (Provincial Safety Management System)
- Audits – optional or “as required” by provincial MSIP program

Collaborate with the provincial MSIP program coordinator and the site’s Occupational Health & Safety officer to track, investigate and analyzed musculoskeletal incidents and injuries at your site. Use this information to customize your training, risk management processes, equipment purchases, etc. (*See Appendix E* - Sample of an Incident Investigation Tool)

Keep a record of all employee training and risk management processes.

The annual MSIP Report Card can be used as an internal evaluation tool.

I. APPENDICES

Appendix A – Site MSIP Committee – Development of Terms of Reference

Appendix B – Improving Culture of Safety

Appendix C - Injury Risk Screening Tool

Appendix D - Health PEI Risk Identification, Assessment and Management Process

Appendix E - Sample Incident Investigation Guide

Appendix F – Training workshop preparation checklist

Appendix G – Training Records

Appendix H - Training Guidelines for Patient Lifting Equipment

Appendix I – Training Guidelines for Materials Lifting/Moving Equipment

APPENDIX A – SITE MSIP COMMITTEE – DEVELOPMENT OF TERMS OF REFERENCE

When developing terms of reference for your site/program consider the following:

1) Purpose/Function of Committee

Determine what the core functions of the committee will be.

E.g. the committee will be responsible for overseeing the MSIP program at St. Joseph’s Hospital. It will provide guidance, assistance and advice in regards to the prevention of musculoskeletal injuries to staff.

2) Membership

Determine membership. Committee members should be selected from a variety of professions and departments throughout the facility. Membership might include representatives from some or all of the following groups:

- health and safety, e.g. employee health nurse, occupational health and safety officer
- allied health, e.g. physiotherapist, occupational therapist,
- human resources
- purchasing
- facility management
- management/supervision
- MSIP trainers
- employee representatives, e.g. nursing staff, support services staff, administrative staff, diagnostic imaging staff

Make a statement about the number of core members and consulting members you will want.

Make a statement about the attendance expectations of core and consulting members, e.g. members will be required to attend all meetings. Consulting Members will only need to attend meetings at the request of the members but will receive minutes of all meetings.

Sites may want to make a statement such as “subcommittees may be formed as needed”.

Decide who will chair the MSIP committee.

3) Responsibilities

Determine and list the responsibilities of the chair and other committee members.

Example:

Committee Chair

- chair and coordinate the MSIP Team/Committee
- keep an official record of all meetings
- send out meeting notices

Division or Site MSIP Coordinator

- provide assistance and support to all workers on MSIP matters

- attend any MSIP subcommittee meetings as a resource person
- compile injury statistics for discussion with MSIP team
- coordinate worker education on early signs and symptoms or MSI, their potential health effects, risk control measures for preventing MSI, and safe work practices

MSIP Team

- implement MSIP Program
- evaluate MSIP program
- collaborate with all levels of the organization
- document all MSIP activities
- meet regularly and provide minutes to departments, workers and the Joint Occupational Health and Safety Committee to inform them of decisions, and actions that have been recommended
- inform Joint Occupational Health and Safety committee of situations that may pose a risk of injury to workers
- develop process for prompt response to complaints relating to injury risks
- maintain records regarding complaints and their resolution

MSIP Trainers (TLR, SMART, Workstation Ergonomics, Combination)

- work with supervisor to ensure training sessions are scheduled as needed to meet provincial and/or site training standards
- offer/sign-up to co-teach on a regular basis
- divide teaching and preparation responsibilities for workshop with other trainers
- arrive early for workshops to ensure all preparations are completed
- stay after workshop to return room to original state and complete or arrange for completion of all post-workshop duties

4) Meetings

Make a statement about meeting frequency, length, notices, etc.

Example

- Meetings will be held on a monthly basis but additional meetings may be scheduled as needed at the call of the Chair.
- Meetings will be no longer than two hours.
- Meeting dates and times will be determined by the Committee.
- The Chair will be advised prior to a meeting of a member's anticipated absence.

5) Record Keeping

Make a statement about how the committee will keep records.

Example:

- Agenda items for upcoming meetings will be prepared at the end of each meeting. Committee members can also forward agenda items to the chair. The agenda will be circulated to all members prior to each meeting.

- A committee member will be responsible for recording minutes. Minutes and other related information will be circulated as soon as possible after each meeting.
- The Chair will keep an official record of all meetings.

6) Decision Making

Decide on how decisions will be made within the committee.

Example:

Where possible, decisions will be made by consensus. Where consensus is not possible, the decision will be made using an appropriate alternate decision-making process agreed upon by those present at the meeting.

7) Amendments

Decide on the process for making amendments to the terms of reference.

Example:

- The terms of reference will be reviewed at the initial meeting.
- The terms of reference may be amended by a majority vote (50% +1) of the members.

8) Reporting

Decide on the reporting process.

Example:

- The Coordinator will attend the site's Joint Occupational Health and Safety Committee.
- A copy of MSIP Team meeting minutes will be sent to the chair of the site's Joint Occupational Health and Safety Committee.

APPENDIX B - CREATING A POSITIVE SAFETY CULTURE

A culture of safety is essential for any safety program to succeed. Here are some messages and ideas from promoting safety at your site.

Safety Messaging - General

1. Conduct audits at regular intervals so that safety checks become a normal part of work life.
2. Make staff safety a regular topic of discussion at staff meetings and management meetings.
3. Promote staff safety as being as important as patient safety, i.e. don't make patient safety more important than staff safety.
4. Provide staff and supervisors with the information, tools and equipment they need to work safely.
5. Involve staff in discussions and decisions affecting their safety.
6. Empower those in charge of safety to make the changes they deem necessary for staff safety.
7. Recognize and appreciate employees, supervisors and managers who act and work safely.

Adapted from: Institute for Work & Health: Organizational Performance Metric

Safety Messaging – Specific

1. Put safety as the first agenda item on every meeting.
2. Value safety as much as productivity in your words and actions.
3. Have managers and supervisors regularly spend some time on the floor with staff.
4. Investigate incidents but for the purpose of improving safety, not finding fault.
5. Follow-up on the recommendations in incident reports in a timely manner.
6. Follow-up on staff reports of safety risks in a timely manner.
7. Provide safety education “on-the-spot” when observed.
8. Provide patient/resident/family information on staff safety programs and policies.
9. Monitor staff attendance at safety training.
10. Establish dedicated safety champions.
11. View safety as an investment – not a cost.
12. Use the “Safety Talks” available through the SASWH website - <http://www.saswh.ca/index.php/resources/safety-talks>
13. Survey worker vulnerability for health and safety risks – see Institute for Work and Safety website: <https://www.iwh.on.ca/ohs-vulnerability-measure>

Promotional Ideas

1. Promotional posters
2. Promotional contests
3. Short/quick education sessions at staff meetings such as the Safety Talk sessions (<http://www.saswh.ca/index.php/resources/safety-talks>) available through the TLR and SMART programs
4. Promotional campaigns for a week or month
5. Check out the work other sites have done on the Staff Resource Center

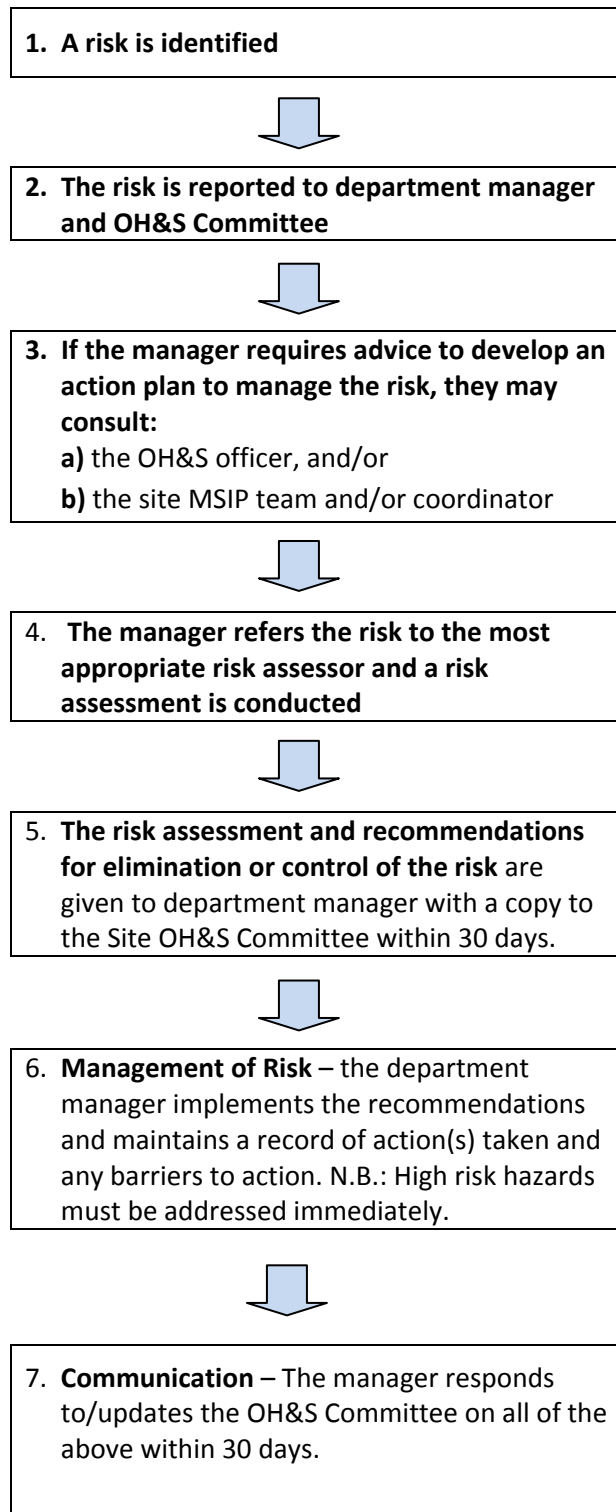
APPENDIX C - INJURY RISK SCREENING TOOL

List the tasks that employees perform in your department that require repetitive/sustained movement, excessive force or awkward postures.

Department:

Tasks that require: Repetitive Movement or Sustained Postures	
Task	Number of times the movement is performed in an hour or the length of time the posture needs to be held
Tasks that require: Excessive Force or Effort	
Task	Weight of the object being lifted, lowered, pushed, pulled, etc.
Tasks that require: Awkward Postures	
Task	Awkward postures required, e.g. bending at the waist, reaching overhead, twisting, etc.

APPENDIX D: Health PEI Musculoskeletal Injury Risk Identification, Assessment and Management Process



NOTES (numbered to match boxes on left):

1. Risk identifiers include employee, manager, Site MSIP Coordinator, Provincial MSIP Coordinator, OH&S Officer, WCB Inspector, Risk Management, Employee Health Nurse, OH&S Committee
2. Sometimes the risk is reported to the administrator or OH&S officer first, e.g., In the case of a WCB Work Order, an inspector might report a risk directly to an administrator or OH&S officer.
3. Patient-specific MSI risks should be reported to the MSIP Committee and/or coordinator.
4. Risk Assessors include: Site occupational therapist/physiotherapist, Site MSIP coordinator, provincial MSIP coordinator, maintenance staff, private vendor or professional, MSIP team, OH&S officer
5. With permission from the employee and upon removal of any personal information, individual workstation assessments may be sent to the site MSIP Committee for review of themes, recommendations and solutions. Risk assessments should be copied to the provincial MSIP coordinator for the purposes of addressing repeat problems, reducing duplication of effort and sharing new learning.
6. If an employee feels an identified risk has not been adequately resolved by the manager, they can contact the OH&S Committee with their concern.

APPENDIX E - SAMPLE INCIDENT INVESTIGATION TOOL

For incidents involving transferring, lifting or repositioning patients/residents

Please document results/answers to these questions in the appropriate PSMS form.

Date of incident: _____ **(dd/mm/yyyy)** **Incident Report Number:** _____

1. Transferring a Patient

- a) Patient was being transferred from a _____ to a _____
- b) Was a TLR logo assigned and visible/communicated? _____
- c) The TLR logo assigned was: _____
- d) Was the TLR logo followed for the transfer? _____ If no, why not? _____
- e) Was the patient using a mobility device to ambulate? _____ If yes, what device? _____
- f) If the patient was falling, was an “assisted guided fall” technique used? _____

2. Lifting a Patient

- a) Patient was being lifted from _____ to _____
- b) Was a mechanical lift used? _____ If yes, what type of lift was used? _____
- c) What type of sling was used? _____
- d) How many employees were assisting with the lift? _____

3. Repositioning a Patient (includes repositioning a patient’s limb)

- a) Patient was moved from _____ to _____
- b) Was a logo assigned for repositioning the patient? _____ If yes, which logo? _____
- c) Was the technique /equipment recommended by the logo used? _____ If no, why not? _____
- d) What equipment was used to assist the repositioning, e.g. slide sheet, sliding device, repositioning sling? _____
- e) How many employees helped reposition the patient? _____

4. Additional Factors

- a) Were there any additional or particular risk factors that contributed to the incident?
- b) If yes, please identify/explain. _____

5. What can be done to prevent a similar incident from occurring? _____

APPENDIX F – SAMPLE: TRAINING WORKSHOP PREPARATION CHECKLIST

Name/Date of Workshop: _____

- choose a date
- book a site/room
- advertise workshop/offer seats/post sign-up sheets
- confirm sufficient participants
- confirm number of participants
- develop agenda and teaching assignments for training session
- order manuals/print handbooks and certificates from SASWH if necessary
- send course details to participants and instructors - include proviso for weather
- arrange for equipment if necessary, e.g. mechanical lifts, carts, wheelchair, bed, etc
- determine audio-visual needs and arrange for the same, e.g. projector, flip charts,
- photocopy and collate/package any hand-outs
- make copies of attendance sheets and evaluation forms
- remind managers/participants closer to the date
- confirm classroom booking closer to date
- prepare injury statistics/incidents information if needed/appropriate (ask Dawna Woodside or OH&S Officer)
- determine meal/lunch/break plan

POST WORKSHOP

- add participants to master attendance list
- send any Park Aid issues to the appropriate manager(s) and/or MSIP/OH&S Committee
- follow-up on any Park Aid issues appropriate for trainers
- Review and feedback/evaluations and note changes for next session

APPENDIX H – TRAINING GUIDELINES FOR PATIENT LIFTING EQUIPMENT

Provincial OH&S legislation and the Health PEI Musculoskeletal Injury Prevention Policy require that employees receive training before using equipment. Due to the high risks associated with its unsafe use, patient lifting equipment requires diligent attention to safety. (Note: Basic TLR training only teaches general safety principles and safe work practices with regards to mechanical lifts. It does NOT teach how to operate every make and model of ceiling lift; floor lift and tub lift that a participating employee or student would be required to operate in their area of work.)

Managers must ensure that all employees (permanent, temporary and casual) and students who are required to operate mechanical patient lifting devices (floor lifts, ceiling lifts and tub lifts) have been properly trained and have received refresher training, as appropriate. Note: Each make/model of lift will have slightly different mechanisms of safe operation and therefore any training must reflect this. Managers must keep documentation of this training (date, employee name, training provided).

Steps for developing a training program for patient lifting devices

1. Make a list of all the patient lifting devices that are used by your employees - include floor lifts, ceiling lifts and tub lifts
2. Decide who will coordinate the training
3. Decide who will provide the training – vendor, trained employee(s) or a combination of these
4. Decide on the content of the training
5. Determine how the training will be delivered (e.g. video, manuals, lecture, demonstration, practice)
6. Determine where the training will occur
7. Develop a training schedule
8. Conduct the training
9. Develop a procedure for training new employees, casual employees and students
10. Develop a plan for refresher training
11. Develop a procedure for documenting/recording attendance at training sessions

Proper training includes:

- how to safely operate the lift
- where to locate the weight capacity of the lift and the sling
- how to safely lower the patient/resident if the lift fails
- what to inspect before using the lift
- how to charge the battery or lift
- how to inspect a sling before using it with the lift
- what patient/resident criteria must be met in order for the lift to be used with a patient/resident
- how to choose the appropriate type and size of sling to use with each patient/resident
- how to choose which sling loops to hook unto the lift
- importance of reporting problems with a lift

Refresher training:

The need for refresher training depends on the frequency employees use any particular patient lift. E.g. if an employee uses a certain lift on a daily/weekly basis, the need for refresher training for that individual on that lift is minimal. If a certain lift is infrequently used by all employees, refresher training should be provided annually. Each site/unit will need to develop refresher guidelines for patient lifting equipment training that are appropriate for their site/unit.

APPENDIX I – GENERAL MSIP TRAINING GUIDELINES FOR EQUIPMENT

Provincial OH&S legislation and the Health PEI Musculoskeletal Injury Prevention Policy require that employees receive training before using equipment. If employees are required to use equipment that has the risk of causing a musculoskeletal injury, managers must ensure that these employees (permanent, temporary and casual) receive training on how to safely operate/use equipment. Managers must keep documentation of this training (date, employee name, training provided).

Steps for developing a training program for equipment

1. Make a list of all the equipment that is used by your employees that could cause an injury through pushing, pulling, repetitive operation, awkward operation, etc. E.g. carts, pallet jacks, pallet movers, burnishers, scrubbers, etc
2. Decide who will coordinate the training
3. Decide who will provide the training – vendor, trained employee(s) or a combination of these
4. Decide on the content of the training
5. Determine how the training will be delivered (e.g. video, manuals, lecture, demonstration, practice)
6. Determine where the training will occur
7. Develop a training schedule
8. Conduct the training
9. Develop a procedure for training new employees, casual employees and students
10. Develop a plan for refresher training
11. Develop a procedure for documenting/recording attendance at training sessions

Proper training includes:

- how to safely operate the equipment
- how to safely stop the equipment in case of an emergency (if applicable)
- what to inspect on the equipment or attachments before use
- how to charge the equipment (if applicable)
- how to care for and maintain the equipment (if applicable)
- importance of reporting problems with the equipment

Refresher training:

The need for refresher training depends on the frequency employees use any particular piece of equipment. E.g. if an employee uses a certain piece of equipment on a daily/weekly basis, the need for refresher training for that individual on that equipment is minimal. If a certain piece of equipment is infrequently used by all employees, refresher training should be provided annually. Each site/unit will need to develop refresher guidelines for materials/object moving equipment training that are appropriate for their site/unit.