

## Ergonomic (MSI) Risk Factor Identification and Assessment

<b>Department/Work Area:</b> Extended Care <b>Specific Location:</b> <b>Assessed By:</b>	<b>Occupation:</b> Care Aide <b>Contact Name:</b> <b>Assessment Date:</b>
--	---

### Task List Worksheet

<b>Job Summary:</b> Performs nursing procedures such as taking temperature, pulse and respiration in addition to resident care duties relating to feeding, personal hygiene and transporting.
---

*Where possible, transfer list of job tasks from job description onto this sheet. Determine whether ergonomics (MSI) risk assessment is required, if no, provide rationale.*

Tasks and Description of Activities	Frequency/Duration	Risk Assessment Required?
1. Report: Discuss resident information, current happenings, changes, family information.		
2. Provide personal care: bathing, dressing, getting residents up or back to bed, getting residents ready to send to appointments, assisting with toileting needs.		
3. Perform basic nursing care such as taking respiration, administering suppositories, obtaining specimens such as urine; reporting problems and/or change to nursing staff.		
4. Assist residents with meals such as serving and collecting meal trays and feeding designated residents.		
5. Assist with resident handling and transfers including using mechanical aids and equipment.		
6. Miscellaneous duties: including restocking, cleaning, tidying (e.g. restocking carts, cleaning commodes and wheelchairs, tidying utility rooms).		
TOTAL		

## Ergonomic Risk Factor Identification and Assessment

**Description of workstation:**  
**Hours of Work/Shift Schedule:**  
**Discomfort noted on surveys:**

Tasks for Ergonomics Risk Assessment (from Task Analysis worksheet):	Frequency of Task:	
	Hours per day	% of day
<ol style="list-style-type: none"> <li>1. Provide personal care (e.g. bathing, dressing, assisting with toileting needs).</li> <li>2. Provide basic nursing care (e.g. taking respiration, administering suppositories, obtaining specimens such as urine).</li> <li>3. Assist with meals including preparing trays, serving trays, feeding.</li> <li>4. Assist with resident handling including transfers.</li> <li>5. Miscellaneous duties (e.g. restocking, cleaning, tidying).</li> </ol>		

Task		Risk Factors	Freq/Dur	Mag/Range	Assessment / Observations / Comments
IDENTIFICATION	Provide personal care: bathing	• Awkward posture			<ul style="list-style-type: none"> <li>Designated bath team, tub rooms equipped with adjustable tubs.</li> <li>Adjustable tub provides for better positioning while assisting with bathing. Ensure bed and bath bed height is adjusted to optimize working postures.</li> <li>Equipment available for transfers: rollerboard and slide sheet to transfer from bed to bath bed, plus mechanical equipment.</li> </ul>
		• Force (push/pull)			
		• Environment			
	Provide personal care (e.g., dressing, toileting)	• Awkward posture (reaching, bending, twisting)			<ul style="list-style-type: none"> <li>Floor may be slippery; rubber mats available to help with traction.</li> <li>Ensure appropriate footwear.</li> <li>Various hygiene-related duties with residents including dressing and toileting.</li> <li>Awkward postures including reaching, bending, twisting to access, adjust and position resident and to see and perform care (e.g. washing, dressing, making bed etc.).</li> <li>Resident can be asked to assist as much as possible in their positioning. Bed height can be adjusted with side rails down to improve posture and proper body mechanics used.</li> </ul>
• Static posture					
	• Force			<ul style="list-style-type: none"> <li>Static posture required when supporting limbs, primarily shoulder and trunk flexion.</li> <li>Quick stretching in between to relieve static positioning is recommended.</li> <li>Force required when supporting resident, amount varies depending on resident characteristics. Force also required for dressing (e.g. pulling on clothes) and repositioning in bed.</li> <li>Sliding sheets (various types) available.</li> </ul>	

Risk Factors to consider:

- Joint posture: wrist, elbow, shoulder, neck, back, knees
- Awkward posture: reach, twist, bend, stoop, squat, climb, static
- Force: lift, lower, carry, push/pull, pinch or power grip, surface
- Repetition, frequency, duration, exposure
- Object weight, location, size, shape, handles, stability
- Work height, layout, seating, space
- Tool/equipment use
- Contact Stress
- Environment: layout, flooring, temp., noise, light, glare, vibration
- Work Organization: recovery, schedule, workload, task variability, pace, PPE use, interruptions
- Psychosocial variables
- Other

## Ergonomic (MSI) Risk Factor Identification and Assessment

<b>Department/Work Area:</b> Extended Care <b>Specific Location:</b> <b>Assessed By:</b>	<b>Occupation:</b> Care Aide <b>Contact Name:</b> <b>Assessment Date:</b>
--	---

		<b>Assessment / Observations / Comments</b>		
<b>IDENTIFICATION</b>	<b>Task</b>	<b>Risk Factors</b>	<b>Freq/Dur</b>	<b>Mag/Range</b>
	Provide personal care (e.g. dressing, toileting)/ <i>(continued)</i>	<ul style="list-style-type: none"> <li>• Force</li> </ul>		
		<ul style="list-style-type: none"> <li>• Work organization</li> </ul>		
	Nursing care	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Static posture</li> </ul>		
		<ul style="list-style-type: none"> <li>• Force</li> </ul>		
	Assist with feeding	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Static posture</li> </ul>		
	<ul style="list-style-type: none"> <li>• Force</li> </ul>			
		<b>ASSESSMENT</b>		
		<ul style="list-style-type: none"> <li>• Laundry bags are filled by the care aides and can be frequently emptied to avoid overfilling and reduce weights lifted.</li> <li>• Measured forces are within guideline limits (Snook &amp; Ciriello).</li> <li>• Ensure proper body mechanics at all times when handling bags.</li> </ul>		
		<ul style="list-style-type: none"> <li>• This facility has assigned residents on day shift.</li> <li>• Some comments were made that it is difficult to get assigned residents up before breakfast as required.</li> </ul>		
		<ul style="list-style-type: none"> <li>• Tasks include taking respiration, administering suppositories etc.</li> <li>• Awkward postures and/or static postures may be assumed depending on the nature of the task and resident characteristics.</li> <li>• Posture can be optimized by using correct body mechanics, adjusting bed, adjusting resident and asking for assistance.</li> <li>• Quick stretching to relieve static positioning is recommended.</li> <li>• Amount of force will vary depending on the task and resident characteristics.</li> </ul>		
		<ul style="list-style-type: none"> <li>• Tasks involve preparing and serving trays; e.g. peeling eggs, putting jam on toast, opening packets, cutting meat etc. Assistance with feeding is provided in main dining room and in resident rooms.</li> <li>• Static postures may be assumed when feeding, specifically forward reaching.</li> <li>• Working postures can be optimized by using available adjustable stools (black, pneumatic height adjustable, 5 casters), getting as close as possible to the resident to reduce joint angles associated with reaching, and minimizing static postures (don't hold arm up waiting for resident).</li> </ul>		
		<ul style="list-style-type: none"> <li>• Handling individual trays; force can be minimized by reducing the number carried at once.</li> <li>• Forces are within guideline levels (Snook lift and carry).</li> </ul>		

## Ergonomic (MSI) Risk Factor Identification and Assessment

<b>Department/Work Area:</b> Extended Care <b>Specific Location:</b> <b>Assessed By:</b>	<b>Occupation:</b> Care Aide <b>Contact Name:</b> <b>Assessment Date:</b>
--	---

	Task	Risk Factors	Freq/Dur	Mag/Range		Assessment / Observations / Comments
<b>IDENTIFICATION</b>	Resident handling including transfers	<ul style="list-style-type: none"> <li>• Awkward posture (shoulder, elbow, trunk)</li> <li>• Static posture</li> </ul>			<b>ASSESSMENT</b>	<ul style="list-style-type: none"> <li>• The number and type of transfers varies each shift as per requirements and assignments. Other staff is available to assist as required.</li> <li>• Clutter in rooms with additional furniture may make it difficult to move mechanical equipment in and out.</li> <li>• Using mechanical equipment requires reaching for positioning.</li> </ul>
		<ul style="list-style-type: none"> <li>• Force</li> </ul>				<ul style="list-style-type: none"> <li>• Forces vary depending on nature of transfer and resident characteristics.</li> <li>• New residents are assessed for mobility by Rehab staff. This information is recorded in Care Plan and ADL sheet. Communication log is available that is checked daily by Rehab. Staff can note problems or concerns with resident mobility, including type of designated transfer, or requirement for re-assessment.</li> <li>• Communication channels are also set up through ADL cards posted at the bedside, resident care plan and cardex. Logo for designated transfer type is at the bedside.</li> <li>• Transfer equipment includes mechanical equipment, rollerboard for stretcher, transfer belts.</li> <li>• Forces may be increased when turning corners or in cluttered hallways.</li> </ul>
	Misc.: material handling	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Force</li> </ul>				<ul style="list-style-type: none"> <li>• Requires restocking of carts and supply racks.</li> <li>• Provide information/tips on basic material handling and correct body mechanics.</li> </ul>

## Ergonomic (MSI) Risk Factor Identification and Assessment

<b>Department/Work Area:</b> Extended Care <b>Specific Location:</b> <b>Assessed By:</b>	<b>Occupation:</b> Care Aide <b>Contact Name:</b> <b>Assessment Date:</b>
--	---

*\*Control Priority Note: 1 = recommended for implementation to reduce risk factors; 2 = optional, for consideration as a means of reducing risk factors; 3 = not for immediate action but for future consideration as appropriate.*

	Risk Factor	Potential Cause	Recommended Controls	Control Priority	Responsible Person	Status
CONTROLS	<ul style="list-style-type: none"> <li>• Static posture</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing care</li> <li>• Personal care</li> <li>• Material handling</li> </ul>	1. MSI prevention information to be provided: e.g., job specific stretching exercises, general “ergonomics tips”, basic material handling information, resident handling basics			
	<ul style="list-style-type: none"> <li>• Environment slippery floor</li> </ul>	<ul style="list-style-type: none"> <li>• Bath room</li> </ul>	2. Staff is reminded to wear appropriate footwear for the bathing room.			
			3. Options for non-slip surfacing to be explored further.			
	<ul style="list-style-type: none"> <li>• Work organization</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing care</li> <li>• Personal care</li> </ul>	4. Re-examine current routines and time for tasks, e.g., review assignments and schedules.			
	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Static posture</li> <li>• Force</li> </ul>	<ul style="list-style-type: none"> <li>• Resident transfers</li> </ul>	5. MSIP training/information on resident transfers: Training sessions are available. The sessions provide practical demonstrations and hands-on opportunities for various transfers. Additional options include in-service by PT staff, handouts/newsletters, discussions with staff on specific techniques and/or review of incident report at staff meetings.			
	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Force</li> </ul>	<ul style="list-style-type: none"> <li>• Lifting equipment</li> </ul>	6. Equipment for patient handling: Consider additional lifting equipment such as ceiling lifts (review requirements with staff). 7. Continue use of sliding sheets.			
	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Force</li> </ul>	<ul style="list-style-type: none"> <li>• Equipment maintenance</li> </ul>	8. Review equipment maintenance: Ensure staff are aware of correct channels for communication to maintenance for repairs.			

**Additional Comments:**