

Ergonomic (MSI) Risk Factor Identification and Assessment

Ergonomics Risk Assessment Project

Department/Work Area: Extended Care Specific Location: Assessed By:	Occupation: RN Contact Name: Assessment Date:
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Task List Worksheet

Job Summary: Provides nursing care to residents within the facility according to established standards and policies. Coordinates the care of assigned residents, assesses bio-psycho-social needs, planning, implementing and documenting the nursing care for an individual resident or group of residents.

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. Dispense medications.		
2. Assist with feeding.		
3. Assist with rounds including resident transfers.		
4. Provide nursing care to residents (e.g. treatments, dressings, checking vital signs).		
5. Desk, computer and paper work including charting resident information, calling doctors, drug count, doing orders.		
6. Report		
TOTAL	100%	

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

Tasks for Ergonomics Risk Assessment (from Task Analysis worksheet):	Frequency of Task:
1. Dispense medication. 2. Assist with feeding. 3. Assist with rounds including resident transfers. 4. Provide nursing care to residents. 5. Desk, computer and paper work including charting resident information, calling doctors, drug count, doing orders etc.	

IDENTIFICATION				ASSESSMENT	
Task	Risk Factors	Freq/Dur	Mag/Range	Assessment / Observations / Comments	
Dispensing medication: dispensing using medication cart	<ul style="list-style-type: none"> • Awkward posture: reaching, bending (neck, shoulder, elbow, trunk) 			<ul style="list-style-type: none"> • Medications are dispensed over the course of the shift, with variation in postures, and each of short duration (< 1 minute) e.g. reaching to resident, walking to push cart, writing in resident chart. • Medication carts in use, with lower side tray for writing. • Awkward postures: from reaching and bending to retrieve medications from cart drawers; height of cart requires reaching for pouring or to access large pill racks; reaching and/or bending to dispense to individual residents (typically residents are in bed). • Suggestions for optimizing posture: adjust bed height and lower bed rails, put pills on a spoon instead of in cup, get as close to resident as possible. • Problems reported and observed with carts: height for dispensing, crushing and accessing pill racks; not enough room on top of cart 	
	<ul style="list-style-type: none"> • Force (push/pull) 				
Dispensing medication: storage of pill racks	<ul style="list-style-type: none"> • Awkward posture (reach) 			<ul style="list-style-type: none"> • Pill racks are stored in overhead cupboards requiring reaching to retrieve. • Step stool is available for use. 	

- 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

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	Task	Risk Factors	Freq/Dur	Mag/Range		Assessment / Observations / Comments
IDENTIFICATION	Dispensing medication: popping pills from blister packs	<ul style="list-style-type: none"> • Repetition • Force (push/pull) 			ASSESSMENT	<ul style="list-style-type: none"> • Popping pills from the blister packs; forces vary depending on type of pill. • Frequency varies depending on requirements. • Suggestions: dispense in liquid or by bottle instead (frequently used medications); alternate hands and fingers used.
	Dispensing medication: pill crushing	<ul style="list-style-type: none"> • Force (push/pull) • Awkward posture • Contact stress 				<ul style="list-style-type: none"> • Pill crushing; amount varies depending on residents and time of day as well as amount to crush and characteristics of the pill. Amount of pill crushing varies per wing, with some heavier than others. • Crushing pills reported to be problematic during discussions with RNs. • Medication cart height is not conducive to application of downward forces (lower would be better). • Staff rotates wings to provide for variations.
	Assist with feeding	<ul style="list-style-type: none"> • Awkward posture • Static posture 				<ul style="list-style-type: none"> • Static postures may be assumed when feeding, specifically forward reaching. • 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, minimizing static posture (don't hold arm up waiting for resident).
	Assist with rounds including resident transfers	<ul style="list-style-type: none"> • Awkward posture (shoulder, elbow, trunk) • Static posture 				<ul style="list-style-type: none"> • RNs may assist with resident transfers and repositioning. The number and type of transfers varies from shift to shift. • Key points: staff can optimize posture by adjusting bed height to appropriate position and lowering bed rails. • Other staff is available to assist as requested.
		<ul style="list-style-type: none"> • Force 				<ul style="list-style-type: none"> • Forces vary depending on nature of reposition, resident characteristics, staff available. • 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. • Communication channels are also set up through ADL cards posted at the bedside, resident care plan and cardex.

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IDENTIFICATION	Provide nursing care	<ul style="list-style-type: none"> Awkward posture (bending, reaching) Static posture 			ASSESSMENT	<ul style="list-style-type: none"> E.g., bending/leaning over bed, bending over resident in wheelchair. Optimize postures by adjusting bed height and lowering side rails, adjusting height of BP reader, crouching by bending knees instead of back.
	Desk, computer and paper work including charting, phone calls etc.	<ul style="list-style-type: none"> Awkward posture 				<ul style="list-style-type: none"> Nursing station (counter) height is appropriate. Adequate number of adjustable chairs available (adjustable height, seat angle and back rest, no arm rests) and functioning. Keyboard tray that is no longer used can be removed to provide more leg room for paper work.
		<ul style="list-style-type: none"> Awkward posture 				<ul style="list-style-type: none"> Time spent on computer is typically interspersed throughout the shift. Back area has computer workstation: set up is appropriate; no concerns noted.

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**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"> • Awkward posture • Force 	<ul style="list-style-type: none"> • Using medication cart 	1. Consider new medication carts, and request a trial with the unit selected to ensure it meets the needs of staff.			
	<ul style="list-style-type: none"> • Awkward posture • Force • Repetition 	<ul style="list-style-type: none"> • Dispensing medication • Pill crushing • Feeding • Nursing care • Rounds 	2. MSI prevention information to be provided: <ul style="list-style-type: none"> • Dispensing medication/pill crushing e.g., store frequently used items in top drawers, optimize working postures when giving medications to residents by getting as close as possible, adjusting the bed height and lowering rails; popping blister packs: look for alternate dispensing packages where possible (e.g. bottles instead of individual), alternate the hand and finger used to push. Additional suggestions for pill crushing: <ul style="list-style-type: none"> • Place the crusher on a soft cushion (e.g. mouse pad or gardening mat) In addition, the handle can be cushioned with foam to reduce some of the impact forces. • Consider a drawer insert in the medication cart to provide a lower surface for crushing (pull the drawer out and position the crusher on the insert). • Techniques: Users should try to minimize forces (try not to "bang" really hard or try using more of a circular or side to side motion); alternate hands to try to spread out the workload; determine the level that the pills can be crushed to minimize effort (they may not have to be crushed to a fine powder all the time); dispense medication in liquid or bottle whenever possible. • Feeding; Optimize posture during feeding by using available adjustable stools, getting as close as possible to the resident to reduce joint angles associated with reaching, minimizing static posture (don't hold arm up waiting for resident). 			
	<ul style="list-style-type: none"> • Awkward posture • Static posture • Force 	<ul style="list-style-type: none"> • Assisting with rounds 	3. MSIP training sessions are available and staff should be encouraged to attend (if not already).			

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	Risk Factor	Potential Cause	Recommended Controls	Control Priority	Responsible Person	Status
CONTROLS	<ul style="list-style-type: none"> • Awkward posture • Static posture 	<ul style="list-style-type: none"> • Using stethoscope and blood pressure reader 	4. For future purchases, consider stethoscopes with longer cords and/or having all blood pressure readers on height adjustable pole.			
	<ul style="list-style-type: none"> • Awkward posture 	<ul style="list-style-type: none"> • Paper work at nursing station 	5. Arrange with Maintenance to have the articulating tray at the nurses station (up front) removed. This will provide more leg room for paper work to be completed at this end of the station.			

Additional Comments:
