

# Ergonomic Risk Factor Identification and Assessment

## Task List Worksheet

**Job Summary:** Performs nursing procedures such as sterile dressings in addition to patient care duties relating to feeding, personal hygiene and transporting patients.

*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: sit and discuss patient information, current happenings, changes, family information		
2. Conduct rounds for personal care: bathing, dressing, getting patients up or back to bed, getting patients ready to send to appointments, assisting with toileting needs		
3. Perform nursing procedures such as changing dressings, catheterizations, taking/recording blood pressure, temperature and pulse.		
4. Assist with patient handling; repositioning in bed reported to be problematic		
5. Assist patients with meals such as serving and collecting meal trays and feeding designated patients.		
6. Chart patient information.		
TOTAL	100%	

## Ergonomic Risk Factor Identification and Assessment

<b>Description of workstation:</b> <b>Hours of Work/Shift Schedule:</b> <b>Discomfort noted on surveys:</b>
-------------------------------------------------------------------------------------------------------------------

Tasks for Ergonomics Risk Assessment (from Task Analysis worksheet):	Frequency of Task:	
1. Conduct rounds for personal care. 2. Perform nursing procedures such as changing dressings and checking vital signs. 3. Assist with patient handling, including repositioning in bed. 4. Assist patients with meals. 5. Chart patient information.	Hours per day	% of day

IDENTIFICATION				ASSESSMENT	
Task	Risk Factors	Freq/Dur	Mag/Range	Assessment / Observations / Comments	
Conduct rounds for personal care	<ul style="list-style-type: none"> <li>• Awkward posture (reaching, bending, twisting)</li> </ul>			<ul style="list-style-type: none"> <li>• Various hygiene-related duties with patients including bathing, dressing and toileting.</li> <li>• Awkward postures including reaching, bending, and twisting to access, adjust and position patient and to see.</li> <li>• Problems reported with commodes (brakes).</li> <li>• Patient can be asked to assist as much as possible. Bed height can be adjusted with side rails down to improve posture.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Force</li> </ul>			<ul style="list-style-type: none"> <li>• Tub chair available for use.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Force</li> </ul>			<ul style="list-style-type: none"> <li>• Force required when supporting limbs, amount varies depending on patient characteristics.</li> <li>• Pillows can be used as additional supports.</li> <li>• Night tables with casters are easier to move.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Static posture</li> </ul>			<ul style="list-style-type: none"> <li>• Static posture required when supporting limbs.</li> <li>• Quick stretches to relieve static positioning are recommended.</li> </ul>	
Perform nursing procedures	<ul style="list-style-type: none"> <li>• Awkward posture (reaching, bending, twisting)</li> </ul>			<ul style="list-style-type: none"> <li>• Including changing dressings and checking vital signs.</li> <li>• Optimize postures by adjusting bed height and lowering side rails to reduce reaching, asking patients to reposition themselves to assist.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Force</li> </ul>			<ul style="list-style-type: none"> <li>• Amount of force will vary depending on task and patient characteristics.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Static posture</li> </ul>			<ul style="list-style-type: none"> <li>• Depending on nature of task, static positioning may be required.</li> <li>• Quick stretches after tasks are recommended.</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> Medical Unit <b>Specific Location:</b> <b>Assessed By:</b>	<b>Occupation:</b> LPN <b>Contact Name:</b> <b>Assessment Date:</b>
-----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

	Task	Risk Factors	Freq/Dur	Mag/Range		Assessment / Observations / Comments
IDENTIFICATION	Patient handling including repositioning in bed	<ul style="list-style-type: none"> <li>Awkward posture (shoulder, elbow, trunk)</li> </ul>			ASSESSMENT	<ul style="list-style-type: none"> <li>The number and type of transfers varies from shift to shift.</li> <li>Key points: staff can optimize posture by adjusting bed height to appropriate position (and use Trendelenberg position), lowering bed rails and getting help from other staff. Instruct patient to ensure they are aware of the transfer and count so that the move is done at the same time by both (or all) staff involved.</li> <li>Prior to bed purchase, there was a review of various models and input from various hospital staff.</li> <li>Patient assessments are conducted by RNs or Rehab, can be re-assessed by Rehab at the request of the RNs or LPNs.</li> <li>Tips for patient assessment provided.</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 or reposition, patient characteristics, staff available.</li> <li>Equipment available reported by staff to be adequate including mechanical equipment and slings; some beds are equipped with monkey bars.</li> </ul>
	Assist patients with meals	<ul style="list-style-type: none"> <li>Awkward posture</li> <li>Static posture</li> </ul>				<ul style="list-style-type: none"> <li>Static postures may be assumed when feeding.</li> <li>Working postures can be optimized by alternating between sitting and standing or choosing the best posture relative to the patient, getting as close as possible to the patient to reduce joint angles associated with reaching, and adjusting bed position.</li> <li>Additional various upper extremity work required to serve and collect trays, and prepare food (e.g. open beverages, put jam on toast, peel eggs etc).</li> </ul>
	Chart patient information	<ul style="list-style-type: none"> <li>Awkward posture</li> </ul>				<ul style="list-style-type: none"> <li>Charting can be done at various times throughout the shift or completed all at once.</li> <li>Patient charts (binders) are filed in a circular storage.</li> <li>Nursing station: adjustable chairs available (adjustable height and backrest) to allow for adjusting working postures.</li> </ul>

## Ergonomic (MSI) Risk Factor Identification and Assessment

<b>Department/Work Area:</b> Medical Unit <b>Specific Location:</b> <b>Assessed By:</b>	<b>Occupation:</b> LPN <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>• Rounds, nursing procedures</li> </ul>	1. Sample stretching exercises will be provided.			
	<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>• Patient transfers and repositioning, nursing procedures, rounds</li> <li>• Emphasis on repositioning in bed</li> </ul>	2. MSIP training (4-hour sessions) are available and all staff should be encouraged to attend. Currently new staff are scheduled to attend, and upcoming sessions are available for existing staff. The sessions provide practical demonstrations and hands-on opportunities for various transfers.			
			3. Schedule “awareness campaigns” on a regular basis (bi-monthly). Include the following suggested topics as identified from the risk assessment. Posters, handouts and statistical information to be provided. <ul style="list-style-type: none"> <li>• What to do when patient has fallen</li> <li>• Initial patient assessment tips (e.g. ongoing determination of what type of transfer is appropriate) and when and how to request reassessment</li> <li>• Key tips for optimizing posture (e.g. adjusting bed height, lowering side rails, asking patient to assist, neutral postures)</li> <li>• Correct use of transfer belts</li> <li>• Bed repositioning tips: e.g. adjust bed height, lower rails, Trendelenberg position, ask for assistance, coordinated counting</li> </ul>			
			4. Specific to bed repositioning: Trial slide sheet and request employee feedback on their use.			
	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Force</li> </ul>	<ul style="list-style-type: none"> <li>• Rounds, toileting, washing</li> </ul>	5. Check on existing commodes and request maintenance or investigate purchase of new ones.			
	<ul style="list-style-type: none"> <li>• Awkward posture</li> <li>• Force</li> </ul>	<ul style="list-style-type: none"> <li>• Patient handling</li> </ul>	6. For purchases, continue to ensure that staff have input (as was done with the new beds) and request possible trials with the equipment to ensure it will meet the needs of the unit.			

<b>Additional Comments:</b>