

Ergonomic (MSI) Risk Factor Identification and Assessment

Ergonomics Risk Assessment Project

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

Job Summary: Provides nursing care to patients according to established standards and administrative policies. This involves assessing physical and psycho-social needs, planning, implementing, evaluating and documenting the nursing care for an individual patient or groups of patients. Coordinates the care of assigned patients and supervises the work activities of assigned non-professional nursing staff.

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. Labour and delivery: assisting mothers through stages of labour and delivery, including initial assessment, labour and delivery. May stay with mother for post partum duties. Key tasks reported and observed for risk assessment: <ul style="list-style-type: none"> • assisting with delivery • assist with patient transfers 		
3. Post partum: assisting new mothers with care of themselves and infant; including teaching and instruction. Key tasks reported and observed for risk assessment: <ul style="list-style-type: none"> • assisting with mobility • assisting with breastfeeding • bathing infants 		
4. Nursery: taking care of infants in nursery. Key tasks reported and observed for risk assessment: <ul style="list-style-type: none"> • caring for infants in incubator 		
5. Consult with physicians, staff members, and other health care professionals.		
6. Chart patient information.		
7. Handling supplies		
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. Assisting with delivery 2. Assisting with patient transfers (pre/post delivery) 3. Assisting with mobility 4. Assisting with breastfeeding 5. Bathing infants 6. Infant care in incubator 7. Charting patient information 8. Handling supplies		

IDENTIFICATION	Task	Risk Factors	Freq/Dur	Mag/Range	ASSESSMENT	Assessment / Observations / Comments
	Assisting with delivery	<ul style="list-style-type: none"> Awkward posture (reaching, twisting bending) Static posture Force 				<ul style="list-style-type: none"> Holding legs during delivery; discussions with staff and symptom surveys report that this task is difficult. Amount of force will vary depending on position and patient characteristics. Patient may be unpredictable, agitated or aggressive. Bed is equipped with leg holds but the bed must be broken in order to use them and they may not position legs properly for delivery (not back far enough). Options: use stirrups, coaching to mother, use squatting bar. Some information is provided in pre-natal planner.
	<ul style="list-style-type: none"> Force Awkward posture 			<ul style="list-style-type: none"> Removing bottom part of bed: If bed is "broken" for delivery, the bottom piece of the bed is manually handled on and off. Weight of attachment is within guideline levels. Can improve posture by adjusting the height of the bed (if possible). 		
	<ul style="list-style-type: none"> Force 			<ul style="list-style-type: none"> Moving various pieces of equipment in and out of rooms e.g. wandering cart, baby scale, baby monitor, stablets (baby warmers) and case cart. Handle heights appropriate. Forces are within guideline levels. Forces may be increased in certain situations. Ensure wheels are well maintained on stablets to reduce forces (request Maintenance check). Install door holder in door at back entry to nursery room where stablets are stored. This will ensure RNs do not have to hold the door open while moving the stablet in and out of the room. 		

- 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	Assisting with delivery (continued)	• Awkward posture			ASSESSMENT	• Attending to infant in stablet immediately following delivery: Stablets do not adjust in height.
		• Awkward posture				<ul style="list-style-type: none"> • Clean-up of room after delivery including bucket, stablet, case cart and utensils. • May be bending to access under bed. • Remainder of clean-up is completed by housekeeping staff.
	Assisting with patient transfers	• Awkward posture:				<ul style="list-style-type: none"> • May be involved with patient transfers, typically with C-section patients off stretcher to bed. Often patients can transfer themselves. • Equipment available to assist: transfer board, roller board
	Assisting with patient transfers (continued)	<ul style="list-style-type: none"> • Force (push/pull) • 				<ul style="list-style-type: none"> • Moving beds and stretchers with patients in them. May be required when moving to and from OR for C-sections, either on unit or in Surgical Complex. • Forces depend on patient characteristics. 2 staff should be used to move beds with patients in them.
	Assisting with patient mobility	<ul style="list-style-type: none"> • Awkward posture • Force 				<ul style="list-style-type: none"> • Forces will vary depending on patient characteristics and ease of mobility. Typically involves RN assisting by supporting and directing patient. • Patient may be unpredictable, e.g. unable to bear weight or may faint. Pre-transfer assessment to be completed (information provided via staff bulletin).
	Assisting with breast feeding	• Awkward posture				<ul style="list-style-type: none"> • Awkward postures may be assumed while showing and instructing new mothers on breastfeeding techniques. Staff reported moving to opposite side for better view but does require more awkward positioning such as reaching. • Demonstrating football hold and being at the same side as the mother is a better posture for RN (less trunk flexion, less elbow extension, more neutral wrist). • Rooms are equipped with adjustable bed, rocker (glider), couch; providing various options for positioning. • Options for improvement: consider your posture at all times! adjust bed to minimize leaning, bending and twisting for extended periods of time; lower bed and sit on stools or chairs available in room; raise bed if standing beside mother; avoid bending to assist mother seated in chair; move to bed instead or sit beside mother on couch; use pillows or towels for support; use small step stool or bed frame for foot support • Staff mentioned adjustable height “barber” chair in nursery would be beneficial.
		• Static posture				<ul style="list-style-type: none"> • Static positioning may be sustained for several minutes at a time, depending on how the patient it doing. • Options: minimize time instructing, e.g. try only for few minutes at a time and try again later.

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	Task	Risk Factors	Freq/Dur	Mag/Range		Assessment / Observations / Comments
IDENTIFICATION	Bathing infants	<ul style="list-style-type: none"> Awkward posture (reaching, bending) 			ASSESSMENT	<ul style="list-style-type: none"> Assisting, doing or demonstrating bathing. May be done in patient room or in nursery. Awkward postures including reaching and bending to access infant, adjust limb positions, reposition infant and to see. Tubs are not equipped with plugs and are lifted to drain water.
		<ul style="list-style-type: none"> Force Static posture 				<ul style="list-style-type: none"> Static posture and force required when supporting infants for bathing (head and body). Quick stretches in between bathing/static positions are recommended.
	Infant care in incubator	<ul style="list-style-type: none"> Awkward posture Static posture Force 				<ul style="list-style-type: none"> Caring for infant in incubator: infant is centred in incubator, arms are positioned through port-holes for feeding, taking vitals, starting IVs, diaper changes Incubators can be height adjusted to optimize posture. Can try to improve positioning by adjusting height of incubator and bed inside, using towels under wrist and forearm for support (including over port-hole) and using frame to put one leg up (and alternate leg).
		<ul style="list-style-type: none"> Awkward posture 				<ul style="list-style-type: none"> Additional duties in nursery may require awkward positioning: e.g. reaching for supplies and medications, hanging IV bags, working in baby cots. Postures are not sustained.
		<ul style="list-style-type: none"> Force 				<ul style="list-style-type: none"> Forces to move isolettes are within guideline levels (Snook). Movement of isolettes within nursery is not done daily. Portable isolette may be moved longer distances (not usually done on a daily basis).
	Chart patient information	<ul style="list-style-type: none"> Awkward posture 				<ul style="list-style-type: none"> Charting may be done at various times throughout the shift, or all at the end. Amount of charting varies depending on patients. Charting primarily done by hand. Nursing stations: adjustable chairs available (adjustable height and backrest) to allow for adjusting working postures.
		<ul style="list-style-type: none"> Force (grip) 				<ul style="list-style-type: none"> Grip force required for writing.
	Handling supplies	<ul style="list-style-type: none"> Awkward posture Force 				<ul style="list-style-type: none"> Various material handling tasks e.g. reaching for supplies, handling oxygen tanks, bending to access patient's suitcase Can minimize reaching and bending by ensuring most frequently used, heaviest and/or most awkward items are positioned at best height (e.g. between knee and shoulder). Small carts available for handling oxygen tanks. May be awkward to position oxygen tanks into back of stablets; done infrequently.

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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 • Static posture • Force 	<ul style="list-style-type: none"> • Various duties on maternity unit 	1. The following MSIP prevention information to be provided to staff: <ul style="list-style-type: none"> • Options for not holding legs during delivery • Tips for breastfeeding • Tips when caring for infants in incubator 			
	<ul style="list-style-type: none"> • Awkward posture • Static posture • Force 	<ul style="list-style-type: none"> • Holding legs during delivery 	2. Record options for <i>not</i> holding legs on information sheet to be provided to all staff on unit, and to incoming patients. This information can be inserted into pre-natal planner and also discussed during site visit. Mention can be made of difficulties with assisting with breastfeeding.			
			3. Investigate the possibility of leg supports that can be attached to the bed.			
	<ul style="list-style-type: none"> • Force 	<ul style="list-style-type: none"> • Pushing stablets 	4. Request Maintenance to check the wheels on the stablets to ensure they are clean and in good working order.			
			5. Request Maintenance to install a door holder at the back entry to the nursery where the stablets are moved in and out.			
	<ul style="list-style-type: none"> • Awkward posture • Static posture 	<ul style="list-style-type: none"> • Assisting mothers with breastfeeding 	6. Consider an adjustable height chair in nursery that can be used for more difficult cases.			
	<ul style="list-style-type: none"> • Force 	<ul style="list-style-type: none"> • Bathing infants in tubs 	7. Consider portable tubs with plugs that don't have to be lifted to be dumped of water.			
	<ul style="list-style-type: none"> • Awkward posture • Force 	<ul style="list-style-type: none"> • Handling supplies 	8. General material handling information to be provided to staff.			
	<ul style="list-style-type: none"> • Force (grip) 	<ul style="list-style-type: none"> • Using pens while charting 	9. Consider pens with foam or rubber grips to reduce grip forces required for writing.			

Additional Comments: