

Ergonomic Risk Factor Identification and Assessment
Ergonomics Risk Assessment Project

Task Analysis Worksheet

Job Summary: Provides nursing care to surgical patients according to established standards and administrative policies. This involves assessing physical and psycho-social needs including pain management using patient controlled analgesia and epidurals, planning, implementing and documenting the nursing care for an individual patient or groups of 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. Assist with rounds: bathing, washing, feeding, dressing, getting patients ready to send to appointments		
3. Provide nursing care.		
4. Dispense medications.		
5. Assist with patient transfers: specifically noted transfers from chair to bed, repositioning in bed (from employee discussions, injury statistics and surveys).		
6. Consult with physicians, staff members, and other health care professionals.		
7. Chart patient information.		
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. Conduct rounds, including patient handling. 2. Provide nursing care. 3. Dispense medications. 4. Chart patient information.		

	Task	Risk Factors	Freq/Dur	Mag/Range		Assessment / Observations / Comments
IDENTIFICATION	Assist with rounds including morning care	• Awkward posture (reaching, bending)			ASSESSMENT	<ul style="list-style-type: none"> Assisting with various hygiene-related duties with patients. Awkward postures including reaching and bending to access limbs, adjust limb positions, reposition patient and to see. Patient can be asked to assist as much as possible.
		• Force				<ul style="list-style-type: none"> Force required when supporting limbs, amount varies depending on patient characteristics. Pillows can be used as additional supports.
		• Static posture				<ul style="list-style-type: none"> Static posture required when supporting limbs. Quick stretches in between patients and/or periods of static positioning are recommended.
	Patient handling (included with rounds)	<ul style="list-style-type: none"> Awkward posture Force 				<ul style="list-style-type: none"> RNs assist LPNs with patient transfers and repositioning. The number and type of transfers varies from shift to shift. Forces vary depending on nature of transfer or reposition, patient characteristics, staff available. Key points: staff can optimize posture by adjusting bed height and lowering bed rails. Instruct patient to ensure they are aware of the transfer and use coordinated count. Patient assessments are conducted by RNs or Rehabilitation staff, can be assessed by Rehab on request. Communication, changes or issues are noted in patient file.
	Provide nursing care	• Awkward posture (reaching, bending)				<ul style="list-style-type: none"> Including starting IVs, changing dressings, wound care. Optimize postures by adjusting bed height and lowering side rails to reduce reaching, asking patient to assist. Can use bedside chairs to improve posture.
		• Force				<ul style="list-style-type: none"> Amount of force will vary depending on task and patient characteristics.
• Static posture				<ul style="list-style-type: none"> Depending on nature of task, static positioning may be required. Quick stretches after tasks are recommended. 		

- 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

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Department/Work Area: Surgical Specific Location: Assessed By:	Occupation: RN Contact Name: Assessment Date:
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	Task	Risk Factors	Freq/Dur	Mag/Range		Assessment / Observations / Comments
IDENTIFICATION	Dispensing medication	<ul style="list-style-type: none"> • Awkward posture: reaching, bending (neck, shoulder, elbow, trunk) 			ASSESSMENT	<ul style="list-style-type: none"> • Shifts may involve dispensing pain medication due to nature of unit (surgical). Involves opening packets and bottles, measuring, crushing, mixing, and pouring medication; writing in patient chart; pushing cart; reaching to administer to patient. • Awkward postures from reaching and bending to retrieve medications from cupboards and drawers. • Existing medication carts are adequate; no concerns noted.
		<ul style="list-style-type: none"> • Force (push/pull) 				<ul style="list-style-type: none"> • Forces to move medication cart are within guideline levels.
		<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 patients and time of day as well as amount to crush and characteristics of the pill. Each dose takes < 1 minute to crush. Large silver pill crusher is used. Pill cutter also available. • Suggestions include cushioning and work technique (see recommendations).
	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. • Patient charts (binders) are filed in a circular storage. • Nursing station: adjustable chairs available (adjustable height and backrest) to allow for adjusting working postures. No concerns noted.

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Department/Work Area: Surgical	Occupation: RN
Specific Location:	Contact Name:
Assessed By:	Assessment Date:

**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"> • Providing nursing care (general) 	1. "MSI Prevention" information on the following topics to be provided: <ul style="list-style-type: none"> • body mechanics tips for RNs • stretches 			
	<ul style="list-style-type: none"> • Awkward posture • Static posture • Force 	<ul style="list-style-type: none"> • Patient handling including transfers and repositioning 	2. MSIP training (4 hour sessions) are available and all staff should be encouraged to attend.			
	<ul style="list-style-type: none"> • Force • Awkward posture • Contact stress 	<ul style="list-style-type: none"> • Crushing pills 	3. Suggestions for pill crushing: <ul style="list-style-type: none"> • Place the pill crusher on a softer cushion such as a mouse pad, a gardening mat or piece of dense foam. In addition, the handle can be cushioned with foam. This will reduce some of the impact forces. • Technique: Users should try to minimize forces (try not to "bang" really hard or try using more of a circular or side to side motion) and try alternating hands used. • Determine the level that the pills can be crushed to minimize effort. • Dispense medication in liquid whenever possible. 			

Additional Comments: