



O H S A H

HEALTH & SAFETY news

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Ergonomics in Design

An interview with Leslie Gamble, Ergonomic Specialist in Interior Health

Leslie Gamble remembers feeling slightly overwhelmed when she looked at building design plans for the first time. She couldn't recognize the architectural and electrical symbols, so she enlisted the help of a neighbour who worked in construction to decipher the plans. A lot has changed in the five years since. Leslie hardly blinks when she gets handed design plans, because she is now deeply involved in their creation, from concept to construction.

Leslie is an Ergonomic Specialist providing ergonomic consultation on all renovation and new building projects taking place within Interior Health. She started as a Musculoskeletal Injury Prevention (MSIP) Advisor, responding to specific individual or departmental concerns. She recalls concluding that many problems could not be adequately addressed without significant renovation: "I would generate a report and the manager would put in a requisition to the renovation committee and pretty soon most

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Flu in the News

We are currently in the midst of a long flu season. In order to minimize influenza transmission from patient to staff, healthcare workers should incorporate good infection control practices – and keep in mind that protecting themselves is a key part of their job.

Influenza is spread primarily via direct contact with respiratory droplets. Health Canada recommends the use of a surgical mask, gloves, and gown when caring for pediatric patients with known or suspected influenza. For adult patients, these particular requirements may not be required. Frequent hand washing is always necessary.

It is not too late to get a flu shot; consult your Occupational Health Nurse for more details.

A video is now available about proper precautions to minimize the spread of infectious disease (see pg. 10).

OHSAH HEALTH AND SAFETY FORUM

"The energy from today's sessions has been a testament to the work OHSAH is doing."

- Ann Sutherland-Boal, Ministry of Health Services



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A Message from the Executive Director

It has long been clear to us at OHSAH that having good performance measures for workplace and workforce health and safety is key to preventing injuries and illnesses.

Implementing successful sustained health and safety interventions requires that information on measures of success are available, accurate, and consistent. This is at the very heart of improving the healthcare working environment.

To address this need, OHSAH is pleased that Fraser Health (FH) and Vancouver Island Health Authority (VIHA) will soon begin piloting the Workplace Health Indicator Tracking and Evaluation (WHITE) system. WHITE, which is a web-based health and safety system, was developed by OHSAH in collaboration with FH and VIHA. The system will facilitate analysis of workplace incidents and injuries and provide healthcare stakeholders with comparative performance indicators on workplace health and safety. We hope to be implement WHITE in the north, the interior and elsewhere across BC healthcare as soon as possible.

We look forward to receiving any questions about WHITE, and any suggestions for additional indicators that our skilled developers should consider including.

Annalee Yassi, MD, MSc, FRCPC

OHSAH Health and Safety Forum

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Almost 300 people attended the November 27th OHSAH Health and Safety Forum, including occupational health and safety personnel, managers, workers, and union OH&S representatives. The day-long event featured concurrent sessions on ergonomics, musculoskeletal injury prevention, chemical and biological hazards, and innovative new technologies, as well as keynote addresses from Judith Shamian, Executive Director of Canada's Office of Nursing Policy, and Ann-Sutherland-Boal, from the BC Ministry of Health.

Thanks to presenters and attendees at the forum for sharing your knowledge and expertise. Our collaborative efforts are making a difference. We look forward to continuing to work with the healthcare community in making healthcare a healthier place to work.

Forum presentations are now available on the OHSAH website. www.ohsah.bc.ca > News

YOUR COMMENTS PLEASE!

What topics would you like to see covered in future issues? Your feedback will help to ensure future newsletter issues include articles and information that are timely, useful and relevant to you, the reader.

Please send your comments, ideas or suggestions to editor@ohsah.bc.ca, or by mail to OHSAH, Health & Safety News, 301-1195 West Broadway, Vancouver BC, V6H 3X5.

OHSAH MISSION STATEMENT

- To work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and early return-to-work
- To promote pilot programs and facilitate the sharing of best practices
- To develop new measures to assess the effectiveness of programs and innovations in this area

Northern Health Launches Injury Prevention Program

Prevention and Early Active Return-to-Work Safely (PEARS) expands into Northern Health

In December 2003, OHSAH presented a \$300,000 funding framework to Northern Health to launch their PEARS Program. The funding will be distributed throughout the three health service delivery areas that make up Northern Health, and will cover the initial costs of launching PEARS throughout the region. CEO Malcolm Maxwell expects the program to have a positive impact on the health and safety of workers: "The PEARS initiative will provide more effective overall support for Northern Health staff."

To complement PEARS, the Workers' Compensation Board (WCB) of BC and Northern Health have also initiated a two-year \$290,000 capital equipment project. This project will support the provincial 'no unsafe manual lifting policy', which was collaboratively developed between unions and employers, and will be focused throughout the Authority.

This proactive approach, which is a result of the collaboration between Northern Health, OHSAH, and WCB, will contribute to a safe and healthy work environment for staff, and provide an economic support facilitating the future development of similar programs in Northern Health.



WHAT IS PEARS?

The **Prevention and Early Active Return-to-Work Safely (PEARS)** Program integrates musculoskeletal injury (MSI) prevention, early intervention, and return to work processes. The overall purpose is to reduce the incidence, duration, time loss, and related costs of workplace MSIs through early intervention and a preventative approach, which includes ergonomic assessments and workplace accommodation. The success of PEARS pilots in Fraser and Vancouver Coastal Health have already paved the way for provincial expansion to the Interior, Northern BC and Vancouver Island.

Measuring the Health of Healthcare Workplaces

The Office of the Auditor General of British Columbia is currently conducting an audit to determine how well the Health Authorities are managing the workplace to ensure a healthy work environment for BC healthcare workers. The audit consists of interviews with management in each of the five Health Authorities, and focus groups with a cross section of front-line staff in all departments.

The audit will consider three aspects of a healthy work environment: the physical environment, the psychosocial environment, and healthy lifestyles. A final report detailing the results of interviews and focus groups will be tabled in the Legislative Assembly in the Spring of 2004. Part of this report will include recommendations on how to improve the healthcare workplace environment.

Ergonomics in Design

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of their requests were generated from my reports." From there, it was a natural progression to sitting on the committee, and then becoming involved in all renovation projects. This is now how she spends the majority of her time.



Interior Health has made a senior level commitment to include ergonomics in facility design. This has positive long-term implications for worker health and safety, but there is also a clear cost saving. Leslie recalls, "Bit by bit, I

was able to show them that consideration of ergonomics would actually be a cost-saving measure. There was a real focus initially on how much it would save in the use of contingency funds."

Included on Leslie's list of past projects are intensive care units, emergency departments, and lab areas. Current projects include acute care obstetric units and the redesign of 12 home and community care facilities.

The Design Process

Brought in at the beginning of the design process, Leslie consults with the architect, project manager, and user group: "One of the biggest things is ensuring that there is a group of user group representatives able to participate in the entire design development. For a long-term facility, this would include an RN, an LPN, the manager, and care aides. We have also tried to involve housekeeping and other support services (if they are impacted by the renovation), infection control, maintenance, licensing and in some cases public health."

Leslie first looks at the overall plan and gives "big picture" guidelines. In one project, planners wanted to make resident bathrooms entirely wheel-chair accessible, but Leslie realized that increasing the size of bathrooms would reduce resident living space and limit working space around resident beds. Leslie explains, "I had to say that it wasn't worth proceeding and spending the money. Although the bathroom would be more

accessible, staff would not be able to actually carry out care duties at the bedside." These are the kinds of issues that Leslie considers with respect to all facility plans, from determining whether there is adequate light over resident beds to choosing grab bars and floor sinks that reduce risk of injury to workers without compromising quality of care.

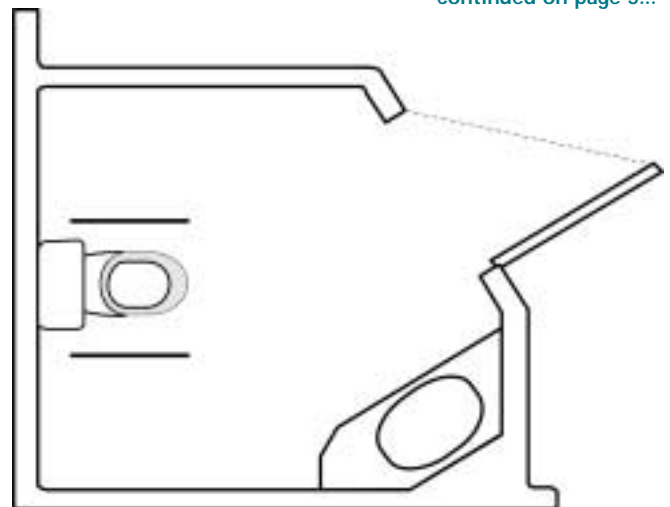


Leslie Gamble

At this stage, Leslie works "a lot with staff by holding focus groups or observing staff on the job, conducting research on the internet, visiting newly-renovated places, and establishing overall room layout." The next stage includes the "fine tuning of how we want a storage unit designed, placement of electrical switches and outlets, heights and depths of all millwork etc." While designing the emergency area at Royal Inland Hospital in Kamloops, for example, Leslie and her team created a mock-up of the stretcher base headboard and staff simulated emergency area work processes to determine the optimal practical layout.

This work appears in the 95% design drawings, which are approved by all involved, including staff, licensing, infection control, maintenance and public health. Leslie explains that this is a crucial part of the process: "We have sign off authority at each stage now, which I think

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The design layout requirements established by Leslie for washrooms in residential care facilities.

is a real credit to capital planning. If a particular group is not happy with what is designed, they can actually halt or slow down a project."

The Future of Ergonomics in Design in Interior Health

Much of Leslie's design work is breaking new ground. There are few standardized guidelines in place. Therefore, she is developing consistent criteria, as well as building a list of requirements for preferred equipment. At the moment, "my criteria is really based on my experience looking at things from an ergonomics perspective." In the future, Leslie hopes that her work will result in standardized criteria/guidelines and grow to include work organization and process.

Leslie is excited about her work in the health authority. Over the years, she has built relationships with key players involved in planning and renovation, which is a crucial part of getting to the table at an early stage. She also has senior level support, which has facilitated her role in the design process.

And, revealing of her success, Leslie no longer needs to consult with her neighbour to read or articulate design plans. She does it herself.

For more information about Leslie Gamble's work, please contact her at Interior Health: 250-491-6303



The Stroke Recovery Project

Is there a link between reducing staff injuries and patient outcome? A unique new project seeks answers.

A new study is being conducted to determine if providing care staff with education and training specific to a patient-population will have immediate and long-term effects on staff safety, job satisfaction, and patient outcomes. The one-year study, a partnership between Royal Columbian Hospital (RCH), Fraser Health and OHSAH, involves working specifically with acute care nursing staff who care for patients recovering from stroke.

The study is based on the hypothesis that providing care staff with specialized education and training for specific patient populations will reduce the potential for staff injury when interacting with those patients. This may also improve patient outcomes, and potentially reduce patient recovery time. One of the unique features of this study is that it will not only assess the effectiveness of this type of initiative on reducing staff injury, but will also evaluate the functional performance of patients and patient care outcomes using a recognized evaluation tool.

In late 2003, education sessions on best practices for caring for patients recovering from stroke were delivered to approximately 55 nurses in two acute care wards at RCH. Participating nurses are now in the process of receiving one-on-one bedside training, which will build on what they learned in the education sessions and train them on how to apply that knowledge in practice.

Nursing staff were surveyed on their perceptions of risk of injury and job satisfaction before the education session; they will be surveyed again one year later. Nursing staff will also complete knowledge and skill retention questionnaires at three-month intervals throughout the one year study period.

For more information, contact Nermin Helal at OHSAH (604.775.4034) or Tina Moran at Fraser Health (604.520.4721).



One critical factor for improving the effectiveness of a joint committee is committee member training and knowledge.

In the Joint Committee Education & Development (JCED) Section of the OHSAH website (www.ohsah.bc.ca > Programs > JCED), there is a new section with Questions and Answers about joint committees, their creation, and how to conduct effective and efficient meetings.

WHAT IS A JOINT HEALTH AND SAFETY COMMITTEE?

A Joint Health and Safety Committee is a forum for bringing internal responsibility into practice. The committee consists of labour and management representatives who are required to meet regularly to discuss health and safety concerns, review progress and make recommendations. The role of the joint health and safety committee is a truly significant and powerful one; the workplace partnership to improve health and safety depends on the committee.

The Committee's role in the workplace should include:

- Promotion of safe work practices;
- Assisting in creating a safe and healthy workplace;
- Recommending actions that will improve the effectiveness of the OH&S program;
- Promoting compliance with WCB Act and Regulation.

WHAT IS THE PURPOSE OF A MEETING?

The purpose of the meeting is to provide positive participation and cooperation by employer and worker representatives. Activities that should be considered include: inspections, investigations, workplace hazards, worker complaints and review of health and safety statistics and programs.

Strategies for a successful meeting include:

- Be punctual and come prepared for the meeting.
 - Keep up to date on health and safety issues and concerns.
 - Stick to the agenda.
 - Speak only to the topic at hand (one speaker at a time).
 - Consider everyone equal but respect the authority of the chair.
 - Make no personal attacks.
 - Remember – “there are no bad ideas”.
 - Committee decisions are by consensus, respect and support.
 - If you don't understand, ask.
 - Be decisive about what is to be done, by whom and by when.
 - Meet assigned responsibilities - on time.
- Meetings are most productive when they are seen to be solving problems. Agendas are essential to the success of the meeting. Agenda's ensure:
- Members are aware of the date, time and place;
 - Items receive attention;
 - Business is kept on track; and
 - Give members opportunity to review items prior to meeting.

For more information about the JCED Program, check the OHSAH website, or contact Lindsay McKee at 604.775.4034, toll-free 1.800.359.6612.

Poke and Splash Free!

Blood and body fluid exposure control plan underway in VIHA, and planned for Fraser Health and Vancouver Coastal Health

Vancouver Island Health Authority is making steady progress on its blood and body fluid (BBF) exposure control plan. Surveying of healthcare workers began in mid-October and will be complete at the end of January; approximately 900 surveys have already been completed. A BBF-specific worksite audit tool has been developed and will also be piloted this month. The purpose of this audit is to identify existing workplace policies, procedures, practices and safety equipment/devices currently being used. This information will then be compared to evidence-based best practices and used to develop best practices policies.

The VIHA purchasing process is also being assessed to understand what is required to bring in new safer technology and the process required to make these products available to front line care providers.

Similar programs are being considered in Fraser Health and Vancouver Coastal Health. Fraser Health plans to pilot the program at Surrey Memorial Hospital, with the intention of developing an implementation guide for other Fraser Health sites to use when putting in place similar programs.



Protecting the Faces of Healthcare Workers

OHSAH Awarded Change Foundation Grant

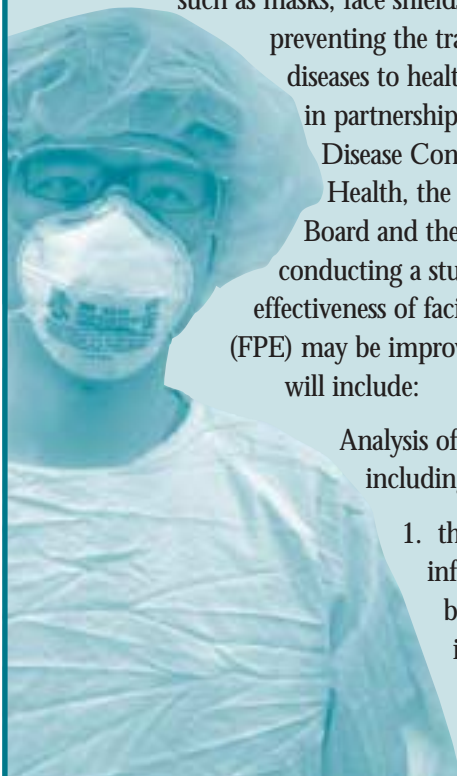
The outbreak of Severe Acute Respiratory Syndrome in 2003 focused attention on the role of facial protection, such as masks, face shields and goggles, in preventing the transmission of infectious diseases to healthcare workers. OHSAH, in partnership with the BC Centre for Disease Control, Vancouver Coastal Health, the Workers' Compensation Board and the BC Nurses' Union is conducting a study on how the effectiveness of facial protective equipment (FPE) may be improved. This study will include:

Analysis of the science of FPE, including what is known about

1. the individual factors that influence compliance with barrier protection, including
2. training and education;
3. the organizational and environmental factors that either facilitate or prevent compliance; and
4. the decision supports necessary to assist healthcare workers select the respiratory protection appropriate to the clinical situation.

In addition to reviewing the scientific literature, project researchers are conducting approximately 16 focus groups in Ontario and BC, to obtain input from frontline healthcare workers on what they see as the most important determinants of successful infection control procedures. Crucial knowledge gaps will be described and opportunities for increasing healthcare worker protection will be identified. These opportunities will then be prioritized with respect to the likelihood and practicality of providing effective protection without compromising patient safety. The final report of this project is expected in March of 2004.

This project is funded by the Change Foundation, an Ontario-based funding agency founded by the Ontario Hospital Association with assistance from private donors.



OSHTips Knowledge Base

OSHTips evaluation shows the internet to be a useful tool for sharing information in healthcare.

Background

Although there is considerable information available on how to prevent and manage musculo-skeletal injury (MSI), this information is often not easily accessible for frontline workers, managers, joint occupational health and safety committees, ergonomists, and occupational health and safety professionals.

The OSHTips Knowledge Base is a website (available at www.ohsah.bc.ca) consisting of comprehensive evidence-based information and tools for preventing and managing MSIs, with a specific focus on healthcare workplaces. There are literature reviews, questions and answers, checklists, sample forms, and links to other on-line health and safety resources.



Methods

The purpose of the study was to evaluate the effectiveness of the internet as a way of information transfer in healthcare. The study also explored the impact of this information on decision-making. The evaluation consisted of:

USABILITY – How easy was it to navigate through OSHTips? Participants provided feedback through individual usability sessions.

USE – How often was OSHTips visited? Software tracked information about how often the website was visited, the pages that were visited, and the documents that were downloaded.

USEFULNESS – How did the information and tools on OSHTips influence health and safety practice? Participants from four user groups (health and safety representatives, union members from

healthcare, management from

healthcare, and other (non-healthcare)) evaluated the information and tools on OSHTips via questionnaire.

Key Results

The key finding of this study is that the internet is a valuable tool for sharing information in healthcare. It offers efficient access to a large volume of information. The majority of respondents also passed information on to others and felt that their expanded knowledge base influenced their suggestions. To a lesser extent, users said that OSHTips information influenced practices and ultimately helped to prevent injury.

A significant finding in this study is that the internet, although useful, has some important limitations. Many healthcare workers have only limited access to the internet in their workplace. Management and health and safety professionals who use computers as a regular part of their work often have more access than front-line healthcare workers (e.g. care aides or housekeepers) who may only have access to the internet outside of work, if at all. For health and safety information to reach these workers, it should be made available through media other than, or in addition to, the internet.

The Future of OSHTips

Content continues to be developed for the OSHTips website. Content has now expanded to include other areas of occupational health and safety, including joint committees, occupational hygiene, violence prevention, and return-to-work.



What does the evidence say about On-Call Work and Health?



What is on-call work?

On-call work is a type of scheduling where employees must be available to work if called, even when outside of their workplace and/or regular working hours.

This form of scheduling, which is common in the healthcare sector, is typically used to provide round-the-clock coverage for services such as medical care or utilities, where emergencies require personnel to immediately deal with critical situations.

Does on-call work have health effects?

Only a limited number of studies have explored the impact of on-call work on health. These studies suggest that on-call work can negatively impact the physical and psychological health of employees, and can have adverse effects on social and family interaction. On-call work has also been found to disrupt regular sleeping patterns and increase stress levels. OHSAH funded an extensive literature review by the Health Sciences Association (HSA) of BC examining the health effects of on-call work. It should be noted that the research in this area has been conducted primarily on medical doctors and, to a lesser extent, engineers and utility workers. No research to date has specifically examined the effects of on-call work in nursing or other allied healthcare professions.

On-call work and sleep

The literature shows that on-call workers regularly exhibit sleep-related problems, on- and off-call. One study showed that workers seemed to have greater difficulty falling and staying asleep while on-call compared to when they were off-call.¹ Another study found that the frequent interruptions to sleep while on duty at night, as well as the anticipation of such interruptions, not only decreased the amount of sleep, but also affected sleep quality.² In a study of organ transplant coordinators, workers reported that their lives off-call were negatively impacted by their

time on-call, primarily because they needed to spend time catching up on sleep, and they were often too tired to participate in usual non-work activities.³

On-call work and Mental Health

There have been several studies examining on-call work and its impact on mental health. Surveys of general practitioners (GPs) in the UK showed on-call work at night as one of the top two most stressful aspects of their work situation.⁴ Two other studies determined that working one or more nights on-call per week was significantly predictive of anxiety⁵; anxiety and depression also increased with the frequency of on-call work each month.⁶ A number of other qualitative studies found that GPs who worked on-call were more likely to feel that their work affected their physical health⁷ and that their moods were significantly lower when on-call.⁸

Future research

It is worth noting that the majority of these studies used qualitative and subjective measures for evaluation, mainly using questionnaires, surveys, and personal interviews. Few researchers incorporated objective data that could be used for comparison across the literature. The current body of literature on the health effects of on-call work is limited in part due to the narrow range of professions studied. It is reasonable to assume that the effects of on-call work will vary across occupations, given the number of other factors that can influence occupational health. More research is required to accurately link on-call work and physiological, social, or psychological affects, and there is also a need to undertake research across a greater variety of occupational groups, given that this form of work scheduling touches many occupations, and that on-call work is likely to increase in many sectors.

This article is a brief summary of an in-depth literature review on On-Call Work and Health. The original document has been submitted for publication, and is therefore not available for wide distribution.



An Ergonomics Guide for Hospital Pharmacies

Making Hospital Pharmacies a Healthier Place to Work

This handbook combines observations from hospital pharmacies and input from pharmacy workers and health and safety experts. Learn about what type of risk factors exist in pharmacies and potential solutions to these problems. The appendices include a risk factor identification checklist, recommendations for selecting laminar flow hoods, and other tools for addressing ergonomics issues in pharmacies.

Contact OHSAH for free copies.

Project Updates

Two new project updates are now available. These are free of charge for healthcare facilities in BC.

Bevan Lodge Garbage Disposal Alternative: Read about low-cost modifications that effectively reduced the risk of injury to housekeeping staff at Bevan Lodge in Abbotsford.

Pill Crusher and Medication Cart Update: Find out more about the development process behind the new pill crusher and medication cart, as well as next steps.

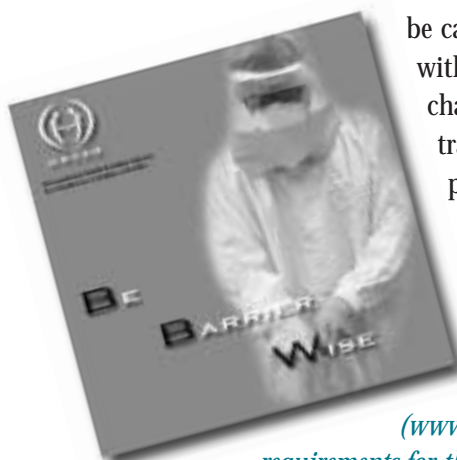
OHSAH Project Updates are available in the Publications section of the OHSAH website [www.ohsah.bc.ca] or can be ordered directly from OHSAH:

1.800.359.6612, or 604.775.4034



Be Barrier Wise!

Chances are you will be caring for a patient with an infectious disease. With the proper use of barriers, you can reduce your chances of getting sick. This short video (10 minutes) outlines the routes of transmission of infectious diseases and demonstrates the proper use of protective barriers to be worn by healthcare workers. It is important to “be barrier wise” to minimize the spread of disease and ensure a healthy healthcare workforce.



This video is available on VHS cassette or CD ROM, and on the OHSAH website

(www.ohsah.bc.ca). Minimum system requirements for the CD ROM version are:

PC or MAC compatibility and a video player that plays mpeg files (e.g. Windows Media Player 9 or Real Player). When ordering, please indicate whether you would like a VHS or CD ROM version of the training video.

Copies of publications and resources listed on this page are available free of charge to healthcare facilities in BC. To place your order, contact OHSAH (604.775.4034).

Assessing your Environment – Occupational Hygiene Sampling Equipment

The Occupational Hygiene program at OHSAH has a number of sampling instruments available for use. Equipment includes:

SOUND LEVEL METERS

- Hand-held instruments used to measure noise levels in both indoor and outdoor work environments
- Can be used to measure both continuous and/or impulse noise

THERMAL ANEMOMETERS

- Hand held microprocessors that measure temperature, relative humidity and air velocity
- Can be used to conduct ventilation assessments

AIR SAMPLING PUMPS

- Small battery operated instruments that collect airborne chemicals or particular matter
- Can be used to obtain area samples (when left in a specific location) or personal samples (when worn by HCW)

INFRARED ANALYZER (MIRAN)

- Portable ambient air monitor that identifies multiple gaseous contaminants simultaneously
 - Can be used to monitor waste anaesthetic gases



For more information on the sampling equipment, contact the OHSAH Occupational Hygiene department: 604.775.4034, or toll-free 1.800.359.6612

Affiliate Resources: OHSAH is here for you!

Over 350 healthcare facilities in British Columbia do not have direct access to occupational health and safety resources provided by BC health authorities. OHSAH is dedicated to ensuring that each of these “affiliate” facilities has access to necessary resources for developing and enhancing occupational health and safety programs.

Needs Assessment Questionnaire

In September and November 2003, OHSAH sent a health and safety awareness package to all BC affiliate facilities. Included as part of the package was a comprehensive needs assessment questionnaire.

As questionnaires are returned to OHSAH, our health and safety professionals are generating customized responses for each facility. These identify the areas where a facility may need support or assistance and provide specific recommendations on how to improve workplace health and safety. Responses to the questionnaire are also being used to help OHSAH prioritize the development of new health and safety resources. OHSAH is meeting with each affiliate facility to discuss how we can assist the facility provide the most effective occupational health and safety program.

If the joint committee and/or administrator at your affiliate facility did not receive the health and safety awareness package, please contact us. You can also download the questionnaire from the OHSAH website (www.ohsah.bc.ca) and return a completed copy to OHSAH. Please complete the questionnaire together with the members of your joint occupational health and safety committee or with a worker health and safety representative.

WORKSHOPS

In 2004, OHSAH will host networking and knowledge workshops directed at affiliate facilities in various locations throughout BC. For more information, check the OHSAH website frequently.

Health and Safety Tips

TIPS FOR REPOSITIONING A PATIENT UP IN BED

- Raise height of the bed to between mid-thigh and hip height
- Lower the side rail on the side you are working on to avoid over-reaching
- Lower the head of the bed, if safe to do so
- Use a low-friction drawsheet or slider sheet
- Use your legs by shifting your weight from one leg to the other
- Keep your back upright and your elbows in close to your sides
- Use a palm's up grip
- Get the patient to assist by pushing with their feet against the bed
- There should be NO LIFTING – the movement should be a sliding motion
- If it is unsafe to reposition the patient manually, use a mechanical lift



Meet the Board

Len Rose joined the OHSAH Board in August 2003. He has been a Registered Nurse for the past 16 years, working mainly in critical care areas. He has been a member of the British Columbia Nurses' Union (BCNU) OH&S Committee over the last year. Len is currently working as a shift supervisor at the Royal Inland Hospital in Kamloops, BC.

What does the evidence say about On-Call Work and Health?

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O H S A H

The Occupational Health and Safety Agency for Healthcare in British Columbia is a non-profit bipartite organization, dedicated to providing excellence in caring for caregivers.

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FOUNDING EXECUTIVE DIRECTOR

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Occupational Health and Safety Officer
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