WorkSafe
Travail sécuritaire NB

DEVELOPING A CODE OF PRACTICE FOR CLIENT HANDLING

This document can be used as a guide to identify areas of concern for musculoskeletal injuries (MSIs) and to help workplaces meet the requirements of subsection 50(2) of the *Occupational Health and Safety (OHS) Act*.

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GLOSSARY

Back in Form™ (BIF)

A standardized training program for client handling activities. The training is unique in that the technical components of BIF are presented in a building block approach that allows participants to learn and execute body mechanics in a safe, effective and efficient manner. A series of introductory, transitional and complex physical movement skills are presented in a modular format. This allows participants the opportunity to:

- Understand issues and risk factors surrounding MSIs
- Learn how to recognize posture issues
- Reprogram their bodies
- Develop an awareness of their own body so they can recognize and assess their own physical limitations
- Use lower body muscles to exert the appropriate forces needed to move loads

Body Mechanics

The study of proper body movement to prevent and correct posture problems, reduce stress and enhance physical capabilities.

Client Handling

Any task that requires a person to lift, lower, push, pull, carry, restrain or move a person.

Competent

Defined in *Regulation 91-191* of the New Brunswick *OHS Act* as:

> (*a*) qualified, because of such factors as knowledge, training and experience, to do assigned work in a manner that will ensure the health and safety of persons,
>
> (*b*) knowledgeable about the provisions of the Act and the regulations that apply to the assigned work, and
>
> (*c*) knowledgeable about potential or actual danger to health or safety connected with the assigned work.

Duration of Exposure

The amount of time the employee is exposed to the hazardous tasks during the work shift.

Forceful Exertion

An exertion requiring a high level of physical effort. The amount of force required for an exertion to be considered forceful is relative to the size and capacity of the specific body part being used. For example, the small muscles of the hands and forearms may be injured by a relatively small force as compared to the large muscles of the legs.

Frequency

The number of times a client handling task is performed during a work shift.

Manual Lift

A procedure by which a caregiver supports the entire weight, or part of the weight, of a client without the use of mechanical equipment.

Mechanical Lift

Equipment that supports the weight of the client to be lifted or carried by caregivers (portable floor models, ceiling lifts, etc.).

Musculoskeletal Injury (MSI)

An injury or disorder of the soft tissues (muscles, tendons, ligaments, blood vessels, nerves and some cartilage) caused by exposure to risk factors.

Musculoskeletal Injury Prevention (MSIP) Program

A program designed to prevent MSIs in the workplace. MSIP Program components include:

- An outline of workplace commitment with policies and procedures
- Clearly defined terms and roles
- Education and training on safe client handling techniques for the workforce
- Ergonomic risk identification, assessment and control
- The evaluation of the control measures and of the MSIP Program itself

Figure 1

Posture

The general position of the whole body or of any parts or joints. **Neutral posture** is the correct alignment of all the joints, including the spine (Figure 1). Muscles supporting the joints are strongest in this position. **Awkward (non-neutral) posture** will compromise muscular strength and place the joint(s) at risk for injury.

Procurement

The action or process of acquiring or obtaining material, property, or services at the operational level (for example, purchasing, contracting, and negotiating directly with the source of supply).

Repetition

The number of similar exertions, actions or tasks performed in a specified amount of time. Repetition may be measured in terms of frequency per minutes, hours or workday (for example, 3 per minute, 25 per hour, 30 times per shift).

Reposition

A procedure by which a client is assisted by one or more caregivers and moved from one position to another on the same surface (turning the client to the side, for example).

Repositioning Draw Sheets (Breeze Sheets)

A type of modified sheet that has a two-layer construction, which combines a high-friction upper layer (next to the client) with a low-friction lower layer that allows for easy sliding along the main linen sheet of the bed.

Risk Factors

Something that increases the likelihood of a negative or unwanted outcome. The risk associated with any specific risk factor depends on the magnitude, frequency, and duration of exposure. The primary risk factors for MSIs are forceful exertions, awkward postures and repetition or frequency of tasks.

Slider Sheet

A broad, rectangular, slippery piece of fabric that is placed under the client while repositioning or transferring to reduce friction forces. Slider sheets may be used to reposition or transfer clients of all weights.

Figure 2

Soaker Pad

A waterproof pad, mid-thigh to waist length on the average client that has a slippery side as well as an absorbent side (Figure 2). A soaker pad is left under those clients who are heavily incontinent.

Transfer
A procedure by which a client is assisted by one or more caregivers and moved from one surface to another. A transfer may be performed with force or without force depending on the needs and abilities of the client.

Transfer Belt
Often referred to as a walking or gait belt, a transfer belt with handles is an assistive device designed to facilitate proper client transfers. More information on transfer belts can be found on WorkSafeNB's website.

Transfer Board
A laminated board (can be wood or other material) with a low friction top surface that is tapered on either end and rigid enough to fill gaps between two surfaces. The board is used to transfer a client in a sitting position from one level surface to another (bed to/from a wheelchair or wheelchair to/from a toilet). The use of transfer boards is contra-indicated for clients who:

- Lack trunk control
- Lack good sitting balance
- Are unco-operative
- Are aggressive
- Are prone to muscle spasms

Weight Ratio
A method of determining whether or not a particular technique is safe to perform (for example, a technique is safe to perform if the caregiver's weight is greater than the client's). It is also recommended that the caregiver consider the client's height and weight distribution in comparison to their own. The weight ratio is also used as an indicator of how many caregivers are required to safely complete a technique (1-person pivot or 2-person pivot).

PREFACE

Across Canada, many workplaces are experiencing an increase in the number of MSIs. This document can be used as a guide to identify areas of concern for MSIs and to help workplaces meet the requirements of subsection 50(2) of the *OHS Act*.

WorkSafeNB recognizes Back in Form™ (BIF) as a best practice for MSI prevention in industries that involve client handling tasks. An essential component of BIF is its unique injury-prevention training program. It uses ergonomic principles to help employees learn how to recognize potential risks and prevent work-related MSIs. It also gives instruction on neutral posture, warm-up and stretching techniques and body mechanics. It should also be noted that BIF must be implemented into the workplace in conjunction with other critical ergonomic program elements that are necessary for an effective MSIP Program. For more information on the BIF program, please contact your regional ergonomics consultant (Appendix G).

Subsection 50(2) requires employers to adopt a code of practice specified by WorkSafeNB or establish a code of practice. A code of practice is a written statement by the employer that sets out in detail measures to be taken to ensure the health and safety of an employee in certain specified circumstances. The purpose of this document is to provide an overall framework for addressing preventive and protective practices, worker participation, training, design, documentation, procurement issues and other requirements pertaining to client handling in the workplace.

Where warranted, WorkSafeNB will require workplaces to establish codes of practice to minimize the risk of injuries due to client handling [subsection 50(3)]. The employer must ensure the code of practice is readily available [subsection 50(4)] and that employees are properly trained and adhere to the requirements of the code of practice. Unless specified by the *General Regulation 91-191*, or by a health and safety officer, the following elements should be contained in a code of practice:

1. **An introduction, including:**
   - Identification of the hazardous task(s) and/or situation(s) which may be encountered.
   - A description of the hazards, and their possible effect(s) on health or safety.
2. **Identification the person(s) at risk from hazardous task/jobs/situations**
   Who will need to follow this code of practice?
3. **Identification of the person(s) responsible for implementing the code of practice**
   Who is responsible to write and maintain the code of practice and any activities related to the code of practice?
4. **Selection of the appropriate client handling controls**
   Is the equipment appropriate for intended use, and does it meet and/or exceed workload requirements?
   Are procedures clearly laid out as to the steps to follow?
5. **Emergency procedures and equipment**
6. **Evaluation of the code of practice and its implementation**
   Is the code of practice being evaluated regularly to ensure it is adequate to protect all employees?

In addition, see the following appendices:

Appendix A – *OHS Act* (Section 50)
Appendix B – Client Handling Code of Practice Template
Appendix C – Sample Client Handling Controls and Transfer Aids
Appendix D – WorkSafeNB *Body Discomfort Survey*
Appendix E – Hazard Reporting by Employee
Appendix F – References and Other Sources of Information
Appendix G – WorkSafeNB Regional Contact Information

COMPONENTS OF A CODE OF PRACTICE FOR CLIENT HANDLING

1. Introduction

The first step in developing a code of practice is to identify client handling hazards to ensure that proper control measures are implemented to address the unsafe situation/task.

Workplace records and client charts can be a good source of information regarding client handling tasks. Such information can include investigation reports, early reports of discomfort, records of incidents, client behaviour mapping and client medications. These can help identify the locations, jobs and tasks where injuries from client handling have occurred. If the employer does not have a process for reporting incidents, one should be developed and implemented (see sample *Hazard Report Form*, Appendix E).

Consider:

- The area of the workplace where the problem occurred
- The affected person's job
- The task being carried out at the time of the incident
- The part of the body affected (for example, the lower back or ankle)
- The nature of the problem (for example, a strain, sprain or tendinitis)
- The type of incident (for example, whether it was described as overexertion or a gradually developing pain)
- Triggers for client co-operation or aggression

In addition, when incident and injury records are reviewed for evidence of hazardous client handling, it can be useful to consider:

- The frequency and severity of the injuries or incidents in the workplace that are related to client handling tasks
- The incident rate in the area over a period of time
- The total workload

These results can be compared across departments in the organization to indicate trends in locations, jobs and tasks and can help determine tasks that may pose greater risk of injury. Other potential sources of useful information can include minutes of joint health and safety committee (JHSC) meetings and reports from previous investigations.

Hazards from client handling tasks can also be identified by assessing the environment and the following primary risk factors associated with the task:

- Forceful exertions
- Awkward postures
- Repetition or frequency of task

Assessing the potential for workplace injuries in health care facilities is complex because typical health care operations involve the repeated lifting, transferring and repositioning of clients. These tasks can be variable, dynamic, and unpredictable in nature. In addition, factors such as client safety, dignity, and medical contraindications should be taken into account.

An analysis of any client handling task involves an assessment of the client's needs and abilities. This assessment allows caregivers to account for client characteristics while determining the safest methods for performing the task, within the context of a care plan.

Such assessments typically consider the client's safety, dignity, medical contraindications and other rights, as well as the need to maintain a client's functional abilities. The client assessment should include examination of factors such as:

- The level of assistance the client requires based on physical and mental abilities
- The client's size and weight
- The client's ability and willingness to understand and co-operate
- Any medical conditions that may influence the choice of methods for lifting or repositioning

These factors are critically important in determining the appropriate methods for lifting, transferring and repositioning a client. The client's size and weight will, in some situations, determine which equipment is needed and how many caregivers are required to provide assistance. The client's physical and mental abilities also play an important role in selecting appropriate solutions. Other factors related to a client's condition may need to be taken into account as well. For instance, a client who has recently undergone hip replacement surgery may require specialized equipment for assistance to avoid placing stress on the affected area. An assessment tool and code of practice template can be found in Appendix B.

2. Identification of the person(s) at risk from a client handling hazard

Consulting employees (and their supervisors) as well as JHSC members or health and safety representatives may provide valuable insights into tasks that might be hazardous. Employees will have a good knowledge of the client handling activities they perform and how and when they perform them. Employees will be able to identify specific tasks or actions that they find fatiguing, strenuous or difficult to perform, and they will often be able to identify potential controls. Employees will also be able to recognize changes in the abilities/behaviour of clients that might indicate an increased risk of injury. A discomfort survey is a useful tool that can be used to gather employees' input regarding their physical comfort and any potential improvements to the task (Appendix D).

3. Identification of the person(s) responsible (administrator) for implementing the code of practice

Employers should assign a person or persons who is/are competent to identify the hazards and implement the client handling code of practice. The person(s) responsible may require additional training in the specifics of safe client handling and should be given the employer's full support. All employees, including management, should be instructed to co-operate with the person(s) responsible for implementation, and to follow the code of practice. Employers also need to assign individual(s) to ensure that employees are trained, use client handling equipment appropriately and follow procedures or other administrative controls in a manner that protects their health and safety. These tasks may be assigned to one or many individuals, depending on the size and structure of the organization/facility.

4. Selecting the appropriate client handling controls

Provided that the hazardous task cannot be eliminated, client handling controls can be divided into two categories:

- Engineering controls
- Administrative controls

4.1 Engineering controls

Engineering controls (Appendix C) have a direct impact on the risk level of a particular hazard since they eliminate or minimize the hazard through changes to the workstation or equipment and/or introduction of new equipment. For this reason, these should be the first controls to be considered and implemented. To determine when engineering controls can be used, and which controls should be used, consider the following:

- Does the facility have a device or equipment available, or already being used, that could be improved upon or replaced?
- Does a device or equipment exist to perform the task or help perform the task?
- Is the device or equipment appropriate for the work environment?
    - Will the device or equipment work for all client handling tasks identified as high risk?
- If not, what percentage of tasks will be affected by the device/equipment?
- If purchasing a new device or equipment:
    - Who will be using it?
    - What sort of training will be required?
    - Will it change the work patterns? If so, how?
    - How will it be maintained? (preventive maintenance program, etc.)

4.2 Administrative controls

Administrative controls do not eliminate the hazard, but rather control the risk by reducing the employees' exposure to the hazard. Techniques such as training, job rotation, stretching programs and written procedures are considered administrative controls that reduce the risk of injury when the hazard cannot be eliminated or minimized through engineering controls.

4.2.1 Training

Training is a key step to preventing MSIs. Employees and employers should have an understanding of body mechanics, be able to recognize high-risk tasks and be able to identify the early signs and symptoms of MSIs. Employees should ensure that symptoms, near misses, hazards and incidents are reported to their supervisor so the necessary action can be taken. Employee training should include information on:

- MSI prevention
- How to properly move to avoid bending and twisting (proper body mechanics)
- Appropriate warm-up and stretch exercises
- The benefits of job rotation
- Transfer and repositioning techniques for client handling
- Maximizing client abilities
- How to safely use client handling equipment that may be provided (stand-up lift, ceiling lift, transfer belt, slider sheets, etc.)
- The workplace's internal system for incident reporting

4.2.2 Job rotation

Job rotation is a technique that moves employees from one job to another in an organized way. This technique can be used to help minimize an employee's risk of MSIs, to help train and to alleviate boredom and complacency. For job rotation to be effective in injury reduction, the employee must be moving from a job that uses a particular set of muscles to one that uses a different set of muscles. Moving from a job that requires a lot of lifting to one

that requires sitting, or perhaps static standing, might be suitable. This sort of diversity can sometimes be difficult to observe in certain work environments and job rotation schedules may require some time to perfect. Other measures for consideration include:

- **Peak demand**
  - Many activities have predictable peak periods that can cause wide variations in work demand. Increased risks from performing client handling tasks during these peak periods can be prevented by providing sufficient people and equipment to cope during times of increased work.
- **Working hours**
  - It may be necessary to determine whether the type of client handling task being performed is suitable for extended hours or shifts. Work that is heavy, repetitive or demanding may need further consideration.
- **Special individual needs**
  - It can be particularly important to provide suitable work patterns for workers with special needs. For example, injured workers returning to work may require modified work patterns.

4.2.3 Warm-up and stretching program

A warm-up and stretching program can help prepare employees for the physical work they will perform, and can provide relief throughout the day. Warm-ups and stretches should be specific to the tasks being performed by the employees. A proper warm-up and stretch before physical work can help prevent injuries, reduce muscle tension, improve coordination, increase the range of motion of the joints, and promote circulation. Employees should relax while performing the stretches, avoid holding their breath, avoid over-stretching, exhale as the stretch begins, and avoid bouncing while they stretch. WorkSafeNB has a *Warm-Up and Stretch* poster and companion guide available online. Hard copies or full-sized posters can be ordered at no charge from the Communications Department at publications@ws-ts.nb.ca, or by calling 506 633-5660.

4.2.4 Written procedure

A written procedure is a step-by-step sequence of activities used to complete a specific task, which should be documented and shared with all affected employees. The procedure should list all equipment required to safely complete the task, as well as appropriate body mechanics such as foot and hand placement and techniques for avoiding hazardous postures. For a template of policies and procedures based on the BIF program, please contact a WorkSafeNB ergonomics consultant in your region (Appendix G).

5. Emergency procedures and equipment

Situations where a code of practice must be changed, or cannot be followed, must be identified. One example is the need to perform the lift and/or transfer of a client where equipment failure or unavailability requires an alternate approach to safely carry out the task. In this instance, detailed instruction must be provided to employees and supervisors on the changes or alternate procedures that need to be followed.

! IT SHOULD BE NOTED THAT WORKSAFENB DOES NOT CONSIDER A BACK BELT TO BE SAFETY EQUIPMENT FOR CLIENT HANDLING.

One such alternative might be to instruct those affected by the sudden change to delay the task until the appropriate control measures are in place. The BIF training program indicates that a caregiver may at any time increase the level of dependence for a transfer. This means that if the client is a 1-person transfer, then a 2-person transfer or a mechanical lift may be used, depending on the assessment of the caregiver, client, environment and equipment.

6. Evaluating the code of practice and its implementation

A regular evaluation of the code of practice ensures that it remains effective. It involves finding out whether the changes made have eliminated or reduced the assessed risks, whether control strategies are continuing to be effective, and ensuring that new risks have not been introduced into the workplace as a result of implementing a control. At a minimum, the code should be reviewed annually. The evaluation should involve:

A) Consultation with workers, supervisors and health and safety representatives involved in client tasks

It is important to talk to a range of workers, so that different levels of experience and physical characteristics are taken into account. Information collected should include:

- Whether the controlled client handling task or activity is resulting in reduced physical strain or difficulty (repeat *Body Discomfort Survey*)
- Where controls have resulted in new problems
- Where controls have made any existing problems worse
- Changes in client abilities and behaviours

B) Looking at tasks

When looking at tasks:

- Observe each changed activity to determine whether the initial risk factors have been minimized as intended
- Assess the changes to ensure no new hazards have been introduced

C) Monitoring injury and incident reports

Monitor injury and incident reports to:

- Ensure problems have been resolved
- Check whether control strategies have been used
- Analyze injury data for any new trends in client handling injuries
- Check client charts for changes in abilities and behaviours

Once follow-up information is obtained, the following questions can be asked:

- Is further risk assessment necessary?
- Are control strategies operating effectively?
- Are new strategies now available to be applied?
- Does the code of practice need to be revised?

! EMPLOYERS AND SUPERVISORS NEED TO KEEP UP TO DATE WITH NEW TECHNOLOGY, INDUSTRY STANDARDS AND GUIDELINES TO REDUCE RISKS ASSOCIATED WITH CLIENT HANDLING TASKS. IF NEW PROBLEMS OCCUR, OR IF THERE IS A CHANGE TO THE WORK REQUIREMENTS OR EQUIPMENT USED, THEN A FURTHER RISK ASSESSMENT MAY BE NECESSARY.

Appendix A

CHAPTER O-0.2

Occupational Health and Safety Act (Section 50) Assented to August 5, 1983

CODE OF PRACTICE

50(1)An employer shall, when required by regulation, adopt a code of practice specified by regulation or establish a code of practice.

50(2)An employer shall, when required in writing by the Commission, adopt a code of practice specified by the Commission or establish a code of practice.

50(3)The Commission may

(*a*)require an employer to establish or adopt a code of practice if the employer has not been required by regulation to establish or adopt a code of practice,

(*b*)require an employer to revise a code of practice adopted or established by the employer under subsection (2), or

(*c*)revise a code of practice to be adopted by an employer under subsection (2).

50(4)A code of practice shall be posted by an employer in a prominent place at the place of employment.

1988, c.30, s.4.

* *"The Commission" refers to WorkSafeNB.*

Appendix B
Client Handling Code of Practice Template

Company:
Workplace Address:

Introduction

This code sets out requirements that this company will follow for the reduction of MSIs due to client handling at this workplace.

Administering the Code of Practice

Code of Practice Administrator:	
Phone No.:	Email:

The code of practice administrator is authorized by the employer to manage the client handling code of practice and to ensure employees are trained in the following, as required:

- MSI prevention
- How to properly move to avoid bending and twisting (proper body mechanics)
- Appropriate warm-up and stretch exercises
- The benefits of job rotation
- Transfer and repositioning techniques for client handling
- Maximizing client abilities
- How to safely use client handling equipment that may be provided (stand-up lift, ceiling lift, transfer belt, slider sheets, etc.)
- The workplace's internal system for incident reporting

Employees are responsible to report all client handling health and safety issues to their supervisor and then, if necessary, to the code of practice administrator as per the company's incident reporting process. All employees must co-operate with the administrator in the performance of the administrator's duties.

Initially complete:

- ☐ **Step 1** - Hazard Identification
- ☐ **Step 2** - Risk Identification (include any procedures or other relevant documents with this code of practice)
  - Bed Mobility Recommendation Form, or
  - Lift and Transfer Recommendation Form

Yearly evaluation:

- ☐ **Step 3** - Evaluation
- ☐ **Step 4** - Followup

Step 1 - Hazard Identification

Complete this section for EVERY applicable task

Administrator:			Date of assessment:	
Person(s) at risk:				
Task name/description:				
	✔		Actual	Objective
Injury analysis	☐	Incident frequency		
		Lost-time		
		All incidents		
		Number of incidents		
		Comments:		
Employee or supervisor concerns as reported through the incident reporting process	☐	List of concerns:		
Body Discomfort Survey has been administered	☐	Comments:		

Note: Any Discomfort Survey *result over "5" should be considered a high risk for injury.*

	Body Part	Neck	Left Shoulder	Right Shoulder	Left Elbow	Right Elbow	Left Wrist or Hand	Right Wrist or Hand	Back	Left Knee	Right Knee
Average Discomfort Survey Score	Actual										
	Objective										

Summary of results: _____

_____

_____

_____

Step 2 - Bed Mobility Recommendation Form

Name of Client/Technique:	Room No. (if applicable):
Assessed by:	Date:

Bed Mobility Recommendations

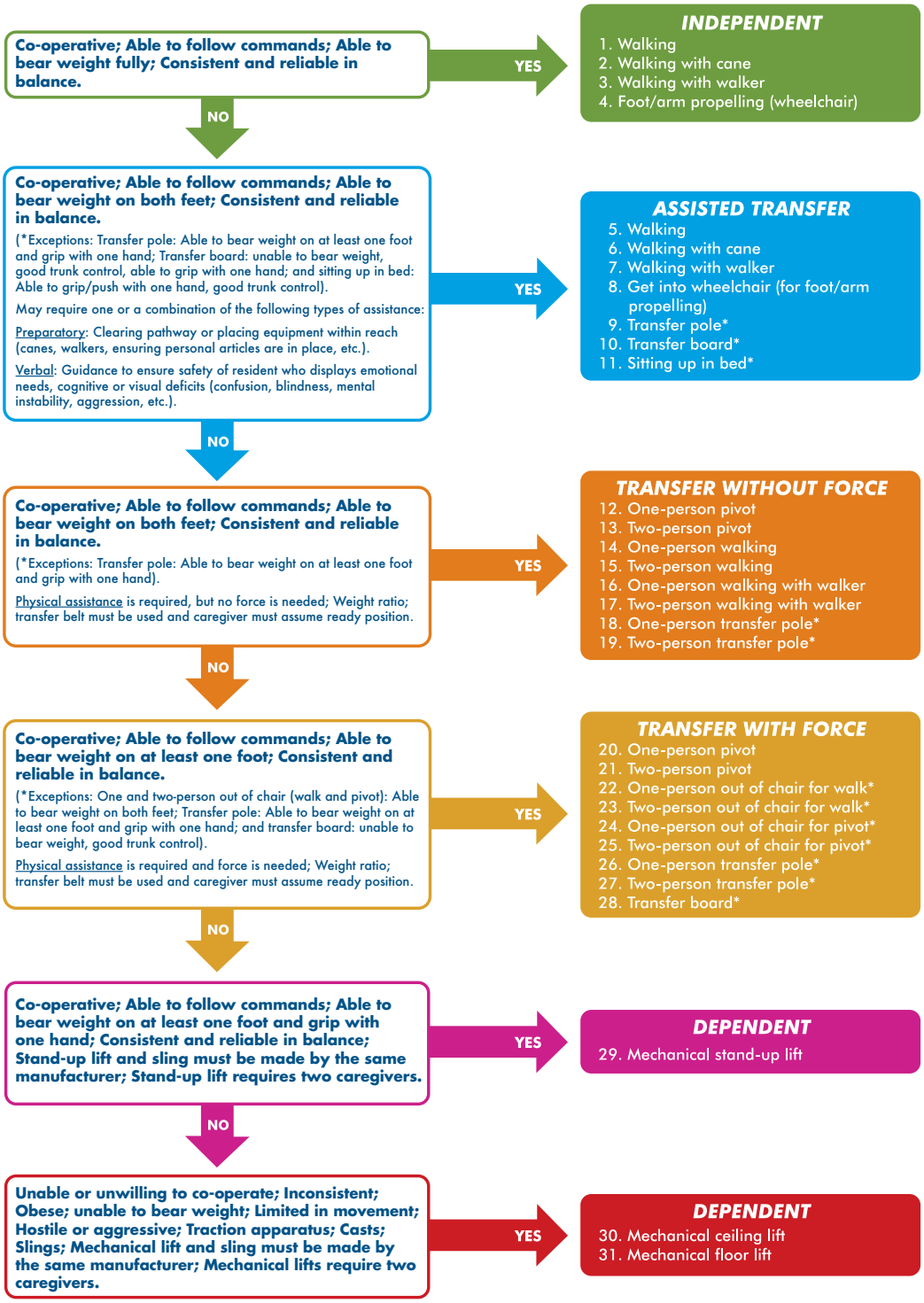
Manoeuvre	**Client Abilities**	**Client Handling Controls** (*Check those that apply and circle the number of caregivers required*)
☐ Move up in bed	☐ Able to move up in bed without assistance ☐ Able to move up in bed with moderate assistance ☐ Unable to move up in bed but can assist the caregiver (move limbs, turn over) ☐ Unable to move up in bed and cannot assist the caregiver	☐ Provide verbal cueing ☐ Apply mild force to the feet while the client pushes up in bed ☐ Provide and use friction-reducing repositioning aids ☐ Adjust the head and/or foot of the bed to facilitate the movement using gravity ☐ 2-person hammock (1) – 2 caregivers ☐ 2-person hammock (2) – 2 caregivers ☐ Other: _____
☐ Turn client to the side	☐ Able to turn in bed without assistance ☐ Able to turn up in bed with moderate assistance ☐ Unable to turn up in bed but can assist the caregiver (holding side rails, etc.) ☐ Unable to turn up in bed and cannot assist the caregiver	☐ Provide verbal cueing ☐ Move limbs for the client – (cross legs, tuck in arms, etc.) ☐ Raise the rails so client can grasp them to assist caregiver ☐ Turn client to the side – 1 or 2 caregiver(s) ☐ Other: _____
☐ Move from one side of the bed to the other	☐ Able to move to the side of the bed without assistance ☐ Able to move to the side of the bed with moderate assistance ☐ Unable to move to the side of the bed but can assist the caregiver ☐ Unable to move to the side of the bed and cannot assist the caregiver	☐ Provide verbal cueing ☐ Provide and use friction reducing repositioning aids ☐ Side to side – 1 or 2 caregiver(s)
☐ Lying down in bed	☐ Able to lie down in bed without assistance ☐ Able to lie down in bed with moderate assistance ☐ Unable to lie down in bed but can assist caregiver ☐ Unable to lie down in bed and cannot assist the caregiver	☐ Provide verbal cueing ☐ Raise the head of the bed to facilitate the movement ☐ Lying down – 1 or 2 caregiver(s)
☐ Sitting up in bed	☐ Able to sit up in bed without assistance ☐ Able to sit up in bed with moderate assistance ☐ Unable to sit up in bed but can assist the caregiver ☐ Unable to sit up in bed and cannot assist the caregiver	☐ Provide verbal cueing ☐ Raise the head of the bed to facilitate the movement ☐ Sitting up – 1 or 2 caregiver(s)

Comments and Followup: _____

Signature of Assessor: _____ *Date recorded on Client's Chart:* _____ *Original to Client's Chart (Initials):* _____

BACK IN FORM

CLIENT ASSESSMENT FLOW CHART



Step 2 - Lift and Transfer Recommendation Form

Name of Client/Technique:	Room No. (if applicable):
Assessed by:	Date:

Lift and Transfer Recommendations

Client can/is:	***Use Client Assessment Flow Chart when completing this section*** **Lift and Transfer Status**	**Client Handling Controls** (*Check those that apply and circle the number of caregivers required*)
☐ Co-operative ☐ Follow commands ☐ Bear weight fully with consistent and reliable balance	☐ Independent	☐ Walking ☐ Walking/cane ☐ Walking/walker ☐ Foot/arm propelling in wheelchair
☐ Co-operative ☐ Follow commands ☐ Bear weight on both feet with consistent and reliable balance ☐ Grip with one hand (transfer pole) Requires one of the following: ☐ Preparatory Assistance ☐ Verbal Assistance	☐ Assisted Transfer	☐ Walking ☐ Walking/cane ☐ Walking/walker ☐ Get into wheelchair (for foot/arm propelling) ☐ Transfer pole (grip with one hand, bear weight on one foot) ☐ Transfer board (Can't bear weight, good trunk control, grip with one hand) ☐ Sitting up in bed (weight ratio: upper torso)
☐ Co-operative ☐ Follow commands ☐ Bear weight on both feet with consistent and reliable balance ☐ Grip with one hand (transfer pole) ☐ Requires physical assistance but **no force is needed**	☐ Transfer without Force	☐ Pivot – 1 or 2 caregiver(s) in each instance (weight ratio) ☐ Walking – 1 or 2 caregiver(s) in each instance (weight ratio) ☐ Walking/walker – 1 or 2 caregiver(s) in each instance (weight ratio) ☐ Transfer pole – 1 or 2 caregiver(s) in each instance **Transfer belt must be used**
☐ Co-operative ☐ Follow commands ☐ Bear weight on at least one foot with consistent and reliable balance ☐ Grip with one hand (transfer pole) ☐ Requires physical assistance and force is needed	☐ Transfer with Force	☐ Pivot – 1 or 2 caregiver(s) in each instance (weight ratio) ☐ Out of Chair/Walk – 1 or 2 caregiver(s) in each instance (weight ratio) ☐ Out of Chair/Pivot – 1 or 2 caregiver(s) in each instance (weight ratio) ☐ Transfer pole – 1 or 2 caregiver(s) in each instance ☐ Transfer board **Transfer belt must be used**
☐ Co-operative ☐ Follow commands ☐ Bear weight on at least one foot ☐ Grip with one hand	☐ Dependent (*always requires 2 caregivers*)	☐ Mechanical stand-up lift
☐ Unable or unwilling to co-operate ☐ Unable to bear weight ☐ Limited in movement	☐ Dependent (*always requires 2 caregivers*)	☐ Mechanical ceiling lift ☐ Mechanical floor lift

Comments and Followup: _____

Signature of Assessor: _____ *Date recorded on Client's Chart:* _____ *Original to Client's Chart (Initials):* _____

Step 3 - Evaluation

Complete this evaluation (at least annually) for EVERY task

Administrator/evaluator:	Date of assessment:
Person(s) at risk:	
Task name/description:	

	✔		Initial	Current	Objective	Objective met (Yes/No)
Injury analysis	☐	Incident frequency				
		Lost-time				
		All incidents				
		Number of incidents				
		Comments:				
Initial employee or supervisor concerns as reported through the incident reporting process	☐	List of concerns:				
Current employee or supervisor concerns as reported through the incident reporting process	☐	List of concerns:				
Body Discomfort Survey has been administered	☐	Comments:				

Note: Any Discomfort Survey *result over "5" should be considered a high risk for injury.*

	Body Part	Neck	Left Shoulder	Right Shoulder	Left Elbow	Right Elbow	Left Wrist or Hand	Right Wrist or Hand	Back	Left Knee	Right Knee
Average Discomfort Survey Score	Initial										
	Current										
	Objective										

Summary of results: _____

Step 4 - Followup

If the results are satisfactory:

- ☐ Monitor the task.
- ☐ At minimum, re-administer *Body Discomfort Survey* annually.
- ☐ Other _____

If the results are not satisfactory, these steps should be followed:

				Comments
1	Have control strategies been implemented?	☐ Yes	Proceed to No. 2	
		☐ No	Implement control strategies	
2	Are control strategies operating effectively?	☐ Yes	Proceed to No. 4	
		☐ No	Proceed to No. 3	
3	Can control strategies or measures be modified?	☐ Yes	Modify control measures if necessary	
		☐ No	Proceed to No. 4	
4	Identify new strategies available to be applied and implemented	☐	Details:	
5	Re-evaluate new strategies	☐	Go to Step 3 - Evaluation on pg. 18	

Appendix C
Sample Client Handling Controls and Transfer Aids

Ceiling Lift
Used for clients who cannot bear weight at all or are inconsistent or unco-operative.

Mechanical Floor Lift
Used for clients who cannot bear weight at all or are inconsistent or unco-operative.

Repositioning Draw Sheet
(Breeze Patient Positioner)
Used to reduce friction when moving clients in bed.

Slider Sheet
(EZ-Way - EZ Slide Sheet)
Used to reduce friction when moving clients in bed.

Stand-Up Lift
Used for clients who can bear weight but cannot stand.

Transfer Belt
(Waverly Glen Ergobelt 3101)
Used to assist clients who can bear weight on at least one foot to move from one surface to another (bed to chair or vice versa).

Transfer Board
(Banana board 100 Waverley Glenn)
Used for clients who have good upper body strength and can sit up well. Clients do not need to bear weight on legs.

Transfer Disc
Used to help clients who can bear weight on at least one foot but cannot lift feet to pivot.

Transfer Pole
Used for clients who can bear weight reliably, and have good upper body strength.

More examples of client handling controls can be found online.

**It should be noted that WorkSafeNB does not promote any one product or distributor and these are only examples of tools that can be purchased and used. Each facility must research products to determine which one will best suit their needs.*

Appendix D
WorkSafeNB *Body Discomfort Survey*

Name:	Date:
Job Title:	Male ☐ Female ☐

Task Description:

1) How many years have you been working in this particular job or set of tasks? _____ years _____ months

2) For the last six months, please indicate **all** the body part(s) where discomfort occurred.

Body Part	*Rate your physical discomfort using the scale below:* 0=no discomfort 10=worst imaginable discomfort	Task that usually causes discomfort
Neck	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Left shoulder	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Right shoulder	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Left elbow	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Right elbow	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Left wrist/hand	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Right wrist/hand	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Back	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Left knee	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	
Right knee	0- - -1- - -2- - -3- - -4- - -5- - -6- - -7- - -8- - -9- - -10	

3) Which body part rated above represents the one in which you feel the most discomfort while performing this task?

4) Have you sought or received medical assistance or treatment for this specific body part? ☐ Yes ☐ No
Please specify:

5) Have there been any changes made to your job or workstation or activities that you must perform to do your work? ☐ Yes ☐ No

6) What do you think could improve your job?

Appendix E
Hazard Reporting by Employee

What should I do if I notice a hazard?

You should report it immediately to your supervisor. In fact, health and safety legislation requires employees to report hazards to their supervisor.

The immediate hazard reporting process allows employees to report hazardous conditions or practices as they notice them. This procedure allows for prompt reporting and subsequent corrective action without waiting for the next round of regular inspections.

Hazard Report Form - Example

Name:	Date:
Location:	
Equipment:	
Description of the hazard:	
Suggested corrective action:	
Signature:	
Supervisor's remarks:	
Corrective action taken:	
Signature of Supervisor:	Date:

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Canadian Centre for Occupational Health and Safety

Canada's National Occupational Health & Safety Resource

Appendix F
References and Other Sources of Information

1. Association of Canadian Ergonomists
Suite 1003, 105-150 Crowfoot Crescent NW
Calgary, AB T3G 3T2
Toll-free: 1 888 432-2223
Fax: 403 451-1503
Email: info@ace-ergocanada.ca

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4676 Columbia Parkway, Cincinnati, OH
http://www.cdc.gov/niosh/docs/94-110/

Special thanks to the following organization for granting permission to use its graphic images:
EZ Way, Inc. *www.EZlifts.com*

Appendix G
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1 800 999-9775

Notes