

Mitigating MSD in Personal Support Workers and Improving Client Mobility

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CRE-MSD Client/Patient Handling Community of Practice Presentation

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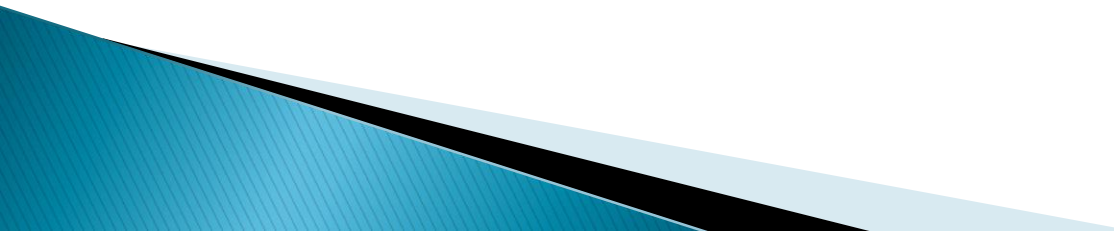
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Background

- Home care workers have higher rates of injuries as compared to many other occupational groups, and they also experience many symptoms of musculoskeletal disorders
 - Information on the incidence of work-related injury of PSWs working is not directly available
 - The WSIB reports data on the incidence of work-related injury and disease for all community health care workers in Ontario, including the regulated health professions, or refers to assisting professions in support of health care (WSIB 2013) but it is not possible to identify PSWs alone in this data
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Research Data: Background

2014–16 MoL Funded Research Grant “Keeping PSWs Safe in a Changing World of Work” [Zeytinoglu, Denton, Brookman, VanderBent, Boucher, Davies]

- Largest Ontario-wide H&S Community PSW research
- Advisory Committee included: PSHSA, OCSA, SEIU, CUPE, OHC, SCWSS
- 2,341 respondents to 28 page– 100+ questions PSW Health & Safety Matters Survey
- www.pswshaveasay.ca



Musculoskeletal Disorders

How often have you had each of these conditions in the past 3 months	Most or all of the time (%)
Back Pain	17%
Pain or discomfort in your neck or shoulder	20%
Pain or discomfort in your arm, elbow or hand	14%



Work-related Injuries in the Past 12 Months

- 16% reported that they were injured at work in the past 12 months

Of those 16% who reported a work related injury in the past 12 months:

- 56% reported in the past 12 months they had work-related injuries due to **repetitive strain**

History as a PSW

- 53% reported have been injured while moving clients

Changes in Community Care, Work Intensification: Those working as Community PSW 3–5 years ago

	% Agree/ Strongly Agree
Your workload is heavier.	59%
There is pressure to do more with less time.	68%
Your job is complex.	49%
Your clients require more care than in the past.	70%
The skills required to do your job have increased.	64%
You are more likely to perform delegated tasks from nurses or PSW supervisors.	65%
You are more likely to perform delegated tasks from physiotherapists or occupational therapists.	50%

Delegated Tasks & Training

	% Agree/Strongly Agree
You get enough training to perform delegated tasks from nurses or PSW supervisors.	61%
You get enough training to perform delegated tasks from physiotherapists or occupational therapists.	52%
Based on the training you receive, you feel confident to perform the tasks required to do your job.	88%



Training on Safe Lifting / Transferring Question Responses

	% Agree/Strongly Agree
Your organization provides you with enough training on safe lifting/transferring techniques.	77%
Your organization provides you with the ability to seek assistance when faced with heavy client lifting demands.	68%
You have access to assistive devices to assist you in carrying/lifting heavy loads (i.e. wheeled carts).	56%

Support From Supervisors

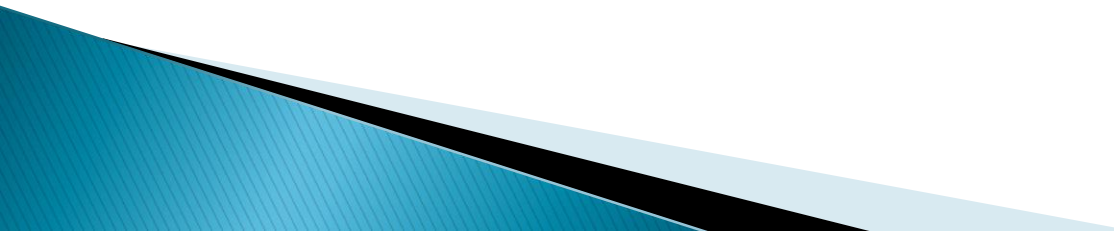
	% Agree/ Strongly Agree
You have sufficient personal contact with your supervisor.	57%
You have the opportunity to talk openly with your supervisor about work-related problems.	66%
Your supervisor is available 24/7 to discuss your client concerns.	40%
You feel comfortable reporting a health and safety concern or incident to your supervisor.	87%
Your supervisor provides you with a process to access assistance when your health and safety is at risk.	71%

Mobility and handling skills
are essential for
the
health and safety of PSWs
and their clients

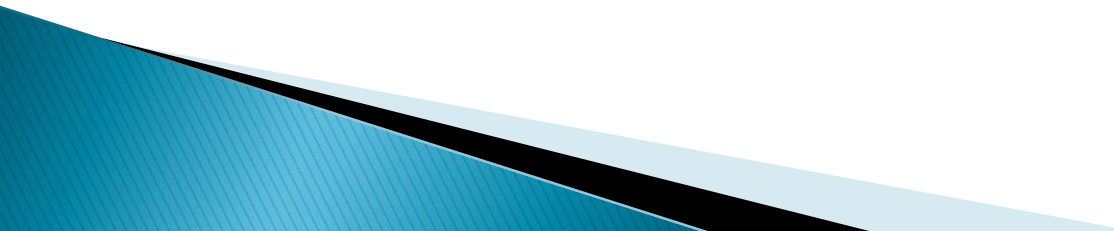


Knowledge, Skills and Attitude Standards for 21st Century

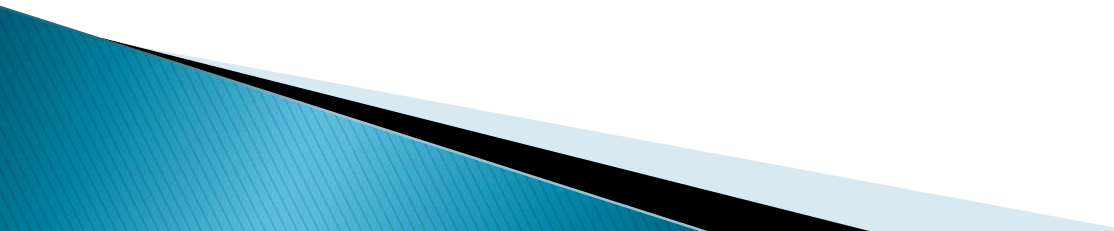
▪ Knowledge

- Human Movement – body systems
 - Benefits of mobility – physical, social, psychological
 - Backs
 - Posture
 - Gravity – equilibrium – make gravity your friend
 - Bio mechanics – leverage
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Skills

- Positioning
 - Transfers – a therapeutic activity
 - Lifts
 - Mobility aids
 - Assisted walking
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Attitude

- Do With **not** For
 - Restorative Care – Capacity Building
 - Dignity of Risk – emphasis on personal choice & self-determination
 - Balanced decision making
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Framework for Safe Person Handling Practice

- Safe practice –why does the person need to be moved and justification of the strategy most likely to succeed
- Risk assessment – risks associated with the task, individual caregiver, the load, the environment
- Application of bio–mechanical and ergonomic principles
- Optimal start position from which the person is most likely to succeed
- Hierarchy of approach
 - Consider and use normal movement patterns
 - Complete the task unaided
 - Complete the task with the use of equipment
 - Caregiver provides minimal assistance with or without equipment
- Person ability criteria – client has the physical and cognitive skills to perform the task

Framework for Safe Person Handling Practice (continued)

- Preparation of the environment
 - environment is scanned for risk factors
 - equipment is safe clean and suitable for the task
 - caregiver demonstrates competence in the use of the equipment
- Preparation of the caregiver
 - proper posture
 - appropriate position – good body mechanics
 - appropriate holds
- Person instructions to complete the task
 - encourage the person to do as much as possible
 - clear and appropriate communication
 - appropriate holds – support without physical or psychological discomfort, bruising or shearing
- Completion – person is safe and comfortable
- Risks and controversial techniques

Terminology

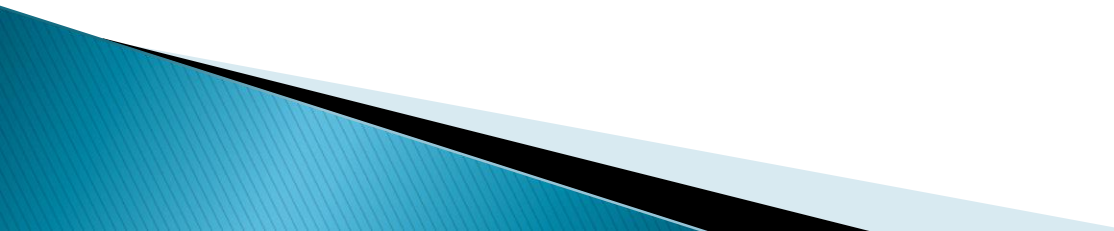
- Edge sitting / chair sitting
- Optimal start position
- Commands – Ready, steady – (action word sit, stand, walk etc.)

Risks and Controversial Techniques

- No gripping that threatens skin integrity –flat palms
- Pulling on client's arm or shoulders may result in injury to client's shoulder/neck
- Avoid placing hand or arm under the axilla and using the shoulder to pull a person
- Do not use walker to move from sit to stand
- Do not use person's clothes to initiate movement

Putting it into practice



- This is the highest-subscribed webinar of the Client/Patient Handling Community of Practice (CoP)
 - Most people participating in the webinar are responsible for:
 - Training personal support workers
 - Establishing/running injury prevention programs
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- There is a huge need for better injury-prevention programs for PSWs
- Everyone on participating in today's webinar came looking for tools & resources

“personal support is not a subset of another profession. Rather, it includes skills and abilities performed by many other professions, but always within the overall scope of what the client would/could do if able to do the function.”

(www.psno.ca)

- We each have something to contribute
 - Clinical perspective (OT, PT, nursing, speech therapy, personal support)
 - Ergonomic expertise
 - Teaching expertise

So can we leverage this
Community of Practice?

Poll Question 1

- Do you have resources/injury prevention programs for PSWs in place?
 - Yes
 - No

Poll Question 2

- How effective do you think your current program is?
 - Highly
 - Moderately
 - Slightly
 - Not at all

Chat Box Question

- What tools would assist you to improve
 - Your current education?
 - Your service delivery?
 - Your injury prevention programs?

Please respond in the chat box



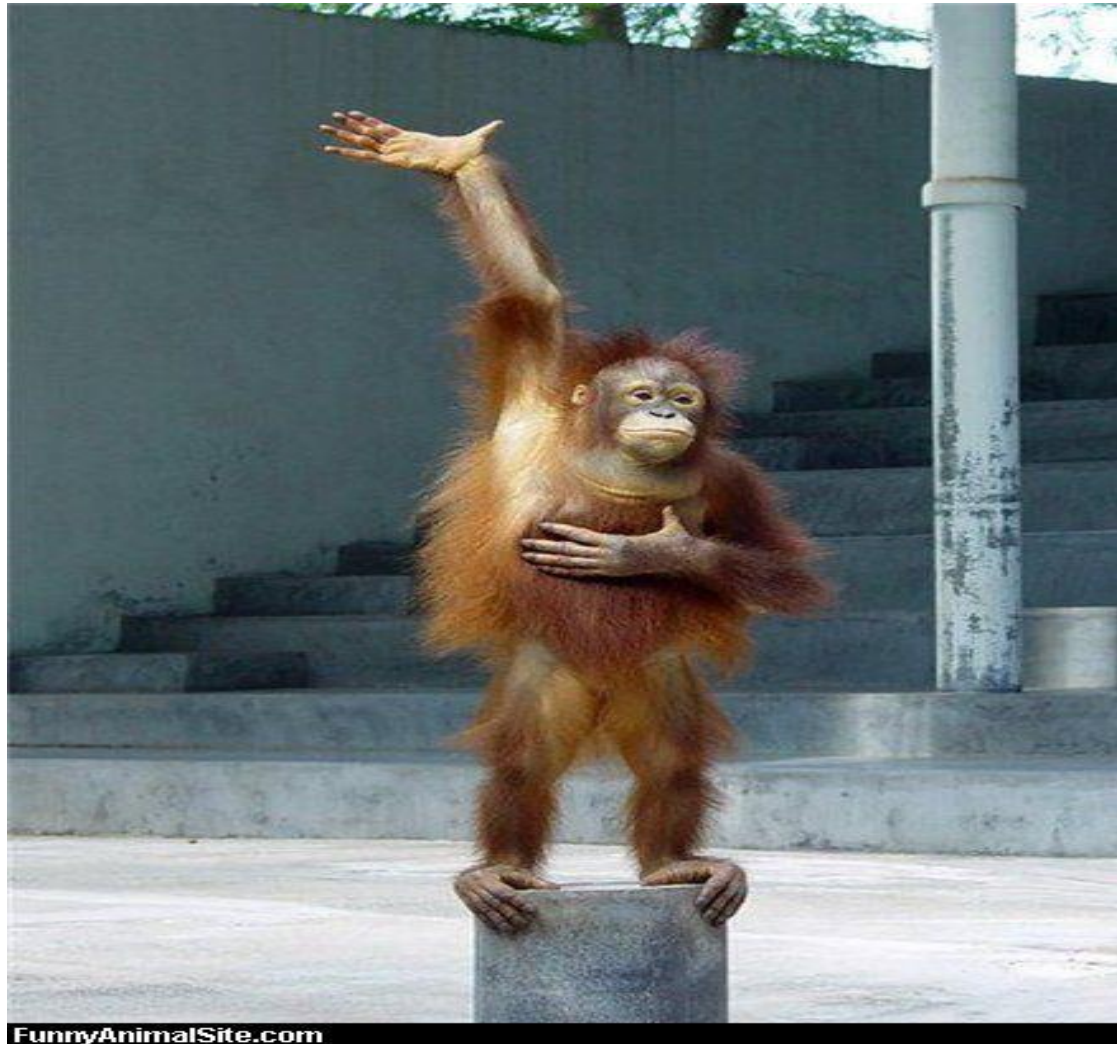
Poll Question 3

- Would you like to have the material reviewed by people with clinical, ergonomic & teaching expertise?
 - Yes
 - No

Poll Question 4

- If it were allowed to be reviewed by a multidisciplinary team of experts, would you be willing to share it, or some of it, in a community repository?
 - Yes
 - Yes, but I'll have to check about permissions
 - No, but I'd share it with the academic team
 - No

QUESTIONS?



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