MSD Prevention Guideline Workshop: Summary and Stakeholder Comments

Centre of Research Expertise for the Prevention of Musculoskeletal Disorders (CRE-MSD)

June 19th, 2017

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Work shouldn't hurt

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Summary

Introduction

In conjunction with the Prevention Office of the Ontario Ministry of Labour (MOL) and the Ergonomics Integrated Planning Advisory Committee (EIPAC), the Centre of Research Expertise for the Prevention of Musculoskeletal Disorders (CRE-MSD) is leading a multi-stakeholder initiative to develop a new MSD Prevention Guideline for Ontario. The goals of the project are to: 1) Evaluate the current Guideline, determine workplaces' needs for prevention, and synthesize best practices with respect to MSD prevention, 2) Develop the new prevention guideline content and selected draft materials, and 3) Test the content of the new guideline and materials with workplaces.

As part of the first phase of the development project, CRE-MSD conducted an environmental scan of workplace best practices and experiences in MSD prevention, a multi-stakeholder survey on the current and future MSD Prevention Guideline, a survey of small businesses' awareness of MSD and prevention needs, and multiple interviews.

As a means of further engaging with stakeholders, CRE-MSD organized a one-day workshop for the development of the new Guideline on June 19th, 2017 at the Centre for Health and Safety Innovation (CHSI) in Mississauga, Ontario. Invited workshop participants included those from major stakeholder groups including workers and workers' representatives, employers and employers' associations, the Ontario H&S System including the WSIB and MOL, ergonomists, H&S consultants and researchers.

The workshop's purpose was firstly to give an overview of the Guideline approach and example content prior to main content creation and testing; secondly, to receive feedback and guidance on the overall approach of using a scalable Plan/Do/Check/Act method and targeting micro, smaller and larger businesses; and thirdly to receive feedback and guidance on the technical content of MSD specific hazard ID, risk assessment, control strategies, roll-out and the website. The day consisted of a series of presentations by CRE-MSD on the outcomes of its consultations and progress to date on developing a range of materials for the Guideline.

Round Table discussions were summarized on "sticky notes" and posted separately by firm size or general issues. As will be seen, the participants were highly engaged and shared their experiences and feedback in extensive written and verbal comments. Thank you.

A summary of the main issues, based upon the "sticky notes" feedback, questions and discussions follows, and the specific comments arising from each session are presented verbatim at the end of this brief report.

The content and ideas presented by CRE-MSD were in draft form and many of the comments reflected the early stage of the materials presented. Suggestions included ensuring that final contents be in plain language, avoiding jargon, being searchable and including graphics, posters, "video cards" etc.

The context for the development of the new Guideline prompted discussion: While the Guideline document is not an enforcement document, it was recognized by participants that it could assist MOL staff visiting organizations and health and safety personnel to be able to point to it as a best practice resource document for the prevention of MSD.

Process

Overall, the scalable, Plan/Do/Check/Act approach that was standards compliant received wide support, as did the self-assessment rubric for larger organizations and

the idea of making the more general OH&S wording specific to MSD Prevention.

Keeping program development separate from the cycle of hazard ID to control was emphasised.

It was noted that assumptions about what constitutes a workplace and a worker should be examined, as workplace now includes people's homes and cars whilst the "gig" economy and its temporary and contingent workforce poses problems for traditional OH&S approaches.

Perhaps the most far-reaching comment was that the Guideline must consider both primary and secondary and perhaps touch on tertiary prevention too. This idea was not previously revealed in the multiple consultations. The overarching reason for this was that micro/smaller organizations are reactive and might only come to the Guideline when they have an injury. A purely primary prevention approach could lead to limited uptake by individuals and organizations searching for how to deal with an existing injury. Similarly, avoiding the word "prevention" might be an option to indicate the broad range of the Guideline and be more attractive to smaller firms and individuals.

An useful idea was to identify "teachable moments" and make sure that there are resources to help at that time. Examples described included: when a worker reports pain or discomfort to their supervisor, during the investigation of a reported MSD, or during a workplace inspection. A related comment was that resources should be prioritized for inclusion only if they directly served the prevention process; an implementation focus.

Also suggested was the inclusion of customizable posters where a company logo and a relevant image could be added and inspection checklist examples. Using best evidence was mentioned, as was having the

website clearly identify tip sheets, checklists, articles and best practices.

Hazards and Assessment

The participants were asked to give recommendations on the range of hazards to consider (physical, work organizational and work psychosocial context) for different sized organizations, the capability of different sized organizations to perform MSD hazard ID/assessment and to identify specific methods for different target groups. In terms of the range of risk factors to be included, the participants emphasized keeping it simple and largely recommended considering physical factors (force/posture/repetition) with only few mentioning work organizational and the psychosocial context.

A one-page checklist/hazard ID/control tool was suggested as being appropriate for micro businesses. Focusing on the biggest/more frequent hazards for specific sectors with consideration given to root causes using tools such as a fishbone diagram was recommended. Not forgetting body discomfort diagrams was mentioned frequently.

One "teachable moment occurs during workplace inspections: including a method for getting MSD hazards into that activity was thought to be important, as was screening a large number of jobs.

Ideally, participants wanted the guideline to include tools/methods that comprise a simple single page checklist/ID tool that is visual based (pictures or icons and sector/work specific. Tools that provided a red/yellow/green output and that were sensitive to ergonomics changes were desired. Others suggested using online calculators.

An alternate approach noted was using short video stories that highlight a small business

conversation that starts with feeling sore, and what changes can be made to 'fix' the pain.

Unfortunately, there were very few specific suggestions for methods/tools that participants had found useful.

Controls

Choosing, implementing and evaluating controls is arguably the most critical part of the prevention process. The session on controls addressed the issue of how to recommend controls for a huge range of tasks and workplaces. The comment that "…generic hazard controls can be difficult for users to see the application to their issue and so sector specific controls may be better", summed up the challenge. It did not answer the challenging question of how to do it however.

Partnering with other organizations that have details of MSD controls was encouraged: CCOHS; WorksafeBC; Washington state.

Guideline Website

For the discussions on the Guideline website, themes such as searchability and the ability to find relevant material were emphasised. The importance of narratives, case studies, and stories in general was mentioned. Creating customizable PowerPoint outlines to "sell" MSD prevention was noted.

An interesting suggestion was to use a feature seen in e-commerce websites: "You may also be interested in", that is driven by the traffic patterns of visitors to the site. Another idea was to somehow allow people to search all key websites for relevant controls, rather like the "trivago" travel website.

Guideline Rollout

Attendees strongly supported the recent initiative of a formal Guideline rollout. The desirability of a formal evaluation to assess the new Guideline's reach and usefulness was

emphasised. Harnessing a wide range of partners to spread the word and using a variety of mediums was emphasised and numerous examples were given. "Reach people where they are already connecting" summed up many comments.

Next Steps

Based upon the materials presented and the feedback received, materials will be modified and specific resources developed. These will undergo trials in target workplaces to assess their usability, readability and usefulness. It is anticipated that the final content for the Guideline and sample materials will be available in June 2018, with a rollout during Global Ergonomics Month in October 2018.

Continuing engagement with stakeholders will be facilitated by a series of webinars in late 2017 and early 2018, and a rollout conference in October 2018. The CRE-MSD website contains documents and periodic reports on the project.

Comments and feedback on the workshop or other issues related to the Guideline are welcomed at cre-msd@uwaterloo.ca .

Richard Wells and Amin Yazdani

1.0 Morning Session

1.1. General Comments

- Outreach for temporary workers and temporary foreign workers
  - multiple languages available for guideline content and posters etc.
- Use "hazard assessment" rather than "risk assessment"
- Information should be general and sector specific
  - Case examples
  - Assessment tools
  - Solution database
- Regulatory requirement & enforcement
- Mandatory MSD awareness poster similar to WSIB reporting of injury poster & MOL & M&S awareness poster
- Wellness/outside of work
  - Add overall wellness lens
  - Psychosocial
  - Not only for the workplace
  - Increase resiliency
- Mandatory training on MSD for all workers & supervisors
  - Align with existing programs or stand alone
  - Minimum suggested timeframe to cover content
  - Minimum content & achievable time frame
- Focus on consistent language
  - Hazards, risks, controls -> key terminology -> keep phrasing simple
- Jargon
  - Pilot options with your intended audience e.g. exertion could be "effort" but does that help?
- Where are you in the trajectory?
  - Are you looking for 2nd or 3rd degree support because you have a worker who just got injured?
  - Are you looking to prevent new injuries?
  - Could this be a mechanism for search when people access your site?
- Avoid "IRS" - act has no definition

- instead describe roles, duties, responsibilities, policy & program, enforcement
- Align MSD program with existing safety group programs such as an MSD element
- Align MSD guideline with existing H&S management system such as COR (certificate of recognition) – national program across CAN (why align with CSA standards where many employers have never heard of it and will not learn about it)
- Call it a H&S program (language used in act)
- Internal responsibility system
  - In rubric 1 & 2 reference to JHSC "determining" control actions and "leading" the process
  - This is inaccurate. It is management's responsibility in consultation with the JHSC to identify & implement controls
- Change to lay language -text is very academic
- Language friendly e.g. "effort" not "exertion"
- Proactive vs reactive -> how will this guideline be used?
- MSD employee awareness training
- Clarify integration of MSD into general OHS in larger businesses (no standalone program)
- Establish a good business case for MSD. Include stats for injuries & numerous case examples across all sectors. Ensure management training includes injury stats analysis & cost analysis (i.e. back injury lost time claim costs)
- Create awareness
  - Tie H&S requirements to the process of start-up
  - link to what is already established
  - Link to "associations" serving the groups
- Effects of muscles, tendons, ligaments, and nerves when performing task
- Case studies, easy wins, simple how-to
- Appeal to need to address quality & productivity

- Create business case for MSD prevention -> not trying to slow people down with lots of breaks, impact on productivity & value to your claims
- Editable resources
  - Can add custom & personalized info for each organization
- Rubric for large: step 5 – develop goals
- Rubric for Basic: should have JHSC involved
  - Also in this rubric consider asking something about supervisors (receptive to record reports and take action to fix them)
  - Worker will fear reporting H&S problems unless supervisors are supportive
- Rubric – large
  - Ask are workers supported when they report hazards, problems, injuries? (if not, may be reactive)
- Involving workers to ID problem/hazard & possible solutions
  - Taking step 1 from "larger firm: demonstrate management commitment and leadership to all firm sizes
  - Without commitment, there eventually is no action
- Rubric's scalable in more than one way!
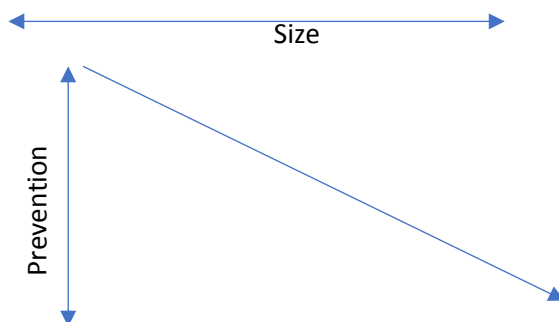
Size

Prevention

- Risk of work vs. size of organization
- Summary of information
  - Varying levels within each size (micro/small/large)
  - Use colour to guide through process
- Where does prevention fit? (what size companies)
- Simplify language in all categories

- Have resources available for "what can I do"
  - E.g. real-life solutions, videos (WorkSafeBC/NIOSH examples)
  - Job/sector specific
- One guideline, different implementation
- Tools specific for supervisors to use – what to look for in construction site? What to look for in warehouse? Etc.
- Body mapping -> pain point app
- Reaching employee (and speaking to their needs) may be easier as they represent a larger group than the employer
- Need to include a reactive process if an MSD has happened
  - incident investigation
  - what to look at to prevent
- Language is important
  - Identifying levels (scalability) based on knowledge base/awareness
- Show employer how to easily get 'low hanging fruit':
  - Establish success
  - Establish fixes
  - Articulate returns
- Process is scalable and tools (checklists, tips, resource) are scalable
  - Micro: one page resource – e.g. "keep items off floor"
  - Smaller: few pages – e.g. "keep items off floor"
  - Larger: few pages & more details – e.g. "keep items off floor at least _____ inches"

	H&S	Problem solving
Micro	→	→
Small	→ → ?	→
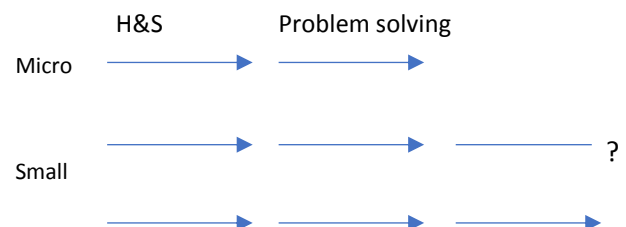
1.2. Larger Businesses

- Prevention: ensure that ergonomics is considered & incorporated at the design stage to prevent RSI/MSD injuries

- Recognize that larger employer may have small/micro business within
  - i.e. supervisor making change I area without going through OHS/purchasing
  - other examples: maintenance, R&D engineer on line change over
- Evidence based
  - Implementation immediate
  - Simple tools
  - Posters with focused messaging
  - Basic anatomy & impact on body given practical examples (visuals & pics)
- Rubric is a great tool
  - Can it allow checkboxes per bullet point (within the step)?
  - Some workplaces could be at "uninformed" at one step and "basic" at another" could help identify next action steps
- Step 4 Rubric make "limited worker involvement" from basic to reactive
- Clarify need for worker/supervisor training up front (step 2) which is part of facilitating worker participation – step 7 may be good to help workers better understand controls
- Worker participation should focus less on JHSC
  - Especially step 4, step 5, "determine" "led by" "developed by" –these things are not within the authority/responsibility of JHSCs -can help identify, make recommendations only
  - Should refer to involvement of frontline/affected workers
- Challenges:
  - Communication
  - Implementation methods across organization? Pilot trial?
  - Multiple micro environments
- Maybe call this section "growing business:
  - Maybe too big a jump in complexity from the 'smaller' process
  - Too many steps

- Tools & support on how to prioritize resources

1.3. Smaller Businesses

- Toolkit for supervisor/owner training (i.e. video)
- Encourage small & micro to focus on engineering controls and not focus on "train the worker" type solutions
- Perhaps have separate general/specific sheets for the diff types of hazards (e.g. physical, psychosocial, organizational)
- Customizable posters
  - Fillable PDF
  - Add company logo
  - Add photo from own organization (like store off the floor)
- Step 1 – identify "main" factors/hazards
  - Smaller businesses can focus on solving one or two main hazards
- Still need management commitment and leadership in smaller businesses, add as first step
- Simplify messages & terms
  - Cost benefit
  - Simple tools
  - Use "business" language not ergo
  - MSD posters
- Excellent to give examples "specific" on each step
- Terminology issue
  - Speak to hazard not problem
  - Some say worker is the problem – cop out
- Provide some direction on how to prioritize "factors that could hurt employees"
  - i.e. risk assessment (most people exposed? Worst consequences?) or get a few easy fixes implemented to get momentum going
  - how to make business case for cost of improvements
- Step 1 – can this include a reactive (MSD occurs) -> need tools to do effective investigation
- Separate tools geared for audience

- o Worker
- o Employer
- o Committee/rep
- Add in incidents (and investigations) as inputs to the items that need to be considered -> not just factors listed in step 1 (include near hits)
- Language needs to be simpler
  - o Root cause, engineering controls, administrative controls are not clear (should not use these terms)
  - o "Factors" not even clear
- "safety" is personality, own perceptions
- Write language in guideline to promote working together and IRS
- How to engage the employees?
  - o More probability to engage staff vs employer
- How do we market? Prepare culture?
- What is the easy low hanging fruit?
- Smaller model can also be used by smaller work crews of a large organization
  - o When explaining how the process is scalable -> think about 'smaller' groups in a larger organization

1.4. Micro Businesses
- Terminology issue: speak to hazard not problems
  - o Some may simply say worker is the problem, givers wp cop out for addressing hazard
- Micro stats
  - o Injury rates/types
  - o Reporting
  - o Self-insured -> do we even hear about injuries?
- Customizable posters
  - o Fillable PDF
  - o Add company logo
  - o Add photo from own workplace
- Use stories or vignettes to show "why" they (as employers) need to do the prevention work (i.e. why they should care)
- Family worker – don't forget MICRO coke by family members as workers, potential convincing argument for participation

- Focus: suggest micro is considered but not the focus of the guide. Staged progression buts focus on all sizes
- Still need management commitment and leadership in smaller businesses, add as first step
- Customizable by hazard
  - o e.g. physical, psychosocial, organizational
- Micro searchable" by injury type, step (plan, do, check, act), sector?
- WIFM? *(Repeated in Roll-out)*
  - o Cost benefit; impact on profitability
  - o Don't know what they don't know
  - o Language level critical to engage micro
  - o They don't focus on WSIB, MOL, HAS, more on survival
- How to reach new/micro employers? Where are they already being reached?
  - o Business license
  - o HST registration
  - o Taxes
  - o Bookkeeper
  - o Incorporation lawyers
  - o Small business center @ city hall
  - o Economic development office in municipality
  - o incubators
- Understand the scope of the group
  - o Respect variety & knowledge bases
- May need/want more info/tools (pictures, posters), forms, education because they are doing it themselves
- Use a decision tree
  - o Reactive (not prevention)
  - o Awareness mostly needed
- Body mapping as a tool to highlight (developing) injuries
- How to prioritize MSD prevention?
  - o Give outside consultant resources
  - o Workers bring the guideline to employer
- Need to focus on low hanging fruit first
- Add "participative" approach
 - o Not just a component of a "program"

- Help to identify hazards (icons for force, repetition, awkward posture)
- Before & after photos to show hazard & simple solution
- If focus on "staying alive" then how to convince them to <u>consider</u> guideline?
    - Highlight ROI (return on investment) with estimated $ on cost & benefits
- How to engage worker?
    - Tools catered to them (even if employer doesn't use their tools)
    - Separate tool geared for employer
- MSD guidelines (use language to appeal to what their business case is about)
    - increase in marketability of my product, increase in productivity of worker, increase in profits, decrease in cost of production

2.0 Afternoon Session 1

### 2.1. Hazard ID and Assessment: General Comments

- Hazards should stick to basics
    - Observable, measurable, objective
- Include all 3 categories (physical, work organization, psychosocial), but simplify language
- Workers are expert on their job -> do workplace surveys and discomfort surveys
- Increase awareness and willingness – any activity no matter how simple is better than nothing
- Tools are sensitive to show incremental change
    - E.g. very poor score (red) with initial review (hazard ID). Then short term quick fix change implemented the tool would show score improvement (yellow). Eventually get to green score with lots of incremental changes
- New name for guideline – remove "prevention" because many situations will be preventing reoccurrences in micro or smaller companies
- Success stories
    - Show before/after and how small change benefits worker/quantity force/posture/rep

BEFORE	AFTER
Description & change	
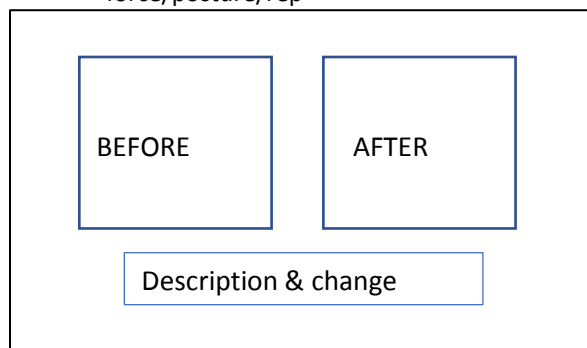
- For all 3 size workplaces:
    - Simple single page checklist/ID tool
    - Visual based (pictures or icons)
    - Sector/work specific (if not related to the audience you're speaking to they will tune out, i.e. use manufacturer checklist in healthcare)

- Share resources that work – if you have a tool or checklist or process that works – share!
- Simple language
    - Get rid of as many words as possible
    - Force/repetition/posture: these are our words. Use lay language (non-jargon)
    - Focus on the issue (SOTF), reach, avoid hands over shoulder
    - Use pictogram
    - Use infographic – people focus on image to exclusion of text. Based on internal draft resource (anecdotal evidence)
    - Use red/green, numbers so people know what the design goal is
- Examples to clarify each risk factor means
- Not even recognizing a hazard because it is considered "the job"
- MSD hazard survey – workers & supervisors, ask for solutions
- Method to help guide what type of assessment tool to use for different scenarios
- Adapt WSIB/HAS hazard management tool -> follows process, recognition, assess, control, evaluation
    - Would need to eliminate some of the columns to simplify
    - Assess phase: include simple fishbone to think about why the hazard exists in the first place
- Be clear on intent of each tool/resource that's developed
    - Is purpose of hazard ID (recognize)
    - Is purpose assessment
- Website: 'Question' – blog to get suggestions on dealing with MSD hazard -> users responding to users
- Online calculators – easy to use (visual to show inputs), compatible (computer, smart phone etc.)
- Empower/educate workers
    - E.g. media/social media

- o Info @ employment offices (H&S hazards/demands associated with certain types of jobs)
  - o On website make "bad-good" e.g. controls accessible for workers to get empowered to improve own work/make suggestions to employers
- All should look at hazard to include: (not specific to size)
  - o Force
  - o Duty cycle/rep
  - o Posture
  - o Vibration
  - o Environment
  - o Contact stress
  - o Then look at: sector specific, keep it simple
  - o Include easy questions to answer -> lead to controls, lots of visuals
- Hazard identification -> controls
  - o Graphics: good vs not good
  - o Do you need to assess the risk? E.g. if you need to raise your voice to be heard, you know it's too loud. You can skip measuring levels to focus on solutions to it
  - o Yes/No list -> if you do this…
- Filter to present info based on info:
  - o Size of company? Micro/smaller/larger
  - o Do you have a MSD program now? Entry (Phase 1)/Intermediate (Phase 2)/ Program (Phase 3)
  - o Style of business? Office/MMH/manufacturing/hospital/institute
- Supervisor checklist/coaching tips
  - o Include why?
  - o Why are you doing that? (do you have to do that?)
  - o Why it is important to change (i.e. injury risk esp. over time)
  - o What's in it for me/won't happen to me
  - o Encourage supervisors to share personal experience or have videos/stories on website
- Combination/interaction of hazards
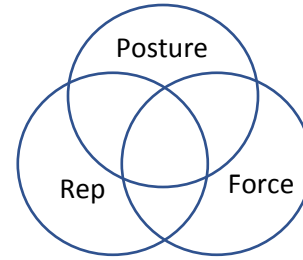
- Checklists to help pre-populate hazards
  - o Reduce processing time
  - o Easier to use
  - o Form of training
  - o Internet based (links, videos, flexibility in format to cater to learner needs)
- Screening tool
  - o E.g. found to be useful in current toolkit aimed at workplace parties
  - o Could include general psychosocial/organizational factors in simple, practical language & examples of controls
- Quick assessment methodology in current guideline
  - o Good process for any H&S issues
  - o Involves worker participation
  - o Brainstorm root causes and solutions
- Multipurpose tool & standalone poster – but can be used in training, can also be accessed electronically
- Tool for workplace inspections or pre-shift inspections -JHSC, worker reps or supervisors
- Range of hazards to consider is dependent on environment/task/sector
  - o Manufacturing -> focus on force to prioritize
  - o Healthcare -> posture/force focus
  - o Office -> posture focus
- Education
- Simple checklists -> encourage participation
- Justification for change -> "standard" ideas/research to help individuals advocate within their company
- ROI
- Provide tools for WORKERS to complete self-assessments -simple, checklists

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- Need to manage response
- Directed targets/by management to ensure priority
- Tools for investigation -> legislation requires employer to determine steps to prevent recurrence
- Considerations for language and accessibility barriers
- Great job with the different tiers of hazard ID & risk assessments to cater to different stakeholders (i.e. JHSC members & safety specialists = level 1, Ergo = level 2+ 3 (+4)

2.2. Larger Businesses

- Economic Development Departments @ large municipalities can link resources on website for small/med/micro to conduct hazard ID & RA
- Link engagement survey with absenteeism & injury rates
- Consistent tool outputs -any referenced tools/assessments should either provide similar outputs or a clear hierarchy
- Hazard assessment table:
  - Show hazards
    - Pictures
    - Icons of risk factors
  - Explain hazards
    - Same description of hazards i.e. heavy lifting no handle etc.
  - Possible solutions
    - Off the floor
    - Lighter materials
  - Can you have a solution?
    - Yes/no
    - Internal
    - external
- JHSC workplace inspections
  - Opportunities to incorporate MSD hazards in inspection checklist
  - Also point to web info to help them make recommendations
- Still need simple hazard ID to handle high volumes (observational/screening tool)

2.3. Smaller Businesses

- MSD hazards survey (workers & supervisors) – survey solutions
- Hazard identification for smaller companies – we don't want to quantify or justify action in smaller companies for hazard identification
- Checklists need to be user friendly, easy to learn, easy to use, have pictures with words versus all words & positive language!
- ID major factors
  - 1) force
  - 2) Postures
  - 3) duration of work or adequate rest & recovery
- Worker survey (body map) Where do you hurt at the end of the day?
- Hazard assessment table:
  - Show hazards
    - Pictures
    - Icons of risk factors
  - Explain hazards
    - Same description of hazards i.e. heavy lifting no handle etc.
  - Possible solutions
    - Off the floor
    - Lighter materials
  - Can you have a solution?
    - Yes/no
    - Internal
    - external
  - This checklist applies to small & big as well
- Guidelines when to use different tools, including strength and limitations of tools
- Guided group activities
  - Body mapping (where do you hurt)
  - Hazard mapping (what hazards do workers know about but have not reported)
  - Provide info (story or vignette) about pain and it relates to work
- Simple terms
- Visual aid
- Ability to ID hazards & solutions on one page

- Focus: mainly physical factors, few of organizational & psychosocial factors
- Hazard ID tool and simple solutions -> don't get bogged down with assessment
- Need toolbox talks to facilitate worker education
- Likely not have the capability to complete in-depth assessments -> need for simple hazard ID
- The 'smaller' needs a stronger investigation component and stronger inspection component
- Need a tool to investigate an MSD that has occurred -> fishbone, suggested factors to consider

2.4. Micro Businesses
- Simple single page checklist/identification tool
  - Must be visual (pictures or icons)
  - Sector/work specific
- Simple checklist
  - Visual
  - Output from tool to guide next steps and when more detailed assessment required
- Guided group activities
  - Body mapping (where do you hurt)
  - Hazard mapping (what hazards do workers know about but have not reported)
  - Provide info (story or vignette) about pain and it relates to work
- Bite size digestible -> discrete independent bits of information (start of informal hazard ID) -> store off floor, reach, avoid overhead work
- MSD hazard survey (workers & supervisors, ask for solutions)
- Keep it simple
  - Using language understood by micro – pulling, pushing, lifting occurring in your workplace?
  - Simple terms
    - simple rating system (force, positive, rep)
    - leading indicator

- Hazard assessment table:
  - Show hazards
    - Pictures
    - Icons of risk factors (lift heavy box from floor)
  - Explain hazards
    - Same description of hazards i.e. heavy lifting, no handle, bending etc.
  - Possible solutions
    - Off the floor (store at shelf or waist height)
    - Limit weight of box
  - Can you have a solution?
    - Yes
    - If no, seek info/help
- "PRE"-Micro
  - Explain people's role in organization
  - Everyone is accountable
  - Establish culture
  - Awareness/knowledge
  - Importance!
- Will not be able to perform MSD risk assessment internally (question about resources)
- Use short video stories that highlight a small business conversation that starts with feeling sore, and what changes were made to 'fix' the pain
- Need to be clear & easy to use
  - Checklist/interview
  - What does the supervisor look for & show how to ask the right questions

3.0 Afternoon Session 2

3.1. Controls

- Examples on social media
- Simple, specific
- Categorized by hazards, body parts (neck, back, etc.)
- Videos
- A database listing of controls for sectors (web application or searches)
- Prioritize achievable controls
    - Don't overwhelm
    - i.e. reduce weight of items to be lifted
    - Provision of sit/stand work desks
    - After these are achieved move onto next
- Tie to main factors (force, rep, posture)
- Provide success stories to illustrate controls
- Provide links for more controls
- Success stories
- Types of controls that are most effective
- Solutions forum that users share their MSD solutions
- Needs to be mobile friendly (bring to job site?)
- Communicate via social media
    - Examples of problems/solutions
    - E.g. monthly
    - Employers/workers subscribe to feeds specific to type of work/industry
    - E.g. healthcare, construction…
- Communicate categories of controls
- Encourage prioritizing
- Help users categorize controls (engineer, admin, substitution)
- Level of effectiveness
- Present engineer controls first, if possible
- Have case studies -> implemented/anonymous
- Consider giving info on benefits of control
- Generic hazard controls can be difficult for users to see the application to their issue
    - Sector specific may be better
- Examples/success stories
    - sector specific and links to:

- 1) risk factor specific: link to risk assessment questions/decision tree idea
- 2) common solution: by control type, now (PPE, admin), design (engineer)
- 3) engage employees
- 4) who to contact for help
- Link to existing sites/online resources
    - CCOHS
    - WorksafeBC
    - Washington state
    - Could there be a search engine like "trivago" to search all H&S websites for a specific topic (may need to improve search/filter to more practical/faster/direct/specific)
- Filter system for searching by sector, body parts, risk factor

3.2. Website

- Hazard ID/assess vs program development -> focus on these
- Can we tie in humour/fun -> potential to be viral
- Tools/resources – website
- Videos
    - MMH
    - MSD overview
    - Safe patient handling
- Searchable by: industry/hazard/body part (neck, back, shoulder)
    - Drop down "options"
- End users -> phase this in over time: start with bigger group (employer/worker)
- Tools should be editable and customizable (content & company logo)
- On bottom of where people land, include options: "you may also be interested in"
- Tag resources so searchable -> type of hazard & sector
- Convince MOL to fund MSD online clearing house for success stories (if it is a priority -> fund it)
- Website should be organized by hazard & have an excellent search factor

- not by sector -> too many end users on wireframe to be something for everyone in each topic, if too thin won't do it well for anyone
- Video cards -> short clips, share on social media
- Single source landing page to prevention resources & solutions
- Have case studies available to users
- Provide forms that user can fill in & print
  - MSD investigation
  - Toolbox talks -> fill in data, attendees etc.
  - Hazard ID charts
- Keep language plain, simple
- PDF's user friendly
- Refer, link to WorkSafeBC
- Make sure left-hand drop downs are visual (e.g. different types of work)
- Mobile, tablet or "app" friendly
- Risk assessment app
- User forum – questions/answers in community links with other professionals
- Keep to validated information
- Template presentations – example:
  - 5 slides to use to "sell" program to management (sell "up" stream)
  - 5 slides to use to "sell" program to workforce (sell "down" stream)
  - Prepackaged slides that present key points relevant to each group
- Controlling the search with dropdown menus will make the search more efficient and eliminate irrelevant topics
- Case studies & stories
  - Open forum format for organizations to submit challenges & solutions. So we can share & learn from one another
- Website should clearly identify
  - Tip sheets
  - Checklists
  - Articles
  - Best practice
- Area for idea-sharing, blog posts, Q&A
- Category

- Need to reconsider "micro, smaller, larger" in light of morning discussion
- Like being able to see info appropriate for manager, worker…
- Multiple routes to same info
  - E.g. by hazard, employer type
- Case studies need to be linked by specific hazard/issue, not just a separate page
- Library of resources (i.e. CCOHS)
- Guide by answers & questions
  - Not just a prevention focus
  - I have had a sprain/strain injury happen at my workplace -> now what?
- Apps -> tools only -> some exist

3.3. Guideline Rollout
- Perhaps look to tie the rollout dissemination to one of the MOL's ergonomic blitzes
- Promotions person
  - Viral, fun, engaging campaign
  - Run student video contest
    - Reach out to university/college/PR/communications/media studies students
- Link rollout to registration of new businesses (dissemination plan to target new businesses as they register)
- MOL small business outreach program
- How to reach new/micro employers? Where are they already being reached?
  - Business license
  - HST registration
  - Taxes
  - Bookkeeper
  - Incorporation lawyers
  - Small business center @ city hall
  - Economic development office in municipality
  - incubators
-
- Reach people where they're already connecting:
  - WSIB small business info session

- - Chamber of commerce
  - CFIB-1
  - Industry association
  - City: apply for business licence
  - Supporting for small businesses: bookkeeper association
- Roll out using CBC radio -> talk about issues and prevention
- Roll out MSD guideline to community groups, new immigrants
- Communication plan for allied healthcare professionals (Dr., chiro, RMT) in the even that people don't report as occupational injury to employer
- CBC radio across the province (Ottawa, Sudbury, Toronto, waterloo/Kitchener) *no cost
- Social media
- Have MPP's make announcement & presentation on rollout of MSD guidelines
- Posters in specific businesses
  - E.g. home Depot, Home Hardware, Lowes
- Co-ordinated campaign
  - Media - radio, social
  - MOL website
  - HAS system partners
  - Small business chamber of commerce
  - WSIB website
  - CNE campaign (driving, working @ heights – previous campaigns)
  - Bus shelters, posters in public transportation depots
- Sustainability -> is there ongoing funding/resources for supporting/maintaining/updating website, sending out communications
- Include stakeholders group
  - OHA – Ontario Hospital association
  - OSOT – Ontario society of occupational therapy
- Consider including universities (e.g. Waterloo, Windsor etc.) in the stakeholder group
- Discussion board (people can post questions & other employers can share solutions)

- Include the following organizations:
  - OKA (Ontario kinesiologist associations)
  - OMA (medical community)
  - Physio associations (OPA)
  - Research, education institutions
  - Public health
  - OSOT (Ontario society of occupational therapists)
  - Content directed to accounting (e.g. how to protect your people), micro businesses
  - HRPA – HR prof. association
  - Conference board of Canada
- Social media campaign
  - Common hashtag for all stakeholders to use on their social media sites
- Subscription to website (free) so people receive "push" of information
  - Monthly communication
  - New information
- Identify key measurable
  - Can you get users to register?
    - Initial subjective survey
    - 1 year
  - What else can track to quantify impact?
- Media plan:
  - YouTube videos (short)
  - Flash on other websites
  - Commercials
  - Social media – get them young thinking
  - Talks at small businesses e.g. chamber of commerce
- Partnering to promote…
  - Connect with ministry of education, curriculum content o H&S
    - Co-op departments?
  - College of trades?
- Radio ads (work shouldn't hurt)

Work shouldn't hurt