



Occupational Health & Safety Agency for Healthcare in BC

Reducing Occupational Injuries and Their Impact Among Healthcare Workers

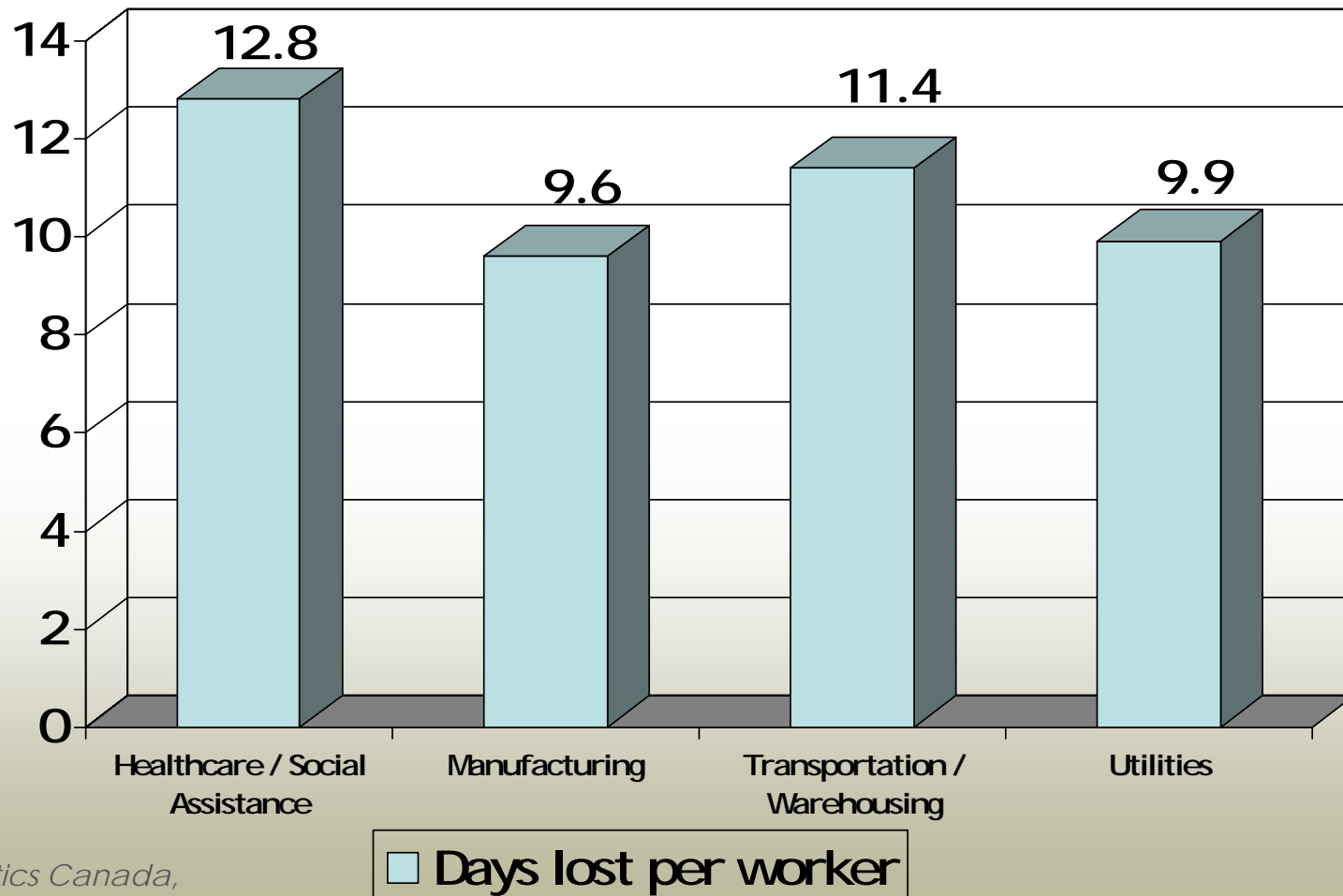
Jaime Guzman, MD MSc
FRCPC. November 19, 2008

"Making healthcare a healthier place to work."

Today's Presentation

- Burden, causes and determinants of occupational injury
- Collaborations to reduce occupational injury and disability in healthcare
- Studies presented at this conference
- Future challenges and how to further reduce occupational injuries

Healthcare/Social Assistance is the #1 source of days lost to occupational injury in Canada (2003)

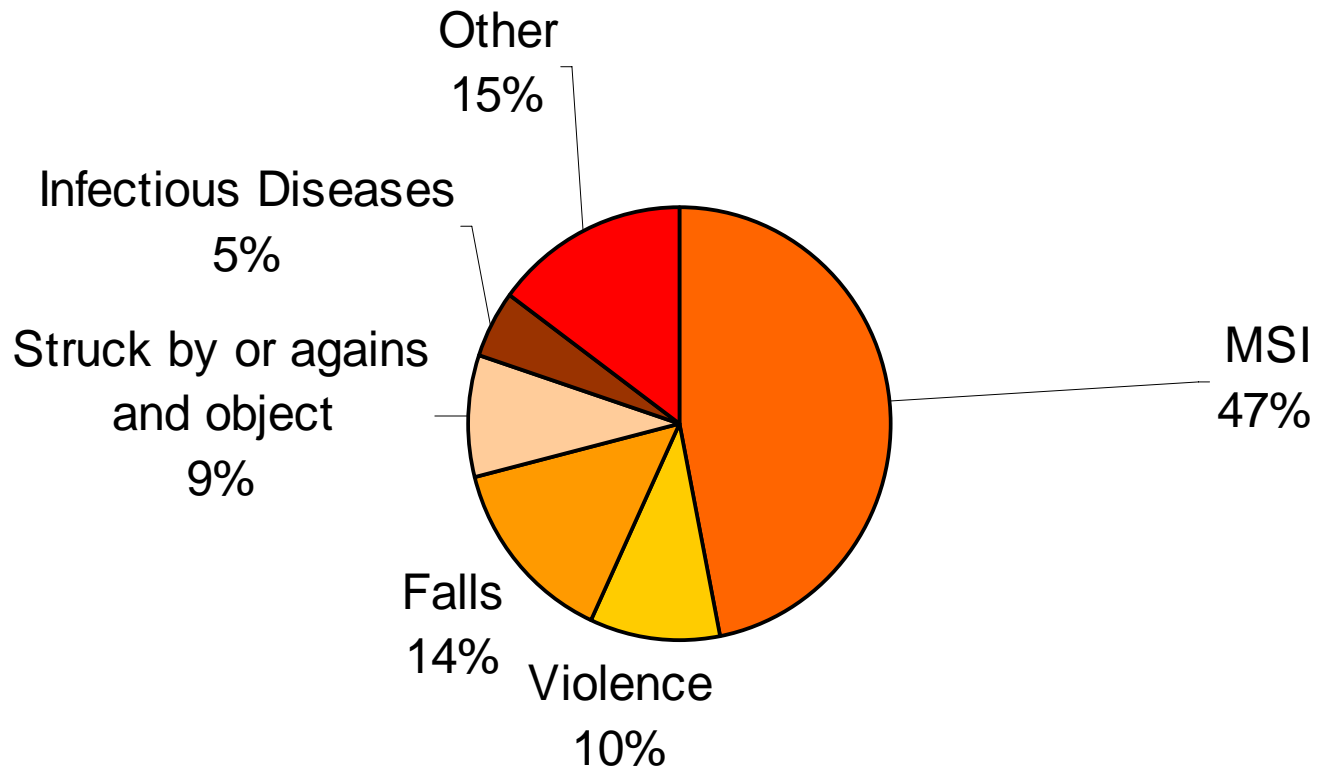


Source: Statistics Canada, CANSIM, table 279-0030

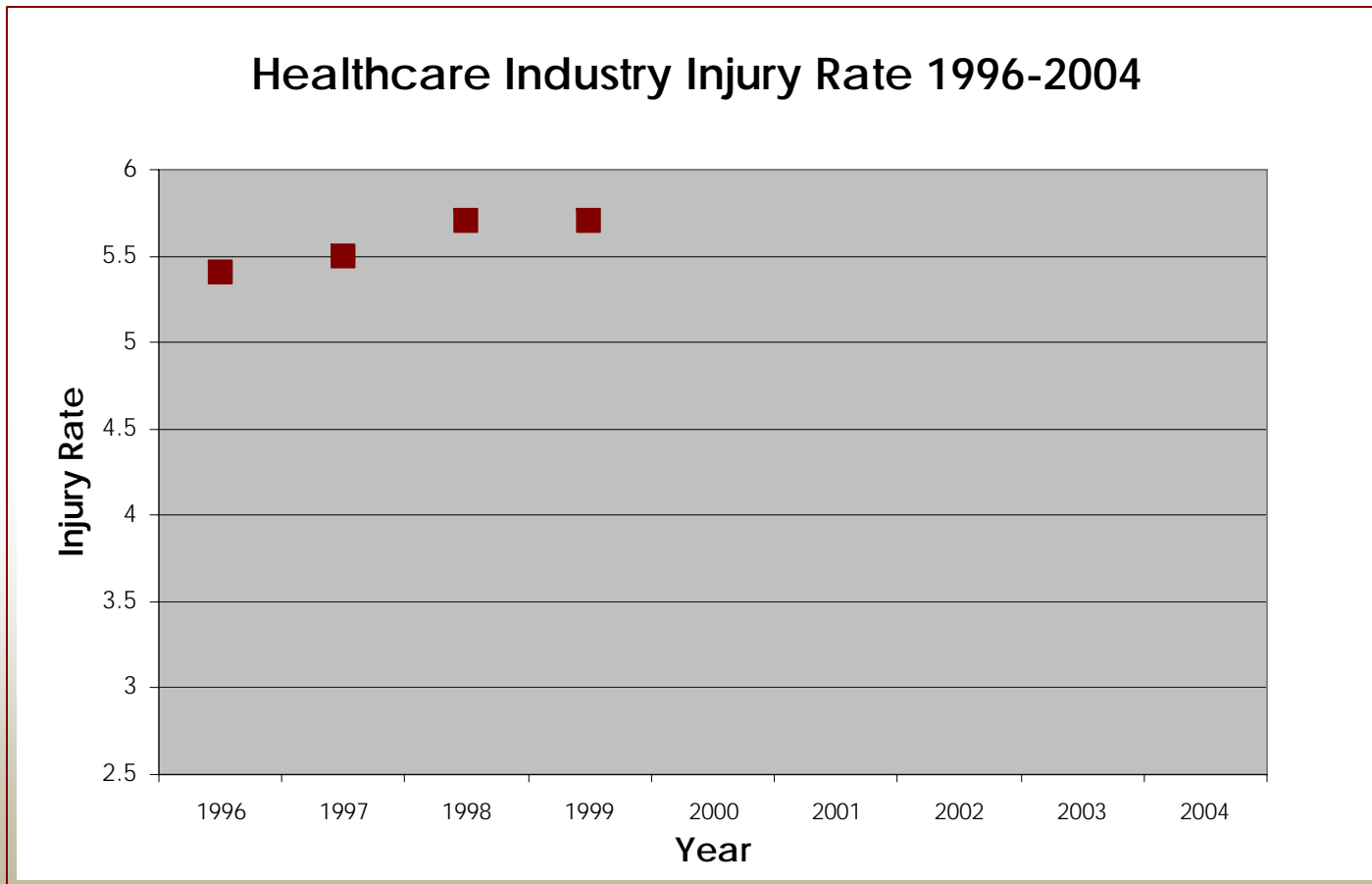
Main injuries in healthcare

- Musculoskeletal Injuries (strain)
- Slips, Trips and Falls
- Violence
- Blood and Body Fluid Exposures (needle sticks, cuts)
- Chemical Exposure

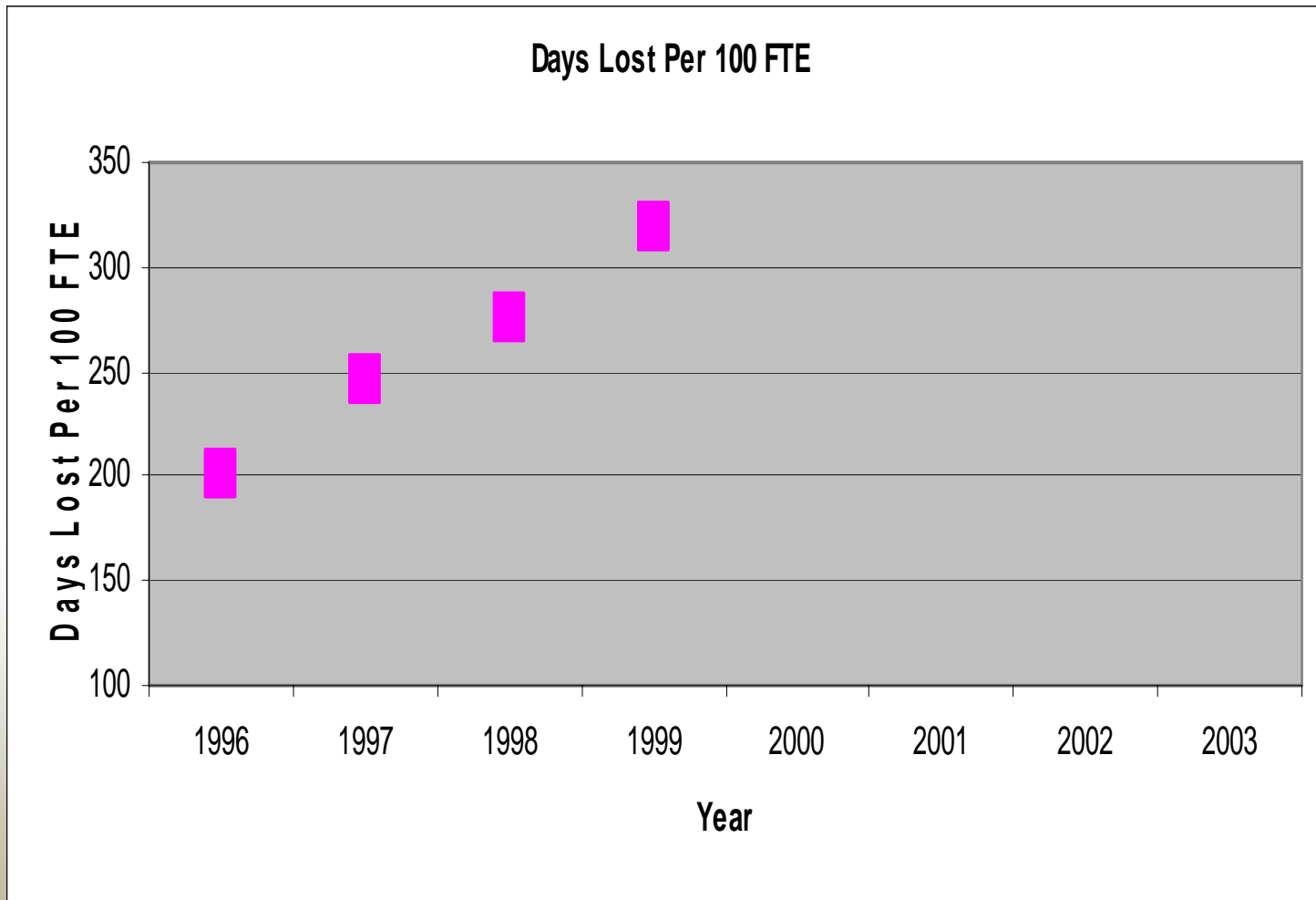
Claims by Accident Type Five Year Average 2003-2007



Increasing Injuries



Increasing time loss

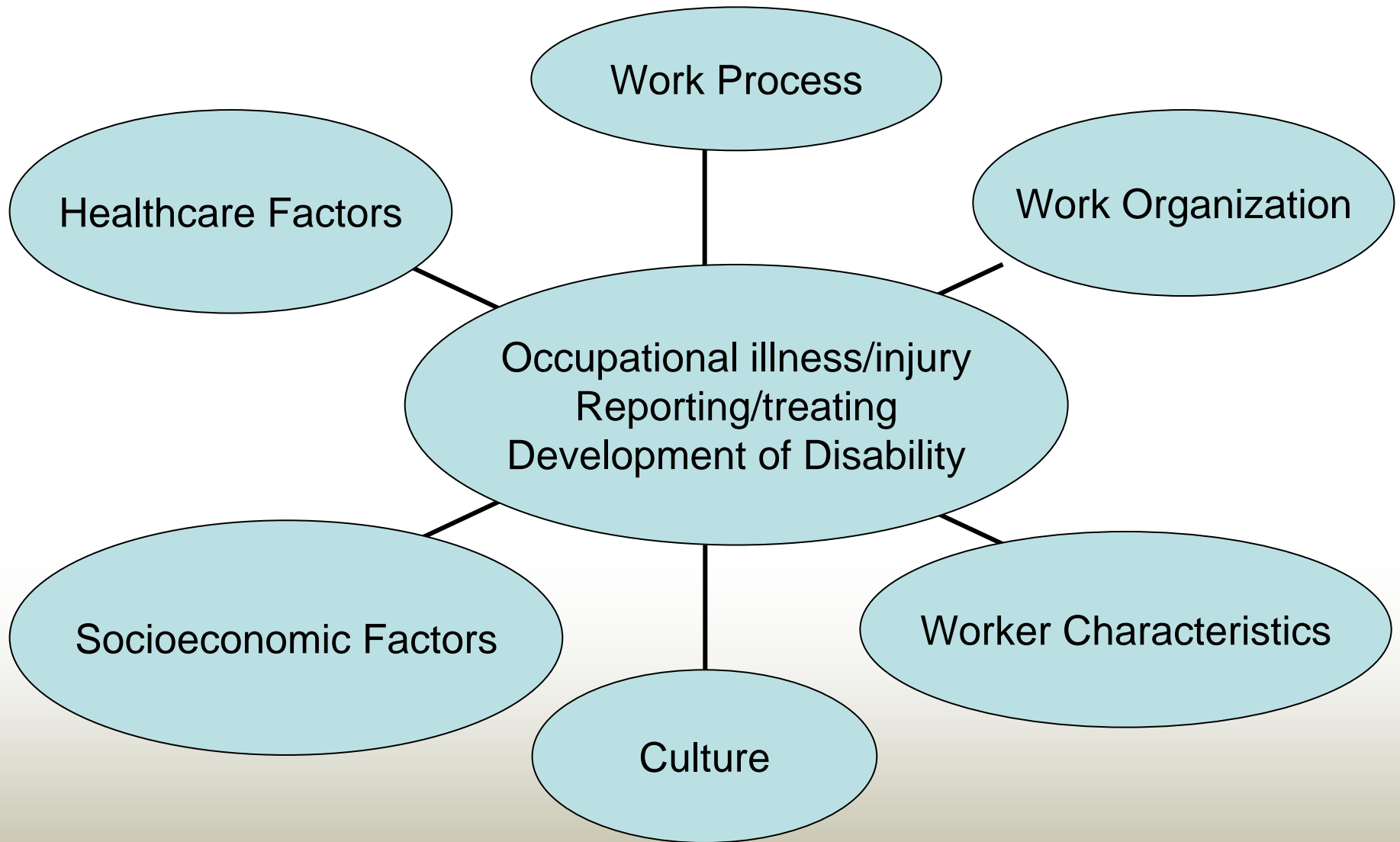


OHSAH founded 1999

- Occupational Health and Safety Agency for Healthcare in BC (OHSAH)
- Governed by unions and employers, a result of collective bargaining
- Core funding from Ministry of Health Services, 5-year budget 2006-11
- Mandate agreed by Ministry, unions and employers
- Dr. A Yassi, founding executive director

OHSAH's Mission

- To work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe 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.

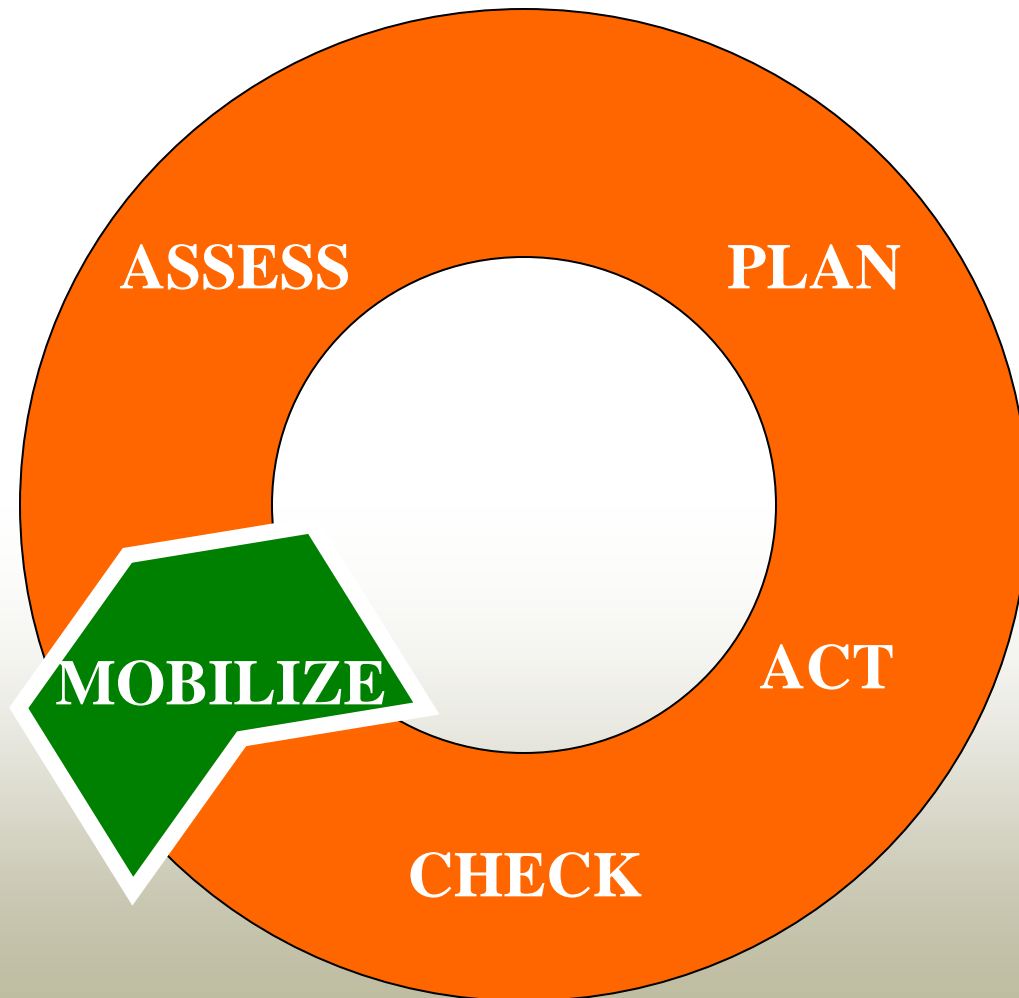


Our Approach

Collaborative & Evidence-Based

- Use evidence, (local and published internationally) to **develop** and disseminate best practice guidelines
- **Create partnership** initiatives based on labour - management cooperation and scientific validity
- **Rigorous evaluation** of effectiveness, and cost-benefit of workplace interventions

Linking research to action - MAPAC



- Mobilize
- Assess
- Plan
- Act
- Check

MAPAC

- Mobilize those who have a stake or the skills to help.
- Assess internal and external evidence to set goals, approach and deadline.
- Plan activities to reach and evaluate specific objectives.
- Act according to plan, but adjust to contingencies.
- Check if objectives were reached, and why or why not.

Best Practice Prevention Program

- Policy statement
- Working group
- Consultation with stakeholders
- Implementation and communication plan
- Risk assessment and management
- Incident reporting and investigation
- Education and training
- Health surveillance
- Post injury rehabilitation and return to work
- Program evaluation

Dealing with Hazards

- Risk assessment and management :
 - Hazard identification, assessment and rating
 - Hazard control using the hierarchy of controls
 - Evaluation and communication of results
- Hierarchy of controls:
 - Elimination, Substitution, Engineering Control, Administrative control,
 - Personal protective equipment

At this conference

- Epidemiology and risk factors:
 - **Occupational health and safety experience of British Columbia's healthcare workers.** K Ngan, S Yu, H Alamgir
 - **Study of recurrent work-related musculoskeletal injuries among healthcare workers.** S Shajari, S Yu, H Alamgir
 - **Potential Allergy and Irritation Incidents among Workers in the Health Care Industry.** H Alamgir, S Yu, N Chavoshi, K Ngan
 - **Near Miss and Minor Occupational Injury: Does It Share a Common Causal Pathway with Major Injury?** H Alamgir, S Yu, K Ngan, E Gorman, J Guzman
 - **Exploring the independent contributions of age and job tenure on work-related injury.** S Siow, K Ngan, S Yu, H Alamgir, J Guzman

At this conference

- Ceiling lifts as a tool to reduce injury:
 - **Development and Evaluation of a Model Ceiling Lift Program for Home and Community Care in BC.** N Paris, R Kanigan, G Hackett, C Flegal, L Strom, C Back, J Watzke, A Yassi
 - **Evaluation of Ceiling Lifts in the healthcare setting: patient outcomes and patient perceptions.** H Alamgir, O W Li, S Yu, E Gorman, N Chavoshi, C Fast, C Kidd
 - **Evaluation of Ceiling Lifts in Healthcare: Patient Transfer Time.** O W Li, H Alamgir, S Yu, E Gorman, C Fast, C Kidd

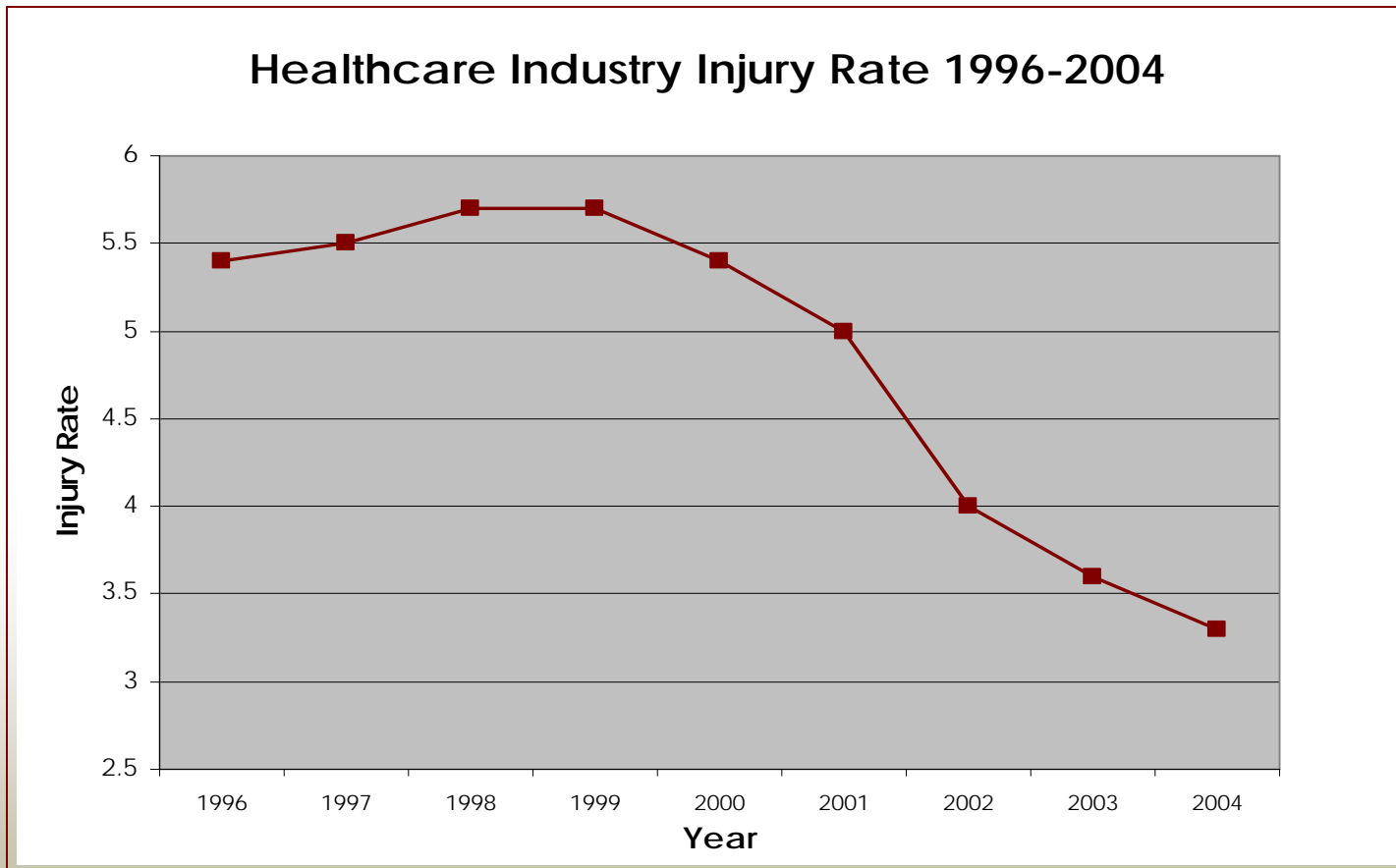
At this conference

- Capacity building:
 - Developing usable and effective violence prevention interventions for the healthcare industry: a participatory approach. C Trask, A Tijerino, K Wellington, C Back.
 - Capacity-building for joint occupational health and safety committees in under-resourced nonacute healthcare organizations. A Regimbal, G Hackett, C Back

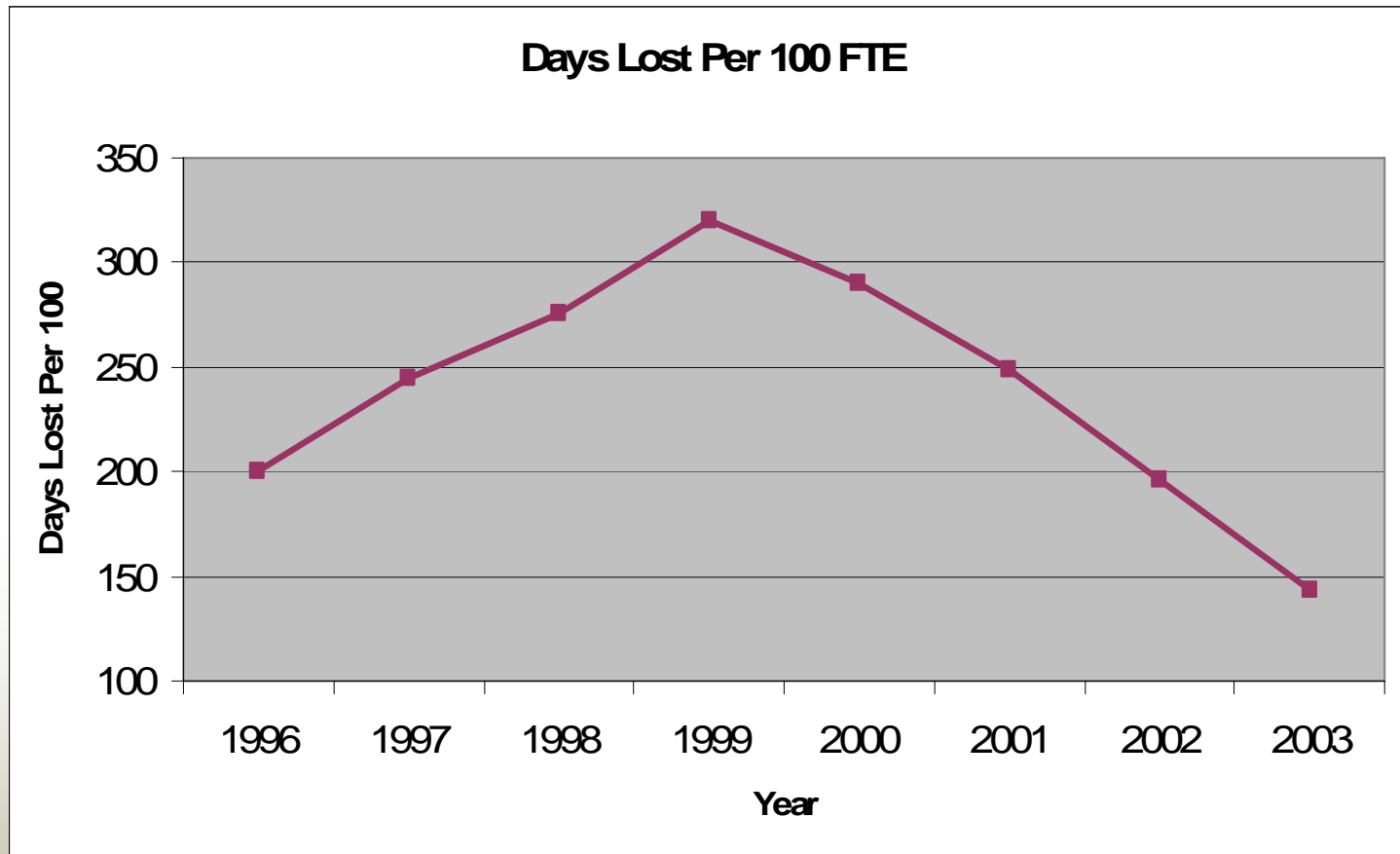
Future Challenges

- Injuries and time loss were on the rise by 1998
- OHSAH funded in 1999
- What has happened to injury rates since then?

Decreasing Injuries

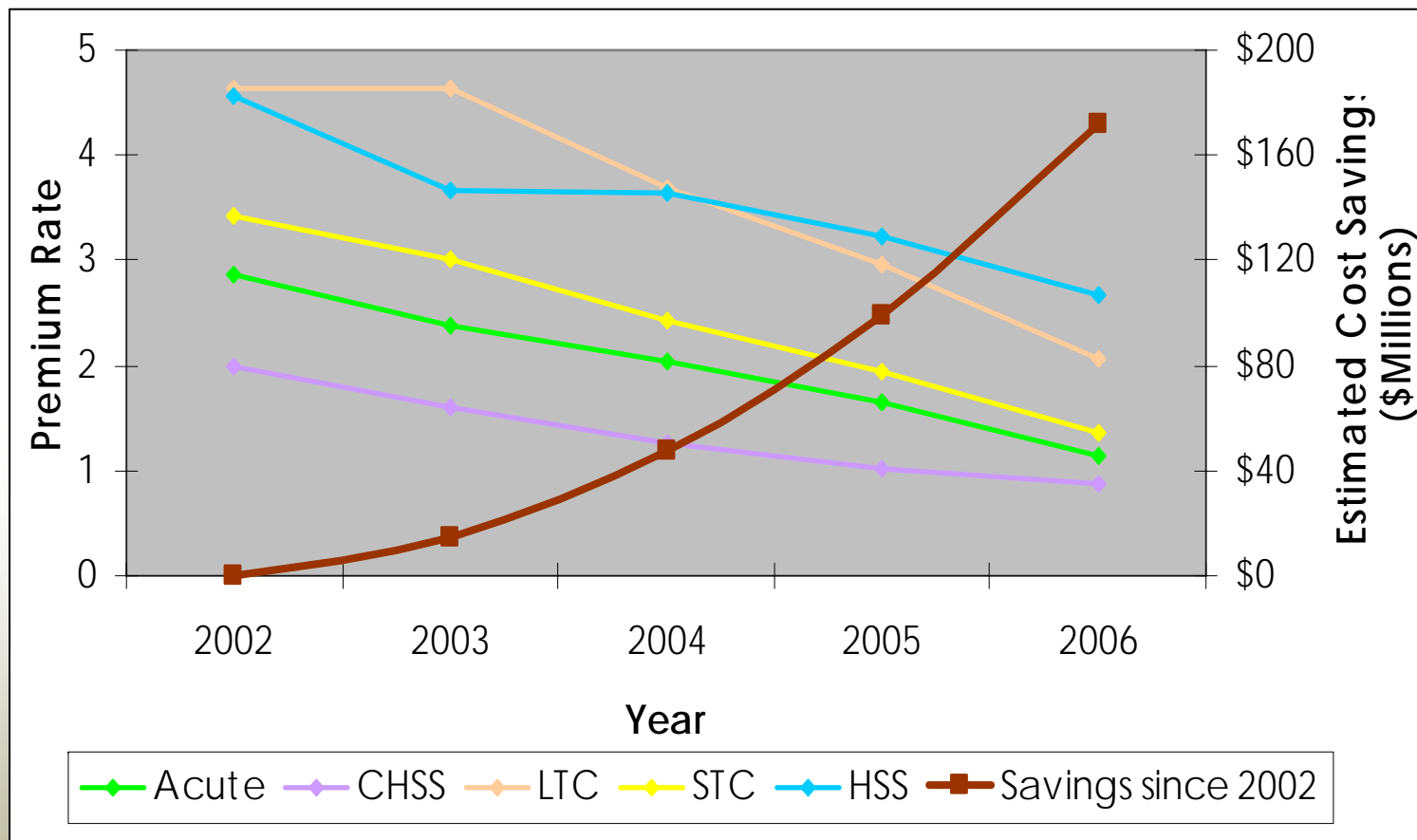


Decreasing time loss



- Days lost per 100 FTE rose rapidly 1996 -1999, but dramatically decreasing since.
- 2000 to 2002 - days lost per 100 FTE decreased by 23%
- Representing 100,000 fewer lost days per year

Cost Savings from Reduced Injuries

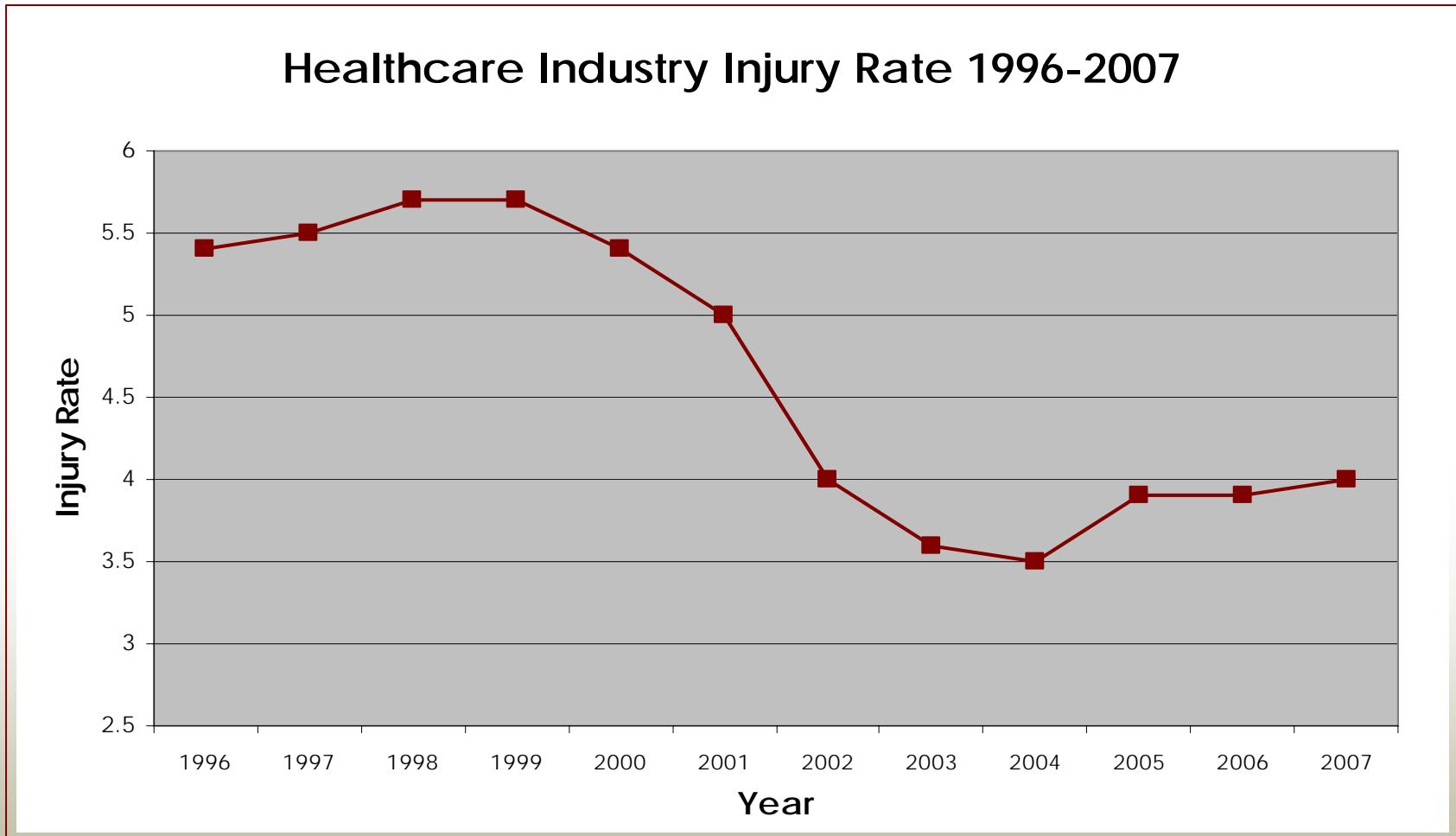


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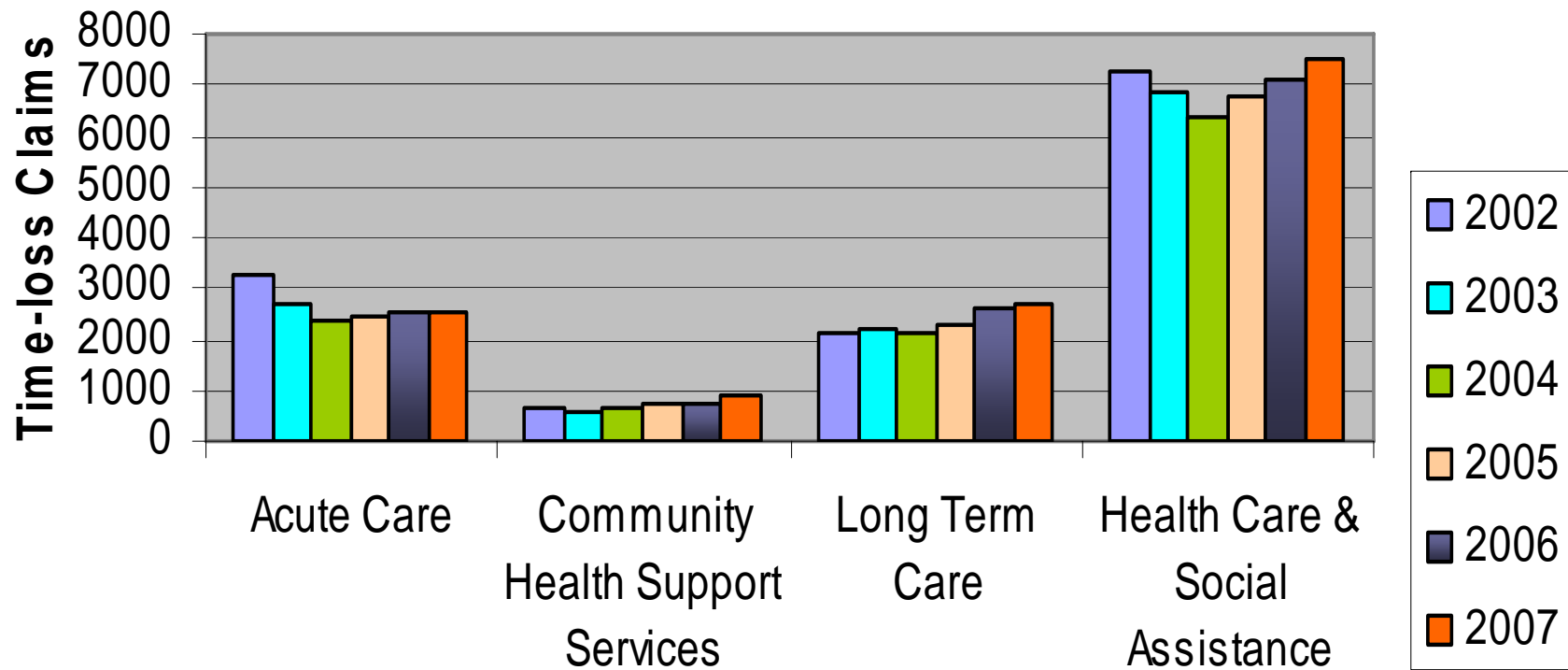
We were happy!



Future Challenges



Claim Numbers from 2002 - 2007



Injury and disability drivers

- Aging population and aging workforce
- Increased healthcare workload and multiple vacancies
- An OHS culture that values sacrifice for the sake of the patient, but sometimes forgets “put on your oxygen mask first”

What is needed

- Substantial and sustained reduction in injuries requires:
 - Ways to decrease workload or at least its impact on OHS
 - Ways to change the culture of safety. Use air travel as example and link to patient safety
 - Resources to attain 100% coverage with ceiling lifts and other safety devices (including policies and training)

In Conclusion

- Healthcare is the sector with highest occupational injury rates and a good example for occupational injury prevention
- Multi-partner collaboration can greatly decrease injury and disability
- Lessons learned in healthcare can be applied to other injuries
- Current challenges call for increased collaboration, changes in safety culture and increased resources to prevent injury