

Ergonomic Program Implementation Continuum (EPIC)

PSHSA's recently developed EPIC Program is designed specifically for Ontario's healthcare and community care sector. Its purpose is to help employers achieve a Participatory Ergonomic (PE) approach to reducing musculoskeletal disorders and slip, trip and fall injuries.

Participatory ergonomics can be viewed as a targeted approach to injury prevention in which the knowledge and experience of those directly affected is used to reduce or eliminate workplace hazards.

Background

Musculoskeletal disorders (MSD) and slip, trip and fall (STF) injuries account for over 70 per cent of the lost-time injuries reported in the healthcare and community care sector. In 2007, 54 per cent of the lost-time injuries were MSD-related, which accounted for 60 per cent of the total LTI costs in the sector. Interventions aimed at improving hazard reduction in these areas will significantly reduce the number of workers injured in our sector. The EPIC program is one such intervention as it addresses both MSD and STF injuries.

The literature shows us that the success of an ergonomic intervention often relies on the level of worker involvement (Rivilis et al. 2006). A higher involvement translates into a higher degree of intervention success. Using a participatory ergonomic (PE) approach ensures that those who are directly affected (workers) by ergonomic hazards are actively involved in the identification, assessment and control of these hazards (Nora & Imada 1991).

Participatory ergonomics is used to engage and empower not only workers but also managers, supervisors and health and safety personnel to make decisions and solve problems as a team, effectively taking charge of injury prevention (Kuorinka 1997; St-Vincent, Chicoine & Beaugrand 1998).

Benefits of Participatory Ergonomics

Within the health and community care sector, physical and psychosocial hazards are recognized as prominent ergonomic risk factors (Sherehiy, Karwowski & Marek 2004). Recent evidence suggests that when compared to a trained expert, such as an ergonomist, front-line workers are able to provide more detailed information concerning social, organizational and physical hazards and how they relate (Cann et al. 2008).

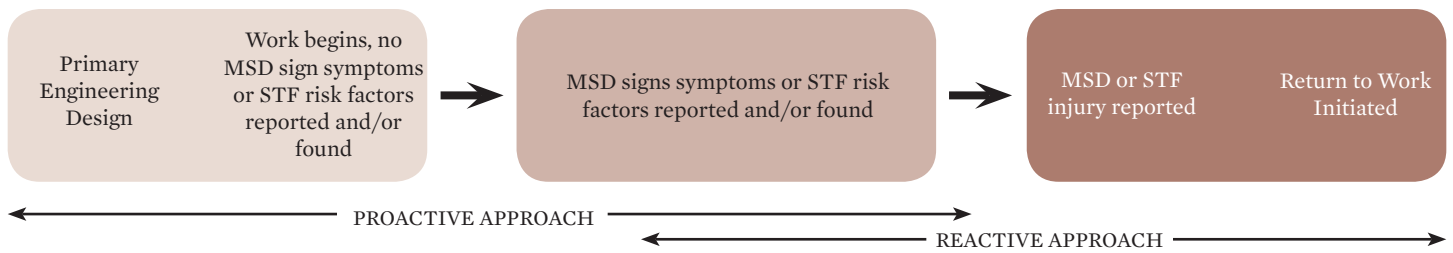
The use of a participatory approach can help to move the culture of an organization to one that values participation, team work and collaboration among all workplace parties, therefore reinforcing a sense of community in the workplace (Zalk 2001).

The EPIC Program

The EPIC Program depends on a PE framework that encourages the transfer of knowledge in injury prevention and provides the organization with the necessary skill and ability to systematically assess and control MSD and STF hazards.

A proactive approach is fundamental and critical to the program's success as the organization considers facility design, physical demands and descriptions of job tasks, workplace assessment and MSD/STF prevention training.

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Participatory Ergonomics Approach

Facility Design Consulting

Offered at all stages of facility design and or modifications to address MSD & STF hazards through direct consultation with architectural and design teams.

Physical Demands Description (PDD)

An objective overview of all essential and non-essential job tasks; detailing physical, psychosocial, and environmental demands.

Workplace Assessment

An in-depth assessment involving the identification of quantification of MSD & STF risk factors including recommendations for control

MSD & STF Prevention Training

Prevention training intended to teach organizations how to identify, assess and control MSD & STF hazards throughout the workplace, emphasis will be placed on integrating MSD & STF prevention into the overall health and safety program.

The Ergonomic Program Implementation Continuum

The PSHSA Participatory Ergonomics Pilot Project

PSHSA, in partnership with the Ontario Neurotrauma Foundation, is undertaking a pilot project to evaluate the use of the EPIC program as a best practice in the health and community care sector. This program will be piloted in six sites across Ontario and evaluated over a 12-month period by principal investigator Dr. Andrea Baumann at McMaster University, and co-investigator Dr. Linn Holness from St. Michael's Hospital. The evaluation will examine

the implementation and sustainability of an internal framework for PE as a means to reduce MSD and STF injuries.

Based on a leading practice at BJC Healthcare, a multi-site system in Missouri, this proactive, solution-based program is the first of its kind in Ontario. Successful implementation of the program may yield considerable human and fiscal cost benefits.

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