# **MSD** Prevention **Guideline for Ontario**

A multi-stakeholder initiative led by the Centre of Research Expertise for the Prevention of Musculoskeletal Disorders (CRE-MSD)

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Co-Leads Dr. Amin Yazdani Dr. Richard Wells

CRE-MSD Centre of Research Experises for the Prevention of Musculoskeletal Day

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# Acknowledgements

The many workplace stakeholders who have contributed their time, knowledge and experiences to the project

The Ontario Ministry of Labour for funding to support the development of the MSD Prevention Guideline and its dedicated website

CRE-MSD receives funding through a grant provide by the Ontario Ministry of Labour. The views expressed are those of the authors and do not necessarily reflect those of the Province.

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# Context

- The Ontario MSD Prevention Guideline and Toolboxes developed by the Ontario Health and Safety system were originally developed under the auspices of the Occupational Safety and Health Council of Ontario (OSHCO) in 2005-6 and published in 2007/8.
- It was overdue for review!
- Building on this previous work, CRE-MSD is leading a project to develop a new Ontario Prevention Guide





### The overall goals of this project are to:

- Evaluate the current Guideline, determine workplaces' needs for prevention and synthesize best practices with respect to MSD prevention;
- Develop the new prevention guide content and selected draft materials;
- Test the content of the new guide and materials with workplaces;
- Prepare content for guideline and sample material;
- Website Development Phase 1: Templates, navigation;
- Website Development Phase 2: Development of graphic resources, population of the website with content developed and user testing.



Stakeholder Working Group





### How we got input...

- Environmental scan
- Multiple meetings with multiple stakeholders,
- CRE-MSD web survey focussed on small and micro businesses<sup>1</sup>
- Interviews with small and micro businesses during SSOP
- Interviews with key stakeholders
- Feedback from a CRE-MSD workshop in June 2017
- Reviews and original research:
  - "Participative Ergonomics and OHSMS"; "Barriers to Ergonomics Change", "Low Back MSD Risk Factors"; "Micro and Small Businesses and MSD"; "Test of Messages for Low Back Pain in Small Businesses"

<sup>1</sup>We also incorporated the findings of the web survey administered by the Health and Safety System (EIPAC) on the needs of business to make ergonomics changes.





### **Timeline of Activities:**

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# SMALL BUSINESS STUDY

# **SMALL BUSINESS SLIDE DECK**





# User input: Main findings

- Small businesses are a major underserviced community.
- > There is a need for separate approaches for small/micro, smaller and larger businesses.
- MSD prevention should be better integrated into business processes using common language and processes.
- Participation of workers is very important for OH&S, especially for MSD.
- Current standards (CSA, ISO) are too complex. This makes them in-accessible to most organizations.
- Be solutions oriented. Also don't assume familiarity with OH&S concepts and language





### Needs 1 and 2:

- > To provide relevant information and resources to workplaces with different sizes and H&S capacity:
- $\succ$  Three versions of the Guideline were created.

**Quick Start Guide** 

**Basic Guideline** 

Comprehensive Guideline





BACK, SHOULDERS, NECK, HAND

### Basic

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Work shouldn't hurt Q ≡ STEP 2: Facilitate and Encourage Workers' Participation >

STEP 3: Plan Hazard Identification and Risk Assessment on should set up a process for recognizing jobs with MSD The organization should be Up a process for recognizing poly with NSD hazards, even if there is no injury or disconfort reported by workers. The organization needs to take advantage of information, that they may already collect, and review them to help recognize jobs that expose workers to MSD hazards.

Action 3.1: Establish risk assessment process and select appropriate assessment method(s)

STEP 4: Conduct Hazard Identification and Risk Assessments +

STEP 5: Develop a set of Targets and Goals to Eliminate Hazards & Control Risks >

STEP 6: Control Hazards and Implement Necessary Changes to Achieve Targets and Goals > STEP 7: Provide Education and Training +

### Comprehensive







### **Three Guideline Versions**

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Needs 1 and 2: To provide relevant information and resources to workplaces of different sizes and OH&S capacity: Three versions of the Guideline were created... scalability.

#### **Quick Start Guide** Comprehensive Guideline **Basic Guideline 0** $\mu^{21}$ Cre-msd.u × Cre-msd.u × C Basic step-× **e** 11 Comprehensive step-by-step × 0 12 ○ ○ ○ / ▷ Quick Start Guide Centre of R × C 🔒 Secure https://www.msdprevention... ☆ 🚥 💿 🔾 🔕 Secure https://www.msdprevention.... 000 Secure https://www.ms... ☆ 🛄 Apps 🖉 Greyhound.ca | H... 🔞 University of Wate... » 🚞 Other Bookmarks Greyhound.ca | H... 🚯 University of Wate... » 🛅 Other Bookmarks Apps Apps 🖌 Greyhound.ca | H.. » 🗎 Other Bookmarks Work Work Workplace Solutions to Back Pain, Shoulder Tendinitis, Tennis Elbow & Othe lorkplace Solutions to Back Pain. Shoulder Tendinitis, Tennis Elbow & Othe $\equiv$ $\equiv$ Work Musculoskeletal Disorders (MSD): skeletal Disorders (MSD) hurt Workplace Solutions to Back Pain, Shoulder Tendinitis, Tennis hurt Elbow & Other Musculoskeletal Disorders (MSD): hurt STEP 2: Facilitate and Encourage Workers' Participation > STEP 2: Facilitate and Encourage Workers' Participation > · Follow the steps below for a more systematic approach ON IN 10 STEPS STEP 3: Plan Hazard Identification and Risk Assessment STEP 3: Plan Hazard Identification and Risk Assessment The organization should set up a process for recognizing jobs with MSD The organization should set up a process for recognizing jobs with MSD hazards, even if there is no injury or discomfort reported by workers. The hazards, even if there is no injury or discomfort reported by workers. The organization needs to take advantage of information, that they may organization needs to to take advantage of information, that they may already collect, and review them to help recognize jobs that expose already collect, and review them to help recognize jobs that expose workers to MSD hazards. workers to MSD hazards. Action 3.1: Establish risk assessment process Action 3.1: Establish a hazard identification and select appropriate assessment method(s) and risk assessment process > Action 3.2: Worker's reporting system ▶ STEP 4: Conduct Hazard Identification and Risk Assessments > Action 3.3: Creating a risk assessment team > STEP 5: Develop a set of Targets and Goals to Eliminate Action 3.4: Choose risk assessment methods Hazards & Control Risks > SHOW YOUR COMMITMENT TO STEP 6: Control Hazards and Implement Necessary A SAFE WORKPLACE BY GETTING STEP 4: Conduct Hazard Identification and Risk TOGETHER WITH WORKERS TO Changes to Achieve Targets and Goals > ELIMINATE MSD HAZARDS AND Assessments > IMPROVE HEALTH STEP 7: Provide Education and Training >



# Need 3: Better integration into business processes

### PDCA

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- Matches current [best] practice
- Matches recent Provincial national and international approaches and CSA Standards
- Consistent with Participatory Ergonomics



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#### CORE ELEMENTS OF THE SAFETY AND HEALTH PROGRAM RECOMMENDED PRACTICES







Contents lists available at ScienceDirect

**Applied Ergonomics** 

journal homepage: www.elsevier.com/locate/apergo

#### **Review** article

#### Prevention of musculoskeletal disorders within management systems: A scoping review of practices, approaches, and techniques

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Contents lists available at ScienceDirect

Safety Science

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Integration of musculoskeletal disorders prevention into manage systems: A qualitative study of key informants' perspectives

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#### ABSTRACT

Introduction: Musculoskeletal disorders (MSD) constitute a substantial fraction of workplace injuries and result in costs to employers, workers, and societies as a whole. MSD prevention programs disparate from w organizational approaches can be costly, ineffective and unmaintainable.

Objective: This study examines key informants' perspectives on the integration of MSD prevention programs management systems as a solution to issues associated with isolated or separate program.

Method: Seven Health & Safety (H&S) consultants, five H&S managers, five researchers, three policy makers, three labour representatives were interviewed on this topic. A thematic analysis approach was used to code analyze the data from the key informants' interviews.

Results: The participants consistently suggested that a disconnect of MSD prevention strategies from man ment system frameworks can lead to inadequate attention and ineffective prevention policies. Integratio MSD prevention into management systems was highly supported. Incorporating MSD hazard identification assessment into tools such as Fallure Mode Effects Analysis, Job Safety Analysis, decision making tools, Kamishibai and Ishakawa (for Lean) was suggested to improve MSD prevention.

Contribution: This study gives expert insight into challenges associated with MSD risk factors as well as solut regarding current approaches to MSD prevention and effective tools for implementation.

IISE Transactions on Occupational Ergonomics and Human Factors, (2017), 5: 172–184 (2) 2017 VIISE\* ISSN: 2472-5838 print / 2472-5846 online DOI: 10.1080/24725838,2017.1386142

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#### METHODS, MODELS, & THEORIES

Key Informants' Perspectives: Management Commitment, Training, and Worker Participation in the Prevention of Musculoskeletal Disorders

> OCCUPATIONAL APPLICATIONS To implement effective musculoskeletal disorder (MSD) prevention programs in organizations, there needs to be commitment from top and middle management, ongoing worker participation,

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#### Review article

Barriers for implementation of successful change to prevent musculoskeletal disorders and how to systematically address them

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### **O**riginal article

Scand J Work Environ Health. 2015;41(2):111-123. doi:10.5271/sjweh.3467

### How compatible are participatory ergonomics programs with occupational health and safety management systems?

hv Amin Vazdani MSc 1.2 W Patrick Neumann PhD 3 Daniel Imbeau, PhD,4 Philip Bigelow, PhD,2 5 (2017), 5: 172-184 Vilbrecht, PhD,7 Richard Wells, PhD 1, 2

> Theberge N, Hilbrecht M, Wells R. How compatible are ealth and safety management systems? *Scand J Work* 3467

r cause of pain, disability, and costs. Prevention of MSD an ergonomics program, often a participatory ergonomn activities take place under the umbrella of a formal or tem (OHSMS). This study assesses the similarities and could help improve MSD prevention activities.



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**Review** article

Prevention A scoping

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Barriers to making ergonomics change to prevent MSD are essentially the same as those seen in Health and Safety in general. Implementing a PDCA model is a systematic and well accepted way to organize (prevention) activities in business.

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- Participative ergonomics is compatible with mature OHSMS.
- In order for individual implementations to be accepted and utilized, they must be culturally relevant and easy to integrate into workers' current work practices and the organizations' procedures.

Results: The participants consistently suggested that a disconnect of MSD prevention strategies from man ment system frameworks can lead to inadequate attention and ineffective prevention policies. Integration MSD prevention into management systems was highly supported. Incorporating MSD hazard identification assessment into tools such as Failure Mode Effects Analysis, Job Safety Analysis, decision making tools, Kamishibai and Ishakawa (for Lean) was suggested to improve MSD prevention.

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How compatible are participatory ergonomics programs with occupational

### **Implications for MSD Prevention processes**





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### Guideline based upon 10 Step PDCA

### **PDCA**

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#### CORE ELEMENTS OF THE SAFETY AND HEALTH PROGRAM RECOMMENDED PRACTICES



### **Need 4: Importance of Workers' Participation**

Importance of workers' participation for MSD prevention stressed throughout Guideline with specific forms of participation described.







### Need 5: Standards "too complex"

- Implementation oriented resources added to those of the current Guideline and linked to process steps.
- Creation of three guideline versions allows user to select desired level of detail BUT
- Processes are scalable to allow for the level of maturity in prevention practices of an organization.
- Language and process of all versions comparable and compatible with current Standards and practices.

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# Need 6. Don't assume familiarity with OH&S concepts and language

### Created the Quick Start Guide



More about the Quick Start Guide before lunch





### Web Site Phase 1

- > To satisfy users' needs we created the website to give:
  - > Multiple ways for users to find relevant resources and information.
    - Multiple entry points: By stakeholder; By level of detail; By process or risk assessment
    - Video on home page
    - Searchable resources
    - Help in selection of MSD assessment tools
  - Incorporation of current Guideline resources
  - Video/graphics of hazards
  - ➢ AODA<sup>1</sup> and WCAG 2.0<sup>2</sup> compliant
  - Responsive

<sup>1</sup> Accessibility for Ontarians with Disabilities Act (AODA) and <sup>2</sup>Web Content Accessibility Guidelines (WCAG) 2.0 Italics: Phase 2





# **MSD Prevention Website Walkthrough**



### https://www.msdprevention.com/



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# Next?

Anticipated website development...

### Phase 2 Development

- > Developing "Control Picker", prevention resources and search function
- Develop Risk Assessment and other prevention resources in video, PDF and html formats
- Develop Quick Start Guide: Office
- Collect Stories and Case Studies
- Develop "Dealing with an MSD"

### **Continued Development**

- Respond to user feedback on Beta Release via web survey etc
- Continue to convert resources to be AODA compliant
- Continue to add supporting information and literature



