



# OHSAH Health & Safety Update

March 17, 2010

## OHSAH to Publish Research on Nurses Working Overtime

A new OHSAH study, led by the Statistics and Evaluations team's Occupational Hygienist Sharla Drebit, shows that full time Registered Nurses are working an increasing amount of overtime hours each year. The highest number of these hours are in the Emergency, Intensive Care and General Medical departments which are therefore contributing the highest proportion of overtime costs. One recommendation from the study is to focus efforts to lighten the burden of overtime at the departmental level.

Health Policy Journal. 2010 Jan 22. [Epub ahead of print]. **Trends and Costs of Overtime Among Nurses in Canada.** Drebit S, Ngan K, Hay M, Alamgir H.

[To review the abstract, please click on the link](#)

## Return-to-Work/Stay-at-Work for Workers with Mental Health Conditions: From Best Practices to Organizational Uptake

Although mental health conditions are a leading cause of disability in Canada, limited information exists about how to assist workers, with mental health conditions, to return to work and/or stay at work. To address this gap, OHSAH's Disability Prevention team and participating stakeholders have jointly developed evidence-based Best Practices for Return-to-Work/Stay-at-work for Workers with Mental Health Conditions.

Although the Best Practices are based on international evidence, they can be adapted to the BC healthcare context. Specific tools tailored and targeted for local healthcare workers will be developed.

### **There are five important findings:**

Clear, well-communicated organizational workplace mental health policy supports the return-to-work/stay-at-work process

Return-to-work coordination and structured communication between all disability management stakeholders is required to optimize outcomes

Application of systematic, structured, and coordinated return-to-work practices improves outcomes

Work accommodations and the context of their implementation determines the effectiveness of the return-to-work process

Facilitation of access to evidence-based treatment reduces work absence duration.

A meeting with involved stakeholders to develop a dissemination plan for the Best Practices will take place on

March 18, 2010. Resource materials will be available beginning April 2010.

For more information, please visit the [OHSAH website](#) or contact [Noushin Khushrushahi](#) Research Assistant, Disability Prevention.

OHS Connect Coming Soon!

[www.ohsah.bc.ca/OHSConnect](http://www.ohsah.bc.ca/OHSConnect)

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Repetitive Strain Injury Awareness

Even though February's Repetitive Strain Injury (RSI) Awareness Day has passed, healthcare workers must be knowledgeable about how to prevent RSI, or musculoskeletal injury (MSI) every day.

Every year, hundreds of healthcare workers suffer from a musculoskeletal injury, an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain and inflammation, that may be caused or aggravated by work. MSI typically affects the back, neck, shoulders, elbows, wrists, hands, knees, or ankles.

Because these injuries develop slowly, by either frequent or repetitive activities or those that require awkward postures, and result in millions of dollars of direct and indirect costs, every year, workers should be trained to understand what causes these injuries and how best to prevent them. Education and training on MSI prevention techniques, such as how to adjust workstations and taking short rest breaks, can make a big difference in reducing the risk of injury.

Although MSIs can be prevented, they can be difficult to treat when left too long. Knowledge and the right work conditions are a worker's best defence against these injuries. OSHA, in partnership with our stakeholders, has created a variety of resources, including It Doesn't Have to Hurt, an MSIP guide for implementing MSI prevention programs in healthcare, as well as ergonomics guides for computer workstations, ceiling lifts, kitchens, laundries, pharmacies, and using carts in healthcare.

[Click on the link for a full list of OSHA resources.](#)

Did you know... British Columbia is a Canadian leader in MSI prevention? There has been a 19 per cent drop in occurrences since 1998, and a 40 per cent decrease in costs\* because of the establishment of ergonomic regulations. Workers Health and Safety Centre

More information:

[StatisticalReports.asp](#)

[PuttingPainFreeWkplacWithinReach\\_Jan16.pdf](#)

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