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| **ABC COMPANY – Occupational Health and Safety Program** | | |
| **MSI Prevention** | | Issue date: DD/MM/YYYY  Review date: DD/MM/YYYY |
| Approved by: | Reviewed by: | |

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

# 1.0 PURPOSE

To establish procedures and responsibilities for identifying, reporting, investigating, and preventing Musculoskeletal Injuries (MSIs) in the workplace.

**ABC Company** is committed to providing a safe and healthy working environment for all staff. Our organization will demonstrate its commitment by providing financial, physical and human resources to ensure that all staff understand and are aware of the risk factors associated with MSI, and will provide appropriate ergonomic equipment where possible, for MSI prevention.

# 2.0 DEFINITIONS

**Awkward posture**: Posture that requires a body part to move away from its neutral position.

**Body mechanics**: The way in which your muscles and joints interact to help you move in your daily activities.

**Contact stress**: Occurs when a body part presses against a hard surface damaging nerves, tendons, blood vessels, and other tissues due to pressure and decreased blood flow.

**MSI hazards**: Physical factors in the environment that have the potential to cause harm in the form of an MSI. The terms hazards and risk factors are often used interchangeably. In this way, MSI hazards can have the same meaning as MSI risk factors.

**MSI risk factors**: Factors of a job that, when present, increase the chance an MSI will occur. Examples are forceful exertions, repetitive motions and awkward and sustained postures. The terms risk factors and hazards are often used interchangeably. In this way, MSI risk factors can have the same meaning as MSI hazards.

**Ergonomics**: The science of matching job demands to workers and products to end users. It is about finding the right fit: the fit between people, the things they do, the objects (e.g. tools, equipment, and machinery) they use, and the environments in which they work (e.g. noise, lighting, temperature and vibration). Ergonomics seeks to fit the job to the workers rather than the person to the job.

**Forceful exertions**: The effort that a muscle or group of muscles uses to complete a job.

**Local contact stress**: Occurs when physical contact is made between body tissues and hard objects or surfaces in the work environment (tools, machinery and work surfaces) and dig into the skin.

**Manual handling (manual materials handling):** Includes any way in which workers physically move or handle an object (e.g. lifting, lowering, pushing, pulling, carrying, and holding).

**Musculoskeletal injury (MSI):** An injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue, including a sprain, strain or inflammation that may be caused or aggregated by work.

The term MSI is used in Newfoundland and Labrador. Other terms with similar meanings include:

* soft-tissue injury
* musculoskeletal disorder
* work-related musculoskeletal disorder
* repetitive strain injury
* repetitive motion injury
* occupational overuse syndrome
* cumulative trauma disorder

**Neutral posture**: Joints are in their natural rested position and stress on the musculoskeletal system is reduced. The back is in neutral posture when the natural curves of the spine are maintained.

**Overexertion**: Putting more force on the body tissues than they can handle.

**Repetitive motions**: Refer to using the same muscles repeatedly and usually occur when the same task is performed over and over, or when different tasks are performed using the same muscles.

**Sustained posture**: Holding the body, or a part of the body, in one position for an extended period.

**Workplace design**: Using ergonomics principles to design a place for workers to work in a safe, healthy and efficient manner considering the individual capabilities and limitations of the workers.

# 3.0 RESPONSIBILITIES

**Employer:**

* Ensure a written MSI prevention policy and procedure is implemented and maintained.
* Identify, assess, and control MSI hazards in consultation with the OHS Committee or WHS Representative.
* Provide training to workers and supervisors on MSI prevention.
* Ensure ergonomically appropriate tools, equipment, and workstations are available.
* Facilitate reporting and investigation of MSI-related concerns, signs, symptoms, and incidents.

**Supervisor:**

* Monitor work practices for ergonomic risks and ensure safe work procedures are followed.
* Promptly respond to reported MSI symptoms or concerns.
* Participate in investigations of reported MSIs or ergonomic hazards.
* Provide workers with appropriate training and coaching.
* Encourage early reporting of MSI signs and symptoms.

**OHS Committee, WHS Representative or Designate:**

* Participate in the identification, assessment, and control of MSI hazards.
* Review MSI-related reports and recommend corrective actions.
* Conduct regular ergonomic inspections and consult with workers on MSI issues.
* Ensure MSI prevention is on the agenda during regular safety meetings.

**Worker:**

* Follow ergonomic safe work practices and report any signs, symptoms, or concerns related to MSI.
* Participate in training sessions and use provided ergonomic equipment.
* Cooperate with investigations and assessments related to MSI prevention.
* Take part in early reporting to support early intervention.

**Contractors and Visitors:**

* Comply with the company's MSI prevention procedures.
* Ensure their workers receive proper MSI awareness and ergonomic training.
* Report MSI signs, symptoms, and hazards to the company’s site supervisor or safety representative.
* Cooperate with investigations and implement corrective measures as directed.

# 4.0 PROCEDURES

## 4.1 Identify MSI Risk Factors

Common MSIs include but are not limited to:

* Muscle or tendon strain
* Ligament sprain
* Tendonitis
* Bursitis
* Tennis Elbow or Golfers’ Elbow
* Carpal Tunnel Syndrome
* Herniated disc
* Trigger Finger

MSIs are commonly caused by the following risk factors:

1. Force (overexertion)
2. Awkward postures
3. Sustained postures
4. Repetitive motion

Examples of work conditions that may lead to MSI include routine bending, reaching, twisting, overhead work, lifting, pushing, and pulling as well as infrequent lifting of heavy objects.

An MSI can occur suddenly or develop gradually over time. For example, a muscle or tendon strain can occur suddenly from overexerting the back or shoulder to lift a heavy box, whereas carpal tunnel syndrome develops gradually from performing routine repetitive motions of the hand and wrist (without sufficient recovery time) over a prolonged period of time.

With some MSIs, signs and symptoms develop gradually, and they may seem insignificant at first, but they should never be ignored. By identifying the warning signs, action can be taken before injury occurs.

Some MSI warning signs and symptoms include:

* Aches and pain
* Tenderness
* Heaviness
* Stiffness or loss of joint movement
* Tightness
* Numbness
* Tingling
* Burning
* Swelling
* Weakness or tired feeling in affected area

**ABC Company** will incorporate MSI risk factors in the regular workplace inspections and hazard assessments.

## 4.2 MSI Reporting

Workers must report early signs or symptoms of an MSI or concerns about MSI hazards to their supervisor or safety representative as soon as possible.

Supervisors document the report using the MSI Reporting Form and notify the safety officer or designate.

The safety officer reviews the report and determines whether further assessment or intervention is needed.

## 4.3 MSI Investigation

1. A preliminary investigation is conducted within 24-72 hours of a reported MSI sign/symptom or incident.
2. The investigation team includes: the supervisor, a member of the OHS Committee or WHS Representative, and the safety officer/designate.
3. The investigation includes:
   1. Interviews with the affected worker(s)
   2. Observation and ergonomic assessment of the task or workstation
   3. Review of past reports or trends
4. Corrective actions are identified and documented, with a timeline for implementation.
5. The affected worker(s) are informed of the outcome and corrective actions taken.
6. Follow-up assessments are completed to verify effectiveness and ensure resolution.

## 4.4 Referral for ergonomic assessment

When identified ergonomic hazards and risks through investigations, inspections, and reports from workers, provide a documented request to the Occupational Health & Safety Department for an ergonomic consultation either through in-house, the OHS Committee, or ergonomics professional.

## 4.5 Purchasing

Where appropriate, prior to decisions being made about the purchase of new equipment or new furniture – worker input and ergonomic features shall be considered. Whenever possible, items should be trialed for no less than one week’s duration to ensure compatibility and MSI risk reduction.

## 4.6 Return to Work (RTW)

Develop physical demands descriptions (PDD) for jobs at high risk for MSI and incorporate the analysis in job descriptions. Information obtained from the PDD can be used for employee return to work following an injury to determine if the physical demands of the job match the workers’ current capabilities.

## 4.7 Building Design

Whenever the workplace is being re‐developed, ergonomic considerations shall be integrated into the design of the new work environment.

## 4.8 Maintenance of Equipment

Maintain all equipment in safe operating condition. Ensure complete and accurate documentation of preventive maintenance.

# 5.0 TRAINING AND EDUCATION

New employees receive MSI prevention training as part of orientation. This will include awareness, MSI definitions, signs and symptoms, and reporting of incidents and risks. Department-specific orientation shall include specific MSI hazards, proper use of ergonomic equipment, set up of workstations and work organization strategies.

Annual refresher training for all employees, focusing on risk factors, early symptoms, and ergonomic practices. Department-specific annual review of MSI risk factors and controls shall be reviewed with staff. Education should include MSI awareness, anatomy, biomechanics, risk factors, and signs and symptoms.

Specific training provided for high-risk job roles; this includes: **(add info here).**

# 6.0 CONTINUOUS IMPROVEMENT

MSI statistics and trends will be reviewed quarterly by the OHS Committee.

Ergonomic assessments and worksite evaluations will be updated annually or as required.

Procedure effectiveness will be reviewed yearly and revised if needed.