

**Brief to the Minister of Labour on Workplace Safety and Health
and Workers' Compensation Board issues for Manitoba Nurses**

October 2007

Introduction

Health care workplaces are dangerous places. In addition to the obvious high concentration of communicable illness there are also dangers presented by hazardous drugs, inadequate equipment and extremely physically and mentally demanding jobs. All of this contributes to the health care workplace having one of the highest rates of workplace injury.

These workplace hazards were brought into focus in December 2006 with the release of the National Survey of the Work and Health of Nurses. This report highlighted the degree to which the health of nurses is impacted, often seriously, by the conditions they face in their work.

Too often it seems that issues affecting the health and safety of nurses are addressed in a piecemeal fashion. Increasingly, however, the evidence suggests that many of these issues are interrelated, and addressing any one in isolation can provide only temporary improvements at best. Increasing the number of nurses and placing them into a toxic environment, for example, will only result in a large number of those nurses exiting the profession early. Improving the physical safety of nursing workplaces without ensuring a minimum safe level of staff is maintained will not ensure safety either, as adequate staffing is one of the biggest determinants of workplace injuries.

Manitoba has shown leadership in some areas of health care workplace safety. The province was among the first jurisdictions in Canada to pass legislation mandating the use of safety-engineered needles, an important step in eliminating the transmission of blood-borne pathogens through needle stick injuries. While this legislation was a major step, a recent meeting of the Manitoba Nurses' Union's long term care presidents revealed that these safety engineered devices have not been introduced into all long term care facilities.

Manitoba nurses are still concerned about the safety of their work environments. At the Manitoba Nurses' Union AGM in April 2007, 500 delegates representing 11,000 nurses passed a number of resolutions expressing concern over the state of their work environments, and the inability of the Workers' Compensation Board (WCB) to recognize and respond to their workplace injuries. The resolutions addressed the need for nurses to be provided adequate time away from work when injured and to be given meaningful work utilizing their skills upon their return; that effective occupational illness and injury prevention strategies be implemented in healthcare workplaces; that workplace safety and health standards be enforced by dedicated, specialized inspectors; and that an awareness be created among government, the Workers' Compensation Board and employers of the occupational risks and exposures faced by nurses. The full resolutions are attached.

The Manitoba Nurses' Union (MNU) will be addressing all of these concerns. This brief will present issues raised by our members as well as provide recommendations. In addition, the MNU is expanding our resources to deal with the issue of workplace safety and health and WCB advocacy. As a result, the MNU expects to be able to play an increasingly

significant role in ensuring that the health and safety of Manitoba's nurses is improved.

This brief covers three areas: An overview of the environment in which nurses work, some of the opportunities for dealing with workplace injuries proactively and a review of issues relating to how workplace safety and injuries to nurses are handled in Manitoba.

It is hoped that in this brief the Manitoba Nurses' Union is able to explain some of the serious issues of concern to our members, and the urgency with which they need to be addressed. As well, we hope to provide a starting point for improving their work experience.

The Health care work environment

Numerous studies in the last decade, both in Canada and around the world, have detailed the workplace hazards faced by nurses. From needlesticks to back injuries to physical assault, nursing is among the most physically demanding and dangerous occupations. The dangers are only exacerbated by the ongoing shortage of nurses that leaves many nurses working longer shifts, more overtime and in situations without adequate support from colleagues. It is hardly surprising that the issue of workplace health and safety and workers' compensation is so important for nurses.

The burdensome nature of the work environment that nurses face every day is a serious issue. Not only does it impact individual nurses and affect their health and quality of life, it presents a serious barrier to recruitment at a time when nurse recruitment is more critical than ever. While spaces in nursing education programs have been increased and more young nurses are joining the workforce, there are also a significant number of young nurses leaving the profession after only a few years, often because of the harsh realities of the health care workplace. In some cases, it is noted that as many as 1 in 5 nurses will leave the profession due to job dissatisfaction, often as a result of burnout and stress. This number does not include nurses who may elect to retire early due to these factors.¹

In addition to young nurses choosing to leave nursing because of stressful and demanding or dangerous work environments, there is also the reality that there are a number of more senior nurses, nearing retirement, who may choose to retire early rather than continue to face the conditions that exist in health care work places. Indeed, the percentage of nurses in Manitoba 50 years and older ranges from 37.8 percent for RNs to 38.5 percent for LPNs and 39.4 percent for RPNs.² The number of RNs in this age group has increased significantly in recent years, from 2,951 in 2001 to 4,252 in 2005.³

Given these factors, the need to improve the quality of worklife for nurses is critical for many reasons. Obviously, ensuring the health and safety of nurses on a daily basis must be a high priority. Workplace injuries cannot be accepted. Beyond protecting existing nurses, however, there needs to be a significant effort made to improve the quality of these workplaces to ensure that existing nurses remain working and are able to realize fullfilling

careers, that new nurses find nursing to be a desirable profession and that they are able to enjoy coming to work. Without this, nursing human resource issues will be much more difficult to overcome.

There are four common types of workplace hazards faced by nurses: Infections and communicable diseases; chemical and other environmental exposures; physical demands; and workplace violence. Each of these will be discussed in more detail below.

Infections and Communicable Diseases

When discussing the dangers faced by nurses, most often the talk turns to the physical demands put on them and, occasionally, to the violence that they face. Infections and Communicable diseases, however, are becoming an increasingly significant threat to nurses at work. With the concerns about the spread of a pandemic flu, and with events like the SARS crisis in Toronto, nurses are at the frontlines of exposure to an increasing number of virulent and dangerous illnesses. Aside from these major outbreaks, however, nurses are also exposed daily to any number of contagions which result in illnesses that prevent nurses from working and impact their quality of life.

Like so many other factors affecting the work of nurses, the serious impacts of communicable diseases are often not fully appreciated or acknowledged until after the damage is done. During the SARS crisis, warnings from nurses about new cases were repeatedly ignored. This was one of the factors that contributed to the second wave of illness which infected a further 118 people. In the end, two nurses were among those who died as a result of the outbreak. As the final SARS report points out, "What angered health workers was that their concerns, which turned out to be well founded, were dismissed, and the well-intentioned messages of the hospital were disconnected from front-line staff concerns."⁴

In 2006, when one of Winnipeg's major hospitals was hit with an outbreak of the Norwalk virus, a number of nurses became sick and were unable to work as a result. These nurses filed WCB claims, due to the fact they became ill at work, but all claims by MNU members were denied. When these members were declined access to Worker Advisors, the union local pursued these claims independently. The claims of at least three of the nurses were accepted on appeal (some nurses elected not to pursue an appeal), and even the employer expressed concern that the WCB was being too dismissive of the evidence that the nurses' illnesses were contracted at the workplace.

Unlike physical trauma resulting from an injury at work, infections and other acquired illnesses are more difficult to attribute to exposures from the workplace. That does not mean that they have any less significant impact on the nurse, or that they deserve less consideration in terms of compensation. The fact remains that the nature of nurses' work places them at greater risk for exposure to a variety of contagions that do not affect other workers. A more consistent and supportive system needs to be developed for evaluating

claims resulting from exposure to contagious illnesses among nurses.

Chemical and other Environmental Exposures

Health care workplaces are home to a variety of hazardous substances and environments to which nurses are exposed on a regular basis. Oncology nurses are regularly exposed to chemotherapy drugs, many of which are extremely dangerous and highly toxic. Operating room and labour and delivery nurses are exposed to anesthetic gases such as nitrous oxide. Nurses working with imaging equipment can be exposed to radiation. All nurses are potentially exposed to contaminated bodily fluids and blood-borne illnesses.

The variety of dangerous substances that nurses are exposed to is significantly greater than most other occupations and unfortunately, is largely unappreciated. While few of these exposures result in acute injuries, continued exposure can result in health problems and efforts must be continually made to minimize such exposures.

In most cases there is little regular monitoring of exposures. Where monitoring occurs, the standards used to determine safe exposure are often not determined based on studies of long-term exposure. As often happens, even levels below what is currently considered “safe” may eventually prove to contribute to long-term illness or death. For this reason, the precautionary principle should be adopted with respect to chemical and environmental exposures, and all reasonable efforts should be made to ensure these exposures are minimized to as great a degree as is possible.

Physical Demands

While the average citizen may not fully appreciate it, nursing is an extremely physically demanding occupation, and this takes its toll. This is an especially serious problem given the significant number of older nurses. Indeed, as noted previously, the average age of nurses in Manitoba is quickly approaching 50 years.

Nurses' jobs frequently include moving patients, physically restraining patients, repetitive motions with a variety of equipment, wearing heavy lead aprons in imaging labs and being on their feet in constant motion for long shifts, often exceeding 12 hours. In addition to these long shifts, the frequent requirement to work consecutive shifts and overtime can be very physically draining, and place nurses at an increased risk of sustaining physical injury.

Almost 500 Manitoba nurses suffered lost-time injuries in Manitoba in 2005.⁵ Between 2000 and 2006, there were an average of 290 injuries per year to nurses resulting specifically from lifting and transferring patients. This resulted in an average of 16,348 paid days lost per year, or approximately 65.4 EFT per year over that period, simply from injuries related to lifting and transferring of patients.⁶

Almost 6% of injuries to Manitoba nurses result in multiple traumatic injuries, as compared to 1.2% in Alberta and 1% in Saskatchewan. Additionally, more than 20% of injured

Manitoba nurses suffer injuries to multiple body parts, as compared to 12% in Saskatchewan and 7% in B.C., suggesting that in many cases, Manitoba nurses are suffering more serious injuries which may present more complications for recovery.

In addition to physical injury resulting from strains and impacts, there are a number of serious physical illnesses that occur as a result of stress and burnout, including heart disease, migranes, hypertension, irritable bowel syndrome, muscle, back and joint pain and ulcers.⁷ These, in turn, further contribute to poor work performance and burnout, creating a destructive feedback loop for the nurse and others on the unit.

The Reality of Violence

Increasingly one of the most important health and safety issues facing nurses is workplace violence. The Canadian Federation of Nurses' Unions reported in 2006 that a nurse is more likely to be assaulted on the job than a police officer or a jail guard. A majority of nurses have experienced physical assault, with one in ten victims requiring hospital treatment for their injuries. Typically one of every two nurses has experienced sexual harassment or abuse. A recent article in the online edition of the Wall Street Journal highlighted the serious impacts violence has on nurses. In it, Dr. Benjamin Brewer recalls a new nurse he met on his rounds:

“As she reaches up for the pump, the glow from the sunrise illuminates a long, discolored scar that runs from her right wrist to the middle of her forearm. At a previous job in a nursing home, a patient violently twisted her right hand and bent back two fingers, rupturing tendons at the wrist. The corrective surgery left her with a long, thick scar and a painful course of rehabilitation”

He continues,

“One of my elderly patients with dementia pinched one of the nurses on the arm two weeks ago. The half-dollar sized bruise on her left arm is fading but not yet gone. Another one of our nurses recalled being punched in the ear as her most painful injury so far. Still another recalled being punched in the eye and having her glasses knocked off her face. A nurse in our ICU has a deformed index finger and nerve damage from a patient's bite

Helping others comes with some occupational hazards to go with the long hours, nights and weekends. Nurses get assaulted all the time at work. They get assaulted in small and large ways at every hospital and nursing home in the country.”⁸

In an address to delegates at the 2006 annual meeting of the Manitoba Nurses Union, President Maureen Hancharyk addressed the issue saying that studies conducted throughout Canada demonstrate that nearly all nurses have been personally threatened at work, assaulted or disabled because of workplace violence. Inadequate response by

administrators is a common theme in nurses' accounts. Supervisors were often unsupportive and some nurses who had been assaulted or threatened were discouraged from reporting the violation to supervisors, administrators or the police. When employers tolerate verbal or physical abuse against nurses they send a message to the public and nurses that nurses are not valued.

In Manitoba, anecdotal evidence indicates that incidents of violence have increased in the past decade. Why? Nurses deal with large numbers of people with a disproportionate number being on the margins of society. One of the greatest contributors to violence is drug and alcohol abuse. More and more violent and aggressive patients are being cared for in long term care facilities. Nurses deal with people who are under tremendous stress and often in isolation. They perform treatments that demand intimate physical contact. Long waits and inadequate staffing can ratchet up tension and leave nurses more vulnerable. Given these circumstances is it any wonder that 86% of new nurses experience symptoms of burnout within their first two years of working.

Tools for Prevention

While there are definitely opportunities to improve the system for dealing with injuries and claims, there is no doubt that the ideal solution would be to prevent as many injuries as possible from occurring in the first place. Often workplace injuries recur, plaguing the injured employee for years, or the rest of their life, regardless of the treatment provided.

The value of healthy workplaces also goes beyond merely preventing injury. A safe and supportive workplace is more conducive to productive work and positive working relationships. Increasingly, being an "employer of choice" is an important factor in retaining and recruiting employees. As it stands, most health care workplaces do not meet this standard and, as such, are at a disadvantage when it comes to competing for retaining new graduates.

One lesson that can be learned from British Columbia is the value of workplace trials and pilot projects. There are many examples of studies that have looked at the problems of health care workplaces, and there have been many theoretical models of the ideal work environment developed; unfortunately, too often these are not put into practice and, when they are, there is not an adequate attempt to monitor and learn from these implementations.

Another issue that often is raised in implementing new workplace initiatives is the adoption of "best practices" and their fit to the unique characteristics of a particular facility. As Dr. Paul Thomas, chair of the Manitoba Institute for Patient Safety advocates, the emphasis should be on smart practices. Even more appropriately, the organizational culture should allow for continuous improvement: It isn't about getting the perfect system off the start, but monitoring the workplace environment, continually making changes as necessary, and being willing to adopt new approaches and ideas that may be developed in the future. Rather than promoting and publishing "best practices," there needs to be a focus on

providing tools to enable facilities to design and develop practices that work in their specific environments and conditions.

Workload Support

One of the most significant contributors to workplace injury is lack of staffing. While it may not be possible to hire more nurses in the short term due to the nursing shortage, the problem often lies with how existing nursing resources are managed, as much as it does with a lack of resources. A number of facilities are choosing not to replace sick calls, due to budget and other reasons. Unfortunately, hospital budgets are beyond the control of nurses. Indeed, it is of little consolation for nurses to know that a facility's budget is balanced if they are regularly working with excessive patient loads and potentially being injured. If budgets are a concern, it is an issue that should be dealt with at the management level. The safety of patients or health care providers should not be compromised for any reason, least of all due to inadequate budgeting and financial management.

Manitoba was subject to drastic cuts in nursing staffing and resources in the 1990s. Due to increases in patient acuity and changing patient characteristics, nursing environments are more demanding than ever before. One example of this is that nurses report an increasing number of obese patients and, given inadequate equipment in some facilities, this puts a greater demand on nurse staffing. In many personal care homes, nurses are facing patients who are increasingly suffering from various forms of dementia or other cognitive impairments. This makes the process of communicating with and treating patients more complex and, indeed, is one of the factors contributing to violent attacks on nurses.

In the Manitoba Nurses' Union's Long Term Care Report, we highlighted a number of the issues related to nurse staffing in the facilities. In some cases, nurses reported being responsible for 100 or more patients and, in a few cases, being responsible for patients on more than one floor of a facility. Some nurses reported having responsibility for a variety of tasks beyond nursing, including conducting inventories of supplies and securing doors.

There is significant evidence that higher staffing levels provide a greater level of safety for both hospital patients and staff.⁹ Indeed, the Provincial Health Workplace Injury Reduction Action Committee's presently unpublished report identifies higher levels of staffing as one of the key predictors of lower rates of injury.¹⁰ Clearly, attaining adequate levels of staffing through a combination of increased recruitment and improved retention will be a key factor in reducing injuries among nurses.

Lifting Equipment and Lifting Policies

Lifting and transferring patients can be a significant portion of a nurse's job and has also been shown to be a significant contributor to workplace injuries. In many cases the situation is exacerbated because of a lack of adequate staffing, forcing the nurse to attempt often dangerous patient movements in order to continue to provide care. Adequate

equipment and proper education for lifting are becoming increasingly important as nurses report a greater number of obese patients being treated in many facilities, making lifting and transferring an even more dangerous and challenging process.

Providing appropriate lifting equipment and establishing and enforcing policies, especially no-lift policies, has been shown to significantly reduce injuries among health care workers. The Provincial Health Workplace Injury Reduction Action Committee's (PHWIRAC) report cites a number of studies that demonstrate the benefits of providing appropriate equipment to assist in the lifting and transferring of patients. Among the findings cited: Ceiling lifts in an extended care facility resulted in a decline in injury rates of more than 50% and nine case studies showed injury reductions from 60-95% and a 90% reduction in injury costs with the use of lifting equipment.¹¹

Lifting equipment by itself, however, is not a solution. As the PHWIRAC report also points out, significantly better outcomes were achieved when the provision of lifting equipment was accompanied by an adequately supported and enforced no-lift policy. In addition, the provision of ceiling lifts in each room (as opposed to portable lifts shared between rooms), increased the compliance with lifting policies, due to the fact that lifting equipment was readily available and nurses did not have to locate equipment for use. This is particularly significant when facilities are already operating short of staff.

Violence Prevention and Protection

Nurses are not willing to accept violence as an everyday part of their professional working life. It is the responsibility of employers to ensure a safe and secure work environment for nurses. The MNU has been lobbying government for years to have signage prominently displayed in health care facilities throughout the province that states that violence against staff will not be tolerated and perpetrators will be prosecuted. While the signage has appeared in some facilities, our requests for a provincial policy have fallen on deaf ears. We are also currently meeting with resistance from employers during our negotiations at Central Table. Not doing everything possible to protect nurses against workplace violence defies logic.

While policies and signage are an important part of addressing violence, the most critical factor is the commitment on the part of employers to developing an organizational culture that prioritizes the safety of nurses and other health care workers. Employers need to consistently and convincingly stand behind no violence policies. Nurses need to feel that they will be supported if they bring safety concerns to the employer's attention.

The MNU is also calling upon government to increase security staff and security cameras and ensure more police involvement and criminal prosecution. It is not adequate to simply install security cameras without providing security staff, as some employers have done, as this provides no safety to nurses, only evidence for prosecution after the damage has been done. This is no consolation to a nurse who is a victim of an assault that could have been

prevented had there been proper security staff in the facility.

In addition to support from employers, nurses who are victims of violence need to be supported in the Workers' Compensation process, and consideration must be given to the serious impacts such an event can have on the process of returning to work.

Health and Safety in Manitoba

While a number of provinces have seen significant improvement in nurse injury rates in the last five years, Manitoba's rate has been relatively stable or grown. This is made more significant by the fact that injury rates among nurses were already higher than most other occupations.

Manitoba nurses are increasingly concerned about their safety and health at work. The Manitoba Nurses' Union survey of its members shows that the number of nurses rating "safe work environment/working conditions/stress" as the most important issue has increased 150% since 2001. The number one issue for nurses has consistently been the "shortage of nurses/retention" with 45% of nurses citing that as their number one issue in 2007. This has been closely followed by "heavy workload, long hours, burnout," which was rated the number one issue by 23% of nurses in the 2007 survey.¹²

Clearly these issues are a serious concern to Manitoba nurses. In addition to general concern about working conditions, our members have also raised specific concerns about workplace safety and health, reflected in resolutions passed at the MNU's 2007 AGM. Some of these issues are addressed above. A number of specific issues – relating to workplace standards, inspections, the WCB process and WCB appeals and support for returning to work – are addressed below.

Workplace Standards, Reporting and Inspections

One of the key factors in ensuring the safety of workplaces is the establishment of standards and regular inspections to ensure the enforcement of those standards. Many types of workplaces in Manitoba - such as mining, forestry and meat-cutting – have dedicated, specialized inspectors, uniquely trained in the particular issues of those sectors. Curiously, given the size of the health care sector and the number of injuries its workers incur, there is only one such inspector for health care facilities, according to the February 2007 Auditor General's report.

As the MNU reported in its Long Term Care Report, patient safety varied greatly between Manitoba Long Term Care facilities over the first half of this decade. Such variation suggests inconsistent enforcement of standards, whether it be in terms of staffing, availability of appropriate equipment or the existence of effective operating procedures. Reports from nurses in hospitals suggests this is a serious problem in these facilities as well.

Nurses at some facilities feel comfortable with the support, equipment and procedures in

place for handling bariatric or obese patients, while nurses at other facilities are highly concerned about their safety and the safety of bariatric patients. Equally, nurses at some facilities feel that appropriate measures are being adopted to deal with violence in some areas, while nurses at other facilities feel abandoned and vulnerable as facility management continues with inadequate and ineffective measures to ensure nurses' security and to prevent violence. More consistency is expected between Manitoba's health care facilities, and a higher standard needs to be maintained.

In preparing this brief, it has become apparent that the Manitoba Workers' Compensation Board does not have adequate provisions for tracking and reporting on workplace injuries. A number of types of information that were requested, such as number of unsuccessful appeals for nurses and certain types of statistics on non-time-loss injuries, could not be produced by the WCB, primarily due to the fact that a number of these variables are “not coded” in the database. In addition, the requesting of data was a time-consuming and laborious process, as each request needed to be made and then a significant time passed before the data was available. Given that many other jurisdictions in Canada have a significant portion of their data available online, and given the technological solutions available, this can not be seen as an acceptable situation. Indeed, access to information is a key part of citizen engagement in democracy and the ability to hold institutions accountable. To make such important data so difficult to obtain may significantly undermine the confidence that interested individuals or institutions have in the WCB process.

In addition to being important for third parties, having appropriate and comprehensive information available makes it much easier for the government to evaluate the safety of workers in Manitoba, as well as the effectiveness of the WCB. A culture of openness and information-sharing would encourage continuous evaluation and improvement of workplace safety and the WCB process, rather than the current process which is driven more by periodic reviews or emerging crises.

The Workers' Compensation Board and Claim Process

The WCB process can feel like a very adversarial process to someone who is injured at work. To the injured worker the perception often is that the WCB and the employer's role is to find an excuse not to provide them with compensation for their injury. The emphasis on injury cost and cost reduction in all of the Workers' Compensation Board reporting only reinforces this impression. Rather than focusing on payments and cost-savings, the effectiveness of these programs should be judged on measures that reflect the safety and health of employees and the positive effects this has on workplace satisfaction and productivity. After all, if employees are safer and more satisfied, reductions in injuries and injury costs will follow.

One of the areas that has been identified by our members as causing delays and issues in

the WCB process is the onerous requirements placed on doctors for providing documentation of workplace injuries. There needs to be more support for doctors in the WCB process, as it is in getting reports from doctors that the process often bogs down due to the time consuming nature of the paperwork involved. One recommendation received from our members and staff is to provide some type of standardized tools that would simplify the process of following and documenting an employee's medical issues in a format suitable for assessment by the WCB. The more simple it is for doctors to assess and document workplace injuries, treatment and progress, the more quickly an injured worker will be able to return to the workplace and, following from that, the lower the costs will be for providing that worker's claim.

Another issue raised by members is the process of return to work after injury. "Injury management" increasingly involves accelerated return to work. Unfortunately, for nurses who have suffered an injury, returning to work early can feel like they are being pressured against their best judgement. This perception can greatly affect the satisfaction of the nurse upon returning to work which, in turn, can have a very negative effect on the whole workplace. Greater attention must be paid to communication between the injured worker, their doctor and the WCB to ensure that all parties agree on and are committed to the plan for returning to work. Without this commitment, the chances of a successful return will be reduced.

One model of a return to work program is the LEAP (Langley Early Assessment and Prevention) program, piloted by the Fraser Health Region in British Columbia. The goal of this program was to address the high costs associated with lost-time injuries and, in the process, provide an environment to support the recovery of injured workers. The program focused on providing early access to onsite rehabilitation, support and education, in addition to focusing on prevention and early intervention. As a result of these efforts, the reduction in claims costs at Langley Memorial Hospital during the program was 25%, even though participation in the program was voluntary. The average number of days lost to injury by those participating in the program was 14, while those not participating lost an average of 26 days. Finally, all but one of the 71 workers rehabilitated through the program remained injury free for at least three months, demonstrating that the interventions and rehabilitation were effective and "durable."¹³

Another issue raised by nurses has been the support for appeals, or lack thereof, received from the Worker Advisor Office. Some members have expressed concern that the screening process used to determine eligibility for appeal support does not adequately consider the facts of the specific case. Because of this it is felt that in some cases legitimate appeals are not supported, forcing the injured nurse to pursue a claim on his or her own, often at substantial cost. Indeed, a number of MNU members have had WCB decisions overturned as a result of appeals that they have pursued with their own resources, including obtaining the professional services of occupational therapists and advocates.

Recommendations

Based on the issues presented here, the Manitoba Nurses' Union would like to present the following recommendations for consideration by the Minister:

- A provincial health care no-violence policy be developed and implemented in all health care workplaces, including clear and visible signage, support from security personnel in all facilities and training for employers and employees;
- More resources be dedicated to inspections and monitoring of health care workplaces, including more trained, dedicated and specialized inspectors;
- A plan be established to increase staffing levels in health care workplaces to ensure nurses are able to safely practice. If nurse staffing levels can not be raised to a safe level, beds should be closed to ensure nurses' and patients' safety is not put at risk;
- A review of the equipment in all health care facilities in Manitoba to ensure it is adequate and appropriate to the level of staffing, patient characteristics and care provided, with special attention paid to the capacity of equipment to deal with obese patients;
- Adequate lifting equipment, preferably dedicated ceiling lifts, be provided in all new facilities and retrofitted in all existing facilities;
- A review be conducted of the process used for evaluating cases in the Worker Advisor Office to ensure that all claims with legitimate grounds for appeal are being considered;
- A review of the process for returning injured nurses to work to ensure it takes into account the nurses' best interest, in addition to the best interests of the employer and WCB. Consideration should be given to evaluating and implementing a comprehensive return to work program, such as demonstrated by the LEAP program in the Fraser Health Region;
- Ensure that more comprehensive data is collected about injuries in health care and that this data is more easily accessible and useable by health care stakeholders and others;
- Provide tools to simplify the process for doctors following and reporting on workplace injuries to improve the responsiveness of the system for workers.

References

- 1 Paul T. Clements, Tammy Milliken and Harry J. Tillman (2007). The impact of stress management on nurse productivity and retention. *Nursing Economics*, 24(4). 203-210. Accessed at http://www.medscape.com/viewarticle/562717_print September 26, 2007.
- 2 Canadian Institute of Health Information (2006). Workforce Trends of Registered Psychiatric Nurses in Canada, 2005. Ottawa, Canadian Institute for Health Information.
- 3 Canadian Institute for Health Information (2006). Workforce Trends of Registered Nurses in Canada, 2005. Ottawa, Canadian Institute for Health Information.
- 4 The Honourable Mr. Justice Archie Campbell (2006). Spring of Fear: Volume 1. The SARS Commission Executive Summary. Toronto, Commission to Investigate the Introduction and Spread of SARS in Ontario; 40.
- 5 Data provided on request by the Association of Workers' Compensation Boards of Canada.
- 6 Data provided on request by the Workers' Compensation Board of Manitoba. EFT calculation provided by Charlene Currie, Manitoba Health.
- 7 Clements
- 8 Benjamin Brewer (2007). Nurses' reality: Enduring slights, injuries while caring for patients. *The Wall Street Journal Online*, Accessed at http://online.wsj.com/public/article_print/SB1191877640743152605.html, October 10, 2007.
- 9 Workers' Compensation Board of British Columbia, BCHEU and others (2003). Reducing Injuries in Intermediate Care: Risk factors for musculoskeletal and violence-related injuries among health care aides and licenced practical nurses in Intermediate Care Facilities, 59.
- 10 Provincial Health Workplace Injury Reduction Action Committee (2006) Provincial health workplace injury reduction in health care (unpublished).
- 11 Provincial Health Workplace Injury Reduction Action Committee.
- 12 Results of a survey of Manitoba Nurses' Union members conducted by Viewpoints Research.
- 13 Karlene Dawson, Langley Early Assessment and Prevention (LEAP) Program. Fraser Health, Surrey, B.C.