



## **ATRM NUGGETS**

Program Safety Talks – October 2023

*Designed to support and sustain the All the Right Moves MSI program. This tool is a great way to get more frontline staff involved in creating healthier, safer workplace. Successful programs start with listening to and encouraging all staff to help shape the safety culture in your nursing home. It begins with knowing and understanding. Each safety talk has been set up so the facilitator can read a scenario/ definition with helpful discussion points / questions. It should not take more than five to 10 minutes to engage staff and encourage continued discussions throughout the day.*

# SAFETY TALK 1 – EMPLOYEE RIGHTS

The New Brunswick Occupational Health and Safety Act describes an employee's three basic rights to ensure their safety at work.

No matter what your job responsibilities are, you have the following three fundamental rights:

1. **Right to know** – The right to receive training needed to do the job safely and to be made aware of workplace hazards, safe work procedures and emergency procedures.
2. **Right to participate** – The right to participate in solving health and safety problems and identifying and controlling of workplace hazards, even if there is a Joint Health and Safety Committee at your nursing home.
3. **Right to refuse dangerous work** – A specific procedure s to help guide you through the process of refusing work if it is believed the work is dangerous to your health or safety or that of others.

## FOR DISCUSSION

This may be a good time to invite an individual from the JHSC to introduce the topic and themselves.

1. **Right to know:** What is the procedure/policy if an individual is unsure or concerned about how to complete a task and wants additional on-the-job training?
2. **Right to participate:** What is the procedure/policy to identify, report or control a workplace hazard? Has anybody followed this procedure in the past? Has anybody here identified a potential hazard which resulted in processes put into place and people no longer getting hurt?
3. **Right to refuse dangerous work:** Did you know, you cannot just walk off the job when you refuse dangerous work? Does anybody understand the three steps that must be followed? Do you realize you are still required to stay at work until your shift is finished (out of harm's way of the immediate identified danger)?
  - a. **Step 1:** Report the safety concern to your supervisor. It is important that you also help resolve the problem and find solutions and ways to eliminate the danger. If the problem is resolved, return to work; if not, then on to Step 2.
  - b. **Step 2:** Report the matter to the JHSC. Again, it is important to know your responsibility in helping to resolve the issue does not stop when it moves to the committee. Make sure you are re-assigned work while waiting for the problem to be resolved. If still not resolved, then:
  - c. **Step 3:** Call WorkSafeNB and explain the situation. In all cases, you should stay at work until your shift is finished.



## SAFETY TALK 2 – EMPLOYEE RESPONSIBILITIES

You are responsible for your own actions. You not only have a right to report dangerous situations, but you have a responsibility to report! It is the law, that each of us, have responsibilities and due diligence to not only keep ourselves safe, but also those who work with us.

### FOR DISCUSSION

What if I said to you saying “I don’t/didn’t know” does not clear you from responsibility for an accident? From this day forward, “I didn’t know” will not be accepted, because you’re responsible and will be asked, “why didn’t you seek the knowledge”.

- An employee has been trained and the proper equipment is available, despite the fact the training has been awhile, they push their way through the task, when an item on the equipment failed and a co-worker was hurt. – Was this employee ensuring their due diligence under the law? (no, they should have received a refresher or consulted with an individual already familiar with the equipment, they may have been able to predict the equipment failure before someone was hurt)
- An employee has been trained on proper procedures including how to use the equipment for the task at hand. No body on the unit or in the department actual use the equipment (like the slider sheet, or guard on a mixer), so the employee gets hurt following what everyone else does. They return to the unit/department, ask to use the equipment, and told this time, the equipment is not available. Was this employee ensuring their due diligence under the law? (no again, what about the Right to Refuse and the obligation to report an unsafe working condition?)



## SAFETY TALK 3 – WHAT IS ATRM?

ATRM stands for All the Right Moves and is a musculoskeletal injury (MSI) prevention program. The creators of the program at the New Brunswick Continuing Care Safety Association designed the program with the idea that all workers should be able to go home and participate in their personal life after their shift. Whenever they could, the program is designed to prevent you from using your body to move another body or object. So much has changed in technology and tools and all efforts should be made to use them instead of our bodies.

### FOR DISCUSSION

As the trainer for ATRM, I can say there are some really cool pieces of equipment and some new procedures we can implement quite quickly. The program is trying to remove processes that require a lot of strain on our bodies. There are more modules on their way, but for now the program has a material and resident handling focus. Sometimes we want to revert to our old ways as we think it is faster, but the idea is that please, take the time to teach each other, in the long run, it takes less time, and the idea is that everyone goes home with some extra energy at the end of their shift.

- Did you know that there is a provincial association dedicated to employee safety?
- How many times a day do you find yourself lifting? Do you think it is more than you even think?
- How can we identify those processes that are putting wear and tear on our bodies?



## SAFETY TALK 4 – WHY IS SAFETY IMPORTANT

Safety is important to everyone, and we say it a lot, but do we really think about how being hurt impacts your life? How one small inattentive moment can change your life completely.

Show Slide 5 – WSNB Video from your PowerPoint.

### FOR DISCUSSION

Share your story from Slide 6 (what is so important in your life you don't want to give up).

- Does anybody else have a reason for staying safe? Such as wanting to travel and be able to sit on a plane for hours, or lift their grandchildren up, or play on the floor with their children?
- Are you thinking about those things when you are rushing through to get the work done?
- What if you hurt yourself on a day off? Have you changed the way you do things at work so that you don't aggravate it worst? Such as using equipment to offset lifting? Gathering garbage or laundry more often so that the bags are not too heavy? Bringing in a second person?



## SAFETY TALK 5 – MAIN CAUSES OF 90% OF INJURIES

There are three risky behaviours that contribute to putting yourself at risk of injury.

1. Those risks we chose to take, like hand-gliding or parachute jumping
2. Those risks we take that have become so routine, like driving a car
3. Those risks we are not aware of.

### FOR DISCUSSION

Many of us do not notice when we are taking risks. Nobody tries to get hurt on purpose. That's why most people don't even see it coming. Has anybody driven home after a shift, parked the car, walked in the house and then thought "How many lights/stop signs did I drive through?" That is because it is so routine to take that route, but you are in extra danger, because you aren't even aware of the risks.

- Has anybody done an activity and then you were caught off guard because you got hurt or almost hurt (emptying the dishwasher and banging your head on an open cupboard door).
- Who here does some extreme sports? Are you more cautious in following safety protocols (such as checking your parachute) then you are taking the garbage out?
- Can you tell me something where you were doing something, and you just did not even think about the risk before doing it? Like backing out of a parking spot and you hear a car horn, and you think "where did that come from!".



## SAFETY TALK 6 – BEING MINDFUL

A study by a person called Larry Wilson who has a training program call SafeStart, talks about how 4 conditions that lead to 4 errors which are responsible for 90% of all injuries. These conditions are: Rushing, Frustration/Aggravation, Fatigue and Overconfidence. Those 4 conditions lead us to: Not observe ahead, be preoccupied, lose our grasp and be unguarded.

### FOR DISCUSSION

Imagine there is a snake in every room. I bet no matter how tired, frustrated, overconfident or in a hurry you are...your entire mind and body is centred on finding the snake before you enter the room!

- Show slide 23 for care services
  - Do you think that nurse thought that skating was more dangerous than walking down the stairs?
  - Was she rushed, frustrated, tired or overconfident?
  - Was this a direct cause of her losing her balance and falling down the stairs?
- Show slide 24 for support services
  - Do you think this laundry attendant was intentionally trying to get hurt?
  - Were they rushed, frustrated, tired or overconfident with the task they were doing?
  - If this person realized that they were in one of those conditions, do you think maybe they would have been more aware of the danger they might be putting themselves in?



## SAFETY TALK 7 – TECHNIQUES TO REDUCE RISKS

Last time we talked about 4 conditions that can lead to 4 errors. Here are 4 techniques you can use to reduce your risks. Did you know that the degree of which you are hurt, is only by chance or luck. Every accident has the potential to be very severe, but other “lucky” circumstances decide how severe the injury will be.

- Be mindful as to what condition you may be in and change your approach accordingly to prevent a critical mistake.
- Think about how many times you have a near miss and were lucky enough not to get hurt. What condition were you in at the time?
- Observe your co-workers and people out in your everyday travels. Learn from their mistakes.
- By thinking and observing, you can be more mindful of your condition which means you can stop and modify your plan before proceeding to complete your task.

### FOR DISCUSSION

Realizing that you are in a state of making a critical mistake is a very important aspect of injury prevention.

- Does anybody have a story to share? If there are no stories:
- **When you know you are late and it is almost certain that you will not be getting to work on-time, the first thing to do is:**
  - Drive faster
  - Call in sick and turn around to go home
  - Call to let someone know you are late
  - Get someone to punch your timecard and pretend nothing ever happened
- **Being overconfident is the easiest condition to react to:**
  - True or false
- **Usually when people are aggravated, they:**
  - Rush
  - Take Several deep breaths to calm themselves down
  - Forget to look for the snake in the room
- **The minute you realize you are rushing, tired or frustrated you should:**
  - Try to slow or calm down
  - Stop, think ahead, look/observe before doing
  - Concentrate on what you are doing





## SAFETY TALK 8 – PERSONAL FACTORS

**\* This talk requires a binder (or two), wheelchair and chair.**

Many of you have personal factors that may put you at a higher risk for injury. Things such as having had an injury previously, your age, medications you take, a disease, pregnancy, if you are obese or smoke. Secondary factors, such as being overly stressed, work too much overtime, have a sedentary lifestyle, too hot or too cold and even having hobbies that have similar demands on your muscles/body as your work does.

### FOR DISCUSSION

We have more control over the secondary factors than the personal factors. Such as if you were too cold, you can just put a sweater on. Unlike a personal factor, aging for instance, no matter how hard we try, we cannot stop.

Knowing that we may all be different in our abilities due to our personal factors, why do we all seem to think we can all do the same thing?

- Where are some areas you think we should be looking at, because something such as a height difference makes it harder to complete a task?
- How many of you may have hurt yourself on your day off, but did not change the way you go about doing your job? What should you do if you find yourself risking further injury at work? Get Help – in the form of a person or equipment or both.
- Where would you find your centre point on your body? (waist) The further you hold an object from your waist, the more force it requires you to hold that item.

Have everyone in attendance hold a binder in one hand with their arm stretched out. Then have them hold the same binder close to their body.

- Where did you feel the pressure? This shows us, the closer to our centre point the object we are carrying the better for our spine.

Have everyone in attendance push a wheelchair with someone in it, then to pull it back into place.

- What did you notice regarding your body posture pushing vs pulling? Pulling requires us to twist our head and spin and not see the path ahead. Twisting is okay on the body as long as there is no load, when there is a load, then you are looking at creating damage in the form of microtears that may take years for you to know you have. We can conclude that before you pull anything see if it is possible to push instead.



## SAFETY TALK 9 – MOVING AN OBJECT

**\* This safety talk would require you to find some real-life scenarios to analyse and work through with the group.**

**Or plan a route to bring an item from point A to point B. Make sure the route has obstacles, item is heavy, there is a choice of equipment to use.**

Besides knowing the proper techniques of lifting, moving, and placing a load, it is important to fairly assess both the scope of the job and one's own strength. As for help if the load is too heavy or awkward such as too bulky or long to manager safely alone.

General Rules for safely moving materials/objects

Stop & think

Self Assess and get help if you need it (preferably someone closer to your own height)

Is there a piece of mechanical equipment for the task?

Object too big, too small, too heavy?

Can you remove some of the items out of the container to lighten the load?

Inspect and plan your route for any possible changes to resistance, such as carpet, objects in the way, resident's feet, or uneven surfaces and heavy doors (eyes before body).

### FOR DISCUSSION

- Read in-house real scenario (without identifying any individual), Discuss in a group how the incident may have been avoided.

Or

- Have a variety of equipment available that may be used to transport an item. Chose a path between point A and B that may have some challenges. Such as doors to open, ramps to go up...go for a walk with the group along the path before the object is moved. Have the group identify what might potentially go wrong or could make the transport of the item more dangerous. Then return to where the item is and get someone to volunteer to move the object. (Should they ask for help, should they remove some of the items from within the container to lift, will they carry the item all the way or use a piece of equipment. Did they try to move the item with their foot first (if on the ground), to estimate the weight before tempting to move it)



## SAFETY TALK 10 – NO MORE PIVOTS!

More than 40% of all our injuries are caused by 1 and 2 person pivots and “helping” residents stand up or walk. Using our bodies to move another body!

**If you have the equipment in place:** We have equipment that will allow, and actually in some cases improve resident mobility without it putting our bodies in danger. Things like the SteadyMate walker, sit to stand aids/and lifts and portable transfer poles to name a few.

**If you do not have the equipment in place:** So, until we can get all the equipment in place, residents requiring these types of equipment will need to be assisted using a mechanical lift.

### FOR DISCUSSION

- Why are we walking with residents in the first place?
  - It is only to “catch” them when they fall.
  - What are the chances you will catch a resident in a safe manner?
  - This is why someone invented the SteadyMate walker, this takes 100% of the force of a falling resident while allowing the resident to be as mobile as they want at no risk to you.
- What is the purpose of continuing to use our body to displace another body?
  - Is it because of the time it takes to just “lift” someone up and turn them to sit them in their wheelchair?
  - Is it to keep the resident stronger and mobile longer?
    - How could they if you are using your strength to stand them up or keep them steady. A resident could not build up the muscles needed to do those activities on their own.
    - Using a sit to stand aid, or transfer pole ensures that the resident’s muscles are being engaged and strengthened, not yours being over stressed.
    - Residents can use the equipment to exercise more frequently.
  - Have you thought about how many times you are probably lifting way over 25lbs in a day?
  - Is your body made to twist while carrying a load or experiencing resistance?
    - In fact, it is not – when you twist with resistance, tiny micro tears occur throughout your back muscles. This is not noticeable till much later in life, and we tend to place blame on the activity we were doing just prior to it giving out.



## SAFETY TALK 11- PICTOGRAM

ATRM requires you to assess at every moment not only the resident's abilities but yours as well. Don't forget, if you have a sore back, you may have to change the way you work today. ATRM puts the importance of the resident and staff members at the same level. Both your safety is paramount! Pictograms are to be used as a baseline.

### FOR DISCUSSION

It is easy to know those residents who require full mechanical lifts as they are fully dependant and those residents who are fully independent. Let's talk about all the residents' in-betwens. We also must think about those residents' whose abilities might change throughout the day. If they start off with a sit to stand aide, maybe then end the day with a full mechanical lift.

- If you walk into a resident's room, and the pictogram shows that the tool to be used is a full mechanical lift, what options does that give you? None – trick question. You can always increase the assistive aide, but never decrease the assistive aide.
- Bring out a copy of the pictogram, show how your home is choosing to use them. Choose a couple of complicated residents to show how that might look on the pictogram.



## SAFETY TALK 12- POINT OF CARE ASSESSMENT

ATRM requires you to assess at every moment not only the resident's abilities but yours as well. Don't forget, if you have a sore back, you may have to change the way you work today. ATRM puts the importance of the resident and staff members at the same level. Both your safety is paramount!

### FOR DISCUSSION

It is easy to know those residents who require full mechanical lifts as they are fully dependant and those residents who are fully independent. Let's talk about all the residents' in-betweens. We also must think about those residents' whose abilities might change throughout the day. If they start off with a sit to stand aide, maybe then end the day with a full mechanical lift.

- Can anybody tell me what key requirements are needed for a resident to use a sit-to-stand aide? At least one hand can grip, can withstand weight on at least one leg and can follow direction.
  - Go through a list of residents you might have to analyse if they would qualify for this aide.
- You can use scenario cards in your training manual to choose a couple of scenarios if you wish not to discuss current resident abilities.
- In the past, we've talked about the "snake in the room" if you missed that discussion, it is about looking ahead for dangers or worst-case scenarios before completing a task. If you thought there was a snake in the room, you would be entering the resident's room with a lot more caution. So, we know eyes before feet, then we can assess the resident, what else should we be assessing before
- Show videos from Slide 4 of the resident handling PowerPoint – Four elements of a POCRA.



## SAFETY TALK 13- EQUIPMENT/TOOLS

Today we will be talking about equipment / tools that might be new to some and familiar to others. For each tool/equipment we discuss today and the next few Safety Talks, you are required to use them from that point on. Don't forget, if you are unsure of anything, whether the tool/equipment is working correctly, or if you are unsure of yourself and your partner, do not proceed to use it until you've sought the knowledge.

### FOR DISCUSSION

For the next few talks, I will try to show you one or two tools/equipment at a time. From this point forward, you will need to use those tools and equipment for the appropriate tasks/activities. This is for both yours and the resident's safety! If you have any questions, concerns, hesitation on any of this, please make sure you reach out to: [talk about daytime process for your home] [talk about afternoon/evening process here][talk about night-time process here]. Choose 1 or two items below per talk.

- **BED**
  - Trendelenburg feature (if available) to move someone up in bed
  - Raising and lowering the bed to help someone stand up (with walker) or sit down
  - Moving the head of the bed up after sling placement so that the resident is raised in a sitting position rather than a lying down position when using a mechanical lift.
  - Chair feature (if available), discuss which residents would benefit from this feature. Talk about morning rush hour, and rotating residents eating in bed.
  - Toolless removal of headboard/ rails/ footboard for emergency evacuation. Discuss which beds have the features, which do not. If not, what is the process to use?
  - Discuss how to prevent a bed from "floating" and pushing vs pulling
  - Detailed discussion about current residents and if those residents are in the appropriate bed. E.g. Fully independent resident in bed that Trendelenburg's vs bariatric in standard bed.
  - Difficulty dressing residents in bed vs in a chair. using adaptive clothing, it is often much easier to dress the resident in a sitting position. This eliminates several back and forth turning of the resident in bed. Always use open-backed pants (wheelchair pants) whenever a resident is wheelchair bound. These can be easily applied when the resident is up in the chair. Consider dresses for female residents. Don't forget your Doff and Donner for compression socks!
  - Pivot rail (if available)
- **Slings**
  - Left under the resident unless written in the careplan otherwise.
  - Types: hammock, universal, comfort, limb, turning



- No toileting slings unless under very rare circumstances
  - Two-person application – show video Slide 55 – mechanical lift
    - Not only a time saver, but also, more importantly saves on the wear and tear of the individual staff members.
  - How to fit a sling
  - How to check for wear and tear
  - In-house process to remove bad slings
- Adaptive clothing
  - Show adaptive clothing assessment tool – discuss which residents might need an assessment.
  - Show brochure and letter that explains to family and friends why someone requires adaptive clothing
  - Discuss what is the process in your organization to report or trigger an assessment.
  - Discuss what is the process in your organization if a resident is assessed for adaptive clothing and there are not enough articles of clothing that is adapted?
  - Wheelchair pants / dresses
    - All residents who are wheelchair bound require wheelchair pants and or dresses. There should be enough for 7 days a week.
  - Doff and Donner
    - Show how to use the compression sock doff and donner
    - What is your organization’s process in acquiring the equipment (e.g. there are stations set throughout the organization, or does each resident purchase their own (better for IPC).
- Pivots
  - Sit to stand aid versus sit to stand lift
    - Using one person vs two
    - Which residents would be appropriate for each?
    - Can be used to strengthen resident core muscles when left at the side of the bed for residents to stand and sit.
- Washing in bed
  - Wedge
    - Show wedge – no more pushing and holding residents from behind
    - Turning sling – how to use it. NOTE: Some turning slings can be left under the resident at all times. Ensure both sides are tied to the bed so not to get entangled in the bed mechanisms when not being used.
- Moving a Resident in bed
  - Using a positioning sheet (full length sheet that can also be used with a mechanical lift)



- Slider sheet sets.
  - Standard system (jersey borders) – Show the difference between having only a top slider vs having the set that includes the bottom fitted sheet. Discuss which residents should have slider sheets
  - European style (Satin finish) – Show how easy it is to move someone with a 4 directional sheet and how to tuck the top sheet under to stop people from sliding down.
- Turning sling
- Other tools
  - Tub stretcher, shower chair, portable bathtub (in bed), fallen resident sling (if available)





## SAFETY TALK 14- FRONT TO BACK

Over the years, many of us have changed the moves we've been taught. There is no wonder, as in previous programs there were more than 21 moves to learn! Who could remember all that? ATRM is 1 move for three different tasks. The only tasks that still require us to manually handle residents. Those are the activities we find ourselves completing around the bed. For all other situations, there is a tool to help. There is a tool found for the bedside as well, but it will most likely be a couple of years before we see that piece of equipment commonplace in our homes.

### FOR DISCUSSION

The only move now is the front-to-back move. No longer do we do any side-to-side shifting or push residents away from us. These are not sound body mechanics.

- Show videos and discuss/practice movements.
- Each video can be its own little education session if necessary.

