

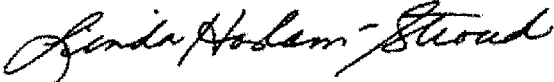


Ontario Nurses' Association

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To: Local Coordinators, Bargaining Unit Presidents, Health and Safety Network Leads, and Joint Health and Safety Committee members from the Executive Booklet

From: Karen MacDonald, VP, Region 1, Occupational Health and Safety Portfolio


Date: July 24, 2008

Re: Patient ceiling and mobile lifts..the need to inspect, train and use

C: Board of Directors, District Service Teams, Provincial Services Team

As you know, ONA has succeeded in convincing the Ontario government that too many of our members have been injured when transferring patients. In response, the government provided substantial funding to homes and hospitals to install patient lifts.

We are pleased that the loads are being taken off the backs of our nurses as more ceiling and mobile lifts are installed in our workplaces, but we are now hearing some troubling stories from around the province. Our health and safety networks are reporting that many lifts simply are not being utilized, for reasons ranging from lack of training in how to properly operate them to difficulty using them as they get caught in privacy curtains, etc. Even more disturbing are reports of ceiling and mobile lift failure resulting in patient injury and death and worker injury.

Material lifting equipment has been commonplace in industrial settings for decades and in Ontario there has long been clear regulation for proper installation and regular inspection of these devices. Before first being used, and at least yearly thereafter, a material lifting device must be "examined by a competent person" to determine its capability to lift the maximum rated load, and the material lifting device can only be operated by a "competent person." (*excerpt of Industrial Regulation Section 51 attached*)

British Columbia has regulations governing *patient* lifting equipment. The province requires similar inspection as Ontario has for *material* lifts. BC also requires that the operator of the lift be able to stop movement of the lift at all times and prohibits use of *patient* lifts that automatically return to the home position. This requirement is consistent with the Canadian Standards Association (CSA) Standard Z10535-03 *Hoists for the transfer of disabled persons – Requirements and test methods*.

The Ontario law about *person* lifting equipment is not so clear. Of course, the employer's general duty under the *Occupational Health and Safety Act (OHSA)*, to "take every precaution reasonable in the circumstances for the protection of a worker," is applicable. Also applicable are Sections 8 & 9 of the Health Care and Residential Facilities Regulation. The Regulation requires every employer in consultation with the JHSC to develop, establish and put into effect measures and procedures that include:

- Safe work practices;
- Safe working conditions;
- The proper use, maintenance and operation of equipment.

If you have a concern about a particular lift, these broad sections can be enforced. But we are interested in ensuring that preventive measures, similar to those required for *material* lifting equipment, be taken to ensure the integrity of *patient* lifts. Though the Ministry of Labour (MOL) has not conceded this point, ONA believes that section 55 of the *Regulation for Health Care and Residential Facilities* can be applied to *patient* lifting equipment:

- 55. Before lifting or self-propelled mobile equipment is operated after its repair or modification, a person qualified by training and experience to do so shall inspect it to ensure that it is in good condition and a record shall be kept of the inspection.*

However this section is limited to inspection of a lift before operation only “*after its repair or modification.*” And there is no clear prohibition of the “automatic return” feature which is banned in BC, but commonplace in Ontario. (*nb: we understand the “automatic return” feature on ceiling lifts can be “programmed out” and the speed of ceiling lifts can also be programmed. We also understand that there are devices with a return to charge feature that must be operated by the user. In these cases the lift won’t automatically return to charge unless activated by the user.*)

The installation, inspection, monitoring, training and use of ceiling lifts seem to vary from facility to facility around the province. We understand that one large hospital applies an industrial preventive approach and contracts a truly “competent person” to annually fully inspect and make needed corrections to each patient lift. Other employers appear to have not even put their minds to this serious issue.

Given what we are hearing from members around the province, and with a view to prevention of problems, we are asking that you raise the issue of proper installation, inspection, training and usage of patient lifts at your Joint Health and Safety Committee (JHSC). The Ontario Safety Association for Community and Health Care (OSACH) has a planning guide: *Implementation of Client Mechanical Lifts* available on the health and safety section of the ONA member website. The OSACH new Handle with Care Program and the attached OSACH Mechanical Lift Inspection Checklist and alert from BC are other useful resources. Your JHSC can ask the employer to acquire the CSA standard and the OSACH Handle with Care Program cited above.

We are attaching a draft recommendation for you to tailor and table at your JHSC. Remember to follow the usual three steps:

1. **Caucus** with other worker members to discuss this issue and develop a common position to present to the JHSC as a whole. You are entitled to at least one hour of paid time before the meeting to do so. (section 9 (34) *OHS*)
2. **Recommend** in writing to the employer that the measures suggested in the attached sample be taken to prevent injury. The employer has 21 days to respond in writing to a written recommendation from the JHSC. (section 9 (20) *OHS*)
3. **Call** the MOL if the committee as a whole will not make the recommendation to the employer, or if the employer response is tardy or deficient. This would constitute an “unresolved health and safety concern” and in accordance with the principles of the Internal Responsibility System, it is entirely appropriate to seek help from the MOL if a concern is unresolved.