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Submitting author: Miss Christine Tin Yan LEUNG

Post title: Physiotherapist I, Cheshire Home, Shatin, NTEC

Implementation of a Holistic Disability Management Program for Workers with Injury-on-duty in an Infirmiry Hospital

Leung TY(1), Law YK(2), Chan SH(3), Tsang SM(3)(4), Yui KY(5), Lee EWC(6), Fok JPC(6)

(1) Hospital Occupational and Health Committee and Physiotherapy Department, Cheshire Home Shatin, (2) Administrative Services, Cheshire Home Shatin, (3) Nursing Department, Cheshire Home Shatin, (4) Infirmiry Unit, Cheshire Home Shatin, (5) Occupational Therapy Department, Cheshire Home Shatin, (6) Occupational Medicine Care Service, New Territories East Cluster

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Introduction

The work nature in an infirmiry hospital is characterized by lots of manual handling tasks and healthcare workers are exposed to various hazards induced by manual handling operations (MHO). An initiative was formed to address the issue and this paper highlights how various stakeholders worked together to enhance workplace safety, improve workers' function and facilitate return to work (RTW) arrangement

Objectives

1) identify workplace safety issues and work on improvement measures through staff engagement and management support; 2) help injured staff to resume their worker's role and regain productivity; 3) proactively identify staff with health-related work difficulty and support them with appropriate work accommodation.

Methodology

The hospital Occupational Safety and Health (OSH) team, Nursing Department and Administrative department of the hospital together formed a core group which worked closely with Occupational Medicine Care Service in implementing a Disability Management Program for staff injured-on-duty. A retrospective injury-on-duty (IOD) data analysis was performed from October 2012 through September 2015. Worksite meetings and visits were conducted with frontline staff. OSH hazards were identified, corresponding OSH advices, and MHO training was tailor-made to enhance work safety. Appropriate medical recommendations and RTW plan was formulated by engaging staff and supervisor in performing different tasks at work upon their RTW. The staff could voice out their concern in performing any specific job tasks while supervisor was engaged in offering work accommodation under operation constraints. Focus group meetings, injured staff's feedback and injury profiles would be collected

to evaluate the effects of implementing such work disability program at half year and one year interval.

Result

Sprains and strains related to material or patient handlings was the main reason for work disability in our infirmary hospital. Out of a total of 29 IODs in the past 3 years, MHO related injuries accounted for two-thirds of injuries. Nearly 70% were supporting staff; followed by 28% nursing staff were injured. Because of the small numbers in the injuries, it was difficult to generalize the causes of IOD. Individual analysis and specific measures were performed to address the issue. Commonly, work accommodation is required to facilitate a smooth RTW for injured staff. Genuine communication among worker, supervisor and OMCS with expectation management seemed to pave the way for realistic goals setting and further success in the disability management program. Tentatively, their feedback was positive and all the parties were benefited by positively and proactively engaging them in enhancing injured staff's functions and productivity.