Work-Relatedness of Low Back Pain in Nursing Personnel: A Systematic Review


This review indicates the support to include back pain as presumptive legislation for nurses. Currently there are no presumptive diseases in the health care field. A presumptive disease means that the injury/illness would be presumed to have occurred as a result of the work carried out by the nurse. In Saskatchewan for example there is presumptive legislation that presumes that certain cancers as well as heart injuries within 24 hours of an emergency call are compensable, job-related diseases among professional fire fighters.

Yassi and Lockhart (Global Health Research Program, The University of British Columbia, Vancouver, BC) carried out a systematic review to ascertain whether the prevalence of non-specific low back pain in nurses constitutes a causal relationship, and whether there is a discernible threshold of exposures associated with this elevated risk. The conclusion reached by Yassi and Lockhart:

Notwithstanding the methodological challenges in studying this area, and noting that science rarely produces certainty, we conclude that there is ample scientific evidence to support the creation of a presumption of work-relatedness of non-specific low back disorders in personnel who perform general nursing duties. In other words, LBP that arises in nurses who perform patient care duties should be considered to be substantially related to the risks imposed by their work, unless the contrary is shown. This does not mean that non-work-related factors play no role in creating back pain, nor does it mean that all cases of back pain in nurses should be considered work-related; it does mean, though, that there is sufficient scientific justification for reversing the burden of proof, thereby eliminating one source of frustration for injured nurses.

While more research on everything from pathophysiological mechanisms of back disorders to success of ergonomic interventions is always welcome, we believe that there is sufficient evidence to justify a presumption of work-relatedness of back disorders in nursing personnel and begin to conduct implementation research to study the barriers and facilitators to implementing such a policy to maximize the success for all parties.

This systematic review provides excellent information and resources for any worker’s back injury WCB claim.

Norma Wallace, SUN OH&S Officer
1.800.667.3294 or 306.665.2100

For more information on Occupational Health & Safety: http://www.sun-nurses.sk.ca/ohs
There have been no reports of MERS-CoV in Canada. Cases have mostly occurred in the Middle East. WHO (World Health Organization) reminds all health care workers to remain vigilant regarding the possibility of coronavirus MERS-CoV. From September 2012 to March 27, 2014, WHO has reported 206 confirmed human cases, including 86 deaths from MERS-CoV.

The WHO website states:

Most patients presented with severe acute respiratory disease requiring hospitalization and eventual mechanical ventilation or other advanced respiratory support, however, mild and asymptomatic illness have been reported, most of whom were contacts of confirmed cases. At least ten paediatric cases have been reported, with one paediatric death in a 2 year old with underlying lung disease.

To date, more than half of all laboratory-confirmed secondary cases have been associated with health care settings. These include health care workers treating MERS-CoV patients, other patients receiving treatment for conditions unrelated to MERS-CoV, and people visiting MERS-CoV patients.

Your employer should have provided nurses with education on what to do if you suspect a patient has novel coronavirus including appropriate occupational health & safety and infection prevention & control measures. SUN joins with CFNU in encouraging nurses to use the precautionary principle in determining the possibility of the Middle East Respiratory Syndrome Coronavirus (MERS-CoV).

Where in the World has your Patient Travelled in the Last Two Weeks?

This is a question you need to ask patients with acute lower respiratory illnesses. Knowing this information may assist in determining the possibility of the Middle East Respiratory Syndrome Coronavirus (MERS-CoV).

Has the patient travelled to the Arabian Peninsula or neighbouring country in the past 2 weeks? Has the patient been in contact with someone who has travelled to these places?

The decision of the Ontario Ministry to employ the precautionary principle and include N95 respirators and eye protection when caring for potential coronavirus patients is commendable. Ontario has learned from the SARS tragedy. In Saskatchewan the PHAC Guidelines are being recommended which does not require respiratory protection unless an aerosol generating procedure is being done. Since the mode of transmission is not known the precautionary approach includes utilizing respiratory protection such as an N95 respirator in addition to other precautions.

Additional information can be found on the following organizations websites:

- **WHO**: [www.who.int](http://www.who.int)
- **CDC**: [http://www.cdc.gov](http://www.cdc.gov)

**PRECAUTIONS FOR HEALTH CARE WORKERS IN ONTARIO**

The Ontario Ministry of Health and Long-Term Care is recommending the use of Routine Practices and Contact, Droplet and Airborne Precautions by health workers at risk of exposure to MERS-CoV - a confirmed case, probable case or persons under investigation and/ or the patient's environment.

These precautions include:

- use of airborne infection isolation rooms when possible
- masking the patient with a surgical mask when outside of an airborne infection isolation room
- use of gloves, gowns and fit-tested, seal-checked N95 respirators and eye protection by health workers when entering the same room as, transporting or caring for the patient

The use of Airborne Precautions is a higher level of precaution than is being recommended by the Public Health Agency of Canada (PHAC) or the World Health Organization (WHO), or that is normally recommended for coronaviruses. The ministry is recommending Airborne Precautions based on its application of the precautionary principle to this novel virus for which little information about transmission and clinical severity is available.

News from Other Unions

BC Nurses’ Union Says Mental Health Facility was Understaffed

(BCNU News Release Dec. 19, 2013) A young nurse suffered a violent attack at the Hillside Centre (Royal Inland Hospital) in Kamloops December 13, 2013. She was punched in the face, knocked to the ground and pinned down by a mentally ill patient with an extensive history of violent attacks. It took eight staff members to get him off of her. While being taken to jail in handcuffs, the patient assaulted an RCMP officer.

The nurse was alone on the ward at the time of the attack. Earlier requests for more staff were denied by management. The BCNU has repeatedly raised safety concerns with Hillside. The facility has been systematically under-staffed and the union has met with the employer on more than one occasion to emphasize contract language on safe staffing.

The patient who attacked the nurse was transferred from a forensic facility. While at forensics, he was required to have four staff members on duty, at least three of them male. BCNU’s Thompson North Okanagan Chair, Tracy Quewezance is demanding Interior Health and the Hillside Centre provide safe staffing levels – not just minimums – at all times. “Nurses are working short, caring for patients that even the jail can’t handle. A young nurse has been severely traumatized. She’ll never go back there. It could have been a lot worse.”

Charges Filed Related to Violence Legislation in Ontario

The Ontario Nurses’ Association (ONA) reports in January 2014 that an Ontario hospital heads to trial in November 2014 for charges filed under the OH&S Act related to the violence legislation. An Ontario Ministry of Labour investigator found sufficient evidence of flaws in the workplace violence prevention measures to warrant charges against Royal Ottawa Hospital, a mental health facility, stemming from a violent July 2012 incident in which a patient attacked and injured several registered nursing staff members at a nursing station. ONA President Linda Haslam-Stroud, RN said “We are hoping the trial will result in a wake-up call for this employer and other health-care facilities that they have clear legal duties to protect their workers from workplace violence.”

Jacquie Griffiths Honoured for OH&S Activism

On October 31, 2013 the Saskatchewan Federation of Labour held their 58th Annual Convention. Each year SFL presents an award to an individual that has shown exceptional leadership in OH&S and who has dedicated their time to make our lives safer and healthier within our workplaces. In 2013 the Bob Sass Occupational Health and Safety Award was given to Jacquie Griffiths. Jacquie joins other union activists who have been recipients of this prestigious award: 2013 – Jacquie Griffiths; 2012 – Howard Willems; 2011 – Diane Melrose; 2010 – Virginia Kutzan; 2009 – Roy Howell.

Jacquie is currently a Safety Advisor with the Saskatchewan Association for Safe Workplaces in Health. Prior to her role in SASWH, Jacquie worked as a CUPE Rep for over 15 years holding positions such as National Servicing Representative in the Saskatchewan health care and group home sectors, Health and Safety Representative in Saskatchewan, Manitoba and British Columbia. She also held the position of Education Representative. Jacquie has participated as a committee member in three WCB reviews and is currently a long time member of the provincial Occupational Health and Safety Council (OHSC). In her role on the OHSC and as a trade union activist, she has participated in numerous regulation and administration reviews of the health and safety legislation. SUN has benefitted from Jacquie’s expertise and passion as she has assisted SUN in educational sessions and continues to provide leadership and dedication in the area of health care OH&S.

Congratulations Jacquie! We appreciate all that you do for workers in Saskatchewan!
The next few months provide many opportunities for activities, awareness and education regarding health & safety. Perhaps your Local or workplace could organize some activities around these dates:

**Day of Mourning**: April 28, 2014  
**International Workers’ Day**: May 1  
**Steps for Life**: May 4, 2014 Saskatoon  
**North American Occupational Safety & Health (NAOSH) Week**: May 4-10, 2014  
**Nurses’ Week**: May 6 – 12, 2014  
**SFL OH&S Conference**: Sept 11-13 in Regina

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**SOT Implementation Update**
Summary Offence Tickets can be issued by Occupational Health Officers starting on July 1, 2014.

See the February, 2014 issue of SUNSpots for more information on SOTs.

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**Steps for Life**
Steps for Life brings together families and co-workers affected by workplace tragedy with friends, neighbours, community members and health and safety professionals who are all passionate about workplace safety.

Are you looking for more information on the Steps for Life walk or Threads of Life? See more at: [http://stepsforlife.ca](http://stepsforlife.ca)

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**FOURTH INTERNATIONAL CONFERENCE ON VIOLENCE IN THE HEALTH SECTOR**

22 - 24 October 2014  
Miami - Florida - USA  
Towards safety, security and wellbeing for all

**Fourth International Conference on Violence in the Health Sector**

Place: Hyatt Regency Miami Hotel, Miami, Florida  
[Conference postcard]  
[Get more information on the conference]

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**INTERNATIONAL DAY OF MOURNING APRIL 28**

Monday April 28, 2014 marks international Day of Mourning to remember workers injured or killed on the job. In 1984, the Canadian Union of Public Employees (CUPE) began to celebrate Workers’ Memorial Day, and on April 28, 1985, the Canadian Labour Congress officially declared it an annual day of national remembrance. In December 1990, the **Workers Mourning Day Act** passed in Parliament, making April 28 the annual Canadian National Day of Mourning.

Today more than 100 countries recognize April 28th. The day is acknowledged by the International Labour Organization, the International Confederation of Free Trade Unions and the American Federation of Labour.

Check with your District Labour Council for Day of Mourning events in your area.

**REFLECT REMEMBER RESOLVE PREVENT**