



RCOA
Royal College of Anaesthetists

WINTER SYMPOSIUM
3-4 December 2020

Anaesthetists in mind
Chair: Dr Lucy Williams

A study of theatre ergonomics
Dr Richard Marks

Wellbeing
Dr Nancy Redfern




A Study Of Theatre Ergonomics

Dr Richard Marks

Department of Anaesthesia
Sheffield Teaching Hospitals NHS Trust

Theatre Ergonomics Project

- Perceived high number of colleagues with severe degenerative disc disease
- 15 Total spinal surgical procedures in 104 current Consultant Anaesthetists
- Qualitative evaluation of our NGH theatre layout. (2016-2017)

A Pain In The Neck

"After a few weeks there it became clear that the ache and tingling in my C6 distribution was worse than some of our patients'.....

Dr A Hunnigher Trainee Anaesthetist
(Royal National Orthopaedic Hospital Stanmore)

Royal College Bulletin (2009) November 58 p13-14

Prevalence of Work-Related Musculoskeletal Disorders Among Surgeons and Interventionalists:

- Meta Analysis prevalence of degenerative disc disease of 15 to 20%
- Highly Specialty specific
- Problem poorly recognized in US

Epstein S, Emily H. Sparer EH, Lee BT
JAMA Surg (2018) 153(2)

Prevalence of Work-Related Musculoskeletal Disorders Among Surgeons and Interventionalists:

- "Epidemic" "Tip of the Iceberg"
- Huge implications for loss of highly trained specialists
- Urgent Need for Research

Epstein S, Emily H. Sparer EH, Lee BT
JAMA Surg (2018) 153(2)

**Upper limb disorders in anaesthetists – a survey
of Association of Anaesthetists members:**

- 3,884 Association members (40% response)
- Cervical disc prolapse in 24%
- Right-handed 90% Left-handed 10%
- 'Commoner' in Right-handed

Leifer S, Choi SW, Asanati K, Yentis S.
Anaesthesia March (2019) 74:3 285-291

**Upper limb disorders in anaesthetists – a survey
of Association of Anaesthetists members[†]**

“Possible ‘modifiable’ ergonomic factors in
design of environment or equipment worthy of
further investigation”

Leifer S, Choi SW, Asanati K, Yentis S.
Anaesthesia March (2019) 74:3 285-291

**Intervertebral Disc Functional
Histology:**

- Water held in fibrous matrix by osmotic
attraction to glycosaminoglycans
- Highly organized matrix

Intervertebral Disc Functional Histology 2:

- Rise in disc pressure > osmotic pressure
water squeezed out
- Disc surface low friction

Activity and Intervertebral Disc Forces:

- *Excessive Load*: Increased Disc pressure
- *Twisting / turning*: Shearing of matrix
- *Bending*: Reduced surface area and number
- *Extended static posture*: Force increase

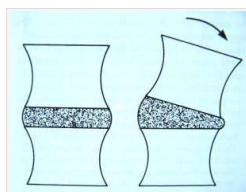
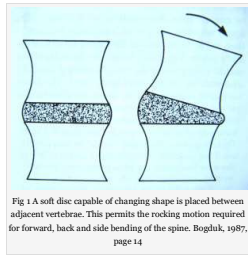


Fig 1 A soft disc capable of changing shape is placed between adjacent vertebrae. This permits the rocking motion required for forward, back and side bending of the spine. Bogduk, 1987, page 14

$$\text{Pressure} = \text{Force} / \text{Area}$$



Area = total number of discs

Surface Area and Intervertebral Disc Pressure:

- *Increased angulation of spine results in force over smaller net area*
- *Damage to discs increases pressure on intact discs*

Recognised Risk Factors For Occupational Back Injury

- Excessive Load
- Twisting / turning
- Bending
- Extended static posture
- Whole body vibration

Seidler A. Occupational risk factors for symptomatic lumbar disc herniation; a case-control study. Occupational & Environmental Medicine (2003) 60:821-830

What does the law say?

- avoid hazardous manual handling operations so far as reasonably practicable;
- assess any manual handling operations that cannot be avoided;
- reduce the risk of injury to as low as reasonably practicable.



Sheffield Theatre Ergonomics Project

- Qualitative analysis of our practice against established risk factors.
- Mapping of Anaesthesia as 'Work-station' Activities to recognized causes of disc prolapse.
- Are there modifiable factors for reducing MSK risk?

Display Screen Equipment:

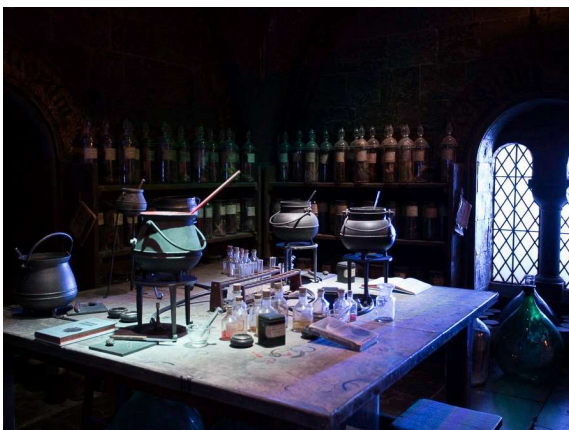
- HSE definitions Anaesthetists are 'heavy' (DSE) users
- Approved Adjustable Seating with lumbar support
- Screen height and angle adjustable
- No bright lights on screen surface
- Desk height and angle adjustable

Work with display screen equipment. Health and Safety Regulations 1992
Guidance on regulations L26 (2nd edition) HSE Books 2003 ISBN 0 7176 2582 6

Display Screen
Equipment







Workplace Assessment Induction Rooms

- Location of items to sink (SAS)
 - Gloves
 - Towel Holder
 - Refrigerator
 - Cupboards
 - Sharps Bin

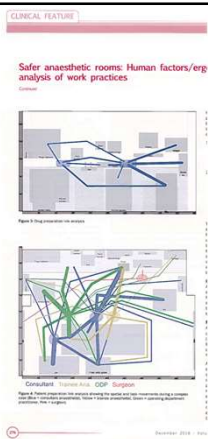
SAS
Sink Association Score



Workplace Assessment Induction Room 2

- Is the monitor within a 90 degree quadrant whilst observing the patient?
- Is the monitor compliant with HSE recommendations?
- Is it possible to cross the room if bed rotated 90 degrees?





Safer Anaesthetic Rooms
J. Perioperative Practice
(2016) 26 12 274-80

Induction Room Video
Analysis

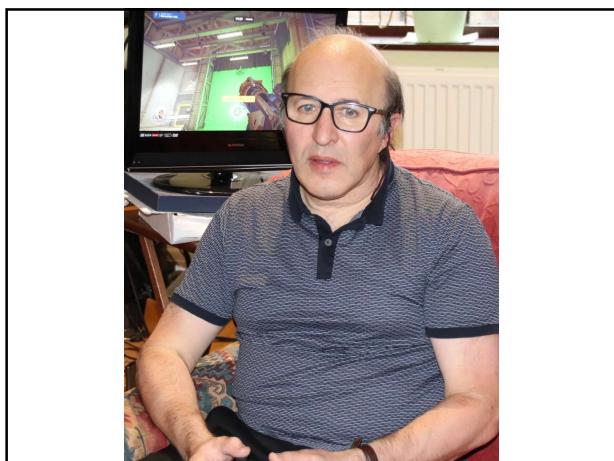


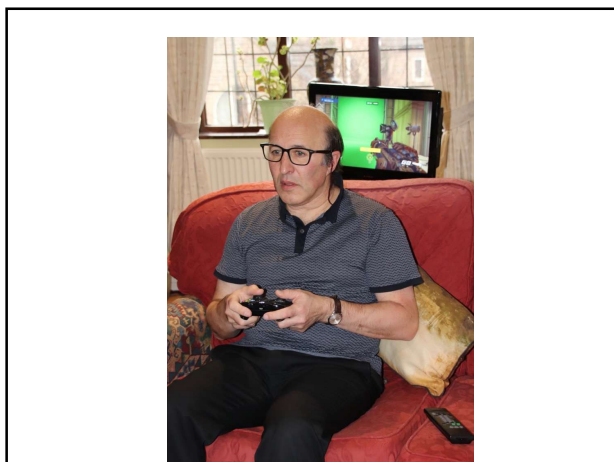


Workplace Assessment Operating Theatre

- Is the monitor visible within a 90 degree quadrant whilst observing the patient?
- Is the monitor compliant with HSE?
- Is there a chair compliant with HSE?
- Is writing / keyboard HSE compliant?

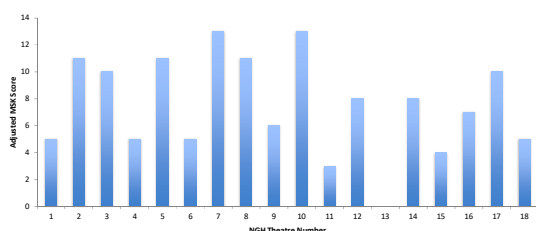








Adjusted MSK Relative Risk Scores: NGH Main Theatres Sheffield



R R D Marks Data Risk Assessment STH Theatres

Theatre Ergonomics

- Large variation in the same equipment in adjacent theatres
- Lack of induction room space
- Poor induction room monitor placement
- Unsuitable seating

What does the law say?

- avoid hazardous manual handling operations so far as reasonably practicable;
- assess any manual handling operations that cannot be avoided;
- reduce the risk of injury to as low as reasonably practicable.



Height and Weight Descriptive

B Hand distance from the lower back
 Choose the height and weight of the operator. Measure the horizontal distance between the operator's hands and the lower back. Record the distance in the table below. Use the following to guide your assessment:

C Vertical lift region
 Choose the position of the operator's hands at the start of the lift and at the end of the lift. Record the position in the table below. Use the following to guide your assessment:

D Torso bending and sideways bending
 Choose the position of the operator's hands at the start of the lift and at the end of the lift. Record the position in the table below. Use the following to guide your assessment:

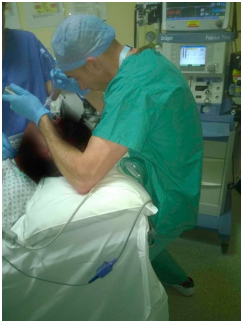
Work done =
 Force x Distance

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Direct Laryngoscopy
 MAC Tool HSE Risk Assessment

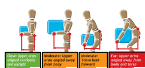
Risk Scores 'Red' in Five/Seven domains

"Urgent Action" HSE


STH 25,000 Laryngoscopies / year

Health and Safety Executive


B Hand distance from the lower back
 Choose the best and measure the horizontal distance between the operating hands and the lower back. **Always** assume the worst case scenario, that the **▶** is going to grab your assistant's.



C Vertical lift region
 Choose the position of the operating hands at the start of the lift and at the **▶** progresses. **Always** assume the worst case scenario, that the **▶** is lifting with a **▶**.



D Torso bending and sideways bending
 Choose the position of the operating hands at the start of the lift and at the **▶** progresses. **Always** assume the worst case scenario, that the **▶** is lifting with a **▶**.




Health and Safety Executive

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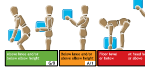


Health and Safety Executive


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Health and Safety Executive

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Body posture during simulated tracheal intubation:
 Glidescope video laryngoscopy vs Macintosh direct
 laryngoscopy for novices and experts.

- Mannequin Intubation (easy mode)
- Video Analysis of posture
- Video laryngoscopy 'neutral' posture

Grundgeiger T, Roewer N, Grundgeiger J, Hurtienne J, Happel O. Anaesthesia
 (2015) 70:12 1375-81

Direct versus indirect laryngoscopy using a Macintosh video laryngoscope: a mannequin study comparing applied forces

- Peak force for 50% view 9 Newtons lower during video laryngoscopy than Macintosh
- Forces during difficult intubation could be much bigger difference

Gordon JK Vaughan EB Cavallin F, Parotto M Cooper RM Can J Anesth (2020) 67 515-20

"Anaesthesia" and at risk activities for disc prolapse

	Bending	Twisting	Load	Extended
Drugs	++	++		
Cannula	++			++
Airway			++	++
Laryngoscopy	++	++	++	++
Monitors		++		
Chart Hand Record	++	++		
Spinal/ N. Blocks	++	++		++

R Marks December 2017



30 to 40 Kg



270 Kg

Improving Our Workplace

- Existing legislation
- Poor Ergonomics can hinder staff safety
- Risk Assessment of physical components of 'Anaesthesia' for staff safety

Hand distance from the lower back

Observe the angle between the horizontal distance between the lower back, hands and the floor back. When assessing the lower back, observe the angle between the lower back and the floor back. When assessing the lower back, observe the angle between the lower back and the floor back.

Vertical lift region

Observe the vertical lift region. When assessing the vertical lift region, observe the angle between the lower back and the floor back. When assessing the vertical lift region, observe the angle between the lower back and the floor back.

Torso bending and sideways bending

Observe the torso bending and sideways bending. When assessing the torso bending and sideways bending, observe the angle between the lower back and the floor back. When assessing the torso bending and sideways bending, observe the angle between the lower back and the floor back.



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Improving Our Workplace

- Video Laryngoscopy
- Automation of repetitive processes
- Avoid using small induction rooms
- Educational Needs
- Early intervention if problems

