



DEALING WITH MUSCULOSKELETAL PROBLEMS OF GUIDE DOG TRAINERS AND MOBILITY INSTRUCTORS

Organisation

The Guide Dog for the Blind Association – Health and Safety Team

Introduction

When training a guide dog there are some unusual characteristics from a musculoskeletal perspective. The work is done left-handed and there is a need to apply a range of forces to the dog, as well as to react to movement from the dog.

This maintenance of a controlled (and predominantly gentle) force via a lead or handle is very unusual and gives rise to a range of potential stresses through the body. The areas at risk and risk factors are:

- left wrist – maintenance of grip and application of force (particularly when using handles);
- left forearm and elbow – maintenance of grip, application of forearm rotation;
- left shoulder (at socket) – combinations of transverse extensions and medial rotations to limit movement of the dog, also with less force during specific movements such as continental heel;
- left shoulder (at socket) – abduction at shoulder, particularly with a “crabbing” dog;
- left shoulder (scapula and clavicle) – all movements, but especially adduction, inferior rotation and some elevation of the shoulder, both in active movements (giving signals to the dog) and in passive, reactive movements (controlling the dog as it seeks to move inappropriately);
- low back – during interaction with dog (reward, other right-handed contact) from stooping, twisting;
- low back – left side from use of handles of inappropriate height (both too long and too short), also increased by a “crabbing” dog;
- left knee (and potentially hip and ankle) – asymmetrical weight bearing during walking activities.

In combination, these postures are likely to give rise to symptoms of MSDs in any member of staff exposed to them over a sustained period. The main groups affected are in the Operations Department, Guide Dog Trainers and Instructors.

These staff members work with dogs to train them to be able to act as a mobility aid for blind and partially sighted persons.

Aims

The aim was to encourage the reporting of MSDs and mitigate the effects of one-sided loads and postures adopted the training of dogs for the blind.

What was done, and how

In mitigation of these effects, manual handling risk assessments are completed and as part of this, Guide Dogs already ensure that:

- Trainers / Instructors have every type and length of lead and handle available to allow them to match their stature to the height and demeanour of the dog;
- Trainers / Instructors are encouraged to reject particularly boisterous dogs that do not respond to training as early as possible;
- Trainers / Instructors are given appropriate training on handling;
- Trainers / Instructors health is monitored accordingly.



Figure 1 Training a Guide Dog



Figure 2 Training a Guide Dog

Basic “Looking after your back” training took place during the first few months of employment as Guide Dog Trainers and Mobility instructors. Previous training courses were too generic. By working with our external training providers and Trainers / Instructors, we were able to localise this particular course. The Training Providers spent time with the staff, following and filming them in order to be able to look at issues and give suggested controls. On the previous courses, only boxes of paper were lifted. The revised course included manual handling issues associated with dogs and equipment used, i.e., obstacles.

What was missing was an understanding by Trainers / Instructors of the long-term effects of repeated stress being put onto the left hand side of the body. What we see as an organisation is an increase in musculoskeletal injury and absence due to repetitiveness of using the left hand side of the body. This training on the left hand side cannot change. If in practice it was possible to train dogs on the right as well, Trainers / Instructors would need to be advised to alternate between left and right for this change to have any effect, and this would lead to the awkward situation whereby each dog was either “left” or “right” trained throughout its life and thus presented to the client as either left or right. This has the potential to be an error-provoking condition.

In addition to this, most guide dogs Trainers / Instructors report that they enjoyed their jobs and loved working with dogs and for a charity and saw “aches and pains” as just part of the job. Reporting of musculoskeletal injuries is not as high as it could be because of this phenomenon.

As a result, the Health and Safety Team reinforced the need for information, instruction and training on the need to report incidents since action cannot be taken to prevent unidentified problems. This has resulted in more incidents being reported. It was recommended that refreshed training should happen every 2-3 years

The main changes were the introduction of self-help leaflets and education during the first few months of employment (induction) and the reinforcement of these during team meetings for existing staff. This helps to ensure that Trainers / Instructors understood the need to “warm up” as such before work, wear the correct footwear and also knew what to do if they were injured or suffered from any musculoskeletal injury or foot related ill health. These leaflets were about:

- what to do if you sustain a musculoskeletal injury;
- maintaining optimal physical condition for work;
- fitter feet.

In addition, the Health and Safety team seconded a member of staff, who actually did these types of activities, from the operations department to assist with the induction training. This was to ensure we had a very clear understanding of the practicalities of the MSDs issues and to get buy-in from the Trainers / Instructors. As previous training had been too generic and did not mean anything to these groups, using a staff member from the same background meant that they could see we understood the problems and were being pragmatic in our approach. The Health and Safety Team also reviews notes taken after this induction training to see if we can do something better and learn from the problems these staff members bring to our attention.

What was achieved

The positive outcomes of this are that we are planning for the future and not accepting that musculoskeletal problems are just part of being a Guide Dog Trainer / Instructor. More incidents than ever before are being reported and we are now able to link them to manual handling risk assessments and ensure that controls are reviewed and monitored and new ones put in place as appropriate.

Line managers are now more aware of their role in reinforcing the messages of the self-help leaflets and ensuring they are used and referred to. The Health and Safety Team also look at occupational health referrals made via the human resources department to trace causes and take appropriate action.

The Health and Safety Team are more actively involved and visit sites to look at ways of improving dog-training methods by working with Guide Dog Trainers / Instructors on a 1-1 basis where applicable. This has helped the Health and

Safety Team's profile in Guide Dogs and we are seen as being approachable rather than a negative force that just gives staff things to do.

The feedback so far has been very positive and we look to the future in ensuring that this continues. Staff have indicated that they feel that "someone" is listening who understands their work and MSDs issues, and also that they are aware that MSDs could occur.

Costs of implementation were met using in-house resources i.e., the Health and Safety Team and existing occupational health provision. The approximate cost of absence due to MSDs was £195,517 (c € 221,742) in 2006 with a total of 2801 days absence from work. From these figures, it was estimated that 61 additional Guide Dogs could have passed through the guide dog early training programme and 35 could have been fully qualified and partnered with clients. Also, as training an Instructor / Trainer can take up to three years, we cannot afford to lose staff by inadvertently injuring them whilst at work. The benefits in terms of costs saved are not yet known but a reduction in sickness absence of 15% would equate to five more blind and partially sighted people having Guide Dogs. Clients have to wait to be trained with a dog and this wait restricts their mobility and impacts upon their life, so they are more isolated, can not go out alone, do their shopping, meet friends, and enjoy their life to the fullest.

A review is planned in 2008 to establish what effect that the work we have done has achieved, not just in reducing absence but in how this links to better production training targets for dogs and blind and partially sighted person. This work is also being linked into to our "wellbeing at work" joint working group.

What we are starting to see is a culture shift regarding reporting MSD issues and staff beginning to think about how they can also help themselves and also what their absence means to others in the world that we live in and why it is important we do all that we can to prevent it.

Further information

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Transferability

When training a guide dog there are some unusual characteristics from a musculoskeletal perspective.

The self-help leaflets and education during the first few months of employment (induction) and the reinforcement of these during team meetings for existing staff proved to be a good help, and could be used on other subjects or countries.