

MANUAL HANDLING FOR NURSES

Program A: Essentials



© WorkCover NSW, 2005

92-100 Donnison Street,
GOSFORD NSW 2250
Australia

Phone: +61 2 4321 5000

Fax: +61 2 4325 4145

Disclaimer for training package

This publication contains training information designed to assist organisations to meet their obligations in relation to manual handling training for nurses (and others) under the occupational health and safety legislation. When training nurses you must ensure that this information is specifically tailored to meet the particular circumstances of the workplace and employers should satisfy themselves that they have provided adequate training to meet their obligations under the legislation.

The material in this publication is not specifically endorsed by WorkCover as being sufficient to meet an employers obligations under the legislation. The use of prescriptive requirements set out in the competencies is one suggested approach as to the levels of achievement that may be required of participants.

Acknowledgments

In developing this program the following people and organisations are acknowledged.

Project Officers	Louise Whitby, Louise Whitby and Associates Marcia Lusted, Ergonomics Australia Christine Aickin, Workability Lois Meyer, Learning Paradigms
------------------	---

WorkCover NSW	Health and Community Services Industry Reference Group
---------------	--

NSW Nurses Association	Trish Butrej Mary McLeod
------------------------	-----------------------------

Design and Production	Purple Goat Design Pty Ltd.
-----------------------	-----------------------------

A special thanks to the managers, nurses, physiotherapists and trainers from public and private hospitals, aged care facilities, community health and educational institutions who participated in the development and trialling of the program.

Development

The Manual Handling for Nurses series of programs have been developed by WorkCover NSW in consultation with the Health and Community Services Industry Reference Group (HACS IRG).

This program is the first in the series of four programs developed for nurses in manual handling. The series incorporates:

Program A:	Essentials
Program B(1):	Patient risk assessment
Program B(2):	Managing risk
Program C:	Leadership and change

These programs are designed to assist employers to meet the manual handling training requirements of the *Occupational Health and Safety 2000* (the Act), the *Occupational Health and Safety 2001* (the Regulation) and the National Standard and *National Code of Practice for Manual Handling 1990*.

Note: The legislation and documents are subject to periodic review. Trainers should be aware of any revisions and incorporate changes, as required, in the program delivery.

Purpose

This program is designed to enable nurses to integrate manual handling principles into nursing practice.

The focus is the knowledge, skills and attitudes that are necessary for nurses to perform their work safely and with minimal risk of manual handling injury.

Competency standards

While this program is not VETAB accredited, it is aligned with the competency standards prescribed in the *Manual Handling Competencies for Nurses*, WorkCover NSW/NSW Nurses Association 1998.

These competency standards have been developed around key philosophies:

- Manual handling is about the safe movement of people and objects: It is not just about lifting, or just about patient handling.
- There are no safe manual techniques for handling people as loads ie all techniques involve considerable risk. (This training program does incorporate some basic patient handling skills but these are provided within this fundamental concept – there are no guaranteed safe techniques).
- All nurses need to be involved in risk management, that is the process for identification, assessment and control of manual handling risks.
- Manual handling competencies are common to different areas of nursing practice – a nurse working in the community will need the same competencies as a nurse working in a hospital, although the actual manual tasks may be different.
- The competencies describe workplace performance – they are based on what a nurse should be able to do in the workplace.

This Program can be presented to fulfil the manual handling requirements in the Assistant-in-Nursing Certificate II, III and IV programs.

Structure

This Program is structured into a modular format. Each module lists the:

Learning aim: This describes the overall unit of competency someone should achieve on successfully completing the module. It outlines the broad area of performance in relation to manual handling.

Learning outcomes: This describes the specific skills or elements that make up the competency and should be demonstrated on successful completion of the module.

Performance criteria: This describes the performance criteria against which someone is to be assessed to determine if they have achieved the outcomes for the module.

Assessment

Each participant is to be assessed to ensure competency. The nature of the assessment varies depending upon the type and level of learning required for each module. An assessment tool is provided for each module in this training program.

Participants should receive advice of the assessment process and requirements at the commencement of the program.

The trainer is responsible for the assessment of all participants, however, for practical modules it may be appropriate to co-opt appropriately qualified assessors to facilitate the assessment process. (See below for an outline of the recommended competencies/qualifications for delivering and assessing the training in this program.)

Documentation

Trainers will need to make a decision whether a participant has achieved the specified competency for each module within this training program. The assessment tools provided will support trainers in determining and recording competency achievement.

The material includes sample documentation, suitable for including in each participant's training/personnel file.

The material also includes a Learner Progress Record, which summarises the status of competency for each participant.

Participant record

Each participant will receive a Safe Handling Passport to record practice for various manual techniques and use of specific equipment associated with patient handling.

The onus will be on the participant to maintain this record. Trainers should determine reasonable time limits for completion of the tasks and determine when competency has been achieved.

Prerequisites

While there are no prerequisites for this program, it is desirable that participants have at least attended a basic OHS induction training.

Consideration of prior learning

It is recommended that consideration of prior learning be provided where appropriate, but with careful safeguards and limitations. For nurses who believe they are already competent in one or more of the competency units, trainers may decide to offer some consideration, based on:

- evidence of training documentation, post-dating September 2001, specifying the units of competency achieved, and
- successfully performing a challenge test of any of the competencies for which the applicant seeks consideration.

Duration

The nominal delivery time for this program is 6½ hours.

With respect to patient handling skills, additional time will be required for new nurses to develop skills in techniques and the use of equipment prior to being assessed for competency.

Additional time may also be required for experienced nurses who need to up-skill in relation to new techniques or new equipment.

Hence, it is not expected that assessment for competency in patient handling techniques will be completed within the nominal program delivery time.

Program delivery

The program is modular. Modules can be delivered together in one session or spaced, and delivered individually.

The modules should be presented in sequence.

Skill sheets

Material on standard patient handling techniques and use of generic equipment is included in this program. The focus is on adult patients only. These techniques and equipment are considered the minimum requirements for all nurses to be proficient at performing and using patient handling techniques as part of their routine work.

It is important to emphasise that in choosing these techniques, facilities have undertaken a risk assessment in accordance with OHS legislation to ensure their appropriateness to their workplace.

It would be expected that trainers will add other techniques to the training, subject to the outcomes of the risk assessment and relevance to participants eg specific techniques for handling patients with newly diagnosed cardiovascular accident stroke would only be taught to nurses who are caring for such patients, techniques for handling babies and children would be included for paediatric nurses.

Further, the generic equipment skill sheets should be replaced by skill sheets relating to the specific equipment used at the facility/ward/unit.

Where a patient handling task requires specific non-standard equipment, only those nurses undertaking this task should be trained in the use of the additional equipment eg using boomerang slide boards for assisting patients in and out of cars, circoelectric beds, hip turners.

Customisation

It is recognised that nurses work in a variety of workplaces. This training program includes many examples to enable the trainer to customise the training to the specific workplace. The customised component should be presented in addition to the general information presented in the modules.

Resources

Trainers will need to provide the following:

- flipchart or whiteboard
- marker pens
- overhead projector or data projector
- participant workbook
- participant Safe Handling Passport.

Specific resources are detailed in the information section for each module.

Training program

The program consists of the following materials for trainers:

- program outline
- trainer handbook
- participant workbook (master)
- overhead transparencies (master)
- overheads on PowerPoint
- skill sheets - for best practice techniques and equipment usage
- assessment documentation (master)
- participant Safe Handling Passport (master)
- sample Certificate of Attainment for successful completion of the program (master)
- resources.

Trainers

It is ultimately the responsibility of each facility to ensure that the trainer who presents this program and assesses the participants is appropriate.

As a minimum it is recommended that trainers:

- are health professionals with specific knowledge of nursing practice, the nursing environment, patient care requirements, and the latest patient handling techniques and equipment
- are experienced educators

- have current competency-based training qualifications eg Certificate IV in Assessment and Workplace Training, or equivalent
- have knowledge and skills relating to current OHS legislation and in particular, the risk management process
- can provide on-going support/guidance to participants in the workplace
- can undertake competency assessments in consideration of specific patient handling requirements, changes in the work or equipment provided, and participant needs such as language difficulties or poor literacy.

Trainers also have a responsibility to maintain currency in their qualifications and experience eg attend on-going training, seminars, workshops. They should recognise when they may require assistance in the delivery or assessment of various components of this program.

TIMETABLE

Module 1 Fundamentals of manual handling

Topic 1.1	Introduction to manual handling	15 minutes
Topic 1.2	Manual handling	15 minutes
Topic 1.3	Legislation	15 minutes
Topic 1.4	Workplace arrangements	45 minutes
BREAK		1 ½ hours
Topic 1.5	Factors affecting manual handling	85 minutes
Topic 1.6	Summary	5 minutes
BREAK		1 ½ hours

Module 2 Manual handling of people

Topic 2.1	Introduction	5 minutes
Topic 2.2	Normal human movement	40 minutes
Topic 2.3	Patient handling aids and techniques	60 minutes
BREAK		1 ¾ hours
Topic 2.3	Patient handling aids and techniques (cont)	60 minutes
Topic 2.4	Summary and guidelines for assessment	15 minutes
PROGRAM CLOSURE		1 ¼ hours

PROGRAM TOTAL 6 HOURS

MANUAL HANDLING FOR NURSES

Assessment

ASSESSMENT

Learning aims

Module 1:

Provides nurses with the knowledge to facilitate compliance with legislative and workplace arrangements relating to manual handling.

Module 2:

Provides nurses with the knowledge to undertake the handling of patients safely – for themselves and for the patient.

Module 3:

Provides nurses with the practice and skill to undertake the handling of patients safely – for themselves and for the patient.

Learning outcomes

Module 1:

- 1.1 Apply facility policies and procedures for identifying, assessing and controlling manual handling risks.
- 1.2 Contribute to the participative arrangements and communication strategies for managing manual handling risks.

Module 2:

- 2.1 Participate in and apply manual handling training for meeting own responsibilities within the organisation.
- 2.2 Practice within the limitation of own role.
- 2.3 Apply ergonomic principles and capabilities in nursing activities to prevent or minimise injury to self and others.

Module 3:

- 3.1 Self monitor own capabilities and state of fitness for undertaking nursing activities requiring manual handling.
- 3.2 Seek assistance from others as necessary in order to undertake manual handling activities safely.
- 3.3 Participate in ongoing personal and professional development on manual handling issues.
- 3.4 Prepare for undertaking nursing activities involving the use of manual handling techniques and equipment.

- 3.5 Use the Patient Care Plan to identify patient status for undertaking patient-handling procedures.
- 3.6 Plan and communicate requirements for undertaking patient – handling activities.
- 3.7 Apply correct manual handling techniques and equipment to nursing activities according to facility policies and procedures.

Performance criteria

Module 1:

- Discuss employer and employee responsibilities for manual handling.
- Discuss workplace policies and procedures relating to manual handling and patient handling, including what is occurring at the workplace to minimise manual handling risk and how employees are consulted on manual handling issues.
- Describe how manual handling hazards are identified and how they are reported.
- List the key manual handling risk factors and include an example of each.
- List the steps to control manual handling risks and provide an example of each.

Module 2:

- Demonstrate normal adult human movement for a range of tasks.
- Discuss the appropriate strategies for moving a particular patient in a given scenario.

Module 3:

- Undertake ONE patient handling activity, having regard for the Patient's Care Plan, the skill sheet requirements and any specific facility procedures.
- Identify opportunities to enhance skills in manual and patient handling.
- Maintenance of the Safe Handling Passport.

Course assessment

Assessment provides a means of determining competency when measured against the learning outcomes and performance criteria.

For Modules 1 and 2, the trainer may gather evidence of competency through:

- observation of participant contribution to discussion
- contribution to the successful completion of training activities and exercises
- review of recordings in the Participant Workbook.

Trainers must take into account literacy skills and NESB issues and if required, provide opportunity for an alternate assessment mode.

For Module 3, the trainer/assessor may gather evidence of competency through successful completion of the Assessment Practical for the particular skill required.

Note that for Module 3, the assessor is not required to be the trainer – refer to the Program Administration for requirements for trainers/assessors.

An Assessment Tool for Module 3 is provided.

Assessment method

Modules 1 and 2:

The assessment may be undertaken at an individual level or in small groups, depending on the learning outcomes and performance criteria.

Where small group discussion or activities are undertaken, the Trainer should ensure that there is sufficient evidence of individual contribution.

It is expected that the assessment for Modules 1 and 2 be completed at the time of program delivery.

Module 3:

The assessment may be undertaken individually or in pairs,

appropriate to the handling activity being performed and the workplace procedures. The practical assessment does not preclude simultaneous assessment of other nursing competencies, such as assessment of infection control and bed making competencies, provided the nurse/s is informed of the competencies that are to be included in the assessment.

Participants will require practice before being assessed – refer to the Safe Handling Passport.

For successful completion of this program the nurse only has to undertake ONE assessment of ONE patient handling activity. However, it would be prudent to ensure that nurses are competent in the use of ALL patient handling equipment and techniques. Therefore, it is recommended that a program be established to assess nurses in the use of each item of equipment or technique over a specific timeframe eg a different assessment every six months.

To maintain an up-to-date record for each nurse of all competencies achieved in relation to specific patient handling techniques, a Competency Assessment Record for Patient Handling Equipment/Techniques is provided.

Safe Handling Passport

Each participant will have a Safe Handling Passport. This will be used to record supervised use of specific patient handling aids.

Before being assessed for competency in the use of a specific item of patient handling equipment, each participant is required to:

- be supervised in the correct use of the equipment on five occasions
- ensure the supervisor records and signs the entry on the Safe Handling Passport, and
- retain the Safe Handling Passport – evidence of supervised practice will be required for competency assessment.

The Safe Handling Passport can also be used by the nurse to record activities that relate to manual handling and involve the nurse. Such records can provide the nurse with evidence of active

involvement in occupational health and safety in the workplace, which can be useful aid-memoire for performance reviews or when applying for promotion or new positions.

Examples of activities that could be documented in the Safe Handling Passport include:

- occasions where the nurse has identified and actively reported a manual handling hazard eg completed a hazard report form or maintenance request, verbally reported the hazard
- occasions where the nurse has participated in manual handling risk assessment of a task or of equipment
- occasions where the nurse has participated in patient assessment for determining manual handling care requirements
- occasions where the nurse has been involved in determining control strategies for manual handling risks.

The Safe Handling Passport is the responsibility of the nurse to complete and should be retained by the nurse. Consideration of NESB and literacy issues may necessitate assistance being provided to some nurses to complete the documentation.

Important The Safe Handling Passport does not provide evidence that competency has been achieved for particular activities or use of particular equipment. The Safe Handling Passport also does not take the place of training records and other documentation that the employer is required to establish, maintain and retain.

Assessment decision

Trainers/assessors should make a decision about the competency of participants relevant to the learning outcomes, the performance criteria and methods.

Documentation is provided to assist in this process:

- Competency Assessment Record
- Practical Assessment Tool
- Nurse Record: Competency Assessment Record for Patient Handling Equipment / Techniques.

Participants will also have the Safe Handling Passport to record supervised evidence of use of patient handling equipment.

MANUAL HANDLING FOR NURSES

Module 1: Fundamentals of Manual Handling

MODULE INFORMATION

Name	Fundamentals of manual handling
Duration	3 hours (excluding breaks)
Learning aim	<p>This module provides nurses with the knowledge to facilitate compliance with legislative and workplace arrangements relating to manual handling. The focus is on injury prevention – to participants, colleagues, patients or anyone else in the nurse’s workplace involved in manual handling.</p>
Learning outcomes	<p>On completion of this module nurses will be able to:</p> <ol style="list-style-type: none">1.1 Apply facility policies and procedures for identifying, assessing and controlling manual handling risks.1.2 Contribute to the participative arrangements and communication strategies for managing manual handling risks. <p>Refer to the Program Administration Section of this program to reference these Learning Outcomes against the <i>Manual Handling Competencies for Nurses</i>.</p>
Outline	<p>This module includes the following topics:</p> <ol style="list-style-type: none">1.1 Introduction to manual handling1.2 Manual handling1.3 Legislation1.4 Workplace arrangements1.5 Factors affecting manual handling1.6 Summary
Prerequisites	Nil

Assessment

To successfully complete this module, participants will be required to:

1. participate in discussion
2. contribute to the learning activities.

In undertaking these two assessment tasks participants are to be assessed against the following performance criteria:

- Discuss employer and employee responsibilities for manual handling.
- Discuss workplace policies and procedures relating to manual handling and patient handling, including what is occurring at the workplace to minimise manual handling risk and how employees are consulted on manual handling issues.
- Describe how manual handling hazards are identified and reported.
- List the key manual handling risk factors and include an example of each.
- List the steps required to control manual handling risks and provide an example of each.

The methods used to gather evidence of a participant having achieved competency for the module are:

- Observation of participant contribution to discussion.
- Contribution to the successful completion of training activities and exercises.
- Review of recordings in the Participant Workbook.

Trainers will need to take into account literacy skills and NESB issues and provide opportunity for an alternate assessment mode.

The assessment record sheet in this package is provided for recording performance of participants – please refer to the Assessment section of this package.

Resources

Standard training/lecture room
Overhead projector or data projector
Whiteboard or flip chart and markers
Participant workbook
Safe Handling Passport
Assessment records

TOPIC 1.1

15 minutes

Slide 1.1

INTRODUCTION

Show Slide 1.1 – Program title

WELCOME participants to the program. Explain that this program was developed by WorkCover NSW and the Health and Community Services Industry Reference Group (HACS IRG).

If you are not known to the participants, INTRODUCE yourself, providing some information on your background and experience.

EMPHASISE the specific focus of the program, that of safe manual handling for nurses.

Slide 1.2

Show Slide 1.2 – Outline of the program

EXPLAIN that the program consists of three modules:

Module 1: Fundamentals of manual handling

- an introduction to manual handling risk factors
- legislation
- how manual handling is managed in the workplace
- factors affecting manual handling.

Module 2: Manual handling of people

- use of patient handling aids and techniques to move patients safely.

Module 3: Nursing practice and manual handling

- incorporating safe manual handling into nursing practice.

EXPLAIN that Modules 1 and 2 comprise the core training and will be presented as a lecture with practical components. Module 3, however, is undertaken in the workplace, where each participant will have assigned tasks that are to be completed. EXPLAIN that as these tasks are completed you will mark them off in a logbook, called the Safe Handling Passport. This logbook will be handed in on completion of the training, but returned to you later for reference. EXPLAIN that the requirements for this will be discussed later in the program.

SHOW Safe Handling Passport.

DISTRIBUTE the Participant Workbook – the handout for this program. EXPLAIN that part of the assessment is that participants make notes during the training sessions. The workbook will be handed in on completion of the training, but returned to participants for reference.

TOPIC 1.2

15 minutes

Trainer's note

For nurses new to nursing, use home or recreational examples.

MANUAL HANDLING

ASK participants to identify work activities that involve moving objects or people.

RESPONSES may include:

- pushing wheelchairs
- carrying linen
- drying a patient after showering or bathing
- supporting a patient during a procedure eg lumbar puncture, burn dressing
- manoeuvring a hoist/lifter into position
- raising the back of a patient's bed
- guiding a resident to the bathroom
- moving furniture such as pushing/pulling a bed
- manoeuvring trolleys
- wearing a lead gown
- restraining an object eg wheeling a trolley down a slope
- restraining/holding a person eg stopping a patient from kicking/punching, supporting an arm while dressing a patient.

Slide 1.3

Show Slide 1.3 – Definition of manual handling

EXPLAIN that the back is the part of the body most vulnerable to injury from manual handling. However, injuries can also occur to other parts of the body such as the shoulder, arms, legs, knees, neck and trunk.

ASK participants to explain why it is important to prevent nurses sustaining injury from manual handling.

RESPONSES should include:

- injuries cause pain and suffering
- injuries can require frequent or prolonged medical attention, treatment or medication
- injuries can interfere with a nurse's off-duty pursuits eg sports, family commitments, social activities, relationships
- impact on co-workers and the workplace
- some nurses may have to change careers
- some nurses may not be able to work at all
- some nurses may be more susceptible to further injury.

EMPHASISE that this program is designed to:

- raise awareness of the factors that increase the risk of manual handling injury
- alert nurses to the things that should be done in a workplace to minimise the risk of manual handling injury
- explore ways for nurses to nurse without risking manual handling injury
- reduce the risk of injury to patients from poor patient handling practice.

TOPIC 1.3

15 minutes

Slide 1.4

LEGISLATION

Show Slide 1.4 – OHS Act 2000

The main legislation in NSW addressing occupational health and safety is the *Occupational Health and Safety Act 2000* (the Act). This legislation outlines the general requirements and responsibilities for safety in workplaces.

The Act applies to all workplaces where nurses work, including private residences.

A key feature of the Act is that it requires employers to consult employees about OHS matters, specifically so that they can contribute to decisions affecting their health and safety. Employers are required to establish a process for consultation, such as an OHS committee or health and safety representatives.

Incorporated under the OHS Act is the *Occupational Health and Safety Regulation 2001* (the Regulation). The focus of the regulation is **risk management** – the identification of hazards, assessment of risk, elimination of risk and if not practicable, the control of the risks.

While the Act provides the foundation for OHS responsibility, the Regulation provides more specific requirements for how hazards, such as manual handling, are to be effectively managed in the workplace.

Slide 1.5

Show Slide 1.5 – Employer responsibilities

In relation to manual handling, employers are required to:

- **ensure** that the premises, work practices, equipment, objects used and the working environment are designed, constructed and maintained to prevent manual handling injury

- **undertake risk management** to:
 - identify any manual handling hazards with the potential to harm
 - assess the hazard to determine the risk
 - eliminate the risk, or if this is not practicable, put in place effective risk control strategies
- **consult** with employees throughout the risk management process
- **provide information**, training and supervision.

EXPLAIN that employers include the organisation or individual who employs the nurse, be it a hospital, clinic, aged care facility, government agency, labour hire company nursing agency or private company.

EMPHASISE that supervisors support the employer in their OHS responsibilities including manual handling, however, these are usually limited to their level of authority and delegation within the organisation.

Slide 1.6

Show Slide 1.6 – Employee responsibilities

In general employees are required to:

- **take reasonable** care for the safety of others in the workplace who could be affected by what they do or fail to do (acts or omissions)
- **cooperate with the employer.**

Specifically, in relation to manual handling this can mean:

- **comply** with workplace policies and safe work practices
- **use** equipment as provided
- **use** correct manual handling methods once trained
- **report** any hazard, equipment fault or injury
- **perform** day to day care of equipment provided for manual handling eg recharge batteries on hoists, check clasps on slings for correct closure.

Trainer's note

Penalties are reviewed periodically and trainers should check the WorkCover NSW website and update this slide as necessary.

EXPLAIN that WorkCover NSW administers the Act and the Regulation. WorkCover Inspectors can prosecute, issue improvement notices and issue infringement notices (fines) to both individuals and organisations for failure to comply with the requirements of the legislation.

Slide 1.7

Show Slide 1.7 – Current penalties

TOPIC 1.4**45 minutes****WORKPLACE ARRANGEMENTS****Policy and procedures**

OHS legislation requires employers to effectively identify, assess and control workplace manual handling risks. Part of this responsibility includes communicating to all personnel how this will occur.

This is normally achieved through policy and procedures.

DISTRIBUTE the manual handling policy for the organisation.

Trainer's note

Learning institutions should DISTRIBUTE their staff or school/faculty manual handling policy, or a sample policy from another organisation.

DISCUSS and LIST key points, which should include:

- management's commitment
- responsibilities of the employer, employees, supervisors and others including agency personnel
- risk management processes
- process for consultation.

Trainer's note

Learning institutions should DISTRIBUTE the school/faculty patient handling policy, or a sample policy from another organisation.

DISTRIBUTE the patient handling policy for the organisation.

DISCUSS and LIST key points.

Trainer's note

Learning institutions should **DISTRIBUTE** their school procedures and **EXPLAIN** that each organisation should have their own procedures which will be communicated to them when they do a placement.

Trainer's note

Trainers may choose to **INTRODUCE** this topic by showing a slide or provide a handout on the latest nursing-related manual handling statistics from your organisation.

Trainer's note

For nurses new to nursing, address what should be done to reduce injury from manual handling.

Responses:

- risk management
- policy
- procedures
- provide equipment
- provide training
- consult.

DISTRIBUTE manual handling and patient handling procedures for the organisation.

DISCUSS.

Workplace initiatives

ASK participants to identify anything being done in the workplace to reduce the risk of manual handling injury.

RESPONSES should be specific and could include:

Policy and procedures

- 'No lift' or 'Minimal handling' policy
- Strategies to address aggression/violence
- Program to undertake risk assessments
- Hazard reports, maintenance logs
- Patient handling assessments
- Incident investigation

Consultation

- Manual handling committee
- OHS committee
- Manual handling discussed at team meetings

Equipment

- Equipment teams to address manual handling
- Providing new height adjustable beds
- Providing a range of patient handling equipment, appropriate to care needs
- Providing sufficient quantity of patient handling equipment

Training

- OHS induction training
- Manual handling training
- Training in the use of new equipment
- Buddy system for new nurses
- Providing individual patient handling instructions

Staff advisors

- OHS and manual handling coordinators.

EMPHASISE that employers are required to consult with employees on manual handling and all safety issues. Employees are encouraged to report hazards, make suggestions, and participate in workplace discussion on manual handling.

TOPIC 1.5

85 minutes

FACTORS AFFECTING MANUAL HANDLING

EMPHASISE that the focus of the Regulation is risk management.

I
A
E
C

ASK participants to explain what is involved in risk management.

RESPONSES should include:

- **Identify** manual handling hazards
- **Assess** these hazards to determine the risk
- **Eliminate** the risk, and where this is not practicable
- **Control** the manual handling risk.

Slide 1.8

Show Slide 1.8 – Risk management

15 minutes

Hazard identification

ASK participants to explain the meaning of HAZARD.

HAZARD is anything with the potential to cause harm – to people, equipment or structures.

EXPLAIN that manual handling hazards are usually identified in one of three ways:

1. as a result of an incident or injury
2. a task is observed to be a problem
3. someone reports the problem.

Slide 1.9

Show Slide 1.9 – Hazard identification – bed making

Trainer's note

Slide 1.9 can be substituted with a slide/s from your workplace.

ASK participants to identify the manual handling hazards shown in Slide 1.9.

RESPONSES should include:

- height of the bed too low – needs to be adjusted
- limited access to the head of the bed/backrest – bedside cabinet and traymobile need to be moved out of the way
- stooped posture while fitting sheets, blankets, and pillowcases.

Slide 1.10

Show Slide 1.10 – Risk management

40 minutes**Risk assessment**

EXPLAIN that once manual handling hazards have been identified they need to be assessed to determine the risk. Risk assessment is important because:

- it is a legal requirement
- the hazard can be looked at as part of a complete task or work system
- it highlights the real issues of concern
- it gets people thinking about possible strategies to eliminate or control the risk
- it is more likely to lead to an effective solution.

Slide 1.11

Show Slide 1.11 – Manual handling risk factors

Trainer's note

Clause 81 of the OHS Regulation 2001 lists 13 items for risk assessment. For this program the list has been reduced to six items for simplicity.

EXPLAIN that there are a number of risk factors that affect your ability to perform manual handling safely. These can be grouped as follows:

- posture and actions
- duration and frequency of the task
- the load handled

- the organisation of work
- the work environment
- personal factors eg skill, fitness, clothing.

EXPLAIN that each of these factors will be addressed in turn.

Posture and actions

Trainer's note

For nurses new to nursing, use home or recreational examples.

ASK participants to identify any task they find awkward or uncomfortable.

RESPONSES could include:

- bending or squatting to assess patients on the floor
- over-reaching to get equipment or linen from high storage cupboards
- bending to wash patients in the bath
- leaning to feed a patient
- facilitating breast feeding
- assisting patients to and from vehicles.

EXPLAIN that these may be a problem because they have the potential to involve either unsafe postures or unsafe actions/movements.

EXPLAIN that posture is the way you hold your body while doing something. To minimise the effect of poor posture on the musculoskeletal system, posture should be balanced – symmetrical or even. Postures to avoid include:

- bending forward, sideways or backwards
- twisting.

EXPLAIN that some tasks require nurses to maintain an awkward posture for extended periods eg while feeding a patient, doing a dressing, taking observations, vision screening. Awkward postures are much more likely to do harm if they are sustained.

EMPHASISE that actions/movements can also increase manual handling risk. Actions to avoid include:

- reaching above shoulder height
- sudden, jerky or uncontrolled movements
- carrying a load on one side of the body
- reaching across the body, especially when supporting a load (cross body reaching).

Slide 1.12

Show Slide 1.12 – Adverse postures and actions

Duration and frequency

EXPLAIN that when you do the same task for a long time, the risk of injury can increase because of the fatigue effect on the muscles eg undertaking a complicated dressing, cardiac massage CPR, holding retractors during surgery.

Similarly, if you perform tasks frequently or at high speed without adequate posture changes or breaks, the risk of injury can also increase eg blood pressure rounds, moving furniture, bed making and dispensing medication.

Fortunately the work of nurses is generally varied over the course of the shift. In some facilities nurses work extended hours (> 8 hours per shift) and in these circumstances it is especially important to ensure task variety and adequate rest/meal breaks to prevent muscular fatigue and potential injury.

Remember that sometimes nurses are called on to do work that can be considered of long duration and/or frequent. Examples of these situations can include:

- multiple consecutive showers or bedmaking
- evacuating patients from a building during a drill or real emergency
- preparing a ward for closure or reopening
- shifts exceeding eight hours.

In such circumstances, staff rotation, additional rest breaks and fluids should be available to minimise the effect of fatigue.

The load

Trainer's note

For nurses new to nursing, use home or recreational examples.

The work of a nurse involves the handling of many different types of loads. ASK participants to identify some of the loads they handle (lift, move or carry) during a routine day.

RESPONSES could include:

- patients
- meal trays
- trolleys
- furniture eg bed
- equipment eg Lifepak
- wheelchairs.

Slide 1.13

Show Slide 1.13 – Factors affecting the load

EXPLAIN that before we consider human loads, the factors that can make it difficult to handle loads include:

- weight or force required to move the load
- dimensions – can obstruct vision, be awkward to handle
- stability during handling
- rigidity – can collapse or change shape when moved
- predictability – moves as expected eg tyres on a wheelchair are not flat, sticking wheels/castors
- surface texture – not sharp, dirty or slippery
- temperature – not too hot or too cold
- whether the load/equipment has handles.

ASK participants why it can be difficult to handle human loads.

RESPONSES should include:

- weights of humans vary
- people can often move against you eg a child, someone having an epileptic seizure
- physical limitations which can make it difficult for the patient to use self-help aids or some patient handling equipment eg amputee, fractured collarbone, recent CVA
- conditions that prevent the person from assisting eg unconscious, recent surgery, very breathless, receiving palliative or terminal care, deceased
- may have equipment attached eg IV line, catheter, ventilator, traction, plaster cast
- may be incontinent or have other conditions that limit how close you can get eg burns, infected wounds.

EMPHASISE that the patient's behaviour can also make manual handling more difficult for the nurse. Patients can:

- act suddenly and be unpredictable
- demonstrate aggressive behaviour
- panic and lash out or grab at you, your clothing or other objects during movement
- use things to hit or pull against you eg walking stick.

Organisation of work

EXPLAIN that nurses may experience days when they are physically exhausted at the end of the shift. Work that is poorly designed or distributed can increase the risk of manual handling injury.

ASK participants to identify how poor work organisation can make manual handling more difficult.

RESPONSES could include:

- inadequate staffing
- high proportion of inexperienced staff on a shift
- poorly trained staff, particularly in manual and patient handling
- insufficient patient handling aids/equipment
- inappropriate or inadequate patient handling aids
eg no hoist available for patients over 150 kg
- poor maintenance of equipment
- lack of communication between disciplines
eg getting a patient out of bed when the physiotherapist needs the patient in bed for treatment
- inappropriate furniture
- uneven distribution of work over the day eg showers all in the morning.

The environment

EXPLAIN that the environment in which a nurse works can increase the risk of injury while undertaking manual handling tasks.

DISCUSS the risks associated with the particular work areas relevant to the participants and how these risks could impact on manual handling activities.

Slide 1.14

Show Slide 1.14 – Common environmental factors

Factors common to most workplaces include:

- slippery floors
- uneven floors
- clutter and poor housekeeping
- low illumination levels (not just on night duty)
- working in restricted space eg shower cubicles, by patient's beds, storerooms
- patient equipment eg walking frames
- patient amenities eg TVs, tray table.

The layout of the workplace can also increase the risk when manual handling tasks are performed. Specifically:

- bathrooms can be a long way from patient's rooms, increasing the distance over which the patient has to be moved.
- nurses' station can be too narrow and cramped for storage of computer.
- work benches can be too high, too low, too cramped, too narrow or too deep.
- inappropriate floor coverings eg soft cushioned vinyl that increases the force to push trolleys.

Personal factors

The nurse's ability to perform manual handling is also an important consideration. Issues for consideration include:

- skill and experience eg level of training, supervision required or provided
- fitness to perform manual work eg recovery from illness or injury, fatigue
- clothing including uniform and footwear can be inappropriate for undertaking manual tasks eg traditional 'A line' uniform does not facilitate free movement
- age – nurses under 18 years are more at risk of injury. Older nurses with other health conditions may also be at increased risk of injury from manual tasks.

EMPHASISE the importance of consulting with your supervisor if you feel there is anything that will impact on how safely you can perform work activities, either short or long term eg excessive fatigue, headcold, sore or stiff neck.

30minutes**Eliminate or control the risk**

EXPLAIN that the only way to eliminate the manual handling risk associated with a task is not to perform that task. However, in many nursing situations this is just not practical or possible. Therefore, the focus is on controlling the risk.

Slide 1.15

Show Slide 1.15 – Risk management

EXPLAIN that risk control is the final step in the risk management process. Risk control is about implementing effective solutions aimed at reducing the risk.

Slide 1.16

Show Slide 1.16 – Elimination and control of risk hierarchy

Trainer's note

The Elimination and control of risk hierarchy is specific to manual handling (OHS Reg, c80). It is not the same as the generic risk control requirements (OHS Reg, c5).

Trainer's note

Trainers can substitute with alternate scenarios.

EXERCISE

DIVIDE participants into groups, minimum of three people per group.

EACH group is provided with a scenario.

TASK is to decide how the manual handling risk in the scenario is best addressed.

REMIND participants to focus on the hierarchy of control.

EACH group should select a leader to report back to the entire group.

SCENARIO I

The storeroom houses a range of items including spare blankets, pillows, boxed consumables such as toilet rolls, bed frames, spare bedrails and oxygen/air cylinders for nebulisers. There are shelves from floor to ceiling.

The storeroom is cluttered and a nurse sustained a cut to her head when a bed rail slipped as she was retrieving a pillow.

HOW would you eliminate or control these risks?

SCENARIO II

Mr Johnson has just been admitted to your ward. He has difficulty breathing. He weighs 160 kg. Because of his condition he will have to be nursed sitting up, but he is too breathless to reposition himself.

WHAT should be done to minimise the risk associated with repositioning this patient?

SCENARIO III

It takes one hour to do Mrs Black's leg dressing. It is difficult to position her comfortably. For some time the leg has to be raised for the nurse to access.

HOW would you control this risk?

SCENARIO IV

The linen skips have castors. When moving across floor surfaces from the linoleum to carpet the skip often falls over and nurses then have to pick up the linen and the skip.

HOW would you eliminate or control this risk?

EXPLAIN that as nurses you are likely to come across manual handling risks for which you can initiate control measures immediately eg mopping up a spill, reorganising the layout in a storeroom.

EMPHASISE that it is important to report these issues so that the employer knows what and when the control measure was implemented and can implement a process for ongoing monitoring.

Trainer's note

Link to workplace reporting requirements.

IMPORTANT: Controls relating to the handling of specific patients should not be referred to the OHS/MH Committee. However, generic controls relating to issues involving patient handling, such as the management of obese patients or undertaking leg dressings can be referred to the OHS/MH Committee.

ASK participants how they would report actions they have taken to eliminate or control manual handling risks in their workplace.

RESPONSES could include:

- complete a hazard report if one is not already done
- make a note of the issue and report to your supervisor
- refer the issue to the OHS/MH Committee.

MANUAL HANDLING FOR NURSES

Module 2: Manual Handling of People

MODULE INFORMATION

Name	Manual Handling of People
Duration	3 hours excluding breaks
Learning aim	This module provides nurses with the knowledge to undertake the handling of patients safely – for themselves and for the patient.
Learning outcomes	<p>On completion of this module nurses will be able to:</p> <ol style="list-style-type: none">2.1 Participate in and apply manual handling training for meeting own responsibilities within the organisation.2.2 Practice within the limitation of their own role.2.3 Demonstrate understanding of ergonomic principles and capabilities for nursing activities to prevent or minimise injury to self and others. <p>Refer to the Program Administration Section of this program to reference these Learning Outcomes against the <i>Manual Handling Competencies for Nurses</i>.</p>
Outline	<p>This module includes the following topics:</p> <ol style="list-style-type: none">2.1 Introduction2.2 Normal human movement2.3 Patient handling aids and techniques2.4 Practical2.5 Summary and guidelines for assessment.
Prerequisites	Completed Module 1 satisfactorily.

Trainer skills

This module includes basic information on normal adult human movement. This has not traditionally been a component of nursing education, however, it is very important in changing the culture, and hence practice, of nurses in handling patients. Nurse educators may prefer to utilise the skills of a physiotherapist for dealing with this segment within this module.

Supervision

This module provides a key opportunity for participants to become familiar (not proficient) with the techniques and equipment used at the facility.

To provide effective demonstration and supervision, the ratio should not exceed one trainer to every twelve participants.

Assessment

To successfully complete this module, participants will be required to:

1. participate in discussion
2. contribute to the learning activities
3. practice using the patient handling aids.

In undertaking these assessment tasks participants are to be assessed against the following performance criteria:

- Demonstrate normal adult human movement for a range of tasks.
- Practice the safe use of patient handling aids and equipment.
- Discuss the appropriate strategies for moving a particular patient in a given scenario.

The methods used to gather evidence of a participant having achieved competency for the module are:

- observation of participant contribution to discussion
- contribution to the successful completion of training activities and exercises
- review of recordings in the Participant Workbook.

Trainers will need to take into account literacy skills and NESB issues and provide opportunity for an alternate assessment mode, if required.

The assessment record sheet in this package is provided for recording performance of participants – please refer to the assessment section of this package.

Resources

Clinical training room with facility beds – ONE bed for every three to four participants.

Patient handling equipment:

- hoist standard full body with sling/harness
- hoist standing with sling/harness
- slide board (full body)
- slide sheets (two)
- walkbelt
- wheelchair
- any other specific equipment not listed above that is used at the facility and for which each nurse must achieve competency in usage.*

Bed mobility equipment:

- rope ladder
- monkey bar.

Overhead projector or data projector

Whiteboard or flip chart and markers

Safe Handling Passport – one per participant

Assessment records

Workbook – one per participant already issued

* Some wards/units/departments may have a device that is specific to their area. Nurses working in these areas will need to be competent to use this equipment, but it is not appropriate to train ALL nurses in its use. Such training should be part of the ward/unit/department induction and not part of a generalist training program such as this.

TOPIC 2.1

5 minutes

INTRODUCTION

WELCOME participants to this module.

If you are not known to the participants, INTRODUCE yourself and any co-presenters.

REMIND participants that the Elimination and control of risk hierarchy was discussed in module 1.

ASK participants to identify the components of this hierarchy.

RESPONSES should include:

- eliminate the risk
- reduce the risk – provide equipment, staffing, scheduling work, training.

REITERATE that the only way to eliminate the risks associated with handling patients is to not perform patient handling. This module will explore ways to do this, however, many patients are not capable of moving themselves or assisting in moving themselves, so nurses need practical techniques and equipment to reduce the risks associated with handling patients.

Slide 2.1

Show Slide 2.1 – Module outline

EXPLAIN that the focus of this module is the application of the Elimination and control of risk hierarchy to patient handling. Therefore, this module will include:

- normal human movement
- patient handling aids
- patient handling techniques.

REMIND participants that this module includes a practical component and participants are expected to be involved. If anyone is not able to participate actively in this module they must indicate this before commencing these activities.

Trainer's note

Advise participants of any additional mechanisms for providing information to staff on the handling requirements for individual patients eg symbols, patient handling cards.

EMPHASISE that in providing care to patients nurses should refer to the Care Plan. The Care Plan lists the handling aids, techniques and special instructions for care of each individual patient.

EMPHASISE that as a nurse you should be consulted on the most appropriate ways to provide care to your patients. The knowledge and skills learnt in this module will enable you to contribute effectively to this process.

TOPIC 2.2

40 minutes

Trainer's note

You will need a bed and a chair with armrests for this session.

NORMAL HUMAN MOVEMENT

EXPLAIN that when a patient is capable of moving him or herself, then this eliminates the handling risk for the nurse. Even if the patient can partly assist, the handling risk is usually reduced.

EMPHASISE that it is important for the nurse to understand human movement so that the nurse can facilitate this where possible.

This session will look at five main areas of human movement that have traditionally involved some intervention by nurses:

- rolling over in bed
- moving up the bed
- getting out of bed
- standing and sitting
- walking.

Slide 2.2

Show Slide 2.2 – Rolling over in bed

Rolling over in bed

CALL for a volunteer to lie on the bed. ASK the volunteer to roll over in the bed while participants watch.

ASK participants to identify what actions are necessary to roll over.

RESPONSES should include:

- the head lifts away from the pillows
- the person makes a space so that they don't roll off the bed
- the head turns in the direction of the roll
- the arm moves across the body in the direction of the roll
- the knee (same side as the arm that moves) bends.

Note that some of these actions can be simultaneous, but they all need to occur for the person to roll over.

Slide 2.3

Show Slide 2.3 – Moving up the bed

Moving up the bed

CALL for a volunteer to lie on the bed. ASK the volunteer to move up the bed while participants watch.

ASK participants to identify what actions are necessary to move up the bed.

RESPONSES should include:

- the head is lifted from the pillows
- the person pushes down on their elbow, forearms or hands
- the knees bend
- the person pushes down on their heels and lifts their bottom off the bed – this is known as 'bridging'
- once the bottom is clear of the bed, the legs propel the body up the bed.

Slide 2.4

Show Slide 2.4 – Getting out of bed

Getting out of bed

CALL for a volunteer to lie on the bed. ASK the volunteer to get out of the bed while participants watch.

ASK participants to identify what actions are necessary to get up out of bed.

RESPONSES should include:

- the head is lifted from the pillows
- the person rolls onto their side see above factors for rolling
- the hand that crosses the body pushes down on the bed OR the elbow on the rolled side digs into the mattress, while
- both legs swing over the edge of the bed together.

Slide 2.5

Show Slide 2.5 – Sitting to Standing

Sitting and standing

CALL for a volunteer to sit on a low chair. ASK the volunteer to get out of the chair while participants watch.

ASK participants to identify what actions are necessary to stand up from the chair.

RESPONSES should include:

- head moves forward
- feet go back under the chair
- bottom slides forward in the chair
- person leans forward at the hips
- if there are armrests on the chair, the person pushes down on the armrests.

NOTE that the lower the chair, the harder it is to get out of it.

Slide 2.6

Show Slide 2.6 – Standing to Sitting

Standing to Sitting

ASK the standing volunteer to sit in the chair while participants watch.

ASK participants to identify what actions are necessary to sit down.

RESPONSES should include:

- walk backwards
- feel for the chair with the arm or legs
- head comes forward so the person bends at the hips
- the knees bend so that the bottom can reach the seat
- if there are armrests on the chair, the person pushes on the armrests while repositioning to the rear of the chair.

Key factor affecting movement

ASK participants to identify the common factor in all the above actions.

RESPONSE – for the body to move, the HEAD HAS TO MOVE.

ASK participants to identify the factors that could prevent you from moving your head forward.

RESPONSES should include:

- pillows get in the way
- backrest on bed elevated
- someone standing directly in front of you as you try to sit or stand ie prevents you leaning forward at the hip.

EXPLAIN that bed linen can also limit a person's ability to move in the bed.

EMPHASISE that there are, of course, other reasons why patients cannot move in bed or in and out of a chair. However, if the patient is capable of doing these things, or at least some of the actions that comprise the movement, then it is in both the nurse and the patient's interest to facilitate this.

Walking

CALL for a volunteer to demonstrate walking while participants watch.

ASK participants to identify what actions are necessary for a person to walk.

RESPONSES should include:

- head faces the direction of travel
- feet move unimpeded
- arms swing.

EMPHASISE that this will be important later when we look at ways to assist a patient with walking.

TOPIC 2.3

60 minutes

Slide 2.7

10 minutes

Trainer's note

You will need to have all the equipment ready to demonstrate in this session.

Additional equipment provided by your facility should also be demonstrated during this session.

Additional time should be allocated for this.

PATIENT HANDLING AIDS AND TECHNIQUES

Show Slide 2.7 – Extract from the *Lancet*, 1965

INTRODUCE this session by explaining that research has consistently shown that the tasks nurses find difficult to do are the very tasks that pose most risk of manual handling injury. Specifically these tasks are:

- repositioning patients in the bed
- getting patients out of bed
- moving patients between the bed and chair
- lifting patients from the floor.

EXPLAIN that in this session we will look at some techniques and equipment to assist us move patients, who cannot for whatever reason, move by themselves.

EXPLAIN that the techniques and use of equipment will be demonstrated in this session. After the break you will all have some 'hands on' experience.

BUT... before commencing, DISCUSS the key principles of load handling.

ASK participants to identify the key principles for handling any load.

RESPONSES should include:

- know your own limits
- maintain balance – stable stance/legs apart
- keep the load close to the body during movement
- avoid twisting your back or neck
- keep wrists in a neutral position when pulling, pushing or steering
- keep movements smooth
- look in the direction of travel
- when performing forward or backwards movements, use the lunge position
- if lifting from below mid thigh height, lunge or squat semi or full
- steer using body weight rather than arms – this action avoids twisting.

These key principles apply whether you are moving a person or an object.

REMEMBER, equipment used for patient handling also has to be moved.

Slide 2.8

Show Slide 2.8 – Key principles

Trainer's note

If your workplace endorses a specific command, please substitute the following slide.

EXPLAIN that if lifting or moving something as part of a team, the movement needs to be coordinated otherwise there is considerable risk of injury.

Slide 2.9

Show Slide 2.9 – Movement command

50 MINUTES

DEMONSTRATION AND PRACTICAL

The bed

DEMONSTRATE the use of beds used in the facility both manual and electric with emphasis on the following:

- Safe working load (SWL) incorporates the patient, mattress, bedrails and any attached equipment eg portable O₂ cylinder
- features of the bed – brakes-central or individual, height adjustment mechanisms, back rest, tilt, knee break if fitted, use of controls for electric bed, bed rails
- adjusting bed height – ideal height for assisting patients in bed is hip/groin height
- moving beds ie pushing and steering.

In bed techniques

Trainer's note

You will need to refer to the Skill Sheets prepared for each technique and/or item of equipment used.

DEMONSTRATE rolling a patient in bed.

EXPLAIN that slide sheets are used to reduce friction and enable patients to be moved more easily. The slide sheet can be used as a single sheet or, where even less friction is required, two slide sheets can be used together.

DEMONSTRATE the use of the slide sheets – single use and double use to:

- turn patient in bed
- move patient up the bed.

ASK participants to consider the type of patients or situations where using two slide sheets would be recommended.

RESPONSES should include:

- patients over 85 kg
- very frail patients
- patients in pain
- moving patients with one nurse only.

DEMONSTRATE the use of the hoist sling/harness in moving a patient from the supine/semi-recumbent positions to a full upright sitting position.

DEMONSTRATE the use of a rope ladder.

ASK participants to identify the type of patients for whom a rope ladder would be useful.

RESPONSE should include any patient who can use at least one arm to pull AND requires manual assistance to sit forward ie any patient without an electric backrest.

DEMONSTRATE the use of a Monkey Bar. COMBINE this with a demonstration of:

- anchoring the patient's feet (holding the feet/sitting on their feet) so they can propel themselves up the bed
- tilting the bed.

Trainer's note

While supervising performance the trainer should promote discussion and challenge participants about the use of devices.

REFER participants to the Skill Sheets in their workbook.

DIVIDE participants into groups of three or four and assign to a specific bed.

ROTATE the equipment between the beds.

ROTATE within the group so that each person has the opportunity to try the equipment and simulate being the 'patient'.

SUPERVISE each group to ensure practice is conducted according to the Skill Sheets.

15 minutes**BREAK****45 minutes****Out of bed techniques****Trainer's note**

Remind participants of the facility's preferred movement command.

DEMONSTRATE the use of the full body slide board.

DEMONSTRATE the use of the hoist (standing/stand-up) with sling/harness. EXPLAIN:

- colour coding on slings used at the facility
- safe working limit (SWL) for equipment – hoist and sling may be different, lowest becomes the SWL for the sling and hoist together.

DEMONSTRATE the use of the hoist (full body standard) with sling/harness. If your facility provides a Jordan Frame attachment for lifting supine patients then this should also be shown.

Trainer's note

While supervising performance the trainer should promote discussion and challenge participants about the use of devices.

REFER participants to the Skill Sheets in their workbook.

DIVIDE participants into groups of three or four and assign to a specific bed.

ROTATE the equipment between the beds.

ROTATE within the group so that each person has the opportunity to try the equipment and simulate being the 'patient'.

SUPERVISE each group to ensure practice is conducted according to the Skill Sheets.

Trainer's note

Trainers should include demonstration of any specific equipment and techniques for handling patients in an emergency eg cardiac arrest.

DEMONSTRATE the use of the walkbelt in assisting a patient to stand and sit – explain colour coding if applicable.

DEMONSTRATE assisting a patient to walk.

DEMONSTRATE the use of the walkbelt in assisting a patient to walk.

DEMONSTRATE coaching a patient up from the floor.

DEMONSTRATE the use of a standard wheelchair.

DEMONSTRATE any other equipment in general use within the facility.

PROMOTE discussion.

ISSUES could include:

- what can be done if the patient refuses to be handled by equipment
- hygiene/infection control
- what to do if equipment is faulty
- location of batteries for electric equipment
- procedure for recharging batteries and
- emergency procedures.

15 minutes**PATIENT HANDLING EXERCISE**

REFER participants to the workbook.

DIVIDE participants into four groups and ASSIGN one task to each group.

TASK: Groups are to decide how best to move the following patients.

There will be more than one option. LIST the techniques or equipment in order of degree of intervention by the nurse, from the least through to the most eg a hoist is the most intervention, coaching the patient in the use of the Monkey Bar would be the least intervention.

IDENTIFY any special conditions such as raising or lowering the height of the bed.

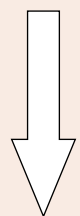
NOMINATE a group leader and report back.

TASK 1: Patient in bed needs to go to Xray

Suggested techniques or equipment:

- coach the patient to get up by themselves and transfer to trolley or wheelchair – bed may need to be lowered
- if unable, raise height of bed to just above trolley height and use full body slideboard.

NB: the hoist could be used but it would be unnecessary if a slideboard was available.

TASK 2: Patient in chair wants to go back to bed

Suggested techniques or equipment:

- lower bed height and coach patient to do it themselves
- if unable, lower bed height and use walkbelt
- if unable, lower bed height and use stand-up hoist
- if unable, lower bed height and use full body hoist.

TASK 3: Patient has slipped down the bed

Suggested techniques or equipment:

- coach the patient to reposition themselves – wiggle up the bed
- if unable, get the patient to bend their knees then anchor their feet while they propel themselves up the bed – they can use the monkey bar
- if unable, raise the height of the bed and use slide sheet/s to move the patient
- use knee break if fitted to stop future slipping.

TASK 4: Patient is on the floor

Suggested techniques or equipment:

- check first to see if the patient is injured, and if not
- coach the patient to get up themselves – you may need to position a chair so they can pull themselves up on this
- if unable, apply a walkbelt and coach to get up with minimal assistance – the chair can be used as well
- if unable, use a standup hoist if you believe they can weight-bear
- if unable to weight-bear, used a full body hoist
- if injured, you may need to use a Jordan Frame attachment for the full body hoist ie normal sling is not suitable, and/or call the ambulance.

TOPIC 2.4

15 minutes

SUMMARY AND GUIDELINES FOR ASSESSMENT

Before bringing the program to a close, summarise the important issues addressed in this program.

Slide 2.10

Show Slide 2.10 – Summary of the program

Trainer's note

Provide participants with names of the people who can supervise in the work area, or where participants can find this information in their ward/unit.

Trainer's note

The preferred process for assessment is outlined in the Assessment Section of this Trainer's Manual.

The master for the preferred process is included in the Sample Passport Documentation.

If facilities prefer another option, clear written direction must be given to participants.

EMPHASISE that the program does not stop here. A key part of this program is that each participant becomes competent in using the equipment and techniques promoted in this program.

DISTRIBUTE the Safe Handling Passport to each participant.

EXPLAIN that it was never expected that you would each become proficient or skilled in using all the equipment and techniques just by attending this program. You will need practice, under supervision, before you can be assessed as competent in the specific techniques and use of specific equipment.

EMPHASISE that this Passport is both a log of your experience using particular equipment and techniques. On each occasion you use a certain item of equipment, always under supervision, you note this in the Passport and the person supervising you countersigns. The 'supervisor' can be anyone who is already competent at using this equipment.

EXPLAIN how the process of assessment will work in the workplace.

INVITE any final questions from participants.

THANK participants for their attendance and input throughout the program.

MANUAL HANDLING FOR NURSES

Module 3: Nursing Practice and Manual Handling

MODULE INFORMATION

Name	Nursing Practice and Manual Handling
Duration	No face-to-face training required. Nurses attend to the learning outcomes in the workplace.
Learning aim	This module provides nurses with the practice and skill to undertake the handling of patients safely – for themselves and for the patient.
Learning outcomes	<p>On completion of this module nurses will be able to:</p> <ol style="list-style-type: none">3.1 Self – monitor own capabilities and state of fitness for undertaking nursing activities requiring manual handling.3.2 Seek assistance from others as necessary in order to undertake manual handling activities safely.3.3 Participate in ongoing personal and professional development on manual handling issues.3.4 Use the Patient Care Plan to identify patient status for undertaking patient – handling procedures.3.5 Plan and communicate requirement for undertaking patient – handling activities.3.6 Apply correct manual handling techniques and equipment to nursing activities according to facility policies and procedures. <p>Refer to the Program Administration Section of this program to reference these Learning Outcomes against the <i>Manual Handling Competencies for Nurses</i>.</p>
Outline	Not applicable.
Prerequisites	Completed Module 2 satisfactorily.

Assessment

To successfully complete this module, participants will be required to demonstrate, with or without assistance, ONE patient handling activity.

In undertaking this assessment, participants are to be assessed against the following performance criteria:

- Undertake ONE patient handling activity, having regard for the Patient's Care Plan, the Skill Sheet requirements and any specific facility procedures.
- Identify opportunities to enhance skills in manual and patient handling.
- Maintain the Safe Handling Passport.

For this assessment the trainer/assessor may gather evidence of competency through successful completion of the particular skill.

Note that the assessor is not required to be the trainer – refer to the Program Administration for requirements for trainers/ assessors.

Resources

Assessment Tool and Skill Sheet for the particular patient handling task.

The assessment record sheet in this package is provided for recording performance of participants – please refer to the assessment section of this package.

MANUAL HANDLING FOR NURSES

Overheads

Manual Handling for Nurses

Program A: **Essentials**

Outline of Program...

Module 1: Fundamentals of manual handling

- Introduction
- Manual handling
- Legislation
- Workplace arrangements
- Factors affecting manual handling

Module 2: Manual handling of people

- Normal human movement
- Patient handling aids and techniques
- Practical
- The assessment process

Module 3: Nursing practice and manual handling

Manual handling...

... any activity requiring the use of force or exertion by a person to lift, lower, push, pull, carry, move, hold or restrain any animate or inanimate object

Occupational Health and Safety Regulation 2001 c79

Legislation...

- **OHS Act 2000**
- **OHS Regulation 2001** – Chapter 2 and 4.4
- based on the National Standard for **Manual Handling / National Code of Practice**
(National Occupational Health and Safety Commission, 1990)
- responsibilities of employers, employees and manufacturers / suppliers

Employer responsibilities...

- ensure that the **work practices, equipment, objects** used and the **working environment** are designed, constructed and maintained to prevent manual handling injury
- undertake **risk management**... identify, assess, eliminate or control any manual handling hazards
- **consult** with employees throughout the risk management process

Employee responsibilities...

- comply with workplace policies
- comply with safe work practices
- use equipment
- use correct manual handling techniques
- report hazards, equipment fault or injury
- perform day to day care of equipment

Current penalties...

Corporation

Up to \$ 550,000 or
Up to \$ 825,000 for subsequent offences

Individual Manager / Director

Up to \$ 55,000 for the first offence
Up to \$ 82,500 and / or
Up to 2 years jail for subsequent offences

Individual / employee

Up to \$ 3,300 for first offence or
Up to \$ 4,950 for subsequent offences

On-the-spot fines

\$ 200 – \$ 1,500 for employers
\$ 200 – \$ 600 for employees / individuals

Risk management...

I

Identify hazard

A

Assess to determine risk

E

Eliminate risk, or

C

Implement effective **Control** strategies

Hazard Identification...

- height of the bed too low – needs to be adjusted
- limited access to the head of the bed/backrest – bedside cabinet and traymobile need to move out of the way
- stooped posture while fitting sheets, blankets and pillowcases

Risk management...

I Identify hazard

A Assess to determine risk

E Eliminate risk, or

C Implement effective Control strategies

Risk factors...

- posture and actions
- duration and frequency of the task
- load handled
- work organisation
- work environment
- personal factors

Adverse postures and actions...

- reaching above shoulder height
- sudden, jerky or uncontrolled movements
- carrying a load on one side of the body, and
- reaching across the body, especially when supporting a load (cross body reaching)

Factors affecting the load...

- weight
- force to move the load
- dimensions
- rigidity
- predictability
- surface texture
- temperature
- grip

Common environmental factors...

- slippery floors
- uneven floors
- housekeeping
- low illumination
- restricted space
- patient equipment
- patient amenities

Risk management...

I Identify hazard

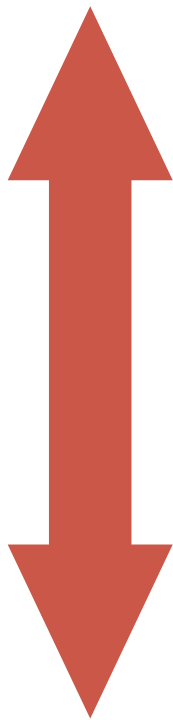
A Assess to determine risk

E Eliminate risk, or

C Implement effective Control strategies

Elimination and risk control hierarchy...

Most effective



Least effective

ELIMINATE

or

Modify

Equipment

Work practice

Training

Summary...

- why prevent manual handling injuries
- legislation
- responsibilities
- workplace procedures
- consultation
- risk factors
- what can be done

Outline of module...

Module 2: Manual handling of people

- normal human movement
- patient handling aids and techniques
- practical
- the assessment process

Rolling over in bed...

- head lifts away from the pillows
- person 'makes space' to avoid rolling off the bed
- head turns in the direction of roll
- arm moves across the body
- one knee bends (same side as the arm)

Moving up in bed...

- head is lifted from the pillows
- person pushes down on their elbow, forearms or hands
- knees bend
- person pushes down on their heels, and lifts their bottom off the bed – this is known as ‘bridging’
- once the bottom is clear of the bed, the legs propel the body up the bed

Getting out of bed...

- head is lifted from the pillows
- person rolls onto their side
- hand crosses the body and pushes down on the bed OR the elbow on the rolled side digs into the mattress, while
- both legs swing over the edge of the bed together

Sitting to standing...

- head moves forward
- feet go back under the chair
- bottom slides forward in the chair
- person leans forward at the hips
- if there are armrests on the chair, the person pushes down on the armrests

The lower the chair... the harder it is to get up.

Standing to sitting...

- walk backwards
- feel for the chair with the arm or legs
- head comes forward so the person bends at the hips
- knees bend so that the bottom can reach the seat
- if there are armrests on the chair, the person pushes on the armrests while repositioning to the rear of the chair

The Lancet, 1965

The adult human form is an awkward burden to lift or carry.

Weighing up to 100 kg or more, it has no handles, it is not rigid, and it is liable to severe damage if mishandled or dropped.

In bed a patient is placed inconveniently for lifting, and the placing of a load in such a situation would be tolerated by few industrial workers.

Key principles...

- know your own **limits**
- maintain **balance** – stable stance/legs apart
- keep the load **close**
- avoid **twisting** your back or neck
- keep wrists in a **neutral** position when pulling, pushing or steering
- keep movements **smooth**
- **look** in the direction of travel
- **lunge** to perform forward or backwards movements
- if lifting from below mid thigh height, **lunge or squat**
- **steer using body weight** rather than arms

Movement command...

READY... BRACE... MOVE

Summary of program...

Module 1: Fundamentals of manual handling

- Introduction
- Manual handling
- Legislation
- Workplace arrangements
- Factors affecting manual handling

Module 2: Manual handling of people

- Normal human movement
- Patient handling aids and techniques
- Practical
- The assessment process

Module 3: Nursing practice and manual handling