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.

<table>
<thead>
<tr>
<th>Project Officers</th>
<th>Louise Whitby, Louise Whitby and Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marcia Lusted, Ergonomics Australia</td>
</tr>
<tr>
<td></td>
<td>Christine Aickin, Workability</td>
</tr>
<tr>
<td></td>
<td>Lois Meyer, Learning Paradigms</td>
</tr>
<tr>
<td>WorkCover NSW</td>
<td>Health and Community Services Industry Reference Group</td>
</tr>
<tr>
<td>NSW Nurses Association</td>
<td>Trish Butrej</td>
</tr>
<tr>
<td></td>
<td>Mary McLeod</td>
</tr>
<tr>
<td>Design and Production</td>
<td>Purple Goat Design Pty Ltd.</td>
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</table>

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.
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).

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 Act 2000 (the Act), the Occupational Health and Safety Regulation 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 and trainers should be aware of any revisions and incorporate changes, as required, in the program delivery.

**Purpose**

Program B(1) is designed for any nurse at any level who is responsible for supervising or mentoring other nursing staff and/or determining care requirements for patients.

This program focuses on the knowledge, skills and attitudes that are necessary for nurses to manage manual handling within their sphere of responsibility, including the plan of care for patients.

**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 techniques for handling people as loads ie all techniques involve some 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 elimination or control of manual handling risks
- manual handling competencies are common to different areas of nursing practice – a team leader working in the community will need the same competencies as a nurse working in a hospital, although the actual manual tasks and work environments will be different
- the competencies describe workplace performance for any nurse responsible for supervising other nurses.

Structure

This program is structured in 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.
Where the workplace requires nurses to assess other nurses in patient handling, this session will provide the technical skills necessary for such assessment.

However, it is not the function of this program to train nurses in workplace assessor skills. Nurses who assess others in clinical situations should at least have received training in assessment to the standard of the Certificate IV in Assessment and Workplace Training, specifically:

- BSZ401A Plan assessment
- BSZ402A Conduct assessment
- BSZ403A Review assessment.

**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.

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, it may be appropriate to co-opt appropriately qualified assessors to facilitate the assessment process. Refer to Trainers’ Section for an outline of the recommended competencies/qualifications for delivering and assessing the training in this program.

The assessment tool to support undertaking assessment of participants for this program is provided.

**Documentation**

Trainers will need to make a decision whether a participant has achieved 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.

**Prerequisites**

Participants should be qualified nurses at their level.

They should have received training and been assessed as competent to at least the level of Program A: Essentials.

They should have received training in basic occupational health and safety (OHS) principles.

They should have at least 12 months experience at their level of nursing and be familiar with workplace policies and procedures with respect to OHS and manual handling.

**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, dated after 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 6¾ hours, excluding breaks.
Program delivery

The program is modular. Modules can be delivered together as one session or individually.

The modules should be presented in sequence.

Skill sheets

The program includes skill sheets on standard patient handling techniques and use of generic equipment. These are the same as those developed for Program A: Essentials and are to used for adult patients only.

These techniques and equipment listed in the skill sheets are considered the minimum requirements for all nurses to be proficient at performing and using as part of their routine work. It is, however, expected that facilities would have already undertaken a risk assessment to ensure these skill sheets are appropriate for the workplace.

Please note: It would be expected that trainers would add other skill sheets to the training, subject to the outcomes of the risk assessment and as appropriate to the needs of participants eg specific techniques for specific units such as paediatrics, surgery, intensive care, neurology, orthopaedics, pathology, oncology etc.

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 required to undertake 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, circo-electric beds, hip turners.
Resources

Trainers will need to provide the following:

- flipchart or whiteboard
- marker pens
- overhead projector or data projector
- workbook – one per participant

Training program

The following materials are included:

- 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
- sample Certificates of Attainment (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
- have qualifications and/or considerable experience in OHS
- have knowledge and skills relating to current OHS legislation and, in particular, the risk management process
- are experienced educators
- are proficient at performing patient handling techniques themselves
• have training qualifications eg Certificate IV in Assessment and Workplace Training, or equivalent
• can provide on-going support/guidance to participants in the workplace
• can undertake competency assessments in the workplace.

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 patient handling

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Introduction</td>
<td>20 minutes</td>
</tr>
<tr>
<td>1.2</td>
<td>Risk factors in patient handling</td>
<td>40 minutes</td>
</tr>
<tr>
<td>1.3</td>
<td>Legislation and patient handling – Part A</td>
<td>60 minutes</td>
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**BREAK**

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<tr>
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<td>Legislation and patient handling – Part B</td>
<td>30 minutes</td>
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<td>1.4</td>
<td>Workplace arrangements</td>
<td>25 minutes</td>
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<tr>
<td>1.5</td>
<td>Summary and guidelines for assessment</td>
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**BREAK**

#### Module 2  Patient assessment for safe handling

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<tr>
<td>2.1</td>
<td>Introduction</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2.2</td>
<td>Factors in assessment of patients</td>
<td>20 minutes</td>
</tr>
<tr>
<td>2.3</td>
<td>Human movement revisited</td>
<td>30 minutes</td>
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<tr>
<td>2.4</td>
<td>Facility approved patient handling aids and equipment</td>
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<th>Topic</th>
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<tr>
<td>2.5</td>
<td>Patient assessment</td>
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<tr>
<td>2.6</td>
<td>Summary and guidelines for assessment</td>
<td>20 minutes</td>
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**PROGRAM CLOSURE**

<table>
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<tr>
<th>Topic</th>
<th>Description</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>2.7</td>
<td>Patient handling advisor – OPTIONAL</td>
<td>45 minutes</td>
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**PROGRAM TOTAL**

6¾ HOURS
MANUAL HANDLING FOR NURSES

Assessment
ASSESSMENT

Learning aims

**Module 1:**
This module provides nurses, who have responsibility to supervise or mentor other nurses, with the knowledge to facilitate compliance with legislative and workplace arrangements relating to patient handling. The focus is on injury prevention – to participants, colleagues, patients or others in the workplace.

**Module 2:**
This module provides nurse team leaders with the knowledge and skills to effectively assess patients for safe handling.

Learning outcomes

**Module 1:**
1.1 Practice and support facility policies and procedures for identifying, assessing and controlling patient handling risks.

1.2 Promote and support participative arrangements and communication strategies for managing patient handling risks.

**Module 2:**
2.1 Practice and promote appropriate (patient) manual handling techniques and standards within own area of responsibility.

2.2 Formulate and monitor the patient care plan detailing patient handling requirements, to meet health and safety needs of the patient and health care team.

2.3 Implement and support others in meeting the patient care plan incorporating patient handling requirements and standards.

2.4 Identify and support learning strategies and training for manual handling where and when required.
Performance criteria

Module 1: Fundamentals of patient handling
• Discuss employer and employee responsibilities for patient handling.
• Discuss workplace policies and procedures relating to patient handling, including what is occurring at the workplace to minimise patient handling risks and how employees are consulted on patient handling issues.
• Describe how patient handling hazards are identified and reported.
• List the key manual handling risk factors and include an example of each.
• List the steps to eliminate or control patient handling risks and provide an example of each.

Module 2: Patient assessment for safe handling
• Define ‘mobility’.
• List the specific factors that should be assessed when undertaking patient assessment.
• List the steps required for a patient to undertake a specific mobility task without assistance.
• Discuss the term ‘weight bear’.
• Undertake the assessment of four patients.
• On four occasions, demonstrate and explain the use of a patient handling device.
• On four occasions, supervise nurses completing the practice requirements in the use of patient handling equipment required for Program A: Essentials – refer to the Safe Handling Passport.

Course assessment

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

During the face-to-face presentation of 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.
• Completion of the post training activities (Module 2 only).
Assessment method

Module 1:
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 Module 1 be completed at the time of program delivery.

Module 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.

Module 2 also includes a practical component. The assessor may gather evidence of competency through successful completion of three separate activities:

- a patient assessment in the ward/unit, subject to evidence of three prior assessments being undertaken
- instruction to nurse/s on the safe use of a patient handling device used in the ward/unit, subject to evidence of three prior instructions being provided
- for Manual Handling Advisors only: Assessment of a nurse completing the practice requirements in the use of patient handling equipment required for Program A: Essentials.

Note that for the practical, the assessor is not required to be the trainer – refer to the Program Administration for requirements for Trainers/Assessors.
**Assessment decision**

Trainers 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.
MANUAL HANDLING FOR NURSES

Module 1: Fundamentals of Patient Handling
MODULE INFORMATION

Name
Fundamentals of patient handling

Duration
3 hours

Learning aim
This module provides nurses, who have responsibility to supervise or mentor other nurses, with the knowledge to facilitate compliance with legislative and workplace arrangements relating to patient handling. The focus is on injury prevention – to participants, colleagues, patients or others in the workplace.

Learning outcomes
On completion of this module nurses will be able to:

1.1 Practice and support facility policies and procedures for identifying, assessing and controlling patient handling risks.
1.2 Promote and support participative arrangements and communication strategies for managing patient handling risks.

Refer to the Program Administration Section of this program to reference these Learning Outcomes against the Manual Handling Competencies for Nurses.

Outline
This module includes the following topics:

1.1 Introduction to safe patient handling
1.2 Risk factors in patient handling
1.3 Legislation and patient handling
1.4 Workplace arrangements
1.5 Summary

Prerequisites
Basic understanding of manual handling and patient handling techniques to the level of Program A: Essentials.
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 patient handling.
- Discuss workplace policies and procedures relating to patient handling, including what is occurring at the workplace to minimise patient handling risks and how employees are consulted on patient handling issues.
- Describe how patient handling hazards are identified and reported.
- List the key manual handling risk factors and include an example of each.
- List the steps to eliminate or control patient 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, and
- contribution to the successful completion of training activities and exercises.

The Learner Progress Record in this package is provided for recording performance of participants.

Resources

Standard training/lecture room.
Overhead projector or data projector.
Whiteboard or flip chart and markers.
Participant workbook, including current manual handling and patient handling policies or procedures for the facility.
Assessment records.
TOPIC 1.1 INTRODUCTION
20 minutes

Slide 1.1

Show Slide 1.1 – Program title

WELCOME participants to the program. Explain that this program is one in a series, developed for nurses by the WorkCover NSW Health and Community Services Industry Reference Group.

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

If participants are from various work areas, or otherwise not known to each other, invite them to INTRODUCE THEMSELVES.

HIGHLIGHT that this program is one of two programs developed specifically for nurses who have the responsibility to supervise or mentor other nurses team leaders. The purpose is to provide you with the skills and knowledge to facilitate patient handling within your immediate work area.

The focus of this program is on assessing patients and determining the equipment they will require and the techniques, if any, that will be required to facilitate their care.

For nurses who manage a team, ward, unit, clinic or department, Program B(2) in this series focuses on what should be in place to eliminate or otherwise control manual handling risks associated with the work relevant to the particular nurse’s sphere of responsibility.

Slide 1.2

Show Slide 1.2 – Outline of the program

EXPLAIN that this program consists of two modules:
Module 1: Fundamentals of patient handling

- risk factors in handling people
- trends in patient handling
- legislation as it relates to patient handling
- task assessment versus patient assessment
- patient’s rights and employees rights
- workplace arrangements in respect to patient handling.

Module 2: Patient assessment for safe handling

- factors in assessing patients
- human movement revisited
- facility approved patient handling aids and techniques
- patient handling advisor – optional
- patient assessment.

EXPLAIN that Modules 1 and 2 comprise the core training and will be presented as a lecture with practical component.

The major assessment for this program involves:

- determining patient handling requirements for four patients
- demonstrating the use of four patient handling devices to new nurses.

These assessments will be undertaken in the workplace at a later date.

On successful completion of this program you will be able to prescribe the manual handling requirements for the day to day care of patients in the care plan.

For the nurses who have received or will be receiving training to be a workplace assessor, completion of this program will enable you to assess other nurses in patient handling.

DISTRIBUTE the workbook – the handout for this program.
TOPIC 1.2
RISK FACTORS IN PATIENT HANDLING

ASK participants to identify what it is about moving patients that can be difficult.

RESPONSES should include:

- Weights of patients vary.
- Patients may have a condition that makes it difficult for them to exert energy eg asthma, heart failure, receiving palliative care, burns.
- Patients may have physical limitations that make it difficult for them to cooperate or be sufficiently coordinated to use aids eg fractured clavicle, amputee, spasticity.
- Patients may have a condition that prevents them from assisting eg unconscious, CVA, deceased.
- Patients can be unpredictable, can move suddenly or can pull/push against you eg aggression, epilepsy, sleep apnoea.
- Patients may have equipment attached to them eg IV, monitor.
- Patients may be in pain.
- Patients may be incontinent or otherwise in an unhygienic state.

Slide 1.3
Show Slide 1.3 – Risk factors in patient handling

ASK participants to identify some nursing activities that involve moving patients.

RESPONSES may include:

- Repositioning a patient in bed or chair.
- Supporting a patient during a procedure eg lumbar puncture, burn dressing, holding a child.
- Supporting a limb.
- Guiding a patient to the bathroom.
- Restraining/holding a person – stopping a patient from kicking, punching.
• Assisting a patient from the floor.
• Moving patients on or in equipment such as a wheelchair, patient hoist, trolley or bed.

SELECT one of the activities and ASK participants to identify what is involved in performing this task:

For example, repositioning people in bed can involve:

• getting assistance and/or equipment
• adjusting the bed – height, backrest
• adjusting bedclothes
• moving furniture out of the way
• finally, moving the person.

EMPHASISE that moving people often involves a number of different manual handling tasks, apart from the actual task of moving or holding the person.

EXPLAIN that since the late 1980s there has been a considerable amount of research into the manual handling aspects of nursing. This came about almost simultaneously in countries such as Britain, France, USA, Canada and Australia. The reason – the very high rates of back injury amongst nurses.

The majority of research into nursing has identified four patient handling tasks that have been consistently associated with the risk of low back pain.

TAKE participants on a journey back before equipment was used routinely for patient handling.

ASK participants to recall/imagine what patient handling was like before equipment was used. INDICATE the tasks that were difficult or uncomfortable to perform.

RESPONSES should include:

• frequency of moving patients in the bed
• manual transferring patients between the bed and the chair
• manual lifting patients from the floor
• sustained postures such as stooping.
Slide 1.4

Show Slide 1.4 – Research links to low back pain and nursing

EXPLAIN that this research heightened awareness and prompted changes to the way nurses worked. Specifically:

- Many of the traditional manual techniques used by nurses were considered too risky to be performed at all.
- Equipment was progressively introduced.
- Training took on a different focus, largely due to legislative changes ie less focus on manual technique and back care training/fitness as the sole preventive strategy.
- Nurses started looking beyond the technique or the equipment to more fundamental issues such as the design and layout of the workplace and the organisation of work.

Slide 1.5

Show Slide 1.5 – Unacceptable risks.

**Trends in patient handling**

EXPLAIN that by the mid 1990s many facilities had already introduced patient handling equipment.

Equipment designers have begun working with health care facilities to design more equipment suited to a broader range of patient handling activities, including equipment for obese patients. Equipment such as specialised beds, shower trolleys, custom designed shower chairs, stand-up hoists, wheelchair shower cubicles, are now common features in health and aged care facilities.
Show Slides 1.6/1.7 – Recent developments in patient handling equipment

Many facilities have introduced ‘No lifting’ or ‘Safe handling’ policies.

There is also greater patient and general community awareness that nurses use equipment when handling patients.

Architects and designers are now incorporating solutions for manual handling issues in the design of new facilities eg storage for patient handling equipment, wider doorways, single surface flooring, overhead tracks for hoists.

EMPHASISE that the quest to make patient handling safer is on-going.
TOPIC 1.3

LEGISLATION AND PATIENT HANDLING - PART A

Trainer's note

This topic assumes that participants in this program have received prior training and been assessed as competent with respect to the Act and the Regulation as it applies to manual handling.

If they have not received this training, then deliver Topic 1.3 from the Manual Handling Program for Nurses and do the quiz as a group exercise. Additional time will need to be factored into the overall delivery time for this program.

QUIZ

REFER participants to the quiz in their workbook.

Each participant is to complete the quiz questions themselves. Allow 5 minutes.

ASK participants to swap workbooks and mark the correct responses.

INVITE participants to contribute the answers.

REMIND participants that the workbooks will be collected at the completion of the program.

EMPHASISE that in this topic we are exploring how the current OHS legislation addresses issues relating to patient handling.
EMPHASISE that the Regulation requires employers to ensure that the premises, work practices and anything used is designed, constructed and maintained to prevent manual handling injury. In a hospital or health care environment, this extends to the safety of:

- employees
- anyone visiting the workplace
- patients.

So, incorporating OHS into the care of patients falls very much within the scope of the OHS legislation.

The Regulation requires a risk management approach to controlling the risks associated with manual handling. By definition, manual handling includes patient handling.

**Slide 1.8**

Show Slide 1.8 – Risk management process

**Hazard identification**

ASK participants to identify how patient handling hazards are identified.

RESPONSES should include research into:

- nursing activities
- injuries nurses sustain through work
- systems of work
- patient handling techniques
- equipment available to and used by nurses.
Risk assessment

Once hazards have been identified, the next step is to assess the hazards to determine the risk.

There are four different types of risk assessment in patient care environments, namely:

- patient assessment
- task assessment eg showering
- work environment eg home nursing
- equipment eg prior to purchasing.

EXPLAIN that patient assessment is the process of assessing the capabilities of each individual patient – this will be addressed in Module 2 of this program.

EXPLAIN that task assessment is about assessing:

- the generic patient care activities performed by nurses, such as bed making, showering, dealing with emergencies, doing dressings and medication rounds, and managing obese patients
- the general activities performed by nurses that involve manual handling or occupational overuse eg moving furniture, restocking, report writing and computer usage.

INVITE participants to nominate any other patient care tasks that nurses perform routinely that would be suitable for a task assessment.

RESPONSES could include:

- taking BPs
- assisting with breast-feeding
- feeding patients
- taking patients to theatres
- pushing wheelchairs
- assisting patients to and from a vehicle
- taking deceased patients to the morgue.
EXPLAIN that in compliance with the Regulation, task assessment requires assessment of 13 risk factors:

- actions and movements
- workplace and workstation layout
- working posture and position
- duration and frequency
- location of loads and distances moved
- weights and forces
- characteristics of loads and equipment
- work organisation
- work environment
- skills and experience
- age
- clothing
- special needs.

In addition, any other factors considered relevant (by the employer, employee or their representative on health and safety issues) must be taken into account.

EMPHASISE that in patient assessment, the assessment involves one risk factor – the LOAD. The patient is the load to be handled, but within the context of:

- the posture required to perform the task
- how often and for how long the task is performed
- the nature of any equipment involved
- how work is managed
- the constraints of the environment
- the nurses who are providing the care.
Show Slide 1.10 – Health industry risk assessment

**EMPHASISE** important points about risk assessment in patient care environments:

- task assessments provide the basis for assessing manual handling risk
- patient assessments should be performed in consideration of the task, environment and equipment assessments that have been performed eg caring for a particular patient on one ward may involve less control measures than if the same patient was nursed in another ward because of different environment and/or different equipment available
- consideration of the task, environment and equipment assessments when undertaking patient assessment provides for a systematic approach to patient handing.

**Eliminate or control the risk**

**EXPLAIN** that the only way to eliminate the risk associated with a patient handling task is to not perform that task. This involves facilitating the movement of the patient by themselves through:

- the provision of an appropriate environment
- the provision of equipment such as monkey bars, electric beds, rope ladders, walking aids
- training nurses in human movement
- encouraging and coaching patients to move themselves.

However, in many nursing situations it is just not practical or possible for the patient to move themselves without assistance from the nurse. Therefore, the focus shifts to controlling the risk.

The final step in the risk management process is **RISK CONTROL**. With the patient assessment superimposed on to the task assessment, the most effective CONTROL strategies can be determined.
Show Slide 1.11 – Elimination and control of risk hierarchy

Risk control incorporates:

- Modify the work systems, the environment, work procedures eg update admission procedures to educate patients on the facility protocol for patient handling.
- Equipment – provide appropriate aids/equipment in sufficient quantity.
- Work practices – develop and implement work practices to control the risks.
- Train – provide training in work practices and the use of equipment.

HIGHLIGHT that the Regulation specifically states that the use of team lifting is no longer considered a sufficient or appropriate control measure with respect to manual handling. In other words, the use of teams in patient handling should not be the only control strategy. The exception to this may be in attending to patients in life-threatening situations.

BREAK - Topic 1.3 continues after the break.
TOPIC 1.3
30 minutes

LEGISLATION AND PATIENT HANDLING - PART B

Patient’s rights and responsibilities

EMPHASISE that the patient has the right to be consulted in respect to their care and informed as to the options available in the provision of that care.

However, patient’s rights do not extend to insisting that care be provided in a particular way where executing that care will place employees at risk. All citizens, including patients, have a common law ‘duty of care’ to avoid doing, or failing to do, anything that could increase the risk of injury to anyone else. For example, a patient, or their relatives, cannot insist that the patient is lifted manually.

The Act and any legal rights a patient may have, have to co-exist. However, where there is risk to nurses, the provisions of the OHS Act must prevail. In respect to patient handling, where there is a risk to the nurse in performing a particular manoeuvre, there is more than likely also a risk to the patient.

INVITE participants to discuss this issue, difficult situations that have arisen and how the situation was resolved.

Team leader responsibilities

EXPLAIN that as team leaders, you may be a supervisor of other nurses, supporting the employer in ensuring safety within the workplace.

Team leaders have the same legal responsibilities as employees, specifically to:

- take reasonable care for the safety of others in the workplace who could be affected by what a team leader does or fails to do, acts or omissions
- cooperate with your employer.
However, employers often place additional responsibilities on team leaders. These responsibilities are usually limited to your level of authority and delegation within the organisation and are linked to the specific requirement of cooperating with the employer.

**ASK participants to identify what responsibilities team leaders/supervisors may have in relation to dealing with patient handling issues.**

**RESPONSES should include:**

- Compliance with workplace policies and procedures relating to patient handling.
- Regular consultation with nurses and other staff involved in the care of the patient eg physiotherapists, doctors, wardsmen.
- Regular consultation with patients and/or their family.
- Responding appropriately to any patient handling concerns raised by staff or others.
- Arranging or conducting patient assessments.
- Highlighting the need for task assessments.
- Implementing safe work practices for staff under your control.
- Matching work requirements to staff availability and skill mix.
- Ensuring appropriate equipment is available.
- Ensuring training is provided, including induction training.
- Investigating manual handling hazards and incidents.
- Maintaining all documentation relating to the assessment of patients, not just the up-dated version.

---

**Trainer’s note**

Team leaders can include all grades of nurse up to NUM level. The responsibilities listed are for NUMs – nurses from lower grades would not necessarily be expected to have all these responsibilities. Be sure to emphasise that the responsibilities relate to the level of authority and delegation for the team leader’s nominated position.

---

**Slide 1.12**

Show Slide 1.12 – Team leader responsibilities

**Topic 1.4**

**Workplace arrangements**

EXPLAIN that, in accordance with the Act, employers are required to provide information and instruction as to how the facility is reducing the manual handling risks associated with patient care.
This WHAT and HOW are normally communicated through policy and procedures.

Participants should refer to a copy of the manual handling policy this should be in the workbook.

ASK participants to determine from the policy the issues that directly relate to patient handling.

DISCUSS these issues in relation to the material we just covered in the previous topic on legislation and patient handling. Specifically:

- Does the policy address patient handling?
- What are the responsibilities with respect to patient handling for the organisation and for individuals, including agency staff and wardsmen?
- How are the patient handling requirements to be communicated to nurses?
- Are all the control measures listed?

Participants should refer to a copy of the patient handling policy or procedures for the facility.

ASK participants to determine the key points from this procedure. If the facility does not have a procedure, participants should nominate the factors that should be noted in such a procedure.

RESPONSES could include:

- ‘no lift’, ‘minimal lift’ or ‘safe patient handling’
- equipment available
- techniques approved within the facility
- techniques that are not to be used and the appropriate alternatives
- patient handling in an emergency
- strategies to address aggression/violence
- what training is provided
- support people if advice is needed.
EMPHASISE that in accordance with the Act, employers are required to consult employees when policies and procedures are being developed, implemented, evaluated and modified. This should also occur if changes to the equipment, premises or systems of work are proposed.

TOPIC 1.5

5 minutes

Slide 1.13

SUMMARY

Show Slide 1.13 – Summary

In this module we have discussed issues relating to the broad topic of patient handling, specifically:

- the risk factors in handling patients
- trends in patient handling
- the legislation as it relates to patient handling
- the importance of both task assessment and patient assessment
- patient’s rights and responsibilities
- team leader responsibilities
- workplace policies and procedures with respect to patient handling.

EXPLAIN that the next module will focus on the assessment of patients.

BREAK.
Module 2: Patient Assessment for Safe Handling
MODULE INFORMATION

Name
Patient assessment for safe handling

Duration
3 hours with an optional ¾ hour - 3¾ hours total

Learning aim
This module provides nurse team leaders with the knowledge and skills to effectively assess patients for safe handling.

Learning outcomes
On completion of this module nurses will be able to:

2.1 Practice and promote appropriate patient manual handling techniques and standards within own area of responsibility.
2.2 Formulate and monitor the patient care plan detailing patient handling requirements, to meet health and safety needs of the patient and health care team.
2.3 Implement and support others in meeting the patient care plan incorporating patient handling requirements and standards.
2.4 Identify and support learning strategies and training for manual handling where and when required.

Refer to the Program Administration Section of this program to reference these Learning Outcomes against the Manual Handling Competencies for Nurses.

Outline
This module includes the following topics:

2.1 Introduction
2.2 Factors in assessing patients
2.3 Human movement revisited
2.4 Facility approved patient handling aids and techniques
2.5 Patient assessment
2.6 Summary
2.7 Patient handling advisor - OPTIONAL
Pre-requisites

2. Competent in the use of ALL generic aids/equipment used at the workplace ward/unit for patient handling and all patient handling techniques. NB: Program A: Essentials requires competency in the use of only ONE item of equipment.
3. Completed Module 1 of this program.

Group size

Group size should be limited to 16 people.

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:

- Define ‘mobility’.
- List the specific factors that should be assessed when undertaking patient assessment.
- List the steps required for a patient to undertake a specific mobility task without assistance.
- Discuss the term ‘weight bear’.
- Undertake the assessment of four patients.
- On four occasions, demonstrate and explain the use of a patient handling device.

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, and
- completion of the post training activities.

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

One patient handling device eg walkbelt
Overhead projector or data projector
Whiteboard or flip chart and markers
Sample Patient Profile Card
Assessment records
Workbook – one per participant
*Manual Handling Guide for Nurses* – one per participant.
INTRODUCTION

WELCOME participants to this module.

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

EXPLAIN that as nurses you are involved in the routine assessment of patients to ensure that the nursing care provided is the most appropriate for the patient’s recovery. In some cases, the patient’s condition changes rapidly and assessment is constant. For other patients, changes in their condition may be minimal so assessment is required less frequently.

Assessment by nurses is part of nursing care – to determine what is required for the patient to function and maintain quality of life, and where possible, to recover.

Part of that assessment must involve determining what the patient is capable of doing for themselves. With regards to safe handling, the focus of the assessment is on patient mobility.

INVITE participants to comment on what is meant by the term ‘mobility’.

RESPONSES should include the patient's ability to:

- walk unaided or with minimal assistance
- walk with an aid, such as a walking stick
- transfer themselves between the bed and chair
- move themselves on the bed
- position themselves in a chair or on a bed
- maintain that position with little or no help.
HIGHLIGHT that the focus of this program is in providing nurses with the skills to:

- effectively assess patients with respect to their mobility
- prescribe aids, equipment and techniques to facilitate the nursing care of the patient.

EMPHASISE that assessment of a patient by a nurse is limited to the provision of day to day nursing care. It is not intended for a nursing assessment to replace the specialised skills of physiotherapists or occupational therapists, who undertake assessments as part of a treatment plan for rehabilitation.

HIGHLIGHT that rehabilitation, by its nature is about getting the patient to take risks to move forward and recover. In contrast, in providing day to day nursing care, the focus is on eliminating or controlling manual handling risks.

**Slide 2.1**

Show Slide 2.1 – Outline of the module

Topics covered in this module include:

- factors in assessing patients
- human movement revisited
- facility approved patient handling aids and techniques
- patient handling advisor - OPTIONAL
- patient assessment.
TOPIC 2.2 FACTORS IN ASSESSING PATIENTS

20 minutes

When we meet someone for the first time we take in a lot of information about that person in respect to:

- their physical appearance eg well groomed
- whether they have any distinguishing features or condition eg scar on their face, birthmark
- their state of mind eg angry
- how they speak to us eg do they speak English.

EMPHASISE that when we assess patients in terms of their handling needs, or indeed any care we provide, we use the same criteria.

EXERCISE: PATIENT ASSESSMENT

REFER participants to the Workbook.

DIVIDE the group into four and assign one aspect of patient assessment to each group:

- physical function
- medical condition
- mental status and cognition
- communication.

TASK: To list specific factors that should be assessed under the relevant heading. Provide an example/condition for each.

SELECT a spokesperson for the group to report back.

DISCUSS as a group.

Slide 2.2

Show Slide 2.2 – Summary of factors in patient assessment

Adapted from Queensland Nurses’ Union Back Pain Prevention Package.
TOPIC 2.3  
HUMAN MOVEMENT REVISITED  
30 minutes

ASK participants to recall the steps in the Elimination and risk control hierarchy that we looked at in Module 1.

RESPONSES should include:
- eliminate
- modify – equipment, environment, task
- provide equipment
- implement work practices
- provide training.

Slide 2.3

Show Slide 2.3 – Elimination and risk control hierarchy

EXPLAIN that in undertaking an assessment of the patient we are aiming to determine:
- What the patient is capable of doing themselves.
- If the patient requires assistance, how best to provide that assistance with minimal risk to nurses while maximising patient independence.

EMPHASISE that there is a direct link between the aims of the patient assessment and the Elimination and risk control hierarchy.

Understanding and applying human movement principles is fundamental to being able to adequately assess patients.

ASK participants to recall what part of the human body usually initiates movement.

Only RESPONSE should be: the head.
If the head usually initiates movement, ASK participants what could limit or restrict a patient being able to move their head.

RESPONSES could including:

- patient cannot lift their head from the pillow
- too many pillows in the way
- backrest elevated and head is already forward
- head in a cervical collar or otherwise stabilised to prevent movement
- patient has a condition that renders the neck rigid eg thyroid surgery, arterial line
- nurse standing in the patient’s space
- patient is unconscious or deceased.

The Manual Handling for Nurses program addressed common patient activities. These activities, traditionally involving some intervention by nurses, including:

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

EXERCISE: PATIENT MOBILITY

REFER participants to the workbook.

DIVIDE participants into groups.

TASK: Allocate one mobility situation to each group. Each group to list the steps required for the patient to undertake the movement themselves. Where appropriate, indicate the order of these steps.

Groups to allocate a spokesperson to report back.
Trainer's note

Responses for each of the mobility tasks are noted as follows.

Rolling over in bed:
- The head lifts away from the pillows.
- 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/s bend/s.

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

Moving up the bed:
- The head is lifted from the pillows.
- The person pushes down on their elbow, forearms or hands.
- The knees bend.
- They push down on their heels, and lift 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:
- 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 side rolled to is pushed into the mattress.
- While both legs swing over the edge of the bed together.

Standing from a chair:
- 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.

Sitting in a chair:
- 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 gait.
CALL for a volunteer to demonstrate walking while the others 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.
TOPIC 2.4  
30 minutes

FACILITY APPROVED PATIENT HANDLING

Aids and equipment

EXPLAIN that the facility has purchased a range of aids for use with those patients assessed as requiring help with movement.

Show Slide 2.4 – Approved patient handling aids

EXPLAIN that for each of the aids, there should be a SKILL SHEET prepared. The skill sheets should be available to all nurses in the workplace.

EXERCISE: SKILL SHEET

REFER participants to the workbook.

DIVIDE participants into four groups. ASSIGN each group aspect/s of skill sheet to complete. ASSIGN a spokesperson and report back.

NB: If such a skill sheet has already been developed for the facility, select another device or piece of equipment for this exercise.

SHOW Slide 2.5: Shower chair, or substitute with another depicting a device from the workplace.

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Trainer’s note

Prepare a slide of all patient handling devices/equipment used at the facility – generic, rather than brand list only.

Trainer’s note

Generic skill sheets for equipment use are included in this package. However, it is preferable for facilities to customise these skill sheets to ensure they are consistent and appropriate in the particular environments in which they are to be used.
Sample skill sheet for shower chair

**Indications for use**
- Patient is totally dependent and cannot weight bear between the bedside and the bathroom/toilet.
- Moving the patient between the bathroom and or the toilet and the bedside.
- Patient can remain on chair during showering or toileting.

**Preparation of the area, equipment and patient**
- Manoeuvring the showerchair is a single person activity, however additional personnel may be required to position the patient on or off the shower chair.
- Correctly identifies number of assistants required.
- Prepares the area.
- Ensure patient has shoes/slippers on.

**Communication**
- Communicates with the patient and seeks their cooperation.

**Technique**

If working solo:
- Park the chair appropriately in relation to the patient ie usually angled 45° - 90° to minimise turning area for patient.
- Ensure wheels on the shower chair are rotated so that they are all facing out from the chair frame this increases the base of support for the chair, thereby increasing chair stability during transfer.
- Secure brakes on the shower chair.
- Patient stands and turns before sitting in the chair.

If working with another nurse:
- One nurse with the patient, who is requested/coached to stand and turn.
- Chair wheeled in behind patient, with one nurse standing behind the showerchair to secure it (the brakes can be activated if they are easy to reach).
- Patient sits.

For both situations:
- Footrest is moved into place to support patient’s feet.
- If patient requires repositioning, brakes are to be secured.
- If lapsash fitted, secure around patient.
- Remove brakes before movement.

**Pushing...**
- Chair is pushed from behind. Manoeuvring from the front should only be required in restricted space.

**Precautions**
- Shower chairs can tip if the wheels are not facing outwards.
- Ensure the weight of the patient does not exceed the capacity of the shower chair.
EXPLAIN that part of a team leader’s role is supervising and mentoring other nurses. This role includes patient handling.

You are the senior nurse on shift. An agency nurse, who has never worked on the ward before, is rostered to work with you this shift. The nurse reports no prior experience with the brand of hoist used on your ward.

ASK participants what they would do in this situation. It is expected that this nurse will have to assist/use this hoist during the shift.

RESPONSES should include:

• Refer to facility policy on the use of patient handling equipment – check any specific requirements.
• Go to the hoist.
• Obtain the skill sheet/safe operating instructions for the particular hoist.
• Explain the key features of the hoist and demonstrate – boom, legs, spreader bar, brakes, sling, attachments, battery, operating mechanism, range of movement, SWL.
• Highlight any aspects of the hoist that may differ from other hoists in common use.
• Show where the hoist and batteries are stored.
• Highlight any cleaning requirements – hoist and sling.
• If the policy of the facility permits single nurse operation of the hoist it would still be advisable for this nurse to use only with assistance until proficiency is assured.
TOPIC 2.5  PATIENT ASSESSMENT

70 minutes

EMPHASISE that nurses provide patient care in a variety of situations and locations:

• on the bed
• at the bedside
• bathroom
• corridor
• in the grounds of the facility
• in vehicles
• in the patient's home.

Care of patients in general in these situations should be covered by TASK ASSESSMENT.

HOWEVER, the PATIENT ASSESSMENT will have to consider any specific factors relevant for the particular patient in these environments.

Weight-bearing

EXPLAIN that when assessing the patient a key factor is to determine whether they are capable of ‘weight-bearing’.

INVITE participants to consider what it means to ‘weight bear’.

EXPLAIN that a patient is weight-bearing when they have the muscle power and joint range to stand and take weight through one or both feet, without the intervention of another human to provide support, for the duration of the task being performed.

EMPHASISE that being weight bearing does not require the patient to be able to walk. Nor does it require the patient to maintain their balance without support eg zimmer frame, walking stick.
Show Slide 2.6 – Definition of weight-bearing

As such, a patient can be weight-bearing for transferring from the bed to a chair, but may not be capable of weight-bearing for the time it takes to get to the bathroom.

Consequently, there is no such thing as being ‘PARTIALLY weight-bearing’. A patient is either weight-bearing for a task or they are not.

The following patients are NOT weight bearing:

- Patients who can take some weight but cannot straighten both knees.
- Patients who can only maintain upright position by clinging to the stand up lifter handles.
- Patients whose heels do not touch the ground when standing.
- Any patient who clings to nurses.

**Patient assessment exercises**

REFER participants to section on patient handling in the *Manual Handling Guide for Nurses*. REVIEW the Patient Assessment Form and worked example.

**EXERCISES: PATIENT ASSESSMENT**

REFER participants to the workbook.

ISSUE a Patient Assessment Form to each person and a set of four Patient Profile Cards to each group. Each person in the group is to take one Patient Profile Card – this person is ‘the patient’.

All patients are new admissions to the ward/unit.

TASK: The other group members are to undertake an assessment and determine the patient handling requirements.
The assessment should involve asking questions only. If the ‘patient’ indicates they can do something such as stand, then they can do this for the purposes of this assessment.

The Patient Profile Card contains information about the patient that the ‘patient’ can reveal to the others only in response to a direct question.

The ‘patient’ should refer directly to the cues on the card – participants can make up answers but they must be consistent with the cues.

REPEAT the exercise until all ‘patients’ in the group have been assessed.

DISCUSS the assessment and collectively decide on what should be noted on the care plan with respect to patient handling aids, equipment or techniques.

SELECT a spokesperson to provide feedback to the whole group.

**Trainer’s note**

Trainers can substitute this exercise with the assessment of ‘real patients’ in the ward/unit. Please ensure consent is obtained.

Alternatively, trainers could prepare video material of ‘real patients’ or ‘simulated patients’. Again ensure that consent is obtained, including the right to retain and broadcast the material for the purpose of nurse training.

Other options include the use of an existing video production that includes patients who the groups can assess.
Difficult assessments

EXPLAIN that periodically nurses who are involved in patient assessment will experience difficulty in assessing a patient for safe handling. Alternatively, there may be conflict with the patient and/or their family over how best to provide care and facilitate mobility. The safety of the patient and nurse is paramount.

ASK participant to identify what they can do if presented with a difficult patient assessment.

RESPONSES should include:

- Consult widely with nurses caring for the patient.
- Consult with physiotherapists involved in the care of the patient.
- Involve the manual handling/OHS coordinators
- Liaise with other hospitals/health facilities where similar patients may be nursed.
- Request assistance from outside ‘experts’ in patient handling.
- Refer to standard reference texts on patient handling – a list of recommended reading is included in the resource guide.
- Liaise with the suppliers of patient handling equipment.
- Refer to the NUM for consideration of transferring the patient to a facility more able to cope with the patient’s specific needs.
A final word on patient assessment

Slide 2.8

Show Slide 2.8 – Patient assessment

EMPHASISE that patient assessment should:

• Initially be done on or prior to admission.
• Be up-dated at regular intervals, determined by the condition of the patient or change in the environment eg move to a new ward.
• Should consider night and evening staff requirements.
• Be documented – use a standard form.
• Should incorporate assessment of:
  – bed mobility
  – moving in and out of bed
  – transfers to and from chairs, commodes, trolleys
  – hygiene issues ie toileting/showering
  – walking.

Slide 2.9

Show Slide 2.9 – Patient assessment… more

FURTHER, and perhaps most importantly, patient assessment:

• Must involve the patient.
• May involve the patient’s relatives although privacy issues should be considered.
• Must involve consultation with the nurses who will be or are providing the care.
• Should involve other health professionals such as the physiotherapist.
• Must always be based on what is safest for the nurse, most appropriate for the patient, and most suitable for the environment in which the care is being provided.
• Should take into account that some nurses may have very little skill, so whatever is specified in the care plan should be safe for the most inexperienced nurse.
TOPIC 2.6  SUMMARY AND GUIDELINES FOR ASSESSMENT

20 minutes

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

Show Slide 2.10 – Summary of the program

EMPHASISE that the program does not stop here. A key part of the program is that each participant is assessed as competent in patient assessment.

EACH participant will be required to undergo four patient assessment tasks in their workplace. Three of the assessments will need to be written up and submitted, and signed off by a ‘supervisor’ (another nurse who has been assessed as competent in this program). Your workbooks include the assessment requirements.

The fourth assessment will involve the trainer assessing you undertaking a patient assessment.

As your role may also include supervising/mentoring other nurses performing patient handling, it is important for you to be confident in providing this support and guidance.

To this end, each participant will also be required to provide basic instruction, on four occasions, in the use of a patient handling device. This instruction is undertaken informally on the ward as part of inducting a nurse to the ward. Three of these instruction activities will be written up and submitted, and witnessed by the nurse/s trained.

The fourth assessment will involve the trainer assessing you performing this instruction.

Indicate that the activities should be recorded in the Participant Workbook, which is submitted prior to undertaking the assessment for competency.
Also INDICATE that nurses undergoing training to be Patient Handling Advisors will have an additional training topic.

INVITE any final questions from participants.

THANK participants for their attendance and input throughout the program.

TOPIC 2.7

PATIENT HANDLING ADVISOR

45 minutes

Trainer's note

OPTIONAL

Nurses who achieve competency in this program are experienced nurses with skills in the use of patient handling aids and equipment.

These nurses could provide your facility with a valuable round-the-clock resource, providing training and support to other nurses in patient handling.

These nurses should, with some additional training, also be able to assess nurses in the use of patient handling aids and equipment.

If your facility plans to utilise these nurses in this capacity, then this session should incorporate:

- Specifically what the nurses are permitted to do eg train new/agency staff, prepare skills sheets on new equipment, assess nurses.
- ‘Rules’ or guidelines under which these nurses can provide these additional functions.
- Who they should report to if they need further advice.
- What to do if there are differences in opinion as to how the patient is to be managed.
- What forms should be used for documentation.
- Ensure they all have a full list of skill sheets and how they will receive advice on new skill sheets.
- Whether further training is to be provided.

It is strongly recommended that nurses involved in the assessment of other nurses undertake training in assessment, to the Certificate IV level.
Manual Handling for Nurses

Program B(1):
Patient Risk Assessment
Outline of program...

**Module 1: Fundamentals of patient handling**

Introduction to safe patient handling  
Risk factors in patient handling  
Legislation and patient handling  
Workplace arrangements

**Module 2: Patient assessment for safe handling**

Factors in assessing patients  
Human movement revisited  
Facility approved patient handling aids and techniques  
Patient assessment  
Patient handling advisor - OPTIONAL
Risk factors in patient handling...

- weight
- little energy to assist eg asthma, heart failure, palliative care, burns
- physical or coordination limitations eg fractured clavicle, amputee, spasticity
- medical condition eg unconscious, CVA, deceased
- unpredictable, move suddenly or can pull / push against you eg aggression, epilepsy, sleep apnoea
- equipment attached eg IV, monitor
- pain
- incontinent or in an unhygienic state.
Research links to LBP and nursing...

- frequency of moving patients in the bed
- manual transferring patients between the bed and the chair
- manual lifting patients from the floor
- sustained postures such as stooping.
Unacceptable risks...

- Total body lifting including:
  - shoulder
  - log lift
  - from the floor
  - ‘orthodox’ or ‘cradle lift’
  - ‘top and tail’ lift also called the ‘fore and aft’

- dragging patients / hook manoeuvres

- pivot transfers

- draw sheet lifts – risk for wrist and upper limb rather than the back.
Recent developments...

- specialised beds
- shower trolleys
- custom designed shower chairs
- stand-up hoists
- wheelchair / seated shower cubicles
- toilet seat raisers.
More Recent Developments...
Risk Management...

I Identify hazard

A Assess to determine risk

E Eliminate risk, or

C Implement effective Control strategies
Risk assessment...

- actions and movements
- workplace and workstation layout
- working posture and position
- duration and frequency
- location of loads and distances moved
- weights and forces
- characteristics of loads and equipment
- work organisation
- work environment
- skills and experience
- age
- clothing
- special needs

Plus... anything else considered relevant.
Health industry risk assessments...

**Task assessment**

- generic patient care activities
- general activities involving manual handling and occupational overuse
- specifics:
  - posture and actions
  - duration and frequency
  - load characteristics
  - management of work
  - environment assessment

**Patient assessment**

- Load characteristics

**Environment assessment**

**Equipment assessment**
Elimination and risk control hierarchy...

- Most effective
  - ELIMINATE
  - or
  - Modify
  - Equipment
  - Work practice
  - Training

- Least effective
Team leader responsibilities...

- comply with policies and procedures
- regular consultation
- respond appropriately to patient handling concerns
- arrange or conduct patient assessments
- report / highlight the need for task assessments
- implement safe work practices
- match work, staff availability and skill mix
- ensure patient handling equipment is available
- ensure training is provided
- investigate manual handling hazards and incidents
- maintain documentation
Summary...

- the risk factors in handling patients
- trends in patient handling
- the legislation as it relates to patient handling
- the importance of both task assessment and patient assessment
- patient’s rights and responsibilities
- team leader responsibilities
- workplace policies and procedures with respect to patient handling
Outline of module...

- factors in assessing patients
- human movement revisited
- facility approved patient handling aids and techniques
- patient assessment
- patient handling advisor – OPTIONAL
### Patient assessment...

**ADAPTED FROM QUEENSLAND NURSES UNION BACK PAIN PREVENTION PACKAGE**

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Elimination and risk control hierarchy...

Most effective

ELIMINATE or

Modify

Equipment

Work practice

Training

Least effective

Zone of patient influence

Zone of nurse influence
Standard patient handling aids...

- general hoists
- stand-up hoists
- walkbelts
- slideboards
- slide sheets
Exercise: showerchair...
Weight bearing...

A patient is ‘weight-bearing’ when they have the muscle power, balance and joint range to stand and take weight through one or both feet, without the intervention of another human to provide support, for the duration of the task / manoeuvre being performed.

Weight bearing does not require the patient to be able to walk. Nor does it require the patient to maintain their balance without the support of aids.
Difficult assessments...

- consult widely
- consult with physiotherapists
- involve the manual handling / OHS Coordinators
- liaise with other hospitals / health facilities
- request assistance from outside ‘experts’
- refer to standard reference texts
- liaise with the equipment suppliers
- refer to the NUM – transfer may be required
Patient assessment...

- on or prior to admission
- regularly up-dated
- consider out-of-hours requirements
- be documented – use a standard form
- should incorporate assessment of:
  - bed mobility
  - moving in and out of bed
  - transfers to and from chairs, commodes, trolleys
  - hygiene issues i.e. toileting / showering
  - walking
More on patient assessment...

• must involve the patient
• may involve the patient’s relatives - consider privacy issues
• must involve all nurses providing the care
• may need to involve other health professionals
• should consider others i.e. wardsmen, other carers
• must always be based on what is **safest** for the nurse, **most appropriate** for the patient, and **most suitable** for the environment in which the care is being provided
• should be safe for the **least experienced** nurse
Summary...

- factors in assessing patients
- human movement revisited
- facility approved patient handling aids and techniques
- patient assessment
- role of the patient handling advisor – OPTIONAL