

MANUAL HANDLING FOR NURSES

Program B(2): Managing Risk



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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 |
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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).

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 Act 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(2) is designed for nurses who are responsible for supervising or mentoring other nursing staff through the integration of manual handling principles into nursing and first level management practice.

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

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 and 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 – we refer to this nurse as a Team Leader.

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.

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. 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.

Also provided is a Learner Progress Record, which summarises the status of competency for each participant.

Pre-Requisites

Participants should:

- be qualified nurses at their level
- have received training and been assessed as competent to at least the level of Program A: Essentials
- have received training in occupational health and safety (OHS) and risk management principles
- have a minimum of 12 months experience at their level of nursing and be familiar with workplace policies and procedures in 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.

As each of the team leader programs is stand-alone, there is no preferred sequence for presenting at this level.

Resources Trainers will need to provide the following:

- flipchart or whiteboard
- marker pens
- overhead projector or data projector
- workbook – one per participant
- *Manual Handling Guide for Nurses* – one per participant.

Training program

The following materials are included:

- program outline
- trainer handbook
- participant workbook (master)
- overhead transparencies (master)
- overheads on PowerPoint
- 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 and the nursing environment
- have qualifications and/or considerable experience in OHS and have an understanding of current OHS legislation and, in particular, the risk management process
- are experienced educators
- have training qualifications eg Certificate IV in assessment and workplace training, or equivalent
- can provide on-going support/guidance to participants 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 for managing manual handling

| | | |
|-----------|--------------------------------|------------|
| Topic 1.1 | Introduction | 20 minutes |
| Topic 1.2 | Ergonomics and manual handling | 40 minutes |
| Topic 1.3 | Legislation | 30 minutes |
| Topic 1.4 | Workplace arrangements | 25 minutes |
| Topic 1.5 | Summary | 5 minutes |

BREAK **2 hours**

Module 2 Manual handling program

| | | |
|-----------|-------------------------|-------------|
| Topic 2.1 | Introduction | 5 minutes |
| Topic 2.2 | Manual handling program | 100 minutes |

BREAK **1¾ hours**

| | | |
|-----------|-----------------------------|------------|
| Topic 2.3 | Risk assessment and control | 90 minutes |
|-----------|-----------------------------|------------|

BREAK **1½ hours**

| | | |
|-----------|----------------------|------------|
| Topic 2.4 | Manual handling plan | 60 minutes |
|-----------|----------------------|------------|

| | | |
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| Topic 2.5 | Records management | 20 minutes |
|-----------|--------------------|------------|

| | | |
|-----------|---------|------------|
| Topic 2.6 | Summary | 10 minutes |
|-----------|---------|------------|

PROGRAM CLOSURE **1½ Hours**

PROGRAM TOTAL 6¾ HOURS

MANUAL HANDLING FOR NURSES

Assessment

ASSESSMENT

Learning aims

Module 1:

Provides nurse team leaders 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.

Module 2:

Provides nurse team leaders with the knowledge and skills to effectively plan, implement and evaluate a manual handling program within their workplace.

Learning outcomes

Module 1:

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

Module 2:

- 1.1 Delegate and facilitate nursing activities to maximise the safety and well-being of staff and patients within own area of managerial responsibility.
- 1.2 Facilitate optimal staff resources to meet requirements for safe manual handling in the area of responsibility.
- 1.3 Facilitate optimal physical resources and work environment for the safety and well-being of staff and patients with own area of responsibility.
- 1.4 Identify and support learning strategies and training for manual handling where and when required.

Performance criteria

Module 1: Fundamentals for managing manual handling

- Describe nursing activities that involve manual handling (including occupational overuse).
- Discuss employer, team leader and employee responsibilities for manual handling.
- Discuss workplace policy and procedures on manual handling.

Module 2: The manual handling program

- List the reasons nurses should be consulted about manual handling and discuss potential barriers to effective consultation.
- List the situations in which employers are obligated to consult on manual handling.
- List the tools you can use to perform manual handling risk assessments.
- Discuss how your facility usually informs employees of changes in the workplace.
- Undertake a risk assessment.
- Determine appropriate controls for the assessed risk.
- Develop a manual handling plan.
- List the documents that provide evidence of what has been done to reduce manual handling risks in the workplace.

Course assessment

Assessment provides a means of determining competency when measured against the learning outcomes and assessment 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, and
- contribution to the successful completion of training activities and exercises.

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 assessment 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.

Assessment decision

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

Documentation is provided to assist in this process.

MANUAL HANDLING FOR NURSES

Module 1: Fundamentals for Managing
Manual Handling

MODULE INFORMATION

| | |
|--------------------------|--|
| Name | Fundamentals for managing manual handling |
| Duration | 2 hours |
| Learning aim | This module provides nurse team leaders 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. |
| Learning outcomes | <p>On completion of this module nurses will be able to:</p> <ol style="list-style-type: none">1.1 Practice and support facility policies and procedures for identifying, assessing and controlling manual handling risks.1.2 Promote and support 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 Manual Handling Competencies for Nurses.</p> |
| Outline | <p>This module includes the following topics:</p> <ol style="list-style-type: none">1.1 Introduction1.2 Ergonomics and manual handling1.3 Legislation and manual handling1.4 Workplace arrangements1.5 Summary |
| Prerequisites | Basic understanding of manual handling to the level of Program A: Essentials. |

Assessment

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

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

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

- Describe nursing activities that involve manual handling (including occupational overuse).
- Discuss employer, team leader and employee responsibilities for manual handling.
- Discuss workplace policy and procedures on manual handling.

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.
Policy and Procedures for the facility.
Manual Handling Guide for Nurses.
Assessment records.

TOPIC 1.1

20 minutes

Slide 1.1

INTRODUCTION

Show Slide 1.1 – Program title

WELCOME participants to the program. Explain that this program is one in a series, developed for nurses by WorkCover NSW and the 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 supervise or mentor other nurses. We use the term Nurse Team Leader to enable manual handling to be facilitated within your immediate work area:

- Program B(1): Patient risk assessment focuses on patient handling, specifically the assessment of patients and determining the most appropriate equipment and techniques to minimise handling risk.
- Program B(2): Managing risk focuses on developing and implementing a plan in the workplace to eliminate or effectively control all manual handling risks.

Slide 1.2

Show Slide 1.2 – Outline of the program

EXPLAIN that this program consists of two modules:

Module 1: Fundamentals for managing manual handling

- Ergonomics and manual handling
- Legislation
- Workplace arrangements in respect to manual handling

Module 2: Manual handling program

- Manual handling program
- Risk assessment and control
- Manual handling plan
- Records management

DISTRIBUTE participant handouts:

- Manual Handling Guide for Nurses
- program workbook

TOPIC 1.2

40 minutes

ERGONOMICS AND MANUAL HANDLING

EXPLAIN that the word **ergonomics** is derived from two Greek words:

... ergon, meaning 'work'

... nomos, meaning 'the natural laws'.

It is defined as the study of work systems or activities in which people, machines, equipment and the environment interact.

EMPHASISE that the aim of ergonomics is to design work systems, tasks and equipment to suit the people using them.

Slide 1.3

Show Slide 1.3 – What is ergonomics

EXPLAIN that the term 'work' is used in the general sense as anything we have to do. Ergonomics can be applied to:

- **work task** eg using a hoist to move a patient, the design of beds and trolleys, left handed tools, vacuum lifters, trolley design
- **sport** eg custom made golf clubs, shape of skis
- **leisure** eg kneeling stools for gardening, protective clothing for fishermen, the interior design and layout of cars

- **travel** eg design of seating on aircraft, wheels on suitcases
- **home** eg height of kitchen benches
- **school** eg backpack schoolcases, computer workstations for children.

Hence, ergonomics is about optimising efficiency, safety and comfort in all aspects of our lives, not just while we are at the workplace.

EXPLAIN that the focus of this program is how ergonomics relates to manual handling and the prevention of musculoskeletal injury.

Slide 1.4

Show Slide 1.4 – The ergonomic model

EMPHASISE that good ergonomics is a positive relationship between five key elements:

1. Individual capacity eg strength, body size, age, gender, fitness.
2. Physical work demands eg adverse postures, duration and frequency of the task, work/rest cycles.
3. Mental work demands eg decision making, performance measurements, memory, alertness, multiple tasks
4. Organisational factors eg shift work, management style, nursing mix, change in work demands.
5. Psychological factors eg relationships with colleagues, supervisors, language problems.

EXPLAIN that, unless corrected, an imbalance in any of these elements will have a negative outcome for individuals and the workplace.

EXPLAIN that the focus of this program is the relationship of ergonomics and the prevention of manual handling injury.

ASK participants to define manual handling.

RESPONSES should include:

- lifting
- carrying
- holding
- wearing a load
- pushing and pulling
- moving
- restraining.

Slide 1.5

Show Slide 1.5 – Definition of manual handling.

EMPHASISE that manual handling remains the single largest cause of injury to nurses.

Trainer's note

Present manual handling injury statistics for nurses or current WorkCover NSW statistics for the health industry.

ASK participants to identify situations that involve manual handling, EXCLUDING patient handling.

RESPONSES should include:

- lifting eg linen bags, tilting beds
- pushing and pulling eg trolleys
- carrying eg meal trays, oxygen, bedpans
- moving eg furniture
- holding eg retractors, limbs
- restraining eg attaching bedrails, moving curtains
- wearing a load eg lead gowns.

EXPLAIN that closely related to manual handling is the problem of occupational overuse. Occupational overuse primarily affects the upper limbs and neck and results from manual tasks that involve:

- repetitive and/or forceful movements, and
- maintenance of constrained or awkward postures.

Situations that can expose nurses to occupational overuse could include:

- undertaking complex wound dressings eg burns dressings
- medication rounds using blister pack delivery systems
- holding retractors in operating theatres
- extended periods of chest compression during resuscitation
- drawing up injections eg school immunisation
- venepuncture and taking blood
- using slide sheets and other patient handling aids
- use of computers.

ASK participants to identify how injury from manual handling and occupational overuse can impact on individuals or the workplace.

RESPONSES should include:

Individual

- injury to back, shoulder, arms, hands, legs, neck, abdomen and trunk
- pain and suffering that can impact on work, social, leisure and family activities.

Organisation

- increased costs
- loss of skilled labour
- impact on productivity
- impact on morale.

EMPHASISE that ergonomics, implemented through a manual handling program for the workplace, can reduce the likelihood of injury from manual handling and occupational overuse. Ergonomics can also minimise any negative impact on the workplace in the event an injury does occur and should be an integral part of an active rehabilitation program in the workplace.

TOPIC 1.3

30 minutes

LEGISLATION AND MANUAL HANDLING

EXPLAIN that the Act is the principal legislation in NSW that addresses workplace (OHS). This legislation outlines the requirements and responsibilities for safety in workplaces.

The Regulation sets out the requirements for managing manual handling in the workplace. Specifically this regulation requires the application of **risk management** – the identification of hazards, assessment of risk, elimination of risk and if not practicable, the control of all manual handling risks.

EXPLAIN that the legislation places the prime responsibility for OHS with the employer – an organisation or individual who employs the nurse, which can include a hospital, clinic, aged care facility, government agency, labour hire company (agency) or private company.

ASK participants to identify the employer's responsibilities for managing manual handling risk.

RESPONSES should include:

- 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 to... identify any manual handling hazards with the potential to harm, assess the hazard to determine the risk, and eliminate or put in place effective risk control strategies.
- Consult with employees throughout the risk management process.

Slide 1.6

Show Slide 1.6 – Employer Responsibilities

EXPLAIN that these responsibilities can be applied at the ward or unit level and will be addressed in detail in Module 2.

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), and
- 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.

Trainer's note

Team leaders can include all grades of nurse up to NUM Level. The responsibilities listed are for NUMs and 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.

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

RESPONSES should include:

- Compliance with workplace policies and procedures relating to manual handling.
- Regular consultation with staff.
- Responding appropriately to any manual handling concerns raised by staff or others.
- Arranging or conducting risk assessments for any hazards identified.
- 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 documentation.

In other words... **SUPERVISION.**

Slide 1.7

Show Slide 1.7 – Team leader responsibilities

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 1.8

Show Slide 1.8 – Current penalties

TOPIC 1.4**25 minutes****WORKPLACE ARRANGEMENTS**

EXPLAIN that, in accordance with the Act, employers are required to communicate how the facility is reducing the risks associated with manual handling.

This WHAT and HOW are normally communicated through policy and procedures.

Trainer's note

Participants should have a copy of the MH Policy in their workbook.

REFER participants to a copy of the organisation's manual handling (MH) policy.

HIGHLIGHT key features of the MH policy:

- The policy specifies commitment from management.
- The policy incorporates a risk management model.
- The roles and responsibilities for individuals, including agency staff and supervisors are listed.
- Any other features, such as a link to patient handling or other policies such as controlling violence and aggression, bariatric patients, emergency procedures, training.

Trainer's note

Distribute copies of relevant procedures or ensure participants know how to access them at a ward/unit level.

HIGHLIGHT and discuss any procedures that have been developed specifically as part of a comprehensive manual handling program.

DISCUSS how the organisation promotes:

- the reporting of manual handling hazards
- solutions to manual handling problems
- the role of the manual handling coordinator
- dealing with unresolved manual handling issues.

TOPIC 1.5

5 minutes

Slide 1.9

SUMMARY

Show Slide 1.9 – Summary

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

- ergonomics as it relates to manual handling and occupational overuse
- legislation
- responsibilities for team leaders with respect to manual handling
- the importance of both task assessment and patient assessment
- workplace policies and procedures with respect to manual handling.

EXPLAIN that the next module will focus on how manual handling should be managed at a ward/unit level.

BREAK.

MANUAL HANDLING FOR NURSES

Module 2: Manual Handling Program

MODULE INFORMATION

| | |
|--------------------------|---|
| Name | Manual handling program |
| Duration | 4¾ hours |
| Learning aim | This module provides nurse team leaders with the knowledge and skills to effectively plan, implement and evaluate a manual handling program within their workplace. |
| Learning outcomes | <p>On completion of this module nurses will be able to:</p> <ol style="list-style-type: none">1.1 Delegate and facilitate nursing activities to maximise the safety and well-being of staff and patients within own area of managerial responsibility.1.2 Facilitate optimal staff resources to meet requirements for safe manual handling in the area of responsibility.1.3 Facilitate optimal physical resources and work environment for the safety and well-being of staff and patients with own area of responsibility.1.4 Identify and support learning strategies and training for manual handling where and when required. <p>Refer to the Program Administration Section of this program for referencing these learning outcomes against the Manual Handling Competencies for Nurses.</p> |
| Outline | <p>This module includes the following topics:</p> <ol style="list-style-type: none">1.1 Introduction1.2 Manual handling program1.3 Risk assessment and control1.4 Manual handling plans1.5 Records management1.6 Summary |

Prerequisites

Successfully completed Module 1.

Group size

This module includes active learning and practical techniques with close supervision. Group size should be limited to 16 people.

Assessment

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

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

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

- List the reasons nurses should be consulted about manual handling and discuss potential barriers to effective consultation.
- List the situations in which employers are obligated to consult on manual handling.
- List the tools you can use to perform manual handling risk assessments.
- Discuss how your facility usually informs employees of changes in the workplace.
- Undertake a risk assessment.
- Determine appropriate controls for the assessed risk.
- Develop a manual handling plan.
- List the documents that provide evidence of what has been done to reduce manual handling risks in the workplace.

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.

A Learner Progress Record is provided for recording performance of participants.

Resources

Standard training/lecture room.
Overhead projector or data projector.
Whiteboard or flip chart and markers.
Butcher's paper or OHTs and markers (will need OHP).
Workbook – one per participant.
Manual Handling Guide for Nurses – one per participant.
Assessment records

TOPIC 2.1

5 minutes

INTRODUCTION

WELCOME participants to this module.

EXPLAIN that almost all the activities performed by nurses involve manual handling. Some of these activities expose nurses to significant risk of injury from both manual handling and occupational overuse.

The focus of this program is the broader issues of manual handling at a ward/unit level, rather than the issue of patient handling - refer to Program B(1): Patient Risk Assessment.

Slide 2.1

Show Slide 2.1 – Outline of the module

Topics covered in this module include:

- manual handling program
- risk assessment and control
- manual handling plans.

HIGHLIGHT that because nursing is essentially about caring for patients, some of the strategies we will be discussing will include general issues relating to the care of patients such as:

- patient handling in emergency situations
- managing care of the obese patient.

EXPLAIN that all the assessments for this module involve group work. REFER participants to the assessments in their workbook.

TOPIC 2.2

100 minutes

2 minutes

MANUAL HANDLING PROGRAM

EXPLAIN that in Module 1 we looked at the organisation's policy for manual handling. This policy should form the basis of any program to manage manual handling risks.

EXPLAIN that other key elements of a manual handling program include:

- consultation
- training
- hazard identification and risk assessment
- risk control
- promotion, evaluation and improvement.

Slide 2.2

Show Slide 2.2 – Manual handling program

EMPHASISE the interactive and cyclical nature of the program – each of the elements interact – and central to this process is CONSULTATION.

30 minutes

Consultation

EXPLAIN that consultation is a major focus of OHS legislation – employers are required to consult with employees on all OHS matters, including manual handling.

Slide 2.3

Show Slide 2.3 – Consultation (*Occupational Health and Safety Act 2000*, s14)

ASK participants to identify how consultation on manual handling should occur within the workplace.

RESPONSES should include:

Ward/unit level

- Discussion at staff meetings and at shift handover.
- Discussions about equipment requirements.
- Providing short awareness raising sessions eg when new equipment is introduced, after an incident.
- Providing feedback to staff suggestions or in response to hazard reports.
- Undertaking risk assessments with staff.
- Staff surveys.

Organisation level

- Involving the OHS committee/manual handling committee.
- Liaison with other departments within the organisation eg cleaning, physiotherapy.
- Liaison with external organisations eg NSW Ambulance Service, NSWNA, WorkCover.

ASK participants to IDENTIFY why nurses should be consulted about manual handling.

RESPONSES should include:

- Raises awareness of manual handling hazards in the workplace and encourages problem solving.
- Provides for the possibility of better and more innovative solutions to manual handling risks.
- Fosters commitment to manual handling at all levels in the organisation.
- Increases the likelihood that solutions will work and be more acceptable to employees.

ASK participants to IDENTIFY the barriers to consultation in the workplace ie why it may not occur.

RESPONSES could include:

- Not part of the culture of the workplace.
- Too many opinions to consider.
- Too difficult to involve everyone (this is not a legal requirement anyway).
- Too little time.
- If staff are told they have to do something, they will – no need to consult, or worse still, the organisation thinks this IS consulting.
- Consultation involves cost – downtime for time involved.
- The outcome has already been decided – the ‘we know best’ attitude.

ASK participants to IDENTIFY an example from the workplace of effective and ineffective consultation – discourage participants from being specific with names.

EMPHASISE that as consultation on manual handling is mandatory, employers have to consult whenever:

- manual handling risks are being assessed
- control strategies are being determined
- procedures to control manual handling risks are being introduced or up-dated
- the workplace is being modified – changes to the premises, systems of work or equipment
- directed by a WorkCover Inspector.

Slide 2.4

Show Slide 2.4 – Employers must consult when...

8 minutes**Training**

EXPLAIN that the next element of the manual handling program is TRAINING.

EXPLAIN that both the Act (s8) and the Regulation (c13 and 80) specify that training be provided. Clause 80 highlights the requirements for training, specifically:

- Manual handling techniques for the specific activity
- Correct use of mechanical aids for the specific activity, and
- Team lifting procedures, if appropriate (note that such procedures must not be the only control measure).

ASK participants to identify when manual handling training should be provided.

RESPONSES should include:

- At induction.
- On-going - when new equipment or new furniture is introduced, when work procedures change, when a new handling technique is required for the care of a specific patient.
- Where assessment of an individual's performance reveals that competency in particular skill/s have not been sustained.

Slide 2.5

Show Slide 2.5 – Training

EMPHASISE that training should only be undertaken AFTER, not in place of, risk assessment. Training is part of the control solution, not THE control solution.

ASK participants to consider the value of requiring nurses, who have been assessed as competent in specific manual and patient handling techniques, to attend regular manual handling training.

Consider the value to both the nurse and the organisation.

Risk management

EXPLAIN that the next element of the manual handling program is RISK MANAGEMENT – the identification of manual handling hazards, assessment of the hazards to determine risk, and the implementation of effective strategies to eliminate or control the risk.

Slide 2.6

Show Slide 2.6 – Risk management

5 minutes

Hazard identification

ASK participants to identify how manual handling and occupational overuse hazards are identified.

RESPONSES should include:

- observation
- consultation with nurses
- regular workplace inspections
- review of hazard log, manual handling register or maintenance requests
- review of injuries nurses sustain through work
- research into nursing activities and publication of findings.

30 minutes

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**, which is addressed in Program B(1): Patient Risk Assessment
- **task** eg showering
- **work environment** eg home nursing
- **equipment** eg prior to purchasing.

EXPLAIN that in this program we will address:

- 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.

EMPHASISE that assessments of the work environment and equipment underpin both patient and task assessments.

Slide 2.7

Show Slide 2.7 – Health industry risk assessment

Trainer's note

Substitute nursing activities from your specific workplace.

INVITE participants to nominate any other activities 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 or on outings
- pushing wheelchairs
- assisting patients to and from a vehicle
- taking deceased patients to the morgue.

Slide 2.8

Show Slide 2.8 – Risk assessment

In compliance with the Regulation, task assessment requires assessment of the following thirteen 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.

The presence of one risk factor can be significant, however, more commonly several risk factors are present concurrently.

Trainer's note

There are various versions of RA checklists. To avoid confusion, distribute and use the checklist endorsed at the workplace for Task Risk Assessment.

REFER participants to the Checklist for Risk Assessment in the workbook. EXPLAIN that this tool is designed to assist users by prompting for particular factors which research has shown to increase the risk. For example, for work environment, the individual risk components include:

- performing a task in restricted space
- inadequate lighting
- large variation in temperature, or very cold or very hot environment
- cluttered workspace
- floor surfaces uneven, wet, slippery or otherwise unsafe.

ASK participants to identify the tools they could use to undertake a risk assessment in the workplace.

RESPONSES should include:

- weighing device
- tape measure
- spirit level
- risk assessment checklist
- supplier/manufacture instructions
- floor plans
- product specifications.

EXPLAIN that we will have an opportunity to do risk assessments on specific tasks later in the program.

15 minutes**Eliminate and control of risks**

EXPLAIN that the Regulation requires employers to eliminate manual handling risks where reasonably practicable. This can be achieved through:

- appropriate workplace design and layout
- provision of equipment to facilitate self movement by patients eg monkey bars, electric beds, rope ladders, walking aids
- eliminating unnecessary manual tasks.

If elimination of the risk is not possible, then the employer must introduce strategies to effectively minimise the effect on employees and others.

Slide 2.9

Show Slide 2.9 – Elimination and control of risk hierarchy

Trainer's note

The Elimination and Control of Risk Hierarchy is specific to manual handling (the Regulation, c80). It is not the same as the general risk control requirements (the Regulation, c5).

Effective risk control incorporates:

- Modify – change work systems to reduce double handling, change the environment, redesign the workstation, update admission procedures to educate patients on the facility protocol for patient handling or improve notification of obese patients.
- Equipment – provide equipment suitable for the task.
- Work practices – develop and implement work practices to minimise risk.
- Train – in work practices, the use of equipment and risk management.

HIGHLIGHT that the Regulation specifically notes 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 or manual handling should not be the only control strategy unless all other options have been explored first.

The Elimination and control of risk hierarchy is structured to promote control strategies in order of effectiveness.

INVITE participants to comment on why training is considered less effective than modifying the workplace.

RESPONSES should include:

Modification has a direct effect on the risk, for example:

- Reducing the number of times a patient is handled must reduce the overall risk from handling that patient.
- Modifying the workplace to remove stairs, eliminates the need for nurses to be trained in assisting patients on stairs.

In contrast, training people in particular handling situations does little or nothing to change the risk, only their response to the risk eg apply a better handling technique.

Further, training relies on people applying the skills they have learnt on every occasion – 100 per cent compliance is difficult to achieve.

HIGHLIGHT that unlike other occupational risks such as noise or working with chemicals, there is no personal protective equipment (PPE) that can be used to reduce the risk of injury from manual or occupational overuse tasks.

EXPLAIN that we will have an opportunity to apply risk control strategies to some common manual handling risks later in the program.

10 minutes

Promote, evaluate and improve

EXPLAIN that a key part of any manual handling program has to be informing people about the strategies that are being implemented.

ASK participants to identify how the organisation usually informs employees of changes to the workplace, work systems or work practices.

RESPONSES could include:

- memorandum eg attached to payslips
- notices in tea rooms
- staff bulletin
- on the intranet
- word-of-mouth, shift handover
- staff meetings
- revised safe operating procedures (SOPs)
- revised safe work procedures.

DISCUSS the effectiveness of these promotional strategies.

INVITE participants to propose how promotion could be improved.

Slide 2.10

Show Slide 2.10 – Program Evaluation

EMPHASISE that as part of a quality system, any change in the workplace should be evaluated to determine:

- whether the strategy was implemented as planned
- any compliance issues eg staff not following procedures and why
- whether there has been any changes in conditions since the strategy was implemented
- whether any other problems have arisen as a result of the strategy
- whether the strategy has reduced incidents or injury (short and long term).

EMPHASISE that the information gained from the evaluation is then fed back into the program and adjustments made if required... and the cycle of policy development, consultation, training, risk management and review continues.

Slide 2.11

Show Slide 2.11 – Manual handling program

BREAK

TOPIC 2.3

90 minutes

RISK ASSESSMENT AND CONTROL

WELCOME participants back after the break.

EXPLAIN that the remainder of the program will focus on the practical application of the manual handling program.

In this session the focus is on what needs to be done to assess risks and then determining the most appropriate strategies for controlling any risk that cannot be eliminated.

5 minutes

Prioritising hazards

EXPLAIN that often a supervisor will have a list of manual handling problems that have been identified by staff. Some of the hazards may be easily dealt with, such as by maintenance, while others may require urgent attention.

ASK participants to identify what criteria would assist them in determining the priority for addressing a number of manual handling problems.

RESPONSES should include:

- Whether injuries have occurred doing a particular task or using particular equipment.
- The likelihood that someone could be injured.
- The severity of any injury or potential injury.
- The number of people likely to be at risk.
- The impact on the ward/unit if an injury did occur.
- The potential cost – injury, and the fix.
- The ease at which the problem can be fixed.

EMPHASISE that prioritising manual handling hazards does not mean that some can be put into the 'too hard' basket or put off until funding is available. The legislation is clear – all risks that cannot be eliminated have to be assessed and controlled. So there has to be strategy for resolution for each and every risk, once it has been assessed. Note the obligations regarding risk assessment and control are upon the employer – the employee has a duty to cooperate and take reasonable care.

15 minutes

Trainer's note

Trainers may prefer to use a worked example from the workplace.

Risk assessment process

REFER participants to the worked example of a risk assessment in the *Manual Handling Guide for Nurses*.

HIGHLIGHT the key points from this worked example:

- Risk assessments are best attended by a small group.
- Risk assessments must involve representatives of the people who do the work (they can also involve manual handling/OHS coordinators, physiotherapists/OTs, and consultants such as ergonomists).
- The risk assessment is dated and the time of the assessment should also be noted.
- A general description of the problem, task and locations is provided.

The basic tools that are required to do risk assessments include:

- a standard risk assessment checklist
- camera and/or video
- tape measure
- scale or information on weights
- for equipment, instructions for use or the SOPs
- any PPE that is normally required to be worn in the specific work area eg a hardhat may need to be worn into areas being refurbished.

20 minutes**RISK ASSESSMENT EXERCISE**

REFER participants to the workbook.

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

TASK: Each group to undertake a risk assessment of a particular hazard that has been identified. Use the blank Risk Assessment Checklist. This can't be used for Task 3 and 4.

SUMMARISE the risk factors on butchers paper or a blank OHT.

TASK 1: Providing emergency care

Recent injuries to staff have resulted from lifting patients back into bed during emergency (life threatening) situations eg cardiac arrest, haemorrhage.

Identify the manual handling risks associated with providing emergency care.

TASK 2: Moving patients manually

Staff have identified problems with assisting or moving patients manually between bed and trolley (operating table, Xray, shower trolley).

Identify the risks associated with moving patients on and off beds.

TASK 3: New patient chairs

The Hospital Volunteers Committee has just raised money for new chairs for patient's rooms. They have selected a preferred chair.

Undertake a risk assessment of this chair.

TASK 4: Manual handling injuries

Since the introduction of slide sheets approximately one third of nurses working on a ward have put in incident reports for sore wrists.

Identify the risks associated with moving patients on slide sheets. Consider the causes for this problem.

20 minutes**Risk elimination or control process****RISK ELIMINATION/CONTROL EXERCISE**

REFER participants to the workbook.

TASK: In the same group as for the risk assessment exercise, determine the appropriate risk elimination/control strategies.

Where equipment is a desired control, participants should consider that there would need to be interim controls until the item is obtained.

REMIND participants to frame their controls according to the Elimination and risk control hierarchy.

SUMMARISE the controls on butcher's paper or a blank OHT.

30 minutes**Group exercise feedback****BREAK**

TOPIC 2.4

60 minutes

MANUAL HANDLING PLAN

EXPLAIN that once control strategies have been determined, it is important to make these a reality in the workplace. This is achieved through developing a plan of action for each risk.

MANUAL HANDLING PLAN EXERCISE

REFER participants to the workbook.

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

TASK: Each group to complete an ACTION PLAN for a particular issue. SPECIFY how the plan can be evaluated ie performance indicators.

NOMINATE a group leader and report back.

TASK 1: Patient handling equipment

Your ward is allocated \$20,000 to purchase equipment for patient handling.

PREPARE a plan for identifying what equipment is required. SELECT one of these items of equipment and specify the process for introducing it to your ward.

TASK 2: Obese patients

Records show that the number of obese patients admitted to your ward is increasing – both booked and emergency admissions.

PREPARE a plan for managing this problem at the ward level.

IDENTIFY issues that need to be dealt with at a facility level. PROPOSE ways for getting this issue addressed by the organisation eg refer to OHS Committee.

TASK 3: Ward is being refurbished

You and your staff have been asked to provide input to a ward refurbishment – note that the ward will not shut during this process.

LIMITING the issues you discuss to those that could affect manual handling, PREPARE a plan for how you will manage this process.

TASK 4: Staff organisation

Due to a hospital reorganisation your ward will increase by six beds, incorporating a new high dependency unit.

LIMITING the issues you discuss to those that could affect manual handling, PREPARE a plan for how you will manage this reorganisation.

TOPIC 2.5

20 minutes

RECORDS MANAGEMENT

Manual handling register

EXPLAIN that one way for each ward/unit to keep a check of the measures taken to reduce manual handling risks is to document the process in a Manual Handling Register.

REFER participants to the Manual Handling Register in the *Manual Handling Guide for Nurses*.

HIGHLIGHT the purpose and benefits of the Manual Handling Register, specifically:

- maintains a summary of all measures taken to reduce each manual handling risk
- provides a reference point for on-going monitoring of the action plan to ensure controls have been implemented in priority order.

EMPHASISE the benefits are further enhanced when the organisation has a CENTRAL Manual Handling Register, specifically:

- prevents duplication
- promotes sharing of effective manual handling solutions.

Documentation

EXPLAIN that documentation is critical – it provides evidence of compliance with legislation.

ASK participants to identify the types of documents that provide evidence of what has been done to reduce manual handling risks in the workplace.

RESPONSES should include:

- manual handling policy
- workplace procedures
- hazard and incident reports
- risk assessments
- action plans
- manual handling register
- incident investigations
- consultant reports
- manual handling audits
- minutes of staff meetings where manual handling was discussed
- records of consultation with employees eg diary notes.

Slide 2.12

Show Slide 2.12 – Documentation

TOPIC 2.6

10 minutes

SUMMARY

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

Slide 2.13

Show Slide 2.13 – Summary of the program

CONGRATULATE participants in demonstrating their knowledge, skill and appreciation of the complex issues involved in the effective management of manual handling.

EMPHASISE that the challenge is to maintain the enthusiasm to ensure that all manual handling issues are resolved.

INVITE any final questions from participants.

THANK participants for their attendance and input throughout the program.

MANUAL HANDLING FOR NURSES

Overheads

Manual Handling for Nurses

Program B(2): Managing Risk

Outline of program...

Module 1: **Fundamentals for managing manual handling**

ergonomics and manual handling
legislation
workplace arrangements

Module 2: **Manual handling program**

manual handling program
risk assessment, elimination or control
manual handling plan
records management

What is ergonomics...

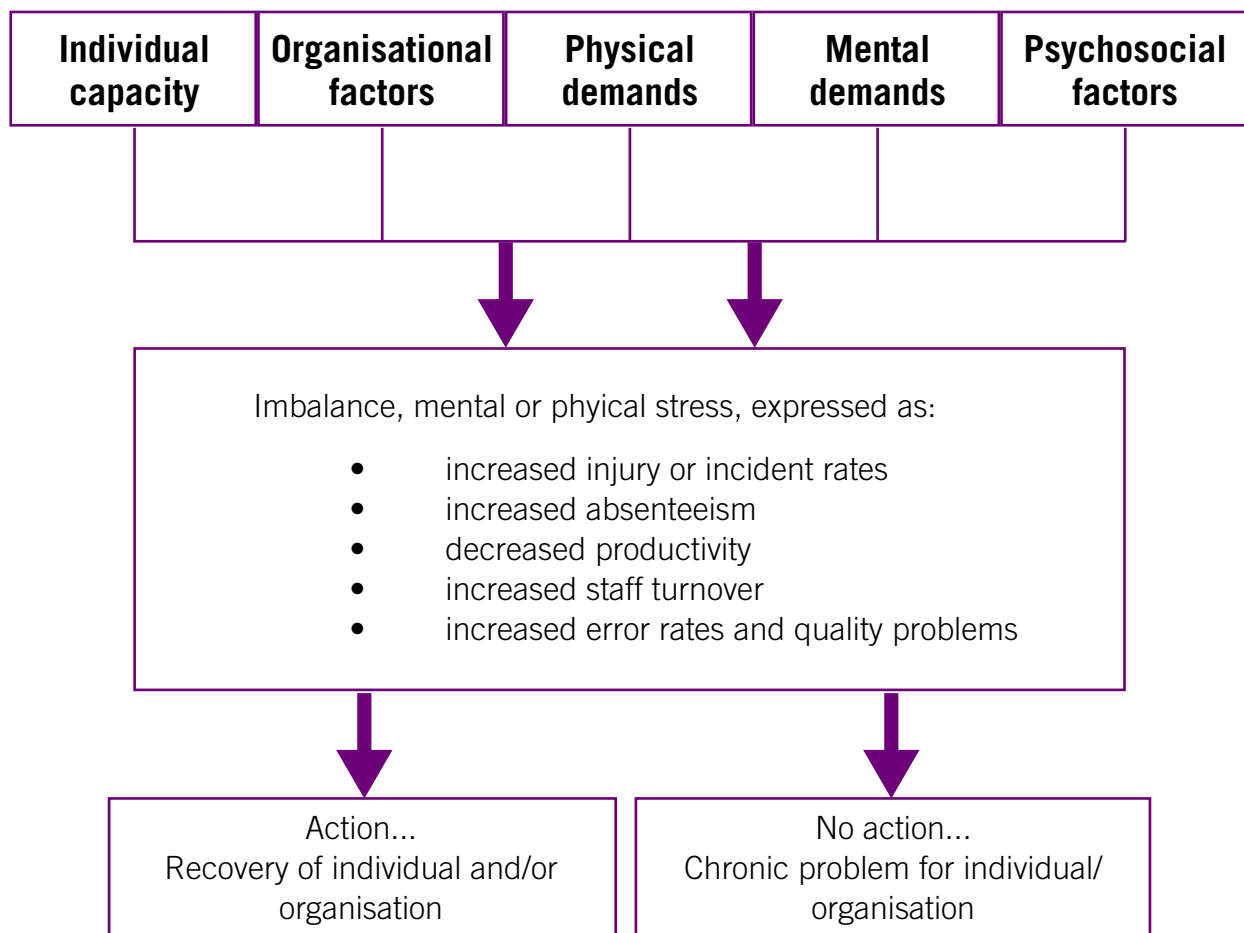
Ergonomics is derived from two Greek words:

- ... **ergon**, meaning 'work' and
- ... **nomos**, meaning 'the natural laws'

It is defined as the study of work systems or other activities in which people, machines, equipment and the environment interact.

The aim of ergonomics is to design the work systems, tasks, machines and equipment to suit the people using them.

Ergonomic model...



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

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

Team Leader Responsibilities...

- comply with policies and procedures
- regular consultation
- respond appropriately to manual handling concerns
- arrange or conduct risk assessments
- implement safe work practices
- match work, staff availability and skill mix
- ensure equipment is available
- ensure training is provided
- investigate manual handling hazards and incidents
- maintain documentation

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

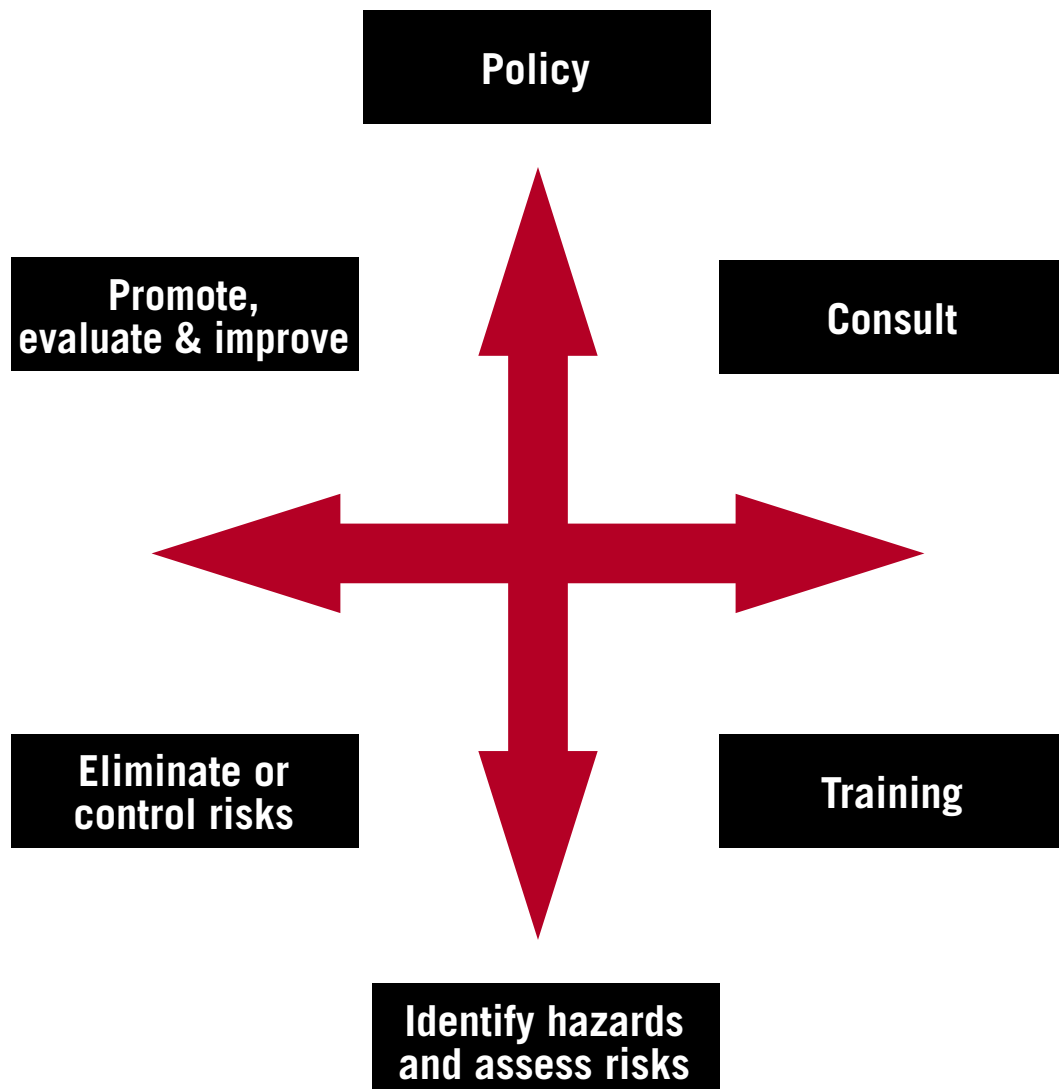
Summary...

- ergonomics
- legislation
- responsibilities for team leaders
- the importance of both task assessment and patient assessment
- workplace policies and procedures

Outline of the module...

- manual handling program
- risk assessment and control
- manual handling plan
- records management

Manual Handling Program...



Consultation...

... an employer must provide opportunities for sharing of information, provide opportunities for employees to express their views, and value the employees' views and take them into account

Occupational Health and Safety Act 2000 s14

Employers must consult when...

- manual handling risks are being assessed
- control strategies are being determined
- controls are being introduced or up-dated
- changes are occurring in the workplace e.g. premises, systems of work or equipment
- directed by a WorkCover Inspector

Training...

- legislative requirement
 - the Act s8 and the Regulation c13
- induction
- ongoing
- as part of change management
- performance – refresher if competency not sustained

Risk management...

I **Identify** hazard

A **Assess** to determine risk

E **Eliminate** risk, or

C Implement effective **Control** strategies

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

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

Elimination and risk control hierarchy...

Most effective



Least effective

ELIMINATE

or

Modify

Equipment

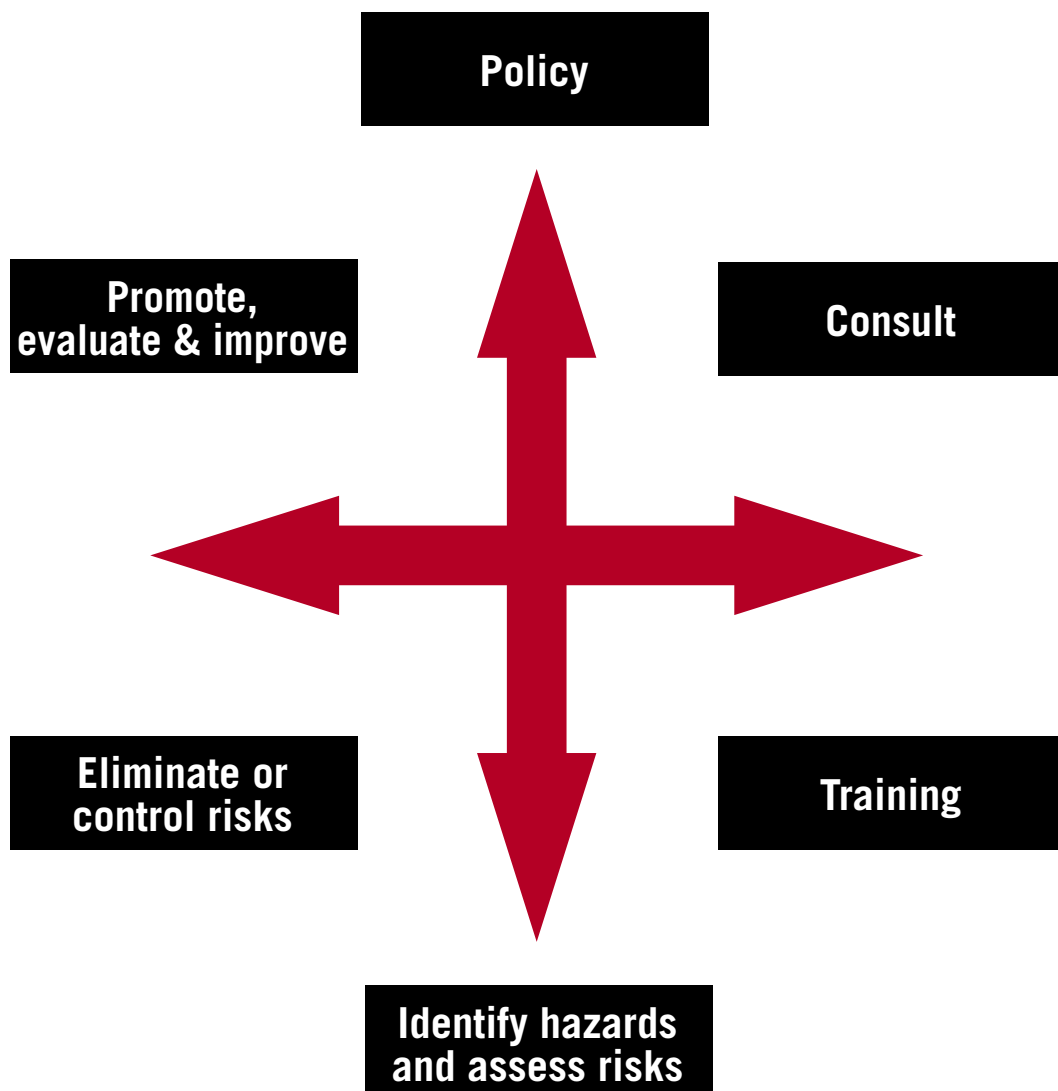
Work practice

Training

Program evaluation...

- was the strategy implemented as planned
- are there any compliance issues eg staff not following procedures and why
- have there been any changes in conditions since the strategy was implemented
- any problems since introduction
- effects on hazard reporting, incidents and injuries [long and short term]

Manual Handling Program...



Documentation...

- manual handling policy
- workplace procedures
- hazard and incident reports
- risk assessments
- action plans
- manual handling register
- incident investigations
- consultant reports
- manual handling audits
- minutes of staff meetings
- other evidence of consultation with employees

Summary of the program...

Module 1: **Fundamentals for managing manual handling**

Ergonomics and Manual Handling
Legislation
Workplace Arrangements

Module 2: **Manual handling program**

Manual Handling Program
Risk Assessment, Elimination or Control
Manual Handling Plan
Records Management