

MANUAL HANDLING FOR NURSES

Resources



Disclaimer for training package

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

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

Acknowledgments

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

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

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

MANUAL HANDLING COMPETENCIES

Linking package elements to those published

Package	Module	Package elements	Published competency elements
Level A	1	1.1	1.1
		1.2	1.2
	2	2.1	1.3
		2.2	2.1
		2.3	2.2
	3	3.1	2.3
		3.2	2.4
		3.3	2.5
		3.4	3.1
		3.5	3.2
Level B Program 1	1	3.6	3.3
		3.7	3.4
	2	1.1	1.1 and 1.2
		1.2	1.3
		2.1	3.1
		2.2	3.2
		2.3	3.3
2.4	1.4		
Level B Program 2	1	1.1	1.1 and 1.2
		1.2	1.3
	2	2.1	2.1
		2.2	2.2
		2.3	2.3
		2.4	1.4
Level C	1	1.1	1.1
		1.2	1.2
		1.3	1.3
		1.4	2.1
		1.5	2.2
		1.6	2.3
		1.7	2.4

CONTENTS

Program A: Essentials

Competency assessment record*
Performance criteria
Learner progress record
Practical assessment tool
Safe handling passport
Sample certificate of attainment*
Participant workbook

Program B(1): Patient Risk Assessment

Patient profile card - sample*
Patient profile card - suggested profiles
Competency assessment record
Performance criteria
Learner progress record
Practical assessment tools
Patient assessment
Basic instruction of patient handling device
Workbook sample certificate of attainment*
Supervision of participant from Program A: Essentials Participant

Program B(2): Managing Risk

Competency assessment record
Performance criteria
Learner progress record
Sample certificate of attainment*
Participant workbook

Program C: Leadership and Change

Competency assessment record
Performance criteria
Learner progress record
Sample certificate of attainment*
Participant workbook

Skill Sheets

- General guidelines
- General hoist
- Rolling
- Slideboard
- Slidesheet
- Standup hoist
- Walkbelt

References

- Publications
- Further information

The documents marked with an * can be modified to suit each facility's needs.

It is recommended that the other documents be provided without change. However, if changes are made, due care should be taken. Acknowledgement of the original source is required.

MANUAL HANDLING FOR NURSES

Resources
Program A: Essentials



© WorkCover NSW, 2005

92-100 Donnison Street,
GOSFORD NSW 2250
Australia

Phone: +61 2 4321 5000

Fax: +61 2 4325 4145

NURSE RECORD SUMMARY: COMPETENCY ASSESSMENT RECORD PROGRAM A: ESSENTIALS

Name: _____

Ward/Unit: _____

Device	Date assessed as competent	Assessor signature	Nurse signature
Hoists			
Standard hoist * – bed to chair transfer			
Stand-up hoist * – chair to chair transfer			
Slide sheets			
Slide sheet – single reposition			
Slide sheet – double reposition			
Walkbelt			
Walkbelt – sit to stand			
Walkbelt – assisted walking			
Slideboard			
Transfer between bed and trolley			
Wheelchair/Shower chair			
Use and parking			

* Insert brand of hoist and sling

Add devices / specific techniques as required

PERFORMANCE CRITERIA

Module 1	Module 2	Module 3
<ul style="list-style-type: none"> • Discuss employer and employee responsibilities for manual handling. • Discuss workplace policies and procedures relating to manual handling and patient handling, including what is occurring at the workplace to minimise manual handling risk and how employees are consulted on manual handling issues. • Describe how manual handling hazards are identified and how they are reported. • List the key manual handling risk factors and include an example of each. • List the steps to control manual handling risks and provide an example of each. <p>Achieved through:</p> <ul style="list-style-type: none"> • Observation of participant contribution to discussion • contribution to the successful completion of training activities and exercises, and • review of recordings in the Participant Workbook. 	<ul style="list-style-type: none"> • Demonstrate normal adult human movement for a range of tasks. • Practice the safe use of patient handling aids and equipment. • Discuss the appropriate strategies for moving a particular patient in a given scenario. 	<ul style="list-style-type: none"> • Undertake ONE patient handling activity, having regard to the Patient's Care Plan, the Skill Sheet requirements and any specific facility procedures. • Identify opportunities to enhance skills in manual and patient handling. • Maintain the Safe Handling Passport.
<p>Achieved through:</p> <ul style="list-style-type: none"> • Observation of participant contribution to discussion • contribution to the successful completion of training activities and exercises, and • review of recordings in the Participant Workbook. 		
<p>Successful completion of the practical.</p>		

PRACTICAL ASSESSMENT TOOL

Manual Handling for Nurses: Program A - Essentials

Name: _____ Assessor: _____ Date: _____

Activity assessed: _____

Task elements	Competent	Not yet competent
<p>1. Preliminary</p> <ul style="list-style-type: none"> • Determines own readiness to be assessed, including supervision of the activity on at least five (5) occasions. • Informs patient of intended activity and obtains agreement. • Assesses patient's current condition. • Reviews Care Plan and appropriately deals with any inconsistencies. 		
<p>2. Planning</p> <ul style="list-style-type: none"> • Prepares patient for activity. • Prepares environment. • Determines need for assistance. • Obtains required equipment and/or assistance. 		
<p>3. Implementation</p> <ul style="list-style-type: none"> • Demonstrates ability to apply key principles for safe handling – Assessor to list responses. • Performs procedure (attach specific skill sheet). • Demonstrates effective communication with patient and co-worker during procedure. • Documents or reports change to supervisor as required. • Restores the environment. • Terminates the activity appropriately eg tidies up, ensures patient safety/comfort, returns equipment to store area. 		
<p>4. Evaluation</p> <ul style="list-style-type: none"> • Evaluates own performance. • Identifies opportunities for improvement or further training. • Demonstrates ability to problem solve • Assessor to note issue. 		

Nurse sign: _____ Assessor sign: _____

Instructions

Each nurse is required to be competent in the use of a range of patient handling equipment. Before being formally assessed, each nurse is required to:

1. Be supervised in the correct use of the equipment on five (5) occasions
2. ensure the person supervising the task records and signs the entry on the Safe Handling Passport, and
3. retain the Safe Handling Passport – evidence of supervised practice will be required for competency assessment.

A list of people who can supervise patient handling tasks is located in each ward/unit.

SAFE HANDLING PASSPORT

Manual Handling for Nurses Program A: Essentials

Name _____

Ward _____

Passport issued _____

SAFE HANDLING PASSPORT

I have...

Participated in the following risk assessments:

	Date	Sign
Hoists Standard hoist – bed to chair transfer	1	
	2	
	3	
	4	
	5	
Stand-up hoist – chair to chair transfer	1	
	2	
	3	
	4	
	5	
Floor to bed/chair transfer (identify hoist for this purpose)	1	
	2	
	3	
	4	
	5	

Date	Activity or equipment assessed

Participated in the following patient assessments:

Date	Patient assessments

Date	Patient assessments

Helped to determine the following control strategies:

	Date	Sign
Slide sheet Slide sheet – single sheet use reposition	1	
	2	
	3	
	4	
	5	
Slide sheet – double sheet use reposition	1	
	2	
	3	
	4	
	5	

Date	Control strategies

Note: Witnessing the nurse performing the activity in accordance with the Skill Sheet is not an endorsement of competence

Bonus...

The Safe Handling Passport also enables you to record your involvement with safe manual handling practice in your workplace. Having a record of these activities can help you recall your achievements when you have your performance review or even when applying for a promotion or a new position.

It is your responsibility to complete and retain your Safe Handling Passport.

I have...

Reported the following manual handling hazards:

Date	Hazard	How
		eg maintenance request, hazard report form, verbal

SAFE HANDLING PASSPORT

		Date	Sign
Walkbelt			
Walkbelt – sit to stand	1		
	2		
	3		
	4		
	5		
Walkbelt – assisted walking	1		
	2		
	3		
	4		
	5		

		Date	Sign
Slideboard			
Transfer between bed and trolley	1		
	2		
	3		
	4		
	5		

		Date	Sign
Wheelchair			
Use and parking	1		
	2		
	3		
	4		
	5		

Note: Witnessing the nurse performing the activity in accordance with the Skill Sheet is not an endorsement of competence

Manual Handling for Nurses

This is to certify that

(NAME)

has fulfilled all the requirements for

Program A: Essentials

Trainer's Name _____

Signature: _____

Date of Completion: _____

MANUAL HANDLING FOR NURSES

PROGRAM A: ESSENTIALS

Module 1: Learning outcomes

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

Module 2: Learning outcomes

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

Module 3: Learning outcomes

- Self monitor own capabilities and state of fitness for undertaking nursing activities requiring manual handling.
- Seek assistance from others as necessary in order to undertake manual handling activities safely.
- Participate in ongoing personal and professional development on manual handling issues.
- Use the Patient Care Plan to identify patient status for undertaking patient-handling procedures.
- Plan and communicate requirements for undertaking patient-handling activities.
- Apply correct manual handling techniques and equipment to nursing activities according to facility policies and procedures.

NAME: _____

MANUAL HANDLING FOR NURSES

Program A: Essentials
Participant Workbook



CONTENTS

Introduction	1
Manual handling... what is it ?.....	1
Why it's important.....	2
What the law says.....	2
Risk management... ..	3
Patient handling... ..	6
1. Hazard identification	6
2. Patient risk assessment	7
3. Elimination or risk control strategies	9
Normal human movement.....	10
Patient cooperation and nurse's rights	12
Lifestyle factors	13
Final exercise.....	14

Introduction

This program was developed as a joint initiative of WorkCover NSW and the NSW Nurses' Association through the Health and Community Services Industry Reference Group (HACS IRG). The program is based on the *Manual Handling Competencies for Nurses*, published jointly by these organisations in 1998.

The program is aimed at preventing injury from manual handling. A key component of this program will be the safe handling of people.

The program incorporates training sessions as well as a large practical component where nurses will develop skill and proficiency in using a range of patient handling techniques in combination with equipment.

The workbook is for you to keep as a reference. As well as including some valuable information, it also provides opportunity for you to make notes on issues arising during group discussion. Your organisation will also provide some information on workplace specific practices or procedures that you should also keep for reference.

Please note that this workbook uses the word patient as the generic term for anyone to whom a nurse provides care.

Manual handling... what is it?

Manual handling is defined as 'any activity requiring the use of force or exertion by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object' Clause 79, the *Occupational and Health Safety Regulation 2001*.

In regards to the work of nurses, this can involve almost everything you do in the course of your work each day, such as:

Why it's important...

Injuries from manual handling have a big impact on nurses, nursing and the health system in general. Manual handling injuries can have many outcomes, from quite minor effects to very serious injuries that can result in the nurse being unable to continue working. A workplace injury can also have impact on family, social or recreational pursuits. Injuries to nurses also affect colleagues and can have a significant impact in the workplace through the loss of experienced and skilled staff.

There is also evidence that patients can be injured through poor manual handling practice eg skin tears, fractures, dislocations.

What the law says...

The key legislation in NSW addressing manual handling, and indeed all workplace hazards, is the *Occupational Health and Safety Act 2000* (the Act) and the *Occupational Health and Safety Regulation 2001* (the Regulation).

Legislation requires all employers, including labour hire companies, to:

- 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
- consult with employees throughout the risk management process.
- employees, including agency staff and contractors, are required to take reasonable care for the safety of others in the workplace who could be affected by what they do or fail to do acts or omissions, and
- cooperate with the employer.

Specifically, in relation to manual handling this can mean:

- comply with workplace policies and safe work practices
- use equipment as provided
- use correct manual handling techniques once trained
- report any hazard, equipment fault or injury
- perform day to day care of equipment provided for manual handling.

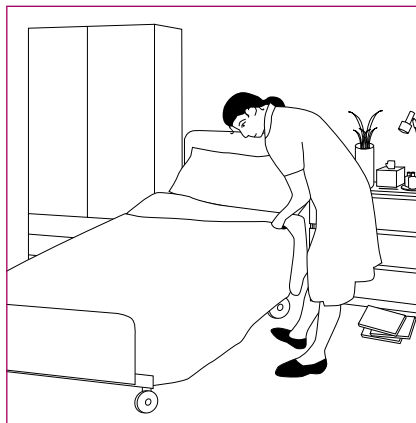
Risk management...

The legislation says that employers have to undertake risk management – this involves:

- identification of any manual handling hazards with the potential to harm
- assessment of the hazard to determine the risk, and
- eliminate, or
- effectively control the risk.

Hazard identification

Hazard identification is the first step – it helps us pinpoint the things that are likely to be problems. The things that cause pain, are difficult to do or that nurses like doing the least are most likely to be hazardous.



Identify the hazards from this picture.

Risk assessment

List the six key manual handling risk factors and provide an example of each.

Eliminate or control risk

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, and
- eliminating unnecessary manual tasks.

In many cases it is not possible to eliminate risk, so then the focus is to minimise the risk by working through the problem and finding solutions in an ordered way.

Fill in the steps to the Elimination and Risk Control Hierarchy. Provide an example of each step.

Elimination and risk control hierarchy

Most effective



Least effective

Steps	Examples
1.	

or

2.	
3.	
4.	
5.	

Identify the key principles for handling any load

Patient handling...

'The adult form is an awkward burden to lift or carry. Weighing up to 100kgs or more, it has no handles, it is not rigid, and it is liable to severe damage if mishandled or dropped. In bed, a patient is inconveniently placed for lifting, and the placing of a load in such a situation would be tolerated by few industrial workers.'

The Lancet (1965)

1. Hazard identification

While injuries from patient handling can affect all parts of the body, the main area of focus in the literature has been the low back. The main patient handling tasks associated with low back pain in nurses are:

- manually moving patients in bed
- manually transferring patients between bed and chair
- manually lifting patients from the floor, and
- sustained postures such as stooping eg when taking observations or when supporting limbs in theatre.

High risk techniques

The following specific patient handling techniques have already been assessed as high risk and should not be performed due to the risk to both patients and nurses:

- total body lifting
- dragging patients by holding them under their arms
- the orthodox or cradle lift
- manually lifting patients from the floor or ground
- top and tail lift also called the 'fore and aft'.

All of these techniques can be eliminated by the use of fit for purpose equipment currently available.

The pivot transfer is also a moderately risky procedure especially if the patient has only one functioning leg eg a stroke patient or an amputee. This type of transfer should be carried out using a stand up hoist with suitable sling except during rehabilitation procedures when staff with special skills are available.

Research has indicated that when comparing traditional bed mobility techniques the draw sheet lift has a very low risk of back injury, lower than the shoulder lift. However, both of these lifts may have risks of injury to the upper limbs especially in unskilled handlers. For this reason and the fact that it is a team lift, the use of these procedures should be reduced and other methods used where possible.

2. Patient risk assessment

Handling people requires a specific type of risk assessment. Unlike inanimate objects, patients vary considerably and there are many different ways they need to be moved. The patient attributes influencing the plan will include: physical function, mental status and cognition, medical condition and communication issues.

An assessment of each handling episode needs to be done. This assessment is usually carried out by someone with additional training in patient assessment. It involves watching the patient undertake each of the following activities:

- moving in bed
- moving in and out of bed
- getting into and out of chairs
- moving to and from toilets and commode chairs
- walking.

A patient handling assessment should be carried out on admission and at regular intervals determined by the condition of the patient. For example, a surgical patient will change rapidly and require daily assessment whereas a rehabilitation or aged care patient may change quite slowly.

In some cases, a provisional assessment of the manual handling care needs for a particular patient should be done prior to the patient's admission eg very obese patient.

A patient handling assessment should be undertaken by the people who are doing the work. Therefore, an assessment for nursing work should be done by nurses.

The patient assessment will determine the appropriate technique, the number of nurses required and the equipment to be used. These form the 'risk control' methods. The results are then documented in the nursing notes and may also be put into a format (a patient handling plan) to be communicated to all handlers. This is often in the form of a card placed near the patient's bed or in the locker.

An additional risk assessment of the environment may need to be done especially in home nursing where every work environment is different and there is an infinite variety of furniture and equipment. This will also require an action plan for the elimination or control of risk when undertaking patient handling.

3. Elimination or risk control strategies

Risk control is about working through the problem and finding solutions in an ordered way. The following questions may be used as a basis for this.

Can we eliminate the need to lift?

Prevent patients sliding down the bed or sliding out of the chair.
Use pressure mattresses to reduce turning requirements.

Can we reduce the number of times the patient is handled?

This requires an analysis of how often and why the patient needs to be moved. It may involve consulting with other employees such as therapists or departments such as x-ray.

Can we get the patient to move themselves?

Show or help the patient to move themselves. The use of verbal instructions or limb placement to teach and assist a patient to roll over or get out of a chair should be the first step. In order for this to occur nurses need to have knowledge of normal human movement. Patients may also be able to move themselves if given suitable equipment and shown how to use it eg monkey rings/self help poles, electric beds, rope ladders and walking appliances.

Do we have an appliance that can help us?

For patients who require assistance, the following mechanical aids are available and should be used:

- slide sheets and slideboards should be used for any bed moving activities
- standing hoists or walk belts should be used for bed to chair transfers, and
- general hoists should always be used for any total body lifting including lifting patients from the floor.

Skill sheets for the use of these items are included as a handout with this workbook.

Normal human movement...

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

It is important for the nurse to understand how humans move – if they can coach or prompt a patient to move themselves, the nurse will not need to intervene.

TASK: Observe a person undertaking the following activities. Record what actions or movements were necessary for the activity to occur.

Rolling over in bed

Moving up the bed

Getting out of bed

Sitting and standing

Walking

Fill in the blank... Normally, the _____ initiates movement.

Patient cooperation and nurse's rights...

The patient and their relatives should be informed that equipment and other manual handling aids will be used to handle the patient, for their own as well as staff safety. This should be done on or prior to admission or commencement of service.

The type of lift to be used (whether manual or mechanical) should be explained to the patient. Where patients are being treated in the home the patient and carer should understand their obligations in complying with the handling plan. A contract with the patient should be discussed and agreed to at the initial (risk) assessment.

Patients or their relatives sometimes refuse to cooperate with the use of patient handling equipment thereby giving the handler the dilemma of what to do. A supervisor should always be called to deal with this problem.

A health care worker has a professional responsibility towards the patient but this does not extend to putting themselves at risk of injury or death while carrying out these activities.

Patients have rights and they also have responsibilities. Every member of the community has the common law duty not to place others at risk by what they do or what they fail to do.

Another important consideration is the risk of injury to the patient during manual lifting, transferring and repositioning when manual handling equipment and aids are not used.

To overcome this problem some organisations have an explicit policy that is promoted to staff and patients. This can be in the form of a brochure and should include:

- a statement of the facility's commitment to the health and safety of everyone
- a statement that the use of equipment may be necessary in the course of providing treatment and care
- that staff must follow certain handling procedures which may include lifting equipment
- that this equipment is used for both staff and patient safety, and
- procedures for staff to follow should the patient refuse to cooperate.

Good communication with patients and explanations of any equipment to be used should overcome any fear or resistance to use of appliances.

Lifestyle factors...

Lifestyle factors that may help you to reduce the risk of injury include...

Exercise and fitness

While nursing is very physical work, it doesn't exercise all muscle groups. Weak muscles, particularly those of the stomach and legs, can increase your risk of injury. Gentle stretches can help as can some of the more commercial exercise programs such as yoga and Pilates.

Diet

Any physically demanding work requires fuel – eat a well balanced diet and avoid skipping meals. Make sure you keep up the fluids. Also, to minimise stress on your back, maintain a healthy weight.

Relaxation

Over the course of the day the components of the musculoskeletal system become fatigued. Your body requires rest to regain strength and function for the following day. Take rest breaks at work and avoid working through tea and meal breaks.

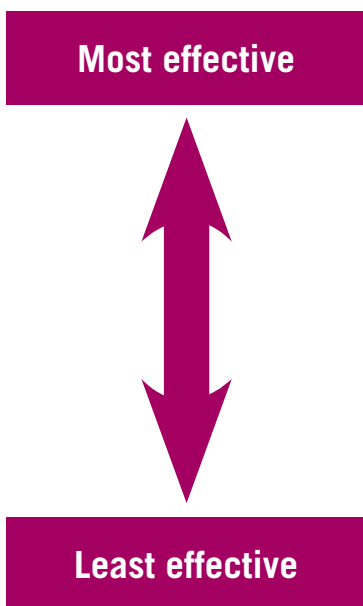
Smoking

Some research indicates that people who smoke are at a higher risk of experiencing back pain. The reason is not known.

Final exercise...

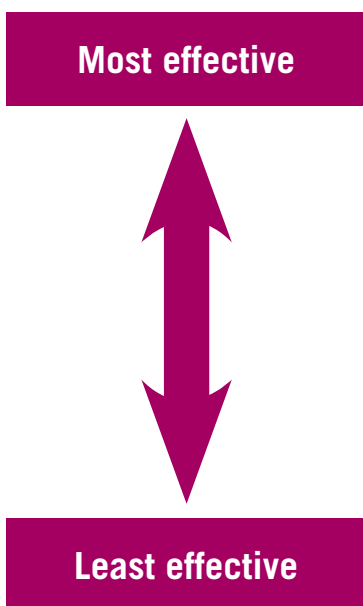
In groups decide how best to move the following patients.

There will be more than one option. To help you decide, list the techniques or equipment in order of degree of intervention by the nurse eg a hoist is the most intervention, coaching the patient to use the monkeybar would be the least intervention. Be sure to identify any special conditions such as raising or lowering the height of the bed.



Task 1: Patient who is in bed needs to go to X-ray

Suggested techniques or equipment
1.
2.
3.
4.
5.



Task 2: Patient sitting in chair wants to go back to bed

Suggested techniques or equipment
1.
2.
3.
4.
5.

Most effective



Least effective

Task 3: Patient has slipped down the bed

Suggested techniques or equipment
1.
2.
3.
4.
5.

Most effective



Least effective

Task 4: Patient is on the floor

Suggested techniques or equipment
1.
2.
3.
4.
5.

MANUAL HANDLING FOR NURSES

Resources
Program B(1): Patient Risk Assessment

NURSE RECORD: COMPETENCY ASSESSMENT RECORD LEVEL B(1): PATIENT RISK ASSESSMENT

Name: _____

Ward / Unit: _____

Performance criteria	Date assessed as competent	Assessor signature	Nurse signature
Module 1			
Module 2			
Practical: Undertake a patient risk assessment			
Practical: Provide instruction on the use of a patient handling device			
Optional: Patient Handling Advisor Assess a nurse completing the practice requirements in the use of patient handling equipment required for Program A: Essentials.			

Nurse's comments on the assessment

PERFORMANCE CRITERIA

Module 1	Module 2	Module 2: Practical
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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'. 	<ul style="list-style-type: none"> • Undertake the assessment of three (3) patients. • On three (3) occasions, demonstrate and explain the use of a patient handling device. • For manual handling advisors only: supervise three (3) nurses completing the practice requirements in the use of patient handling equipment required for Program A: Essentials – refer to the Safe Handling Passport. • Maintain the workbook.
<p>Achieved through:</p>		
<ul style="list-style-type: none"> • Observation of participant contribution to discussion, and • contribution to the successful completion of training activities and exercises. 	<p>Successful completion of the Assessment Practical for the particular skill required. Assessment for the particular skill required.</p>	

Manual Handling for Nurses

This is to certify that

(NAME)

has fulfilled all the requirements for

Program B(1): Patient Risk Assessment

Trainer's Name _____

Signature: _____

Date of Completion: _____

PROGRAM B(1): PATIENT RISK ASSESSMENT

Module 1: Learning outcomes

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

Module 2: Learning outcomes

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

PATIENT PROFILE CARD – SAMPLE

Patient's name: _____ Age: _____

Diagnosis (if known): _____

Present condition: _____

Mobility status: _____

Other factors: _____

Assessment required:

- | | |
|---|--|
| <input type="checkbox"/> On admission | <input type="checkbox"/> Specific activity or purpose
(eg showering, toileting, transfer to Xray, attend to dressing) |
| <input type="checkbox"/> Bed mobility – general | <input type="checkbox"/> Out of bed mobility – general |

Assumptions:

PATIENT PROFILE CARDS - SUGGESTED PROFILES

Patient Profile 1: Mrs Green

Accident and Emergency (A & E)

Mrs Green has just arrived in the A & E on the ambulance stretcher. She has just had a car accident and is disorientated. She is in a lot of pain, particularly in her hips and pelvis and she appears frightened to move.

How would you transfer this patient onto the bed in A & E and then to x-ray.

Patient Profile 2: Mrs Black

Accident and Emergency (A & E)

Mrs Black has been driven to the door of A & E by car. During the drive to hospital she became paralysed down her right side and cannot get out of the car. Her husband has just gone in to A & E to get assistance.

How would you get this patient into A & E.

Patient Profile 3: Mr Brown

Surgical Ward

Mr Brown had major abdominal surgery yesterday. He weighs 98 kgs and has difficulty moving in the bed. The doctor has said that he must get out of bed today and sit in the chair and tomorrow he must stand up.

How do you move this patient – in bed, out of bed.

Patient Profile 4: Mr Tan

Surgical Ward

Mr Tan is 92 and had cataract surgery today. After the operation, which went well, he fell as he was leaving the hospital. He fractured his right arm, which is now in plaster, and was admitted overnight as a precaution. He routinely uses a walking stick as an aid (he is right handed).

Mr Tan speaks English but is a little deaf. How would you assist this man to the bathroom?

Patient Profile 5: Mrs Grey

Orthopaedic Ward

Mrs Grey has just had bilateral knee replacements and returned to the ward today from high dependency. She weighs 102 kgs and while she can move herself in the bed, she needs to go to the bathroom. It is 2 am.

How should this patient be moved to the bathroom?

Patient Profile 6: Mrs Ruby

Orthopaedic Ward

Mrs Ruby has just had both of her feet operated on yesterday for bunions. The doctor has said that she is not to walk or weight bear at all for 3 days at least, but should sit out of bed. She is 68 years and her arms are very weak because she also has rheumatoid arthritis.

How should this patient be moved in bed and for toileting and showering?

PATIENT PROFILE CARDS - SUGGESTED PROFILES

Patient Profile 7: Mrs Primrose

Medical Ward

Mrs Primrose is 50 and is on insulin for diabetes. She has leg ulcers on both legs, which are oedematous. She is 118 kg and her legs require daily dressings.

How would you attend to her dressings?

Patient Profile 8: Mr Ochre

Burns Unit

Mr Ochre is 28 years old. He was severely burnt on his trunk and legs, the result of attempted suicide. He was transferred from high dependency today. He requires a daily bath and dressings that take approximately two hours to do.

Determine the manual handling care requirements.

Patient Profile 9: Mr Lime

Medical Ward

Mr Lime is admitted today for investigation of sleep apnoea. He is currently very aggressive, disorientated and uncooperative. He is estimated to weigh about 100 kg. He can stand and walk is ataxic (unsteady gait).

Determine the manual handling care requirements for the next 24 hours.

Patient Profile 10: Mr Indigo

Medical Ward

Mr Indigo has a CVA at home and was not found for a few days. He was admitted today and is barely responding and not moving. He is dehydrated. He is incontinent. He has had prior admissions for alcoholism.

Determine the manual handling care requirements for the next 24 hours.

Patient Profile 11: Ms Lavender

Medical Ward

Ms Lavender has multiple sclerosis. She is admitted today for tests because of a rapid decline in her condition. She is wheelchair/bed bound. She is very withdrawn and uncommunicative. Her mother is with her.

Determine the manual handling care requirements for the next 24 hours. She will be leaving the ward for tests.

Patient Profile 12: Mr Taupe

Medical Ward

Mr Taupe was admitted today with newly diagnosed epilepsy following severe head injuries. He has uncontrolled seizures regularly, resulting in him dropping to the floor. Following a seizure he is very disorientated and can be uncooperative.

Determine the manual handling care requirements.

PATIENT PROFILE CARDS - SUGGESTED PROFILES

Patient Profile 13: Mrs Magenta

Medical Ward

Mrs Magenta was admitted today with severe asthma. She is on oxygen therapy and has a drip in her left arm. She has a barrel chest, paper thin skin and is very unsteady on her feet.

Determine the manual handling care requirements for the next 24 hours.

Patient Profile 14: Master Orange

Paediatric

Master Orange is 14 years old and weighs 95 kgs. He has been admitted for investigations of a hip problem and he is not permitted to walk or weight bear. His mother is with him and he is very stressed and seems terrified of moving at all.

Determine the manual handling care requirements for the next 24 hours.

Patient Profile 15: Mrs Pink

Maternity

Mrs Pink is admitted for placenta previa. She is in her sixth month and is bleeding. She is on total bed rest until she reaches full term. She weighs 110 kg and has TED stockings.

Determine her manual handling care requirements.

Patient Profile 16: Mrs Blue

Maternity

Mrs Blue is in the early stages of labour. She is very uncomfortable and agitated and found a bath helped her relax in her previous deliveries. The unit bath is a two-person spa bath. Mrs Blue's partner has not yet arrived at the hospital. Mrs Blue is partially deaf.

Determine the care requirements.

Patient Profile 17: Mr Gold

Aged Care

Mr Gold is 89 and 186 cm. He is very thin. He is normally mobile but today he is in bed with a chest cold.

Determine the manual handling care requirements

Patient Profile 18: Mrs Silver

Aged Care

Mrs Silver has just been placed in a nursing home for 2 weeks while her husband has surgery. She had a stroke some years ago and cannot speak. She requires help getting into bed and taking steps to get into the wheelchair.

Determine the manual handling care requirements.

PATIENT PROFILE CARDS - SUGGESTED PROFILES

Patient Profile 19: Mr Purple

Community Care

Mr Purple is in the terminal stages of cancer and confined to bed. Analgesia does not always control the pain. His wife is elderly and is finding it difficult to help. Mr Purple requires regular repositioning. He is unable to assist.

Determine the manual handling care requirements.

Patient Profile 20: Ms Yellow

Community Care

Ms Yellow had polio as a child and her lower limbs are paralysed. She has managed with the help of her partner until recently when he died suddenly. She now requires the assistance of a community nurse for showering and wheelchair transfers. She is catheterised.

Determine the manual handling care requirements.

PRACTICAL ASSESSMENT TOOL

Name: _____ Assessor: _____ Date: _____

Activity assessed: **Assessing a nurse – Program A: Essentials**

Task elements	Competent	Not yet competent
<p>1. Preliminary</p> <ul style="list-style-type: none"> • Determines own readiness to be assessed, including undertaking the activity on at least three (3) occasions. • Informs nurse of the intended activity and obtains agreement to be subject. 		
<p>2. Planning</p> <ul style="list-style-type: none"> • Checks the nurse’s Safe Handling Passport for evidence of completed activities. • Ensures nurse has seen a copy of the performance criteria and skill sheet for activity being assessed. • Obtains documentation – Practical assessment tool for Program A: Essentials and Skill Sheet. 		
<p>3. Implementation</p> <ul style="list-style-type: none"> • Undertakes assessment of the nurse according to the Practical Assessment Tool. • Prevents any unsafe action. • Communicates with the nurse appropriately, including prompts and challenges. • Provides feedback to the nurse on completion of the activity. • Ensures the nurse has an opportunity to comment on the assessment procedure – notes any concerns. • Documents the outcome. 		
<p>4. Evaluation</p> <ul style="list-style-type: none"> • Evaluates own performance. • Identifies opportunities for improvement. • Demonstrates ability to problem solve. <p>Assessor to note issue/s.....</p>		

Nurse sign: _____ Assessor sign: _____

PRACTICAL ASSESSMENT TOOL

Name: _____ Assessor: _____ Date: _____

Activity assessed: **Patient assessment**

Task elements	Competent	Not yet competent
<p>1. Preliminary</p> <ul style="list-style-type: none"> • Determines own readiness to be assessed, including undertaking the activity on at least three (3) occasions. • Informs patient (and their family) of the intended activity and obtains agreement. 		
<p>2. Planning</p> <ul style="list-style-type: none"> • Reads admission report for patient. • Prepares documentation. • Prepares environment. • Determines and obtains assistance if required. 		
<p>3. Implementation</p> <ul style="list-style-type: none"> • Assesses patient according to ward protocols. • Demonstrates safe patient handling where required. • Demonstrates effective communication with patient and others present. • Documents findings. • Terminates the activity appropriately. • Prepares the Care Plan. • Liaises with nurse responsible for care on shift. 		
<p>4. Evaluation</p> <ul style="list-style-type: none"> • Evaluates own performance. • Identifies opportunities for improvement. • Demonstrates ability to problem solve. <p>Assessor to note issue/s.....</p>		

Nurse sign: _____ Assessor sign: _____

PRACTICAL ASSESSMENT TOOL

Name: _____ Assessor: _____ Date: _____

Activity assessed: **Instruction: Use of patient handling device**

Task elements	Competent	Not yet competent
<p>1. Preliminary</p> <ul style="list-style-type: none"> Determines own readiness to be assessed, including undertaking the activity on at least three (3) occasions. Informs nurse of the intended activity and obtains agreement to be subject. 		
<p>2. Planning</p> <ul style="list-style-type: none"> Obtains Skill Sheet for device. Obtains Safe Operating Instructions. Ensures device not immediately required. Ensures appropriate location for demonstration eg not obstructing passageway, brakes are on. 		
<p>3. Implementation</p> <ul style="list-style-type: none"> Highlights indications for use. Explains and demonstrates each feature of the device: <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> Explains where the device is stored and the importance of applying the brakes when the device is stationary. States ward policy on use of device ie two nurses only to use. Responds appropriately to questions asked. Terminates the activity appropriately. Records the instruction eg ward diary. 		
<p>4. Evaluation</p> <ul style="list-style-type: none"> Evaluates own performance. Identifies opportunities for improvement. Demonstrates ability to problem solve. <p>Assessor to note issue/s.....</p>		

Nurse sign: _____ Assessor sign: _____

PRACTICAL ASSESSMENT TOOL

Name: _____ Assessor: _____ Date: _____

Activity assessed: _____

Task elements	Competent	Not yet competent
<p>1. Preliminary</p> <ul style="list-style-type: none"> Determines own readiness to be assessed, including supervision of the activity on at least five (5) occasions. Informs patient of intended activity and obtains agreement. Assesses patient's current condition. Reviews Care Plan and appropriately deals with any inconsistencies. 		
<p>2. Planning</p> <ul style="list-style-type: none"> Prepares patient for activity. Prepares environment. Determines need for assistance. Obtains required equipment and/or assistance 		
<p>3. Implementation</p> <ul style="list-style-type: none"> Demonstrates ability to apply key principles for safe handling – Assessor to list responses: _____ _____ _____ Performs procedure (attach specific skill sheet) Demonstrates effective communication with patient and co-worker during procedure. Documents or reports change to supervisor as required. Returns the environment. Terminates the activity appropriately eg tidy up, ensure patient safety/comfort, return equipment to store area. 		
<p>4. Evaluation</p> <ul style="list-style-type: none"> Evaluates own performance. Identifies opportunities for improvement or further training. Demonstrates ability to problem solve Assessor to note issue. 		

Nurse Sign: _____ Assessor Sign: _____

NAME: _____

MANUAL HANDLING FOR NURSES

Program B(1): Patient Risk Assessment
Participant Workbook

CONTENTS

Introduction	1
Manual handling... what is it ?.....	1
Why it's important.....	2
Risk factors in patient handling.....	2
Trends in patient handling... ..	2
Legislation quiz.....	3
Team leader responsibilities... ..	4
Penalties.....	5
Risk management... ..	5
Patient assessment.....	7
EXERCISE: PATIENT ASSESSMENT.....	8
EXERCISE: PATIENT MOBILITY.....	9
EXERCISE: SKILL SHEET.....	10
EXERCISE: PATIENT ASSESSMENT.....	11
Difficult patient assessments.....	14
General points for all patient assessments.....	14

Introduction

This program was developed as a joint initiative of WorkCover NSW and the NSW Nurses' Association through the Health and Community Services Industry Reference Group (HACS IRG). The program is based on the *Manual Handling Competencies for Nurses*, published jointly by these organisations in 1998.

This program is one of two programs developed specifically for nurses responsible for supervising and/or mentoring other nurses (Nurse Team Leader).

- Program B(1): Patient risk assessment focuses on patient handling, specifically assessing 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 manual, as distinct from patient, handling risks.

The workbook is for you to keep as a reference. As well as including some valuable information, it also provides an opportunity for you to make notes on issues that present during group discussion.

Please note that this workbook uses the word patient as the generic term for anyone to whom a nurse provides care.

Important...

The workbook also includes a record of the activities you will undertake as part of this competency training program. The workbook will need to be submitted to the trainer for verification of these activities prior to undertaking assessment for competency.

Manual handling... what is it ?

Manual handling is defined as 'any activity requiring the use of force or exertion by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object' Clause 79, *Occupational Health and Safety Regulation 2001*.

In regards to the work of nurses, this can involve almost everything you do in the course of your work each day from pushing trolleys, carrying meal trays, making beds, putting away stock, moving furniture, dispensing medications and providing care to patients.

Why it's important...

Injuries from manual handling have a major impact on nurses, nursing and the health system in general. Manual handling injuries can have many outcomes, from quite minor effects to very serious injuries that can result in the nurse being unable to continue working. A workplace injury can also have impact on family, social or recreational pursuits. Of course, injuries to nurses also affect colleagues and can have a significant impact in the workplace through the loss of experienced and skilled staff.

There is evidence too that patients can be injured through poor manual handling practice eg skin tears, fractures, dislocations.

Risk factors in patient handling

List why moving patients can be difficult

_____	_____
_____	_____
_____	_____

Trends in patient handling...

Since the late 1980s there has been a considerable amount of research into patient handling. Research has consistently identified four nursing tasks associated with low back pain:

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

Research has 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.
- Appropriate patient handling equipment was progressively introduced.
- Training took on a different focus, largely due to legislative changes ie less focus on technique 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.

Recent trends in safer patient handling include:

- Many facilities have introduced 'No lifting' or 'Safe Handling' policies.
- 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.
- There is also now 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.

Legislation quiz...

Name the key legislation in NSW addressing manual handling, and indeed all workplace hazards.

1. _____
2. _____

What does this legislation require employers to do?

1. _____
2. _____
3. _____

As an employee, what are you required to do:

1. _____
2. _____
3. _____
4. _____
5. _____

Mark: /10

Team leader responsibilities...

As a team leader you supervise other nurses. While the *Occupational Health and Safety Act 2000* (the Act) does not place specific responsibilities on supervisors above those of an employee, the employer will generally require support in ensuring safety within the workplace. This support is usually limited to your level of authority and delegation within the organisation. As such you may be required to:

- comply with workplace policies and procedures relating to patient handling
- consult regularly with nurses and other staff involved in the care of the patient eg physiotherapists, doctors, wardsmen
- consult regularly with patients and/or their family
- respond appropriately to any patient handling concerns raised by staff or others
- arrange or conduct patient assessments
- highlight and refer issues requiring task assessments
- implement safe work practices for staff under your control
- match work requirements to staff availability and skill mix
- ensure appropriate equipment is available
- ensure training is provided, including induction training
- investigate manual handling hazards and incidents
- maintain all documentation relating to the assessment of patients, not just the up-dated version.

Penalties

Risk management...

The focus of OHS legislation is risk management... the identification, assessment, and elimination or control of manual handling hazards.

Hazard identification

Hazard identification is the first step – it helps us pinpoint the things that are likely to be problems. The things that cause pain, are difficult to do or that nurses like doing the least are most likely to be hazardous.

Risk assessment

There are four aspects to assessing risk relating to the work of nurses:

- patient assessment
- task assessment
- assessment of the environment
- assessment of equipment.

This program is about assessing the patient's capabilities.

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 bariatric (obese) patients.
- The general activities performed by nurses that involve manual handling or can lead to occupational overuse eg moving furniture, restocking, report writing and computer usage.

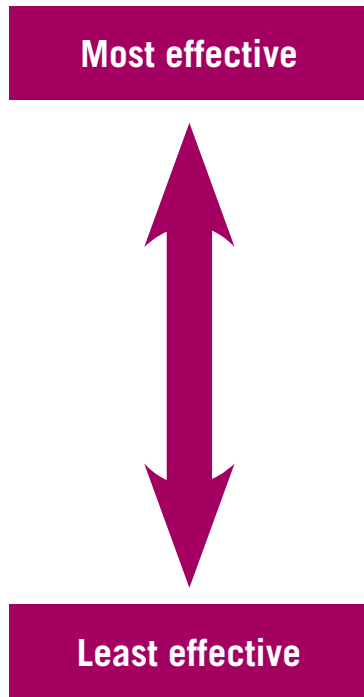
Both patient and task assessment must consider the equipment used and the environment in which the activity is performed.

Elimination and risk control

The *Occupational Health and Safety Regulation 2001* (the Regulation) requires employers to eliminate manual handling risks where reasonably practicable. In relation to patient assessment, this can be achieved through the provision of equipment to facilitate self movement by patients eg monkey bars, electric beds, rope ladders, walking aids, and in many cases it is not possible to eliminate risk, so then the focus is to minimise the risk by working through the problem and finding solutions in an ordered way.

Task:

Provide an example relating to patient handling for each step.



Steps	Examples
1.	
or	
2.	
3.	
4.	
5.	

Patient assessment...

'Mobility' is the patient's ability to:

EXERCISE: PATIENT ASSESSMENT

In groups, list specific factors that should be assessed under the relevant heading. Provide an example/condition for each.

	Factors	Examples
Physical function		
Medical condition		
Mental status and cognition		
Communication		

EXERCISE: PATIENT MOBILITY

In groups, for one mobility situation, list the steps required for the patient to undertake the movement themselves. Where appropriate, indicate the order of these steps.

	Factors
Rolling over in bed	
Moving up the bed	
Getting out of bed	
Standing from a chair	
Sitting into a chair	
Walking	

EXERCISE: SKILL SHEET

In groups, prepare a skill sheet for using a shower chair.

Indications for use	
Preparation of the area, equipment and patient	
Communication	
Technique	
Precautions	

EXERCISE: PATIENT ASSESSMENT

TASK:

Each group is issued with a set of four Patient Profile Cards. Distribute the cards between the group members – you are the ‘patient’ associated with your card.

The other group members are to undertake an assessment and determine the patient handling requirements. The assessment should involve asking questions only. As the ‘patient’ you can indicate whether you can or cannot do a particular activity – you do not need to demonstrate this.

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 – they can make up answers but they **MUST** be consistent with the cues.

All patients are new admissions to the ward/unit.

USE the Patient Assessment Form.

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

SELECT a spokesperson to provide feedback to the whole group.

PATIENT ASSESSMENT SAMPLE CHECKLIST

Physical function

- Control of arms and legs
- Weight
- Height
- Subluxed shoulder
- Balance
- Tone
- Sensation
- Vision
- Body awareness
- Hearing
- Range of movement

Mental status and cognition

- Aggressive
- Unpredictable
- Resisting
- Confused
- Agitated
- Judgement
- Memory
- Concentration

Medical condition

- Pain
- Fractures
- Medication
- Recent change
- Fatigue
- Delicate skin
- Attachments drips catheters etc

Communication

- Ability to speak
- Language barriers
- Body language
- Confidence

(Adapted from: Health Industry Back Pain Prevention Package, Queensland Nurses' Union, Brisbane, 1990.)

1. Bed mobility

Can the patient move in bed without any assistance? YES NO

If NO, does the patient require:

- monkey ring
- rope ladder
- bed roller sheet
- slide sheet
- coaching
- limb placement

OR

Please indicate the type of mechanical assistance required

- standard hoist and sling
- specific hoist / sling

2. Assessment of getting out of bed

Can the patient get in and out of bed without any assistance? YES NO

If NO, does the patient require:

- coaching
- limb placement
- monkey ring
- rope ladder
- leg lifter
- walk belt
- slideboard

OR does patient require:

- harness from stand-up hoist
- specific hoist / sling

3. Sitting to standing assessment

Can the patient get in and out of a chair without any assistance? YES NO

If NO, does the patient require:

- coaching
- limb placement
- walk belt

OR does the patient require:

- Stand up hoist / specific sling

4. Walking assessment

Can the patient walk without any assistance? YES NO

If NO, does the patient require:

- coaching
- walking aid, eg stick, Zimmer frame
- walk belt

If the patient requires more assistance, then it may not be considered safe to 'walk' this patient at present in routine circumstances.

Difficult patient assessments...

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 care for the patient and facilitate mobility.

List the ways you can deal with this problem:

General points for all patient assessments...

List the important considerations when undertaking patient assessment.

Practical

To successfully complete this program each participant is required to be competent in assessing patients and providing basic instruction on the use of patient handling equipment.

Before being formally assessed, each participant is required to:

1. Undertake three (3) supervised patient assessments in the ward/unit.
2. Provide supervised basic instruction to nurse/s in the workplace in the use of three (3) different patient handling devices. Note that these devices can include two or more versions of the same device ie two different types of hoist.
3. Supervise three (3) nurses completing the practice requirements in the use of patient handling equipment required for Program A: Essentials – refer to the safe handling passport.
4. Document the evidence in this Workbook and retain for verification by the trainer/assessor.

Patient assessment		Date	Signature of nurse supervisor
Name: DOA: Ward:	1		
Name: DOA: Ward:	2		
Name: DOA: Ward:	3		

Instruction – Use of patient handling device		Date	Signature of nurse supervisor
Device:	1		
Device:	2		
Device:	3		

Nurse assessment - Supervision of participants from Program A: Essentials - refer to Safe Handling Passport		Date	Signature of nurse supervisor
Nurse: Activity:	1		
Nurse: Activity:	2		
Nurse: Activity:	3		

Note: Once the requirements for each of the above activities has been satisfactorily completed, you can seek formal assessment of competency.

MANUAL HANDLING FOR NURSES

Resources
Program B(2): Managing Risk

NURSE RECORD: COMPETENCY ASSESSMENT RECORD LEVEL B(2): PATIENT RISK ASSESSMENT

Name: _____

Ward / Unit: _____

Performance criteria	Date assessed as competent	Assessor signature	Nurse signature
Module 1			
Module 2			

Nurse's comments on the assessment

PERFORMANCE CRITERIA

Module 1	Module 2
<ul style="list-style-type: none"> • Describe nursing activities that involve manual handling (including those that predispose to occupational overuse). • Discuss employer, team leader and employee responsibilities for manual handling. • Discuss workplace policy and procedures on manual handling. • List the reasons nurses should be consulted about manual handling and discuss potential barriers to effective consultation. 	<ul style="list-style-type: none"> • 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.
<p>Achieved through:</p>	
<ul style="list-style-type: none"> • Observation of participant contribution to discussion, and • contribution to the successful completion of training activities and exercises. 	

Manual Handling for Nurses

This is to certify that

(NAME)

has fulfilled all the requirements for

Program B(2): Managing Risk

Trainer's Name _____

Signature: _____

Date of Completion: _____

PROGRAM B(2): MANAGING RISK

Module 1: Learning outcomes

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

Module 2: Learning outcomes

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

NAME: _____

MANUAL HANDLING FOR NURSES

Program B(2): Managing Risk
Participant Workbook

CONTENTS

Introduction	1
Manual handling... what is it ?.....	1
Why manual handling is important	2
Ergonomics and manual handling	2
What the law says	4
Manual handling program	5
Risk assessment exercise.....	8
Manual handling exercise.....	21

Introduction

This program was developed as a joint initiative of WorkCover NSW and the NSW Nurses' Association through the Health and Community Services Industry Reference Group (HACS IRG). The program is based on the *Manual Handling Competencies for Nurses*, published jointly by these organisations in 1998.

This program is one of two programs developed specifically for nurses responsible for supervising and/or mentoring other nurses (Nurse Team Leader):

- Program B(1): Patient risk assessment focuses on patient handling, specifically assessing 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 manual, as distinct from patient, handling risks.

The workbook is for you to keep as a reference. As well as including some valuable information, it also provides an opportunity for you to make notes on issues that present during group discussion.

Please note that this workbook uses the word patient as the generic term for anyone to whom a nurse provides care.

Manual handling... what is it ? Manual handling is defined as 'any activity requiring the use of force or exertion by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object' Clause 79, *Occupational Health and Safety Regulation 2001*.

In regards to work of nurses, this can involve almost everything done in the course of work each day from pushing trolleys, carrying meal trays, making beds, putting away stock, moving furniture, dispensing medications and of course, providing care to patients.

Why manual handling is Important...

Injuries from manual handling have a major impact on nurses, nursing and the health system in general. Manual handling injuries can have many outcomes, from quite minor effects to very serious injuries that can result in the nurse being unable to continue working. A workplace injury can also have impact on family, social or recreational pursuits. Of course, injuries to nurses also affect colleagues and can have a significant impact in the workplace through the loss of experienced and skilled staff.

There is evidence too that patients can be injured through poor manual handling practice eg skin tears, fractures, dislocations.

Ergonomics and manual handling

The word ergonomics is derived from two Greek words:

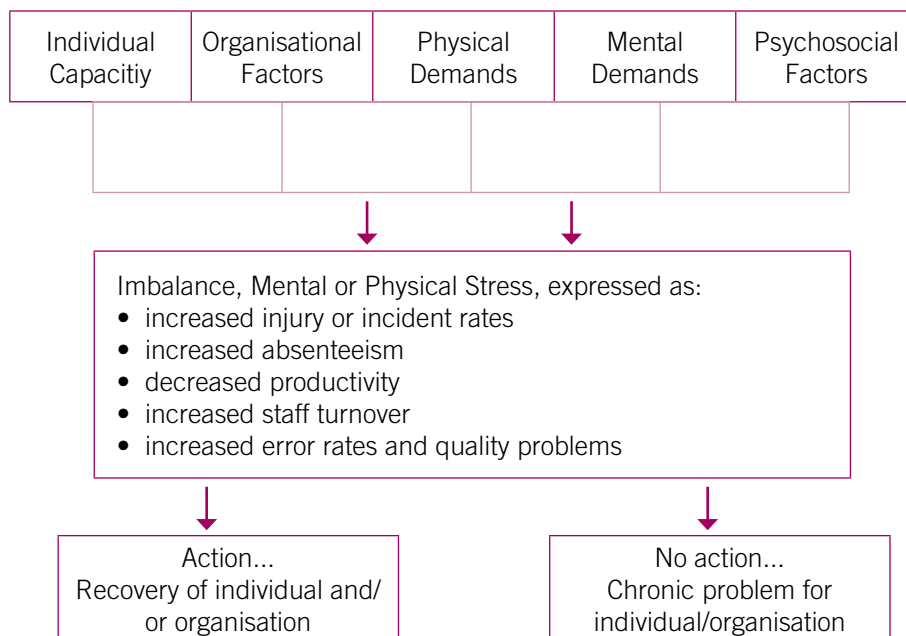
... ergon, meaning 'work'

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

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

The aim of ergonomics is to design work systems, tasks and equipment to suit the people using them. It is about optimising efficiency, safety and comfort.

Good ergonomics is a positive relationship between five key elements, best explained by this Ergonomic Model.



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, pace task variety.
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. Psychosocial factors eg relationships with colleagues, supervisors, language problems.

What the law says...

The key legislation in NSW addressing manual handling, and indeed all workplace hazards, is the *Occupational Health and Safety Act 2000* (the Act) the *Occupational Health and Safety Regulation 2001* (the Regulation).

Legislation requires all employers, including labour hire companies, to:

- 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 put in place effective risk control strategies if the risk cannot be eliminated
- consult with employees throughout the risk management process.

Employees, including agency staff and contractors, are required to:

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

Specifically, in relation to manual handling this could mean:

- **comply** with workplace policies and safe work practices
- **use** equipment as provided
- **use** correct manual handling techniques once trained
- **report** any hazard, equipment fault or injury
- **perform** day to day care of equipment provided for manual handling.

Team leaders supervise other nurses. While the Act does not place specific responsibilities on supervisors above those of an employee, the employer will generally require support in ensuring safety within the workplace. This support is usually limited to your level of authority and delegation within the organisation. As such you may be required to:

- comply with workplace policies and procedures relating to manual handling, and ensure that nurses reporting to them also comply
- consult regularly with staff
- respond appropriately to any manual handling concerns raised by staff or others
- arrange or conduct risk assessments for any hazards identified
- implement safe work practices for staff under your control
- match work requirements to staff availability and skill mix
- ensure appropriate equipment is available

- ensure training is provided, including induction training
- investigate manual handling hazards and incidents
- maintain documentation
- supervise compliance.

Penalties

Manual handling program...

Key elements of a manual handling program include:

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

EXERCISE: CONSULTATION

Why consult...	Barriers to consultation

When must employers consult?

Risk management...**Hazard identification**

Hazard identification is the first step – it helps us pinpoint the things that are likely to be problems. The things that cause pain, are difficult to do or that nurses like doing the least are most likely to be hazardous.

Risk assessment

There are four aspects to assessing risk relating to the work of nurses:

- patient assessment
- task assessment
- assessment of the environment
- assessment of equipment.

Patient assessment is about assessing the patient's capabilities.

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 bariatric (obese) patients.
- The general activities performed by nurses that involve manual handling or occupational overuse eg moving furniture, restocking, report writing and computer usage.

Assessment of the environment and equipment underpins both patient and task assessment.

List the tools used in manual handling risk assessment.

Risk Assessment Exercise

TASK: Each group is to undertake a risk assessment of one of the following hazards. 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, x-ray, shower trolley).

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

TASK 3: **New patient chairs**

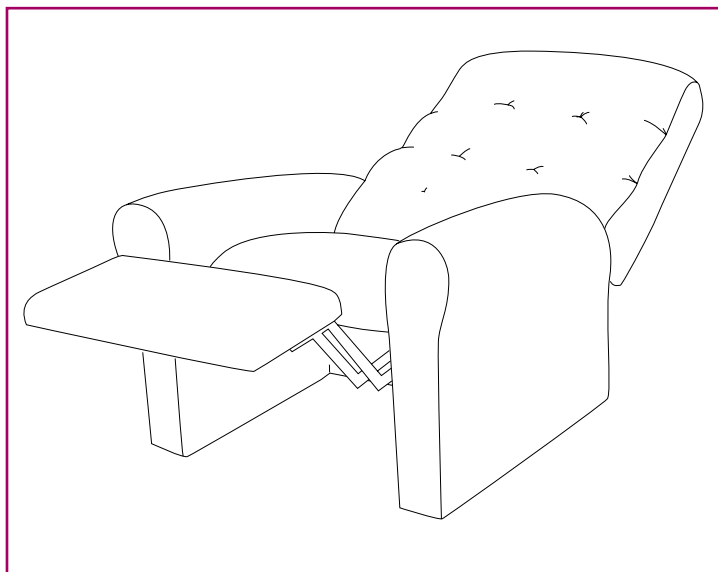
The Hospital Volunteers Committee has just raised money for new chairs for patient's rooms. They have selected a preferred chair (see next page).

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 whether there could be other causes for this problem.

TASK 3:**Chair****Product details supplied by manufacturer**

This wooden and metal framed reclining chair has a contoured padded backrest, seat and headrest. The backrest is removable and has three zippered compartments. The padding can be added or removed to adjust lumbar support. The seat is a loose firm cushion with a removable cover. The chair can be upholstered in a range of fabrics. The reclining mechanism is operated by pushing down on the armrests and reclines to 35 degrees from the upright. Available in standard and extra large sizes.

- Further recline option to 60 degrees.
- Standard chair can be made with large backrest for taller people or a smaller backrest for shorter people.
- Armrests can be made higher.
- Seat depth and seat height can be modified.
- Lateral supports can be added to backrest.
- Cushioning options available.

Dimensions – Standard chair

Seat height	480 mm
Seat width	520 mm
Seat depth	65 mm
Backrest height (from seat)	650 mm
Armrest height (from seat)	110 mm
Overall length	850 mm
Overall width	650 mm
Load capacity (supplier stated)	110 kg

RISK ASSESSMENT – SAMPLE CHECKLIST

1. Does your task have any issues/problems related to **actions and movements** (including repetitive actions and movements)? **Y / N**

If yes, answer the questions below. If no go to question 2.

	YES	NO	N/A
1.1 Does your task cause any <input type="checkbox"/> discomfort, <input type="checkbox"/> strain or <input type="checkbox"/> pain?			
1.2 Does your task require you to use <input type="checkbox"/> sudden or <input type="checkbox"/> jerky movements?			
1.3 Does your task require you to use your limbs whilst they are in a static position (straight or bent) for long periods?			
1.4 Does your task require you to <input type="checkbox"/> bend, <input type="checkbox"/> stoop, <input type="checkbox"/> twist or <input type="checkbox"/> overreach repetitively?			
1.5 Does your task require you to use only one hand?			
1.6 Does your task require you to unevenly share the load between both hands?			
1.7 Does your task require you to <input type="checkbox"/> push or <input type="checkbox"/> pull, across the front of the body?			
1.8 Does your task require you to <input type="checkbox"/> side bend or <input type="checkbox"/> twist your back before you lift or move anything?			
1.9 Does your task require you to use two actions one of which is an unsupported and fixed action?			
1.10 Does your task require you to stand awkwardly (ie not forward facing or upright) repetitively or for long periods?			
1.11 Does your task require you to maintain the same position for long periods?			
1.12 Does your task require you to repetitively bend down below mid-thigh level with your hands?			
1.13 Does your task require you to repetitively <input type="checkbox"/> lift and / or <input type="checkbox"/> reach above shoulder height?			
1.14 Does your task require you to repetitively <input type="checkbox"/> bend and / or <input type="checkbox"/> stoop due to overreaching?			

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

2. Does your task have any issues/problems related to workplace and workstation layout? Y / N

If yes, answer the questions below. If no, go to question 3.

	YES	NO	N/A
2.1 Does your task allow you to use an upright and forward facing position?			
2.2 Does your task allow you visibility?			
2.3 Does your task ideally allow you to work at about waist height and within easy reach?			
2.4 Is your task layout appropriate for your physical size?			
2.5 Does your task have adequate workspace?			
2.6 Are your workspace and / or work height adjustable?			
2.7 Are appropriate mechanical lifting aids available for your task?			
2.8 Can you rotate your tasks to avoid repetitive movements?			
2.9 Is there enough clear space for your legs and feet?			

A 'no' answer means there is a risk - what can be done to eliminate or reduce this risk?

3. Does your task have any issues / problems related to working posture and position? Y/ N

If yes, answer the questions below. If no go to question 4.

	YES	NO	N/A
3.1 Does your task make it awkward or difficult to <input type="checkbox"/> reach, <input type="checkbox"/> grasp objects?			
3.2 Does the task require you to reach 30cm or more from your body for more than one continuous minute?			
3.3 Does your task require you to reach repetitively 30cm or more from your body?			
3.4 Are you required to repetitively reach out above your shoulder height for more than 30 seconds a time?			
3.5 Does your task require you to reach at your shoulder height for more than 30 seconds?			
3.6 Does your task require you to repetitively <input type="checkbox"/> bend, and / or <input type="checkbox"/> stoop forward?			
3.7 Does your task require you to repetitively twist your back?			
3.8 Does your task require you to repetitively bend sideways?			

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

4. Does your task have any issues/problems related to task duration and frequency of manual handling? Y / N

If yes, answer the questions below. If no go to question 5.

	YES	NO	N/A
4.1 Does your task require you to do <input type="checkbox"/> frequent or <input type="checkbox"/> long periods of manual moving and handling?			
4.2 Is your task repetitive (<i>see the below table for what is considered repetitive</i>)?			
4.3 Does your task get <input type="checkbox"/> monotonous, <input type="checkbox"/> cause you to become bored?			
4.4 Does your task make your <input type="checkbox"/> fingers / hands, <input type="checkbox"/> hands / wrists, <input type="checkbox"/> wrists / forearms ache?			

Shift Length	Handling Shoulder to Mid Thigh	Handling above shoulder or below mid thigh
Full Shift	More than 15 task repetitions per minute	More than 12 task repetitions per minute
Part of a Shift	More than 18 task repetitions per minute	More than 15 task repetitions per minute

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

5. Does your task have any issues / problems related to the location of the load and the distances moved? Y / N

If yes, answer the questions below. If no go to question 6.

	YES	NO	N/A
5.1 Does your task require you to move more than three steps when carrying, pushing or pulling a load?			
5.2 Does your task require you to use stairs when carrying a load?			
5.3 Does your task require you to walk up and down a ramp when carrying, pushing or pulling a load?			
5.4 Does your task require you to manoeuvre the load into position?			
5.5 Does the load have to be <input type="checkbox"/> lifted, <input type="checkbox"/> carried and / or <input type="checkbox"/> moved over a long distance?			

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

6. Does your task have any issues/problems related to the **weights and forces** of the object being handled? **Y / N**
 If yes, answer the questions below. If no go to question 7.

	YES	NO	N/A
6.1 Does your task require you to lift more than 4.5 kg whilst in a seated position?			
6.2 Does your task require you to lift more than 16 kg without <input type="checkbox"/> mechanical aids, <input type="checkbox"/> team lift?			
6.3 Does your task require you to <input type="checkbox"/> slide, <input type="checkbox"/> push, <input type="checkbox"/> pull object with difficulty?			
6.4 Does your task require you to <input type="checkbox"/> push, <input type="checkbox"/> pull, <input type="checkbox"/> hold a load that causes your body to twist?			
6.5 Does your task require you to <input type="checkbox"/> slide, <input type="checkbox"/> push, <input type="checkbox"/> pull an object over <input type="checkbox"/> rough, <input type="checkbox"/> uneven, <input type="checkbox"/> angled, <input type="checkbox"/> sloped surfaces?			
6.6 Does your task require you to <input type="checkbox"/> push, <input type="checkbox"/> pull or <input type="checkbox"/> restrain whilst using a large force?			

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

7. Does your task have any issues/problems related to the characteristics of **loads and equipment?** (eg does your task require you to grip the load in a difficult and / or unsafe way?) **Y / N**
 If yes, answer the questions below. If no go to question **8**.

	YES	NO	N/A
7.1 Does your task require you to have attachments as part of the load? eg medical equipment?			
7.2 Does your task require you to restrain the load? eg disturbed patient, unpredictable object?			
7.3 Does your task require you to consider special health/safety needs? eg falls prevention?			
7.4 Does your task require you to move objects that could become <input type="checkbox"/> unbalanced or <input type="checkbox"/> move suddenly?			
7.5 Is it difficult to keep a balanced posture when moving objects because of their shape?			
7.6 Are objects in your task difficult to <input type="checkbox"/> grasp, <input type="checkbox"/> hold, due to <input type="checkbox"/> shape, <input type="checkbox"/> size, <input type="checkbox"/> weight?			
7.7 Does your task require you to move objects with <input type="checkbox"/> sharp edges, <input type="checkbox"/> bits sticking out?			
7.8 Does your task require you to move objects that are <input type="checkbox"/> hot, <input type="checkbox"/> cold, <input type="checkbox"/> hazardous?			
7.9 Does your task require you to move objects that because of their size block your view?			
7.10 Does your task require you to move objects wider than 50 cm?			
7.11 Does your task require you to move objects more than 30cm from your body?			
7.12 Does your task require you to move two objects together which measure more than 75cm?			

A 'yes' answer means there is a risk – what can be done to eliminate or reduce this risk?

8. Does your task have any issues/problems related to the work organisation? Y / N

If yes, answer the questions below. If no go to question 9.

	YES	NO	N/A
8.1 Are your work procedures affected by <input type="checkbox"/> bottlenecks, <input type="checkbox"/> sudden changes, <input type="checkbox"/> delays?			
8.2 Does the unavailability of staff affect the task's time frames?			
8.3 Do you require assistance from others so you can manually move and handle <input type="checkbox"/> people, <input type="checkbox"/> machines, <input type="checkbox"/> objects?			
8.4 Do you require assistance from others so you can use your tools, instruments, plant and equipment?			
8.5 Is a maintenance program <input type="checkbox"/> non-existent and / or <input type="checkbox"/> carried out in an unsafe manner?			
8.6 Is the maintenance program <input type="checkbox"/> unplanned and / or <input type="checkbox"/> not documented within the organisation			
8.7 Are there problems with the method of reporting unsafe plant, equipment and environmental conditions?			
8.8 Do you lack a formal documented procedure for <input type="checkbox"/> trialing, and / or <input type="checkbox"/> purchasing plant and equipment?			

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

9. Does your task have any issues/problems related to the work environment? Y / N

If yes, answer the questions below. If no go to question 10.

	YES	NO	N/A
9.1 Is your task performed in a 'confined space' eg in a ceiling, down a tank, shaft or pit, or under a floor?			
9.2 Is the workspace inadequate for you to do the task?			
9.3 Is the lighting <input type="checkbox"/> too bright, <input type="checkbox"/> glary, <input type="checkbox"/> too little or <input type="checkbox"/> dull for safe manual handling?			
9.4 Is the work area climate <input type="checkbox"/> too hot, <input type="checkbox"/> too cold, <input type="checkbox"/> too humid or <input type="checkbox"/> too draughty/windy?			
9.5 Is the floor/working surface <input type="checkbox"/> cluttered, <input type="checkbox"/> uneven, <input type="checkbox"/> slippery, <input type="checkbox"/> damaged or <input type="checkbox"/> wrong type?			
9.6 Does your work area have different floor levels?			
9.7 Is your work place untidy?			
9.8 Is your work place affected by <input type="checkbox"/> fumes, <input type="checkbox"/> dust, <input type="checkbox"/> gases, <input type="checkbox"/> vapors?			
9.9 Is your work place <input type="checkbox"/> noisy, <input type="checkbox"/> suffer vibrations?			

A 'yes' answer means there is a risk - what can be done to eliminate or reduce this risk?

10. Does your task have any issues/problems related to employee age , clothing , special needs (temporary or permanent) , skills and experience ? Y / N

If yes, answer the questions below.

	YES	NO	N/A
10.1 Are staff <input type="checkbox"/> new to the task, <input type="checkbox"/> deskilled or <input type="checkbox"/> in need of refresher training?			
10.2 Are there <input type="checkbox"/> age, <input type="checkbox"/> physical, <input type="checkbox"/> intellectual or <input type="checkbox"/> disability factors that need consideration?			
10.3 Do staff have special needs to do the task, eg Injury management considerations?			
10.4 Are staff under 18 years of age and asked to lift objects of 16kg or more without help?			
10.5 Does your work clothing interfere with or make it difficult for you to move freely when doing your task?			
10.6 Does your PPE interfere with or make it difficult for you to move freely when doing your task?			

A 'yes' answer means there is a risk – what can be done to eliminate or reduce this risk? (write below)

10.7 Have you been trained to <input type="checkbox"/> recognise and <input type="checkbox"/> assess a manual-handling hazard?			
10.8 Do you know how to <input type="checkbox"/> select and <input type="checkbox"/> apply manual handling techniques?			
10.9 Have you been trained in manual handling techniques?			
10.10 Have you received your induction training for safe work practices in your department?			
10.11 Are you familiar with heavy manual handling procedures?			
10.12 Is the task matched to your physical capability?			

A 'no' answer means there is a risk - what can be done to eliminate or reduce this risk?

11. Does your task have any issues / problems related to **any other factors considered relevant** by the employer, the employees or their representatives on health and safety issues? **Y / N**
 If yes, answer the questions below.

	YES	NO	N/A
Please specify any other issues			

What can be done to eliminate or reduce this risk?

TASK 3 AND TASK 4 RISK ASSESSMENT

Refer to risk assessment exercise, page 8.

ELIMINATION AND RISK CONTROL EXERCISE

TASK:

Working in the same group as for the risk assessment exercise, determine the appropriate risk elimination or control strategies.

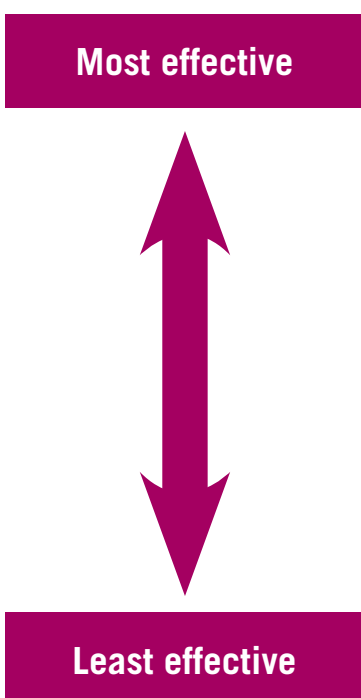
Where equipment is the desired control, participants should consider that there would need to be interim controls until the item is obtained.

REMINDE participants to frame their controls according to the hierarchy of control.

SUMMARISE the controls on butchers paper or a blank OHT.

List controls

Now place in order



Steps	Examples
1.	
or	
2.	
3.	
4.	
5.	

MANUAL HANDLING PLAN EXERCISE

TASK: Each group is to complete an ACTION PLAN for one of four manual handling issues. 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: **Bariatric (obese) Patients**

Records show that the number of bariatric 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.

Worksheet: Manual handling plan

Records management...

Why is it important to maintain documentation relating to manual handling?

List the types of documents that must be retained.

MANUAL HANDLING FOR NURSES

Resources
Program C: Leadership and Change

NURSE RECORD: COMPETENCY ASSESSMENT RECORD LEVEL C: LEADERSHIP AND CHANGE

Name: _____

Performance criteria	Date assessed as competent	Assessor signature	Nurse signature
Module			

Nurse's comments

PERFORMANCE CRITERIA

Module
<ul style="list-style-type: none">• Discuss the factors that influence manual handling incidence rates.• Discuss the potential costs associated with an investigation into unsafe work practices.• Discuss the legislative responsibilities of senior nurses in relation to manual handling.• Identify the patient handling techniques no longer considered safe for nurses or patients.• List the main types of patient handling equipment commonly used in health care facilities.• Discuss the range of data required for baseline auditing of the manual handling system.• Determine the internal and external people/organisations with whom consultation should occur.• List the human and financial resources required to implement a 'minimal handling' program.• Describe the skills that are required for assessing risk in the workplace.• Apply effective controls to a manual handling problem. Explore workplace procedures that are necessary for an effective manual handling program in a health care facility.• Describe how the performance of a manager responsible for coordinating a manual handling program could be evaluated.• Discuss considerations for the promotion of a new manual handling program• Discuss the manual handling training required for nurse managers• Determine the positive performance indicators (PPIs) for a minimal handling program.• Prepare a manual handling plan.
Achieved through:
<ul style="list-style-type: none">• Observation of participant contribution to discussion, and• contribution to the successful completion of training activities and exercises.

Manual Handling for Nurses

This is to certify that

(NAME)

has fulfilled all the requirements for

Program C: Leadership and Change

Trainer's Name _____

Signature: _____

Date of Completion: _____

PROGRAM C: LEADERSHIP AND CHANGE

Learning Outcomes

- Establish and communicate the framework for risk management of manual handling within managerial area of responsibility.
- Implement and maintain policies and procedures for identifying, assessing and controlling manual handling risks.
- Evaluate the management system for manual handling.
- Determine and establish manual handling standards within area of responsibility.
- Develop and implement processes and documentation specifically to support patient-handling policies and standards.
- Manage staff and resources to meet manual handling policy and standards.
- Monitor and continually improve manual handling techniques for the safety of patients and staff.

NAME: _____

MANUAL HANDLING FOR NURSES

Program C: Leadership and Change
Participant Workbook

CONTENTS

Introduction	1
Manual handling – what is it?	1
Why it's important	2
What the law says	5
Implementing a manual handling program	7
First – the big picture	8
Baseline evaluation	11
Consultation.....	13
Planning and resourcing	14
Risk management.....	15
Determining standards	18

Introduction

This program was developed as a joint initiative of WorkCover NSW and the NSW Nurses' Association through the Health and Community Services Industry Reference Group (HACS IRG). The program is based on the Manual Handling Competencies for Nurses, published jointly by these organisations in 1998.

This program is one in a series of four programs developed specifically for nurses in manual handling:

- Manual handling for nurses – Level A: Essentials, an introductory program for all nurses on manual handling.
- Manual handling for nurses – Level B(1): Patient Risk Assessment focuses on the assessment of patients to determine the most appropriate equipment and techniques to minimise handling risk.
- Manual handling for nurses – Level B(2): Managing risk, which focuses on developing and implementing a plan in a ward or unit for the effective control of manual handling risks.
- Manual handling for nurses – Level C: Leadership and change, which focuses on effective management of manual handling to ensure best practice within the organisation.

The workbook is for you to keep as a reference. As well as including some valuable information, it also provides opportunity for you to make notes on issues that present during group discussion.

Please note that this workbook uses the word patient as the generic term for anyone to whom a nurse provides care.

Manual handling... what is it?

Manual handling is defined as 'any activity requiring the use of force or exertion by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object' Clause 79, *Occupational Health and Safety Regulation 2001*.

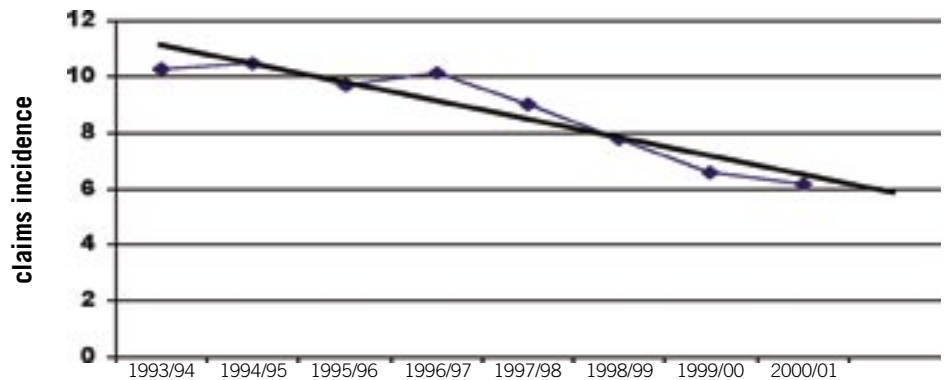
In regards to work of nurses, this can involve almost everything done in the course of work each day from pushing trolleys, carrying meal trays, making beds, putting away stock, moving furniture, dispensing medications and of course, providing care to patients.

Why it's important...

Injuries from manual handling have a major impact on nurses, nursing and the health system in general. Manual handling injuries can have many outcomes, from quite minor effects to very serious injuries that can result in the nurse being unable to continue working. A workplace injury can also have impact on family, social or recreational pursuits. Injuries to nurses also affect colleagues and can have a significant impact in the workplace through the loss of experienced and skilled staff.

There is evidence also that patients can be injured through poor manual handling practice eg skin tears, fractures, dislocations.

In 2003, WorkCover published the results of a review of trends in major back injury incidence rates in the health industry. The results, shown below, indicate that there has been a significant reduction in major back incidence rates since 1993.



Trends in Major Back Injury Claims Incidence Rates in the Health Industry 1993/4 to 2000

(Source: Persistence in Partnership Short Report, 2003).

What has happened in the health industry since 1993 to impact so positively on back injury rates.

Potential costs

All injuries and even incidents involve some cost to the organisation through:

- increased labour costs – overtime, additional staff, additional supervision
- increased training/retraining costs
- equipment repair and maintenance costs
- incident investigation costs
- effect on workers compensation premiums
- potential legal costs associated with common law action or prosecution
- work bans and industrial unrest.

EXERCISE 1

There is a procedure at your workplace that requires nurses to work in pairs for all patient handling tasks. However, on night duty there is only one nurse rostered to each ward. For over a year, nurses have been complaining that it is not safe and now someone has phoned WorkCover NSW. There have been no injuries.

You have been advised that an Inspector from WorkCover NSW will visit tomorrow in regards to this issue.

In groups, consider the potential costs associated with an investigation by WorkCover NSW.

Hint: Similar cost categories to those associated with an accreditation audit.

What the law says

The key legislation in NSW addressing manual handling, and indeed all workplace hazards, is the *Occupational Health and Safety Act 2000* (the Act) and the *Occupational Health and Safety Regulation 2001* (the Regulation).

Legislation requires all employers to:

- 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 the risk or put in place effective risk control strategies
- consult with employees throughout the risk management process.

Employers include:

- hospital, clinic or health care facilities
- aged care facilities
- government agencies
- labour hire company (agency)
- private company or trust, including facilities owned by nurses, and
- a surgeon who employs a scrub nurse directly.

Section 26 of the Act extends the employer's responsibility to directors and managers. The nature of these responsibilities will depend on your area of control and range of influence – this is usually defined as your authority and delegation and is documented in your contract or duty statement.

If you are a senior nurse manager, at the Deputy Director of Nursing or Health Services Manager level or above, you are the employer's representative and have responsibility, authority and delegation for resourcing, developing, implementing and reviewing policies and procedures. As such, you would generally be considered management and therefore responsible for all staff, nurses and non-nurses, reporting to you.

If you are a first line supervisor you supervise other nurses. While the Act does not place specific responsibilities on supervisors

above those of an employee, the employer will generally require support in ensuring safety within the workplace. Nurses occupying these positions should refer to their contract or duty statement for the limit of their responsibility and accountability.

EXERCISE 2

You are interviewing applicants for ADON position for which there is a requirement for leadership in OHS. You put a scenario to the applicant about how they see their role in managing manual handling. Determine the key elements you require in response to such a question.

Employees, including agency staff and contractors, are required to:

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

Specifically, in relation to manual handling this can mean:

- **comply** with workplace policies and safe work practices
- **use** equipment as provided
- **use** correct manual handling techniques once trained
- **report** any hazard, equipment fault or injury
- **perform** day to day care of equipment provided for manual handling.

Penalties

Refer to OHS Essentials for Nurses for the role of WorkCover NSW and the NSWNA as advocates for a safe workplace.

Implementing a manual handling program

Every workplace needs to have a structured approach to managing manual handling. Based on a change management approach, the key elements that compose the framework for a manual handling program incorporate:

- baseline evaluation - research trends in patient handling, baseline review of facility
- consultation
- planning and resourcing
- risk management
- determining standards
- allocating responsibilities
- promotion
- training
- evaluation and improvement.

First... the big picture

The manual handling program is not just about identifying hazards and day to day troubleshooting. To be effective, the manual handling program must address the big picture structures and processes that underpin daily practice, including:

Organisational structures

In order for a manual handling program to succeed in a health facility, it is necessary to have the necessary management structures in place. This can include:

- steering committee and/or discussion, planning, budgeting and evaluation at board level
- manual handling co-ordinator to champion the program
- project committee/s to oversee particular projects eg purchase of beds, purchase of vehicles, disposal of garbage, supply of linen
- OHS committee involvement
- ensuring coverage of other groups within the organisation as well as nursing groups eg medical and paramedical staff, catering, cleaning and support staff.

Workplace design

There is a link between the layout, design and fitout of a workplace and the risk of manual handling injuries. When renovating or building new facilities OHS considerations should be incorporated into the brief and carried through the entire planning process.

Recently guidelines for the design and layout of patient/resident handling areas within hospitals and aged care facilities have been developed for:

- bedrooms
- bathrooms and ensuites
- dining/lounge and recreational rooms (aged care)
- corridors
- other relevant areas eg equipment/aids storage.

As patient handling requirements and practices vary enormously across the whole spectrum of health and aged care, it is essential that these requirements are clearly determined for the particular group of patients in question before these guidelines can be usefully applied.

Reference: *Designing Workplaces for Safer Handling of Patients/Residents 1999*, Victorian WorkCover Authority.

Work organisation

How work is designed also affects manual handling. Issues such as shifts, rostering, and staff/patient ratios are critical. There is very little research into this important area.

It is also important to consider the age of workers (staff and students) when designing work – people under 18 and over 55 are significantly more at risk of manual handling injury. Therefore, the work practices have to be more rigorous and involve lower forces to minimise the risk of injury.

Purchasing considerations

Much of the work involving care of patients also involves the use of equipment. Statistics indicate that over 50 per cent of all manual handling injuries in health involve equipment, so it makes sense to provide equipment that will not add to the manual handling burden for staff - reduce poor postures, reduce pushing/pulling forces, ease of use, compatible with furniture and work environment.

Services are also purchased eg agency nurses. It is important to ensure that where agency nurses are used, they are trained in the relevant work practices and use of equipment.

EXERCISE 3

In groups, list the factors that should be considered when planning new shower facilities in a health facility. Limit responses to those that could impact on manual handling.

Baseline evaluation

Before embarking on anything new it is important to know the current situation in regards to manual handling, including patient handling. The process for this is known as a baseline evaluation.

The baseline evaluation provides the data that enables you to determine the 'gaps'. It provides a focus for developing a plan to implement a manual handling program that is targeted specifically to your organisation's needs.

List the types of information that should be collected in a baseline evaluation.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Trends in patient handling

Since the late 1980s there has been a considerable amount of research into patient handling. Research has consistently identified five nursing tasks associated with low back pain:

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

Research has 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 technique 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.

Recent trends in safer patient handling include:

- Many facilities have introduced 'No lifting' or 'safe handling' policies.
- 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.
- There is also now 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.

Patient handling techniques that have been identified through research as increasing the risk of injury to nurses include:

- total body lifting, including log lift, manually lifting patients from the floor or ground and bed to chair transfers
- dragging patients up the bed by holding/hooking them under their arms
- pulling patients up from a chair holding/hooking them under their arm/s
- 'orthodox' or 'cradle lift'
- 'top and tail' lift (also called the 'fore and aft')
- shoulder lift
- the pivot transfer, including the 'bear hug'
- draw sheet lifts – risk for wrist and upper limb rather than the back
- using single slide sheets with obese patients ie > 85 kg.

Types of equipment now commonly used in health care facilities to reduce the risk associated with patient handling activities include:

Consultation

Section 14 of the Act requires employers to provide opportunities for sharing of information, provide opportunities for employees to express their views, and value the employees' views and take them into account.

How would you provide evidence that your organisation took the views of employees into consideration?

Planning and resourcing

Planning and providing resources are fundamental to making any initiative work.

While there are a number of planning models, essentially they all involve:

Strategic or management plan, which defines what the organisation is determined to achieve – this is usually a broad overview and includes statements that support the organisation's core business, strategic direction and values eg Manual Handling Program.

Project plan, which focuses on how to achieve each of the objectives outlined in the strategic or management plan eg implementing a minimal handling program **work plan**, which breaks the project into stages or milestones, activities and tasks. Each task has a tangible result and a measurable outcome eg purchase equipment, train staff by certain date etc.

All plans must be funded and include:

- the components (stages, activities and tasks) arranged in sequence
- time frames
- responsibilities for individuals
- a budget.

EXERCISE 4

A clinic at your facility is now treating more dependent patients and indications are that some patient handling equipment is now required.

In groups, consider the resources – human and financial required to introduce patient handling equipment into this work area.

Human resources

Financial resources

Risk management

The focus of OHS legislation is risk management... the identification, assessment and the elimination or control of manual handling hazards.

Hazard identification

Hazard identification is the first step – it helps us pinpoint the things that are likely to be problems. The things that cause pain, are difficult to do or that nurses like doing the least are most likely to be hazardous.

Risk assessment

There are four main types of manual handling risk assessment:

Patient assessment

Matching the capability and dependency needs of the patient with the skills of the nurses and the equipment and handling techniques.

Task assessment

Task assessment is assessment of:

- The generic patient care activities performed by nurses, such as bed making, showering, dealing with emergencies, doing dressings and medication rounds, and managing bariatric (obese) patients.
- The general activities performed by nurses that involve manual handling or occupational overuse eg moving furniture, restocking, report writing and computer usage.
- The environment eg ward, home.
- Work organisation eg rostering, task allocation.

Equipment assessment

Assessing the risk associated with using equipment in the delivery of care to patients eg beds and chairs. Equipment assessment should be part of all eg pre-purchase requirements.

Work system assessment

Assessing the risk associated with, and relationship between, multiple tasks performed by a range of people from a variety of disciplines at work.

Elimination or risk control hierarchy


The Regulation c11 requires employers to eliminate manual handling risks where reasonably practicable. If elimination of the risk is not possible, then the employer must introduce strategies to effectively minimise the effect on employees and others.

The elimination and control of risk hierarchy for manual handling provides a framework for making decisions about appropriate elimination or risk control strategies:

EXERCISE 5

In groups, determine who should be involved in risk assessment activities and what sort of skills they should have.

The *National Standard for Manual Handling 1990* (NOHSC) – under review, a support document to the Regulation, recommends that risk assessment involve those actually doing the work. How this can be achieved practically?

	Most effective	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Eliminate</td> <td>Cease performing the activity and/or using the equipment if they have been assessed as a risk. Close off the unsafe environment. Design the work environment with consideration of ergonomic factors.</td> </tr> <tr> <td colspan="2" style="text-align: center;">or</td> </tr> <tr> <td>Modify</td> <td>Redesign the environment, furniture, layout and equipment eg replace manual beds with electric surface beds, increase wheel size on trolleys, eliminate floor joins so equipment wheels smoothly between areas, reorganise shelving to ensure objects are more accessible.</td> </tr> <tr> <td>Equipment</td> <td>Provide suitable equipment for tasks eg provide patient handling equipment in sufficient quantity and range, provide suitable workstations for computers.</td> </tr> <tr> <td>Work Practices</td> <td> <p>Implement work practices for appropriate resource allocation, consistent practice over all shifts, and provision of assistance if required. Hazard reporting, incident investigation, risk assessments.</p> <p><i>Team lifting:</i> Historically, team lifting has been considered an appropriate risk control measure. However, WorkCover NSW statistics have consistently shown that nurses are more likely to be injured in team situations. If team lifting or handling is required, then it must not be the only risk control strategy employed. Refer to the Regulation c80(3).</p> </td> </tr> <tr> <td>Training</td> <td>Ensure all staff at all levels received training in manual handling, risk assessment and control strategies, incident investigation.</td> </tr> </table>	Eliminate	Cease performing the activity and/or using the equipment if they have been assessed as a risk. Close off the unsafe environment. Design the work environment with consideration of ergonomic factors.	or		Modify	Redesign the environment, furniture, layout and equipment eg replace manual beds with electric surface beds, increase wheel size on trolleys, eliminate floor joins so equipment wheels smoothly between areas, reorganise shelving to ensure objects are more accessible.	Equipment	Provide suitable equipment for tasks eg provide patient handling equipment in sufficient quantity and range, provide suitable workstations for computers.	Work Practices	<p>Implement work practices for appropriate resource allocation, consistent practice over all shifts, and provision of assistance if required. Hazard reporting, incident investigation, risk assessments.</p> <p><i>Team lifting:</i> Historically, team lifting has been considered an appropriate risk control measure. However, WorkCover NSW statistics have consistently shown that nurses are more likely to be injured in team situations. If team lifting or handling is required, then it must not be the only risk control strategy employed. Refer to the Regulation c80(3).</p>	Training	Ensure all staff at all levels received training in manual handling, risk assessment and control strategies, incident investigation.
	Eliminate	Cease performing the activity and/or using the equipment if they have been assessed as a risk. Close off the unsafe environment. Design the work environment with consideration of ergonomic factors.												
	or													
	Modify	Redesign the environment, furniture, layout and equipment eg replace manual beds with electric surface beds, increase wheel size on trolleys, eliminate floor joins so equipment wheels smoothly between areas, reorganise shelving to ensure objects are more accessible.												
	Equipment	Provide suitable equipment for tasks eg provide patient handling equipment in sufficient quantity and range, provide suitable workstations for computers.												
	Work Practices	<p>Implement work practices for appropriate resource allocation, consistent practice over all shifts, and provision of assistance if required. Hazard reporting, incident investigation, risk assessments.</p> <p><i>Team lifting:</i> Historically, team lifting has been considered an appropriate risk control measure. However, WorkCover NSW statistics have consistently shown that nurses are more likely to be injured in team situations. If team lifting or handling is required, then it must not be the only risk control strategy employed. Refer to the Regulation c80(3).</p>												
Training	Ensure all staff at all levels received training in manual handling, risk assessment and control strategies, incident investigation.													
Least effective														

Note: Normally risk control models incorporate personnel protective equipment (PPE).

There is no PPE for manual handling. Gloves and aprons protect against heat/cold, chemicals, biological or radiological risks. They do not reduce the exposure to manual handling. In some cases they increase the risk during manual handling eg lead aprons, gloves for handling hot food, vinyl and latex gloves.

EXERCISE 6

You have no budget for capital equipment until next financial year. Patients are being admitted who exceed the safe working load (SWL) of existing equipment such as hoists, beds and chairs. Determine how this should be managed.

Link to the elimination and risk control hierarchy.

Determining standards

The success of a program is dependent on appropriate staff knowing:

1. What to do
2. When to do it
3. How to do it
4. What quality of performance is acceptable.
Quality of performance usually improves over time.

To achieve this a facility needs to develop appropriate materials including policy, standards, procedures, rules and tools such as checklists.

Evaluation of quality can be done in many ways including competency checks, auditing, talking to staff to determine their understanding and providing appropriate feedback etc.

Policy: a general policy reflects management's positive attitude to manual handling injury prevention and its commitment to it.

Standard: a standard is an established criterion for effective performance, the basis against which desired performance is measured.

Procedure: a procedure is an established and defined method of performing specific work. Procedures usually present a step-by-step prescription to do a task consistently and with maximum efficiency.

Rule: a rule is a prescribed requirement for conduct or action. In relation to manual/patient handling, any rule must be based on best practice and complete compliance must be achievable in all situations – this is rarely possible.

EXERCISE 7

Written procedures to reduce manual handling risk can be either:

- general eg patient risk assessment
- specific eg for a high risk task.

In groups, develop a list of procedures you think are necessary for a progressive manual handling program in the health industry. Do not write the procedure.

Allocating responsibilities

Historically, responsibility for OHS was allocated to one person – the safety officer. This approach rarely worked because the safety officer:

- did not have line responsibility and therefore has insufficient power to affect operations
- had technical skills rather than management/change management skills, and
- did not have a budget to do what is required.

While the prime responsibility for OHS and manual handling lies with the employer, the legislation does ascribe responsibilities to all employees, not just management. Consequently, these responsibilities need to be documented and included in all position descriptions and contracts.

Because OHS legislation holds managers and supervisors accountable, it is in the interest of both organisations and individual nurses to ensure that OHS responsibilities and accountabilities are clearly outlined.

When personnel are assigned to work on specific projects, such as those involving manual handling, the responsibilities and accountabilities will need to be outlined in the management plan. If a team of people is involved, the management plan provides a clear delineation of these responsibilities and accountabilities.

Once performance requirements are documented and communicated to personnel, either as part of general responsibilities or for specific projects, it is then possible to evaluate against the performance criteria – this is commonly referred to as performance appraisal.

EXERCISE 8

In groups, consider the position description for the ADON in a hospital that states he or she has responsibility for coordinating the manual handling program across disciplines and with external agencies eg all nursing and non-nursing areas, the NSW Ambulance Service, contractors.

Determine how performance could be measured against this responsibility.

Promotion

Promotion is integral to managing the change process in the workplace – you can't expect people to embrace change or comply with new requirements if they don't appreciate the need for change and understand what is required of them.

Promotion includes:

- specifying what the problem is
- identifying who the strategy is aimed at eg all nurses, nurses in specific areas, other staff such as ward staff
- revealing who was involved in the development of the strategy
- the benefit to nurses
- the benefit to patients, where applicable
- timeframes eg trial, introduction, reviews etc
- responsibilities.

List examples of promotional strategies that worked in your organisation.

List examples of promotional strategies that didn't work in your organisation.

Training

For a manual handling program to succeed, all staff require training appropriate to their experience, work role and responsibilities. However, any training must be customised to the environment/s in which they work, the equipment used and the nature of the work. For example, nurses providing direct patient care will all need the same basic skills. However, a nurse working in operating theatres will need different equipment skills to a nurse working in an aged care unit.

Important considerations when planning training include:

- setting realistic training targets
- ensuring sufficient and qualified trainers are available
- ensuring shift workers are taken into consideration
- providing trainers with adequate resources eg additional patient handling equipment to avoid taking from patient areas
- organising the training
- establishing an effective records management system.

EXERCISE 9

In Exercise 2 you determined the responses you would expect from an applicant for a NUM position in relation to how they would manage manual handling.

NOW CONSIDER that your facility has a program for aspiring NUMs. Determine what training should be provided to upskill aspiring NUMs to the level where they could confidently manage a manual handling program at ward/unit level.

Evaluation and improvement

Evaluation of the manual handling program is critical to determine whether:

- the program has been implemented to schedule
- there are any compliance problems eg staff not following procedures and why
- there have been any changes that could influence the program eg new procedures, changes in patient demographics, external forces such as the changes in ambulance procedures, new technology, new equipment
- problems have arisen as a result of the program eg incompatibility of equipment
- whether the strategy has influenced injury/incident/reporting rates.

The use of both positive and negative performance measures provides a balanced approach to evaluation and can act as effective program drivers.

Positive performance indicators (PPIs) grew out of the use of statistics in process control in manufacturing. The basic concept of statistical process control is that variation in outcomes is inevitable and that the control of this variation determines the quality of the outcome. If there is reduction of variation in one or more stages of the process, then there will be a consistent reduction in the variation of the outcome of the process.

Recently this concept has been applied successfully to business processes. The result has been that the whole business process outcome has been improved by the improvement of key variables within the process. This method can also be applied to the process of occupational health and safety in organisations.

PPIs should be developed that measure both the amount of performance and the quality of performance.

Positive performance can be measured as a part of strategic planning. For instance, an organisation can be measured against the mission statement. An executive and board can be measured against the goals. Management can be measured against the objectives and the staff can be measured against action plans.

Injury and illness rates are negative performance indicators. They should only be used in conjunction with positive performance indicators. Injury and illness rates can provide valuable information concerning program implementation. However, it is important to recognise that there may be a latent period before these rates begin to improve due to the cumulative nature of the majority of manual handling injuries and the time it takes to implement a mature effective preventative program. It is not unusual to get improvements in positive performance indicators before the negative indicators begin to show improvement.

EXERCISE 10

One way of evaluating a manual handling program is to measure against positive performance indicators (PPIs).

DIVIDE into groups and determine appropriate PPIs for the implementation of a minimal handling policy.

Exercise: Manual Handling Plan

EXERCISE 11

In groups, select one of the following scenarios.

Task: Set the scene and define the boundaries eg type of organisation/facility, the size and type of ward, the number of staff etc. Determine the stages for the project. Then, select one stage and prepare activities and tasks. If you have time, allocate responsibilities and budget for this stage

Duration: 30 minutes with 5 minutes presentation per group.

- SCENARIO 1:** Your organisation has traditionally had a reactive approach to manual handling issues. To overcome this, you have just appointed a manual handling coordinator on contract for one year. The first task you have asked of the coordinator is to prepare a plan to conduct a baseline review.
- SCENARIO 2:** Your baseline review has revealed that one of your wards has a very high incidence of manual handling injury attributable to the movement of beds. Prepare a plan to address this problem.
- SCENARIO 3:** One ward is undergoing refurbishment, involving the progressive reconfiguration and fitout of patient rooms. During this time the ward will remain open. You have been assigned to manage patient services during this project eg nursing, medical, allied health, and hotel services. Prepare a plan that focuses on manual handling issues only.
- SCENARIO 4:** It is apparent that many nursing staff are working double shifts to combat staff shortages. Research indicates that the risk of manual handling injury increases significantly when staff work longer than 12 hours, thereby increasing the potential for staff shortages. Prepare a plan to address this problem.
- SCENARIO 5:** Five patient handling devices have been selected for use at the facility - two hoists, slide sheets, walkbelt and slideboard. Your manual handling policy states that all nurses must undergo assessment for competency in the use of approved patient handling equipment. Prepare a plan.

Worksheet: Manual handling plan

MANUAL HANDLING FOR NURSES

Resources – Skill Sheets

SKILL SHEETS – GENERAL GUIDELINES

For all patient handling activities nurses should...

1. Preliminary

- Inform patient of intended activity and obtain agreement.
- Assess the patient's current condition.
- Review Care Plan and appropriately deal with any inconsistencies.

2. Preparation

- Prepare patient for activity.
- Prepare environment as required:
 - Patient's privacy
 - Bed height
 - Brakes – item of origin
 - Brakes – item of destination
 - Lots of space for movement
 - Pillows
 - Other bedlinen eg loosen sheets
- Determine need for assistance.
- Obtain required equipment and/or assistance.

3. Implementation

- Demonstrate ability to apply key principles for safe handling:
 - Know own limits
 - Keep load close
 - Smooth movements
 - Use lunge/squat
 - Maintain balance
 - Wrists in neutral position
 - Avoid twisting
 - Use body to steer, not arms
- Perform procedure according to specific skill sheet.
- Demonstrate effective communication with patient and co-worker/s during procedure.
- Document or report change to supervisor as required.
- Restore the environment.
- Terminate the activity appropriately.

SKILL SHEETS – GENERAL HOIST

Description

A general hoist is a mobile device for moving patients. Hoists vary in safe working load (SWL) and function eg some can lift from the ground. Hoists can be manual (hydraulic) or electric (battery powered). Some hoists have spreaders to increase hoist stability and improve access to furniture.

A sling is used for attaching the patient to the hoist. Slings are coded for size (S, M, L, XL) and load capacity (SWL). There are two main types of sling:

- a total body sling with head support
- toileting sling.

Hoists can also be fitted with a variety of attachments including:

- jordan frame
- weigh scales.

Indications for use

A general (or standard) hoist is used for moving a patient who is incapable of weight bearing for the duration of the task. Movement includes:

- repositioning the patient in bed
- transferring the patient between the items of origin and destination eg bed/stretchers, bed/chair, chair/chair
- toileting
- lifting the patient from the floor.

Specific preparation

In addition to general preparation requirements

- Select the correct sling and place it under patient – if the patient is in bed or on the floor the sling is applied by rolling the patient, if the patient is sitting, rock patient forwards and then sideways to get the sling under them.
- Secure brakes – it is preferable to secure the brakes on the item of origin and destination (bed, chair), rather than secure the brakes on the hoist. If the patient is on the floor, do not secure the brakes on the hoist.
- Position the hoist, lower boom and attach sling at all points.
- Ensure the patient's arms are either contained within the sling or holding on to the spreader bar.

Technique

- Actuate the control to raise the patient sufficiently to just clear the item of origin eg bed, chair, toilet and floor.
- Check all four points of sling contact.
- Raise the patient to clear the supporting surface.
- Move the hoist to the point of destination.
- Ensure that during movement the patient is kept as low as possible.
- At the point of destination, position the patient accurately and lower slowly – you can use the spreader handle or handles on the sling to improve patient positioning.

Precautions

- Do not attempt to adjust the sling once the patient is raised – lower the patient back to the item of origin.
- Use the spreader to increase the width of the hoist and improve stability, particularly when lifting from the ground or transferring the patient to or from a lounge chair.
- Loaded hoists can tip if pushed over any sloping surfaces.
- Ensure the weight of the patient does not exceed the capacity of either the hoist or the sling.
- Applying the brakes to the hoist prevents the hoist from adjusting itself to the load ie placing the load centrally – however, if there are no brakes on the items of origin or destination (except fitted toilets) then apply the hoist brakes.
- When parking the hoist after use, the brakes should be activated.

SKILL SHEETS – ROLLING

Description

N/A

Indications for use

Rolling over is used for a number of activities and in preparation for a number of nursing care activities as well as manual handling activities, such as:

- changing the bed
- changing the patients position for pressure care
- positioning slings, slide sheets, slideboards underneath the patient
- preparation for getting out of bed.

Specific preparation

In addition to general preparation requirements

- Ensure the brakes are on.
- Take all but one pillow out from behind the head and put the back rest down.

Technique

- Ask patient to bend up knees or bend one or both up for them.
- Ask patient to move arm in the direction of the rolling or place it for them.
- Ask patient to turn head in the direction they are rolling.
- One nurse stands on destination side and holds the patient when they arrive and prevents them from rolling off the side of the bed.
- Nurse on origin side pushes on the patient's legs, then uses the hip and shoulder to roll the patient.

Precautions

- If performing this technique alone then ensure that the bedrail is up on the side that the patient is rolling to.
- Some orthopaedic conditions require a patient rolled without twisting (log rolled): this needs to be performed by placing a pillow between the legs before rolling the patient with the pillow in place.

SKILL SHEETS – SLIDEBOARD

Description

Slideboards are large plastic reinforced boards measuring approximately 153 cm x 63 cm and weighing about 4.5 kg. They usually have a hole so that they can be hung on the wall in the ward. Cutout handles enable them to be moved and carried easily.

Variations of the slideboard include the patslide, which is stress tested to about 400 kg.

Indications for use

Slideboards are used for transferring a patient between the bed or treatment table and a trolley (stretcher, trolley bath, mortician trolley). Slideboards are useful to bridge the gap between trolley and the bed. The slideboards low friction surface allows the handler to slide the patient easily using a sheet or slidesheet.

Specific preparation

In addition to general preparation requirements

- A slideboard is always used in a team situation. It requires two persons at least for conscious patients. More likely four to six persons will be used depending on the weight of the patient, their level of consciousness, their condition and their height.
- Secure all brakes on trolley and bed.
- Instruct the team in commands.
- Undo the linen at the origin and roll it.
- The patient is rolled onto their side with the sheet supporting the patient.
- The slideboard is slipped under the patient's buttock and the patient is rolled back onto it .

Technique

- Adopt an upright posture while rolling and holding the patient to position the slideboard.
- Use a lunge position, position the feet with a wide base of support – one leg may need to be under the bed or trolley to prevent overbalancing.
- Grasp the edge of the sheet palms downwards.
- Lean from the hips against the bed or trolley.
- As a team, pull the patient across by grasping the sheet or slide sheet

- Handlers on the origin side hold the sheet taut only – they do not attempt to push, pull or lift the patient.
- Pull sheet and slideboard out from underneath the patient after the transfer.

Precautions

- If there is more than 150 mm discrepancy between the bed and the stretcher height it is difficult to use the slideboard – alternative transfer methods should be utilised.
- Do not roll up the sheet close to the patient at the origin, as this requires the handlers on the destination side to bend excessively to grasp it. This position places the back in a very susceptible position, as the load is a considerable distance from the spine, especially if leaning over the bed.

SKILL SHEETS – SLIDESHEET

Description

The slidesheet is a rectangle of thin slippery fabric that can either be used singly or in combination with a second slide sheet or slideboard.

Variations of the slidesheet include the bed roller sheet, slide tubes, small slider for positioning patients in chairs or the car.

Indications for use

The slidesheet/s is placed under the patient to facilitate moving them in the bed.

In combination with the slideboard, the slidesheet can also be used to move a patient between the bed and trolley.

Specific preparation

In addition to general preparation requirements

- Roll the patient onto their side and place the partially rolled up sheet under the patient.
- Position the open side of the slide sheet on the same side as the pulling action is to occur:
 - for rolling – your side
 - towards the shoulders of the patient for pulling up the bed.
- Ensure the slide sheet covers the heaviest part of the patient at least from the shoulders to past the hips.
- Ensure the bed brakes are on.
- If moving the patient up the bed, encourage them to assist by bending their legs up and pushing down with their feet.

Technique

- One handler – stands on the side of the pull, with the bedrail in position on the opposite side.
- Two handlers – stand on either side of the bed
- Adopt a lunge position.
- Maintain arms straight but with elbows relaxed and pull on the top layer of the slidesheet, shifting weight on to the back foot.

- Pull the slidesheet layer next to the sheet to remove it.
- When using a roller tube the force is applied to the patient instead of pulling on the sheet.

Precautions

- A single slide sheet is unidirectional.
- Two slide sheets can be multidirectional - used to move across, up, down the bed.
- Variation in slipperiness of the fabric, which can impact on both noise and forces required to use.
- Bed sliding devices can be unpredictably slippery - once movement starts it can be difficult to control or stop.

SKILL SHEETS – STANDUP HOIST

Description

A standup hoist is a mobile device for moving weight-bearing patients. Hoists vary in safe working load (SWL) and function eg some can be converted to a general hoist, some have a forearm support for rehabilitating patients.

Hoists can be manual (hydraulic) or electric (battery powered). Standup hoists have a platform for the patient to stand on. A sling is used for attaching the patient to the hoist. Slings are coded for size (S, M, L, XL) and have a maximum load capacity (SWL). The sling is applied under the patient's arms and secured around the chest. Strip slings (lambs wool covered) should no longer be used.

Indications for use

A standup hoist is used for moving a patient who is capable of weight bearing for the duration of the task, but who can be unreliable. Movement includes:

- transferring the patient between the items of origin and destination eg bed/chair, chair/chair or commode or wheelchair
- toileting
- dressing or undressing
- changing incontinence pads or dressings
- rehabilitation activities eg machine assisted walking.

Specific preparation

In addition to general preparation requirements

- Select the correct sling and place it around the patient – secure the chest band or buckles.
- Position the hoist and attach sling at two points.
- Position the patient's feet on the foot platform.
- Ensure the patient's knees are against the kneepad – secure the knee strap around legs if fitted.
- Ensure the patient's arms grip the handles.
- Ensure the brakes are on the items of origin and destination eg bed, chair, commode, and wheelchair.

Technique

- Actuate the control to raise the patient sufficiently to just clear the item of origin eg bed, chair, and toilet.
- Check the two points of sling/hoist contact and the patient's axillas.
- Raise the patient to clear the supporting surface.
- Move the hoist to the point of destination or to perform the required activity eg changing pads.
- Ensure that during movement the patient is kept as low as possible.
- At the point of destination, position the patient accurately and lower slowly.

Precautions

- Most importantly, the patient must be cooperative. They should be able to weight-bear and hang on to the hoist handles for the duration of the activity.
- Ensure that the sling is adjusted so that it does not cut in to the patient's axilla when raised – do not attempt to adjust the sling once the patient is raised, lower the patient back to the item of origin.
- Use the spreader to increase the width of the hoist and improve stability, particularly during movement – when going through doorways the spreader will need to be deactivated.
- Loaded hoists can tip if pushed over any sloping surfaces.
- Ensure the weight of the patient does not exceed the capacity of either the hoist or the sling.
- Applying the brakes to the hoist prevents the hoist from adjusting itself to the load ie placing the load centrally – however, if there are no brakes on the items of origin or destination (except fitted toilets) then apply the hoist brakes.
- When parking the hoist after use, the brakes should be activated.

SKILL SHEETS – WALKBELTS

Description

Walkbelts are portable and lightweight devices for assisting patients with movement. The walkbelt is placed around the patient's waist. It is fitted with handles, usually two on each side, which the nurse can take hold of to support or guide the patient. Walkbelts are also known as gait belts.

Walkbelts have a securing mechanism, usually a buckle, clip or velcro. They are constructed of a variety of fabrics, many fitted with a low-slip backing to minimise movement. Walkbelts are coded for size (S, M, L, XL). Some also have a maximum load capacity (SWL).

Indications for use

Walkbelts are used only with weight-bearing patients who require minimal assistance. Walkbelts are designed to 'give the patient handles', which enables the nurse to position themselves without obstructing the patient's normal movement, and at the same time maintain good control of the patient's movement.

Walkbelts are extremely useful in confined spaces or outdoors where it is impossible or impractical to use other appliances to lift or move a patient eg out of toilets or cars.

The walk belt can be used during the following activities:

- standing transfers with one person (from seated position)
- standing transfers with two persons (from seated position)
- repositioning the patient in a chair
- walking the patient from behind or beside
- helping someone on and off the toilet
- helping someone up from the floor
- walking a patient up or down stairs or over rough ground
- helping the patient into or out of a car.

Specific preparation

In addition to general preparation requirements

- Select the correct size walkbelt.
- Place the walkbelt around the patient's waist just above the hip bones ie around the narrowest diameter of the patient.
- Secure the belt - the belt should be firm but not tight around the patient.
- Locate the handles symmetrically around the patient with two at the front and two at the back.

Technique

Action: Sit to stand – single person

- Patient's feet should be positioned under the chair ie behind their knees.
- Patient should slide forwards on the chair.
- Patient should move their shoulders forward and position their hands on the armrest.
- Position your feet and knees outside the patients – you can block one of the patient's knees with your own.
- Squat (lunge) and grasp the front handles of the walkbelt
- When the patient is ready, get them to push down on the armrests as you lean back pulling the walkbelt towards you standing slightly to the side so as to avoid obstructing their head.
- Step back as patient approaches the upright position.

Action: Sit to stand – two persons

- Patient's feet should be positioned under the chair ie behind their knees.
- Patient should slide forwards on the chair.
- Patient should move their shoulders forward and position their hands on the armrest.
- Each nurse stands either side of the patient - you can block the patient's foot with your own if this is comfortable and does not compromise your balance.
- Squat (lunge) and each grasp one handle at the front and one handle at the back of the walkbelt.
- When the patient is ready and in accordance with your 'lifting command', guide the patient forwards and upwards.

Action: Getting up from the floor – only for able bodied patients

- Patient should roll onto their side and flex their knees.
- Patient then places one hand on the floor and rolls onto their knees – you can assist by holding them by the handles at the back of the walkbelt.
- As the other hand frees, the patient should place that on the floor so they assume a crawl position.
- Place a chair beside them.
- Patient should grab the chair with each arm in turn, then place one foot on the ground.
- Instruct the patient to push down (or pull up) on the chair and raise themselves, assisting them by holding the handles at the back of the walkbelt.

Precautions

- If belts are not properly fitted or used with people with large waists and small chests they can ride up during the transfer. Narrow belts are better for fitting snugly than wide belts.
- Forces should be applied in a horizontal direction. The belts are not lifting belts eg in the sit to stand transfer, the patient should be tilted forwards and pulled rather than lifted up. This also prevents the belt from riding up.
- Walkbelts cannot be used on patients who have had postoperative chest or abdominal surgery, pleural drains, or fractures of the ribs or sternum.
- Walkbelts are only to be used on patients who are weight bearing.

MANUAL HANDLING FOR NURSES

Resources – References

REFERENCES

Publications

ANF (Vic Branch) No Lifting Implementation Guide & Checklist, 1998.

Butrej T. "What is this "No lifting" business?" The Lamp, Vol 57 no.1 February 2000.

A Manual of Handling People – Implementing a No-Lift Approach, Kate Tuohy-Main, 1999.

BackPak: A guide to the manual handling regulation, WorkCover NSW, 1997.

BackWatch Collections: a loose leaf binder containing case studies, guidelines, programs, policies and other useful information on reducing back injury risks, WorkCover NSW, 1997.

BackWatch Industry Profile: Health, WorkCover NSW, 1995 (no longer in print).

BackWatch Scoreboard, (manual handling audit), WorkCover NSW, 1997.

Criteria for Evaluating the Core Elements that Support a Best Practice Patient/Resident Handling Training Program in the Health and Aged Care Sector, Victorian WorkCover Authority.

Designing Workplaces for Safer Handling of Patients / Residents, WorkSafe Victoria, 2002.

Due diligence at work: A checklist for action on workplace health and safety for company directors and managers, WorkCover NSW, 1997.

Evidence-based Patient Handling, Hignett S, Crumpton E, Ruzala S, Alexander P, Fray M and Fletcher B, Routledge, 2003

Guidebook for Architects and Planners, Arjo, 2005.

Implementation of the "Mobility Chart", Summers A., Graham L., Proceedings of the 32nd Annual Conference of the Ergonomics Society of Australia, September 1996.

Introducing a Safer Handling Policy, Royal College of Nursing, UK, 1996.

Lifting and Moving People: Choosing the right equipment. WorkCover Authority NSW, 1998.

Manual Handling Competencies for Nurses, NSW Nurses' Association, 1998.

Numerical Profile, NSW Health Department.

Manual Handling Policy, NSW Nurses' Association, 2003.

Manual Tasks involved in Handling People. Advisory Standard, 2001 Queensland.

National Standard and Code of Practice for Manual Handling, National Occupational Health and Safety Commission, AGPS, 1990.

National Code of Practice for the Prevention of Occupational Overuse Syndrome, National Occupational Health and Safety Commission, AGPS, 1994.

NSW Health Department Circular 2001/111 Policy and Best Practice Guidelines for the Prevention and Management of Manual Handling Incidents in NSW Public Health Services.

Implementing Occupational Health and Safety in Residential Aged Care: The Guide, Commonwealth Department of Health and Aging, 2001.

Occupational Health and Safety in Residential Aged Care. First Steps, Commonwealth Department of Health and Aging, 1999.

Pre-purchase Criteria to use in the Selection of Equipment & Furniture – Health and Aged Care, Victorian WorkCover Authority.

Six steps to occupational health and safety: Duty of care in occupational health and safety, WorkCover NSW, 1997.

Strategies to Reduce the Risk of Back Strain in Nursing Homes, Worksafe Western Australia.

Transferring People Safely, WorkSafe Victoria, 2002.

The Guide to the Handling of Patients, E.N. Corlett, P.V. Lloyd, Christine Tarling, J.D.G. Troup & Brenda Wright, National Back Pain Association in collaboration with the Royal College of Nursing, Middlesex, 4th Edition, 1997.

Wet mopping equipment: guidelines for appropriate use and purchase, WorkCover NSW, 1998.

Further information

WorkCover NSW
Head office phone: 13 10 50
Fax: (02) 4325 4145
www.workcover.nsw.gov.au

NSW Nurses' Association
Phone: 1300 367 962
www.nswnurses.asn.au

Unions NSW
Phone: (02) 9264 1691
www.unionsnsw.org.au
www.unionsafe.labor.net.au

NSW Health Department
Phone: (02) 9391 9000
www.health.nsw.gov.au

Websites

WorkCover NSW
www.workcover.nsw.gov.au

WorkCover SA
www.workcover.com

NSW Health
www.health.nsw.gov.au

WorkSafe WA
www.safetyline.wa.gov.au

WorkSafe Vic
www.workcover.vic.gov.au

Division of OHS, Queensland
www.detir.qld.gov.au/hs/hs.htm

National Occupational Health and Safety Commission
www.nohsc-eu.gov.au

Design4 Health
www2.dir.qld.gov.au/design4health/