MANUAL HANDLING IN AGED CARE AND THE HEALTH CARE INDUSTRY E-BOOK

prepared by
Wellness & Lifestyles Australia
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IMPORTANT NOTICE

The information provided in this document can only assist you in the most general way. This document does not replace any statutory requirements under relevant State and Territory legislation.

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- WorkCover [http://www.workcover.com](http://www.workcover.com)
FOREWORD

Wellness & Lifestyles Australia (W&L) is a market leader in the provision of mobile allied health services in Australia. Its core business is aged-focussed health services. This document has been put together by its team of physiotherapists and occupational therapists that specialise in aged care.

The National OHS Strategy 2002-2012, records a commitment by all Australian, State and Territory Governments, the Australia Chamber of Commerce and Industry and the Australian Council of Trade Unions, to share the responsibility of ensuring that Australia's performance in work-related health and safety is continuously improved.

The National OHS Strategy sets out five national priorities to achieve short-term and long-term improvements. The priorities are to:
- reduce high incidence and high severity risks;
- improve the capacity of business operators and workers to manage OHS effectively;
- prevent occupational disease more effectively;
- eliminate hazards at the design stage, and
- strengthen the capacity of Government to influence OHS outcomes.

Performing manual tasks can be hazardous, potentially leading to Musculoskeletal Disorders (MSD). Manual tasks at work resulted in 437,852 compensation claims in Australia between July 1997 and June 2003. This is equal to 41.6 percent of all compensation claims for that period, with a direct cost, not counting indirect impacts (such as the long-term impacts on the quality of life of the injured worker) of $11.965 billion.

This manual provides practical guidance on how to prevent MSD when dealing with elderly clients or when working in aged care facilities.

All W&L policies and codes of practice are guidance and advisory documents only and their implementation is dependent on legislation enacted by State/Territory OHS authorities.

Compliance with the recommendations in this Code of Practice will not necessarily mean that a person has fulfilled their obligations under occupational health and safety acts and regulations relevant to them. Persons should contact their State or Territory or Australian Government health and safety authority for information on their obligations.
MANUAL HANDLING POLICY

Wellness & Lifestyles Australia promotes a work environment where the health and wellbeing of all staff and clients is not compromised by lifting or manually handling. Manual tasks at work encompass a wide range of physical activities, and are defined as anything that requires the use of force for lifting, lowering, pushing, pulling, carrying, holding or restraining any person, animal, or item. This also includes tasks with repetitive actions, sustained postures and concurrent exposure to vibration.

All staff members are required to use the mechanical aids and personal protective equipment provided, and to use manual handling techniques as taught, to reduce or minimise the risk of any injury.

Duty holders (this includes persons with control of a workplace, employers, workers, and also designers, manufacturers, and suppliers) have a responsibility to identify and eliminate the risk of a musculoskeletal disorder occurring as a result of performing manual tasks at work. A duty holder has an obligation to protect all people who could be exposed to risk - workers, trainees, apprentices, contractors, and work experience students.

Duty holders are thus required to ensure that appropriate mechanical aids are available and used, and to notify the Executive Officer/Director of Nursing of any further requirements. Until such time as the required equipment becomes available the duty holders must determine other strategies to deal with and minimise the risks of injury that may arise as a consequence.

A risk assessment must be undertaken as a part of the resident admission process to determine if a manual handling hazard exists. All identified manual handling risks and interventions must be documented in the client care plan, monitored and reviewed throughout the admission.

In some circumstances it may be contrary to the wellbeing of a client to use mechanical lifting devices. In these circumstances the manual handling of a client may only occur if it does not involve lifting most of, or a significant portion of the client’s weight. The staffing levels must be sufficient enough to ensure the safe use of equipment and that the manual handling needs of the client are met.

Employees should not lift in any circumstances other than exceptional or life threatening situations. It is each individual’s responsibility to ensure their own health, safety and welfare and to take reasonable care to avoid adversely affecting the health, safety and welfare of any other person.
EMPLOYER AND EMPLOYEE RESPONSIBILITIES

Employer responsibilities
The organisation should ensure where reasonably practicable that all employees are safe from the risk of injury by:
- Complying with all statutory legislative requirements
- Requiring that all employees use safe methods of manual handling
- Implementing the Code of Practice - Manual Handling which is a component of the Occupational Health, Safety and Welfare Regulations 1986

Supervisors must assess all manual handling procedures to ensure the safety of the employee. Assessment of the manual handling task will require:
- Risk identification
- Risk assessment
- Risk control

An employer must, in respect of each employee employed or engaged by the employer, ensure so far as is reasonably practicable that the employee is, while at work, safe from injury and risks to health and, in particular must provide:
- and maintain so far as is reasonably practicable:
  a safe working environment
  safe systems of work
  plant and substances in a safe condition
- adequate facilities of a prescribed kind for the welfare of employees at any workplace that is under the control and management of the employer
- such information, instruction, training and supervision as are reasonably necessary to ensure that each employee is safe from injury and risks to health

Employee responsibilities
All employees must know their responsibilities under the Occupational Health, Safety and Welfare Act 1986. These are outlined below:
- An employee must take reasonable care to protect the employee's own health and safety at work
- An employee must take reasonable care to avoid adversely affecting the health or safety of any other person through an act or omission at work
- An employee must so far as is reasonable:
  use equipment provided for health or safety purposes
  obey reasonable instruction that the employer may give in relation to health or safety at work
  comply with any policy that applies at the workplace published or approved by the Minister after seeking the advice of the Advisory Committee
  ensure that the employee is not, by the consumption of alcohol or a drug, in such a state as to endanger the employee's own safety at work or the safety of any other person at work

In determining the standard of care applicable to a worker whose native language is not English and who is not reasonably fluent in English regard must be had to:
- whether information relating to occupational health and safety has been reasonably available to the worker in a language and form that the worker might reasonably be expected to understand
- whether instruction or training of the worker (if any) has been carried out in a language and form that the worker might reasonably be expected to understand

All employees are required to be responsible for their own safety. Where the weight and condition of the load to be manually handled is likely to cause strain, loss of balance or risk of injury the employee must consult with the supervisor.
HAZARD IDENTIFICATION, RISK ASSESSMENT, AND CONTROL

Hazard identification
Hazard identification is achieved by identifying the manual handling tasks likely to be a risk to the employee’s health and safety in order that they can be examined and assessed as required by the manual handling regulations. The purpose of hazard identification is to identify and place in priority order the jobs or tasks which require risk assessment. The risk must then be acted upon as decided by management.

There are three basic steps to hazard identification:

Analysis of workplace injury records
All incident records will be reviewed to identify the areas where the manual handling injuries have occurred and will take into consideration:
- Area of workplace concerned
- Occupation or task of the injured person
- Part of the body injured
- Nature of the injury
- Type of accident

Consultation with employees
All employees will be consulted to assist with the identification of manual handling risks that can be found in the workplace.

Direct observation
Regular inspection of the workplace will be conducted by the appropriate persons to assist with the identification of risk. A checklist may be used to assist with hazard identification.

Risk assessment
When a hazardous activity has been identified the employer will ensure that a manual handling assessment is conducted in an attempt to remove or modify the risk and reduce the risk of injury.

When an assessment is conducted the following factors will be evaluated:
- Actions and movements involved in the manual handling
- Workplace or work station layout
- Postures and positions that must be used by the employee when involved in manual handling
- Duration and frequency of the manual handling
- Location of the load and the distance of movement required
- Weights and forces involved in the manual handling
- Characteristics of the load and equipment that is used in the task
- Work routines
- Work environment
- Skill and experience of the employee
- Personal characteristics of each person who must carry out the manual handling task
- Clothing worn by the employee
- Any other relevant factors
**Risk control**

When a manual handling task is assessed as being a risk to employees’ health and safety, such precautions as are considered reasonably practicable must be used.

Risk control will be established by:
- Eliminating the task to totally remove the hazard
- Where appropriate the employer will redesign the task to ensure that the risk factors are eliminated or controlled
- Ensure that all employees are trained appropriately in manual handling techniques
- Ensure that adequate supervision is given to all employees
- If redesign is not appropriate the employer will:
  - Provide mechanical aids
  - Provide personal protective equipment
  - Arrange team movers

**The three stage approach to safe manual handling**

1. **HAZARD IDENTIFICATION**
   - Analysis of workplace injury records
   - Consultation with employees
   - Direct observation

2. **RISK ASSESSMENT**
   - Actions and movements
   - Workplace and workstation layout
   - Working posture and position
   - Duration and frequency of manual handling
   - Location of loads and equipment
   - Weights and forces
   - Characteristics of loads and equipment
     - Work organisation
     - Work environment
     - Skills and experience
     - Personal characteristics
       - Clothing
     - Other relevant factors

3. **RISK CONTROL**
   - JOB DESIGN:
     - Modify object
     - Modify workplace layout
     - Rearrange materials flow
     - Different actions, movements, forces
     - Modify task - mechanical assistance
     - Modify task - team lifting
   - MECHANICAL HANDLING EQUIPMENT
     - TRAINING:
       - General
       - Particular
   - OTHER ADMINISTRATIVE CONTROLS:
     - Special needs
     - Clothing
ANATOMY AND BIOMECHANICS

Understanding the body mechanics will enable you to understand the preferred stance for manual handling.

The spine

The spine consists of 33 short bones that are stacked one on top of the other like a tower of building blocks. They are held together with ligaments forming joints and are powered by muscles. The spine supports the upper part of the body (the trunk), and the load carried by the upper part of the body is transmitted to the pelvis. The spine protects the spinal cord and enables nerves to exit between each pair of vertebrae. The spine is divided into the following five regions.

- Cervical (neck): 7 vertebrae; very mobile in all directions
- Thoracic (mid back): 12 vertebrae; provides posterior attachment for ribs; less mobile
- Lumbar (low back): 5 vertebrae; quite mobile; easily damaged when moving load
- Sacral: 5 bones all fused together to form one bone, the sacrum, which is immobile
- Coccygeal (tail back): 3-4 vertebrae all fused - primitive tail bone, also immobile
**Intervertebral discs**

The intervertebral discs make up approximately 20-30% of the length of the vertebral column and increase in size from the cervical to the lumbar region.

The central portion is called the *nucleus pulposus* (body) and is a jelly-like structure which is mainly constructed of water. The amount of water decreases with age and limits mobility of disc.

The disc is able to alter its shape thus allowing mobility.

The peripheral portion is called the *annulus fibrosus*, forms a dense ring around the jelly-like substance which supports and contains the centre of the disc keeping it under constant pressure.

Functions of the intervertebral disc:

- Provides shock absorption for the vertebral column
- Allows some movement between vertebrae
- Provides nutrition to the vertebral bodies
- Allows even distribution of weight over the whole of the vertebral body

Because the intervertebral discs are located between the vertebral bodies, movements of the spine affect disc pressure.

Each time the spine is under load in a flexed position (lifting, pushing, and pulling), you effectively snap some of the annulus fibres on the outer part of the disc. After many incidents of loaded spinal flexion all the annulus fibres eventually snap and the nucleus pulposus is allowed to seep out. When this happens a disc bulge is created.

When the disc prolapses or bulges, it usually seeps into the transverse foramina - space where the spinal nerve exists from the spinal canal causing pain to the part of the body that that nerve supplies.