

MANUAL HANDLING FOR NURSES

Program C: Leadership and Change



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

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Project Officers

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Design and Production

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Development

The Manual Handling for Nurses series of programs has been developed jointly by WorkCover NSW and the Health and Community Service Industry Reference Group (HACS IRG).

The series incorporates:

Program A: Essentials
Program B(1): Patient Risk Assessment
Program B(2): Managing Risk
Program C: Leadership and Change

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

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

Program C: Leadership and Change is designed for senior nurses who have responsibility and accountability for the management of work systems. The program is also suitable for nurses who advise senior management on strategic issues relating to manual handling.

Purpose

The program is designed to enable senior nurses to integrate manual handling into the broader risk management practices that affect nursing.

This program focuses on the knowledge, skills and attitudes that are necessary for senior nurses to manage the strategic direction of manual handling within their organisation.

Competency standards

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

These competency standards have been developed around the key responsibilities of the senior nurse to establish, implement and evaluate risk management policies, procedures and systems for nursing practice in respect to manual handling.

Structure

The program is structured as a single module, which outlines the:

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

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

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

Assessment

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

Participants should receive advice on the assessment process and requirements prior to the commencement of the program.

The trainer is responsible for the assessment of all participants. Refer to Trainers' Section for an outline of the recommended competencies/qualifications for delivering and assessing the training in this program.

Documentation

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

The material includes sample documentation, suitable for including in each participant's training/personnel file. Also provided is a Learner Progress Record, which summarises the status of competency for each participant.

Prerequisites

Participants should:

- be qualified nurses at a senior level
- have received training and been assessed as competent to at least the level of Program B(2): Managing Risk
- have received training in occupational health and safety (OHS) and risk management principles
- have a minimum of 12 months experience at their level of nursing and be familiar with workplace policies and procedures in respect to OHS and manual handling.

Consideration of prior learning

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

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

Duration

The duration of Program C: Leadership and Change is 6½ hours.

Trainers have an option of reducing the face-to-face training time – refer to Program Delivery.

Program delivery

The program is modular. The topics should be presented in sequence.

Trainers have the option of reducing the duration of face-to-face training by providing participants with pre-course reading for Topics 1.1, 1.2 and 1.3. It would be expected that participants would be required to complete the relevant exercises prior to attending the program.

Note that trainers will need to prepare this material themselves, based on the information contained in the Program Outline.

Resources

Trainers will need to provide the following:

- flipchart or whiteboard
- marker pens
- overhead projector or data projector
- workbook – one per participant
- *Manual Handling Guide for Nurses* – one per participant
- optional resources – per participant:
 - *Occupational Health and Safety Essentials for Nurses 2004*, NSW Nurses Association,
 - *Workers Compensation Essentials for Nurses 2004*, NSW Nurses Association,
 - *Due diligence at work*, WorkCover NSW
 - Workplace injury statistics (latest available).

Training package

The package consists of the following materials for trainers:

- program outline
- trainer handbook
- participant workbook (master)
- overhead transparencies (master)
- overheads on PowerPoint
- assessment documentation (master)
- sample Certificates of Attainment (master)
- resources (common to all programs).

Trainers

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

As a minimum it is recommended that trainers:

- Are health professionals with specific knowledge of management practice within a nursing environment.
- Have qualifications in OHS at postgraduate level.
- Have considerable experience in OHS and manual handling, particularly in relation to compliance with legislation and implementation of the risk management process.
- Are experienced educators and assessors.
- Have training qualifications eg Certificate IV in assessment and workplace training, or equivalent.

TIMETABLE

Topic 1.1	Introduction	15 minutes
Topic 1.2	Background	30 minutes
Topic 1.3	Legislation and manual handling	20 minutes
Topic 1.4	Overview – manual handling program	25 minutes
BREAK		1½ hours
Topic 1.5	Baseline evaluation	25 minutes
Topic 1.6	Consultation	10 minutes
Topic 1.7	Planning and resourcing	25 minutes
Topic 1.8	Risk management	30 minutes
BREAK		1½ hours
Topic 1.9	Determining standards	20 minutes
Topic 1.10	Allocating responsibilities	30 minutes
Topic 1.11	Promotion	15 minutes
Topic 1.12	Training	25 minutes
BREAK		1½ hours
Topic 1.13	Evaluation and improvement	30 minutes
Topic 1.14	Manual handling plan	70 minutes
Topic 1.15	Summary	20 minutes
		2 hours

PROGRAM TOTAL 6½ HOURS

MANUAL HANDLING FOR NURSES

Assessment

MANUAL HANDLING FOR NURSES

PROGRAM C: LEADERSHIP AND CHANGE

ASSESSMENT

Learning aim

This program provides nurse managers with the knowledge to establish, maintain and evaluate systems of work that ensure compliance with manual handling legislative requirements.

Learning outcomes

On completion of this program nurse managers will be able to:

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

Performance criteria

Participants are to be assessed against the following performance criteria:

- Discuss the factors that influence manual handling incident 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.

Course assessment

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

The trainer may gather evidence of competency through:

- observation of participant contribution to discussion, and
- contribution to the successful completion of training activities and exercises.

Assessment method

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

Where group activities are undertaken, the trainer should ensure that there is sufficient evidence of individual contribution.

It is expected that the assessment be completed at the time of program delivery.

Assessment decision

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

Documentation is provided to assist in this process.

MANUAL HANDLING FOR NURSES

Module: Leadership and Change

MODULE INFORMATION

Name Leadership and Change

Duration 6½ hours

Learning aim This program provides nurse managers with the knowledge to establish, maintain and evaluate systems of work that ensure compliance with manual handling legislative requirements.

Learning outcomes On completion of this program nurse managers will be able to:

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

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

Outline

The program includes the following topics:

- 1.1 Introduction
- 1.2 Background
- 1.3 Legislation and manual handling
- 1.4 Overview - manual handling program
- 1.5 Baseline evaluation
- 1.6 Consultation
- 1.7 Planning and resourcing
- 1.8 Risk management
- 1.9 Determining standards
- 1.10 Allocating responsibility
- 1.11 Promotion
- 1.12 Training
- 1.13 Evaluation and improvement
- 1.14 Manual handling plan
- 1.15 Summary

Prerequisites

Refer to Program Administration for desirable prerequisites.

Assessment

Participants are to be assessed against the following performance criteria:

- 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.

The methods used to gather evidence of a participant having achieved competency in the program are:

- observation of participant contribution to discussion, and
- successful completion of training activities and exercises.

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

Resources

Standard training/lecture room
Overhead projector or data projector
Whiteboard or flip chart and markers
Participant workbook
Manual Handling Guide for Nurses
Assessment records

Optional resources as reference for participants:

- *Occupational Health and Safety Essentials for Nurses 2004*, NSWNA
- *Workers Compensation Essentials for Nurses 2004*, NSWNA
- *Due diligence at work*, WorkCover NSW
- workplace injury statistics (latest available).

TOPIC 1.1

15 minutes

Slide 1.1

INTRODUCTION

Show Slide 1.1 – Program Title

WELCOME participants to the program. This program has been developed for nurse managers specifically to provide you with the knowledge and skills to effectively manage manual handling.

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

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

HIGHLIGHT that this program is one of a series of programs developed specifically for nurses:

- Manual Handling for Nurses – Program A: Essentials, an introductory program on manual handling for all nurses.
- Manual Handling for Nurses – Program B(1): Patient Risk Assessment, which focuses on the assessment of patients to determine the most appropriate equipment and techniques to minimise handling risk.
- Manual Handling for Nurses – Program B(2): Managing Risk, which focuses on developing and implementing a plan for the effective control of all manual handling risks in a ward/unit.

Slide 1.2

Show Slide 1.2 – Outline of the program

EXPLAIN that this program consists of the following:

- background
- legislation and manual handling
- overview - manual handling program
- baseline evaluation
- consultation
- planning and resourcing

- risk management
- determining standards
- allocating responsibility
- promotion
- training
- evaluation and improvement.

DISTRIBUTE participant handouts:

- *Manual Handling Guide for Nurses*
- program workbook
- optional publications/resources.

TOPIC 1.2

30 minutes

Slide 1.3

BACKGROUND

Show Slide 1.3 – Definition of manual handling

EMPHASISE that injury from manual handling does not just affect the back – injuries can occur to any part of the body and include:

- sprains and strains
- disc injuries
- fractures
- skin tears and contusion (bruising)
- occupational overuse syndrome caused through a combination of force, repetitive movement and awkward posture eg tenosynovitis.

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

Slide 1.4

Show Slide 1.4 – Trends in back injury incidence rates

DISCUSS the factors that may have contributed to a reduction in the incidence rate of back injuries in the health industry since 1993.

INFLUENCING factors could include:

- impact of the *National Standard for Manual Handling NOHSC, 1990* and the *OHS Manual Handling Regulation, 1991*, now superseded by the Regulation
- WorkCover NSW BackWatch program, including the focus on the health industry
- increase in research addressing patient handling
- industry specific training programs addressing manual handling eg Manual Handling in Aged Care
- Numerical Profile (NSW Health)
- *Manual Handling Competencies for Nurses*
- national focus on manual handling in health in all Australian jurisdictions with a corresponding increase in resources for the health industry on manual handling
- increase in supply and use of manual/patient handling equipment and aids
- improved attitudes and behaviours amongst nursing staff
- improved design of health care facilities
- improved design of manual/patient handling equipment.

HIGHLIGHT that the WorkCover NSW study also revealed an important finding. Since 1993 there has been a possible association between manual handling programs and incidence of injury. For example, as the percentage of facilities with manual handling programs increased, the incidence of back injury fell.

EMPHASISE that apart from the impact a manual handling injury has on a nurse and their family, injury resulting from manual handling has the potential to cost the organisation through:

- increased administration and labour costs – overtime, additional staff, additional supervision, reduced staff productivity and morale
- increased training/retraining costs
- equipment repair and maintenance costs
- incident investigation costs
- incident management costs
- increased workers compensation premium

- potential legal costs associated with common law action or prosecution
- work bans and industrial unrest
- injuries to patients.

Slide 1.5

Show Slide 1.5 – Potential costs

EMPHASISE that costs are not just limited to manual handling injury. If a manual handling problem is not effectively resolved then there is also a potential for costs to result.

Trainer's note

Please ensure participants do not focus on injury costs – there is no injury in this exercise.

Prompt participants to consider the costs associated with being audited.

REFER participants to 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 this issue.

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

DISCUSS.

TOPIC 1.3

20 minutes

Trainer's note

The *National Standard for Manual Handling 1990* (NOHSC) (the Standard) on which this legislation is based, is under review at the time of publication.

It is expected that some modification of this topic will be required when the new Standard is released.

LEGISLATION AND MANUAL HANDLING

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

The Regulation sets out the requirements for managing manual handling in the workplace. Specifically, this regulation requires the application of risk management, which incorporates the:

- **identification** of hazards
- **assessment** to determine risk
- **elimination** of risk, or the
- effective **control** of all manual handling risks.

Clause 80 of the Regulation specifically requires employers to ensure that equipment, work practices and the environment are designed to eliminate risk from manual handling. Where risks cannot be eliminated then they must be effectively controlled through:

- modification of equipment, work practices or the environment
- provision of suitable equipment, and
- training.

EMPHASISE that risk control must be achieved by means other than team lifting.

Trainer's note

The employer can include any of the following:

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

EXPLAIN that the legislation places the prime responsibility for OHS with the employer – an organisation or individual who employs the nurse.

EXPLAIN that Section 26 of the Act extends the employer's responsibility to directors and managers. Note that the OHS Act does not refer to supervisors.

As a senior nurse manager, at the Assistant Director of Nursing (ADON) or Health Services Manager (HSM) 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 the health and safety of all staff, nurses and non-nurses, reporting to you. EMPHASISE that 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.

Slide 1.6

Show Slide 1.6 – Employer responsibilities

However, for first line supervisors, such as ward nurses or NUMs, authority and delegation is usually limited to the ward or unit level. Nurses occupying these positions should refer to their contract or duty statement for the limit of their responsibility and accountability. Specifically in relation to OHS legislation, nurses occupying these positions are considered employees.

REFER participants to EXERCISE 2.

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

DISCUSS.

Slide 1.7

Show Slide 1.7 – Manager responsibilities

EMPHASISE that the focus of this program is how these responsibilities can be effectively implemented.

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

Slide 1.8

Show Slide 1.8 – Current penalties

TOPIC 1.4

25 minutes

Trainer's note

This model builds on the basic manual handling program model introduced in Program B(2) of this series.

OVERVIEW – MANUAL HANDLING PROGRAM

EXPLAIN that every workplace needs to have a structured approach to managing manual handling. Based on a change management approach, the following framework for a comprehensive manual handling program, includes:

- baseline evaluation
- consultation
- planning and resourcing
- risk management
- determining standards
- allocating responsibilities
- promotion
- training
- evaluation and improvement.

Slide 1.9

Show Slide 1.9 – Manual handling program

EMPHASISE that underpinning these key elements is the culture of the organisation, operating within the legislative framework and directly influenced by **consultation** and **active commitment** from the executive and senior management.

HIGHLIGHT that this comprehensive model is not just about micro issues, such as identifying hazards and day-to-day troubleshooting. Rather, to be effective, the manual handling program must address the structures and processes that underpin daily practice, including:

- organisational structures
- workplace design
- work organisation
- purchasing considerations.

Slide 1.10

Show Slide 1.10 – Context

Trainer's note

CULTURE underpins daily practice.

CULTURE is affected and influenced by:

- legislation
- consultation
- management commitment

Organisational structures

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

- steering committee and/or discussion, planning, budgeting and evaluation at executive level
- manual handling/OHS coordinator 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 and OHS representatives/HSR involvement
- ensuring coverage of other groups within the organisation as well as nursing groups eg medical and allied health, catering, cleaning and support staff.

Workplace design

Emphasise that there is a link between the layout and design of a workplace and the risk of manual handling injuries. When renovating or building new facilities OHS considerations must be incorporated into the design brief and carry through the entire planning process.

Work organisation

EMPHASISE that how work is organised also affects manual handling. Issues such as shifts, rostering, and staff/patient ratios are critical.

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

Purchasing considerations

HIGHLIGHT that much of the work involving care of patients also involves the use of equipment. WorkCover NSW statistics indicate that over 50 per cent of 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.

EMPHASISE that purchasing is not limited to equipment – services are also purchased eg agency nurses. It is important to ensure that agency nurses are trained in the practices relevant to your facility.

Fitout is also a consideration – the increasing use of computers in the health industry requires appropriate workstations to minimise the risk of occupational overuse injury.

REFER participants to 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.

DISCUSS.

EXPLAIN that after the break we will address each component of the Manual Handling Plan in detail.

BREAK

TOPIC 1.5

25 minutes

BASELINE EVALUATION

EXPLAIN that the first step in addressing manual handling in the workplace is to gather up-to-date information on manual handling through research on:

- best practice in nursing, and
- baseline review/audit.

EXPLAIN that since the late 1980s there has been a considerable amount of research into the manual handling aspects of nursing. HIGHLIGHT that the majority of this research has focused on patient handling as this traditionally has been viewed as the major source of injury for nurses.

Slide 1.11

Show Slide 1.11 – Research findings

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

- total body lifting, including the 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.

ASK participants to identify the types of equipment now commonly used in health care facilities to reduce the risk associated with these patient handling activities.

RESPONSES should include:

- height adjustable bed with lifting pole or monkey bar
- standard hoist
- standup hoist
- slideboard/transfer board
- walk belt/gait belt
- slide sheets, including double slide sheets for patients weighing > 85 kg.

EXPLAIN that once current information on patient handling best practice has been obtained, it is then appropriate to research what is happening in the organisation in respect to manual handling. This is known as a baseline review or baseline audit. The baseline review 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.

ASK participants to identify the types of information needed for a baseline review.

RESPONSES should include:

- injury statistics – nature of injury, which work groups are affected, which workplaces are most affected, which workplaces have few injuries
- workers compensation – severity of injury
- existing policies and procedures
- actual manual handling practices in the workplace
- what training in manual handling/OHS has been provided to nurses and managers
- equipment provided and any problems encountered with usage
- what staff think the main issues are.

TOPIC 1.6

10 minutes

CONSULTATION

EMPHASISE that consultation must be central to any program. Consultation is essential in fostering commitment and facilitating change. Consultation is also a key requirement of the Act.

Slide 1.12

Show Slide 1.12 – Consultation (*Occupational Health and Safety Act 2000, s14*)

DISCUSS how you would provide evidence that your organisation took the views of employees into consideration.

ASK participants to identify who should be consulted to obtain the necessary baseline information.

RESPONSES could include:

- human resources/safety department for injury and workers compensation data
- human resources department for policies and procedures
- OHS/manual handling coordinator
- nursing representatives on the OHS Committee/OHS Representative
- nurses from various work areas
- non-nursing staff
- maintenance
- patients, and/or their relatives.

Link back to Organisational Structures in Topic 1.4.

EMPHASISE that consultation will need to occur throughout the change process. In addition to the people consulted as part of the baseline review, it may be necessary to consult with others such as:

- employer associations
- employee associations
- government agencies
- other health care facilities
- suppliers of equipment
- OHS and specialists in ergonomics.

TOPIC 1.7

25 minutes

PLANNING AND RESOURCING

EMPHASISE that planning and resourcing are fundamental to making any initiative work.

Slide 1.13

Show Slide 1.13 – Planning

EXPLAIN that when planning for change, the plan must include:

- the scope
- the components of the program arranged in sequence, including the consultation strategy
- responsibilities for individuals
- time frames
- proposed budget
- funding.

REFER participants to EXERCISE 4.

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

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

DISCUSS

TOPIC 1.8

30 minutes

RISK MANAGEMENT

RISK MANAGEMENT is the identification of manual handling hazards, assessment of the hazards to determine risk, and the implementation of effective strategies to eliminate or control the risk.

Slide 1.14

Show Slide 1.14 – Risk management

ASK participants to provide examples of how manual handling hazards can be identified in the workplace.

RESPONSES could include:

- hazard report forms
- maintenance requests
- workplace inspections
- incident reports
- consulting with staff to determine the activities that cause discomfort, fatigue or are difficult to do.

Trainer's note

The Manual Handling Guide for Nurses provides guidance on prioritising manual handling hazards.

Prioritising hazards can be useful at the beginning of the project to achieve results quickly and promote progress. Prioritising can also be of value if funding is limited.

EMPHASISE that risk assessment is a critical component – do it thoroughly and the strategies for elimination or control are more likely to be obvious and effective.

Slide 1.15

Show Slide 1.15 – 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, which includes assessment of:

- the activity eg getting out of bed
- 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, chairs and medication trolleys.

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.

REFER participants to EXERCISE 5.

In groups, determine:

- who should be involved in risk assessment activities
- what sort of skills should they have.

DISCUSS

NOTE that it is recommended that risk assessment involve those actually doing the work. DISCUSS how this can be achieved practically.

EXPLAIN that once the risk has been assessed, the process shifts to control.

The Regulation 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.

REFER participants to 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.

Slide 1.16

Show Slide 1.16 – Elimination and risk control hierarchy

Trainer's note

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

BREAK

TOPIC 1.9

20 minutes

DETERMINING STANDARDS

HIGHLIGHT that the success of any program is dependent upon all staff knowing WHAT, WHEN, HOW and to WHAT STANDARD things should be done.

This is usually achieved through:

- policy
- procedures
- guidelines
- tools such as checklists
- performance standards
- training.

Slide 1.17

Show Slide 1.17 – Determining standards

REFER participants to 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.

DISCUSS

TOPIC 1.10

10 minutes

ALLOCATING RESPONSIBILITIES

EMPHASISE that all staff have responsibility for OHS. The scope of this responsibility and accountability should be clearly documented in position descriptions and contracts.

HIGHLIGHT that it is in both the interest of the organisation and individuals to have this clarified – LINK to Section 26 of the Act.

REFER participants to EXERCISE 8.

DIVIDE into groups.

TASK: The position description for the ADON in a hospital states that 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.

DISCUSS

TOPIC 1.11

15 minutes

PROMOTION

HIGHLIGHT that once a manual handling program has been developed, and most particularly when there are specific strategies to implement, it is essential that all relevant staff be informed.

EMPHASISE that 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.

Slide 1.18

Show Slide 1.18 – Promotion

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
- acknowledging who was involved in the development of the strategy
- highlighting the benefits to nurses
- highlighting the benefits to patients, where applicable
- outlining the timeframes eg trial, introduction or reviews
- clarifying responsibilities.

ASK participants to identify the strategies they have found worthwhile when promoting programs in the workplace.

Are there any strategies that didn't work? Why?

TOPIC 1.12**25 minutes****TRAINING**

HIGHLIGHT that once promotion of the program has been done, the success of the program depends on getting staff trained.

Slide 1.19

Show Slide 1.19 – Training

EMPHASISE that when planning training:

- Realistic training targets should be determined.
- Sufficient and qualified trainers should be available.
- Nurses working shiftwork should be considered.
- Resources for trainers should be identified eg availability of patient handling equipment.
- Documentation should be retained.

REFER participants to 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.

DISCUSS

BREAK

TOPIC 1.13

30 minutes

EVALUATION AND IMPROVEMENT

EMPHASISE that 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 ie trends.

Slide 1.20

Show Slide 1.20 – Program evaluation

REFER participants to 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.

DISCUSS

EMPHASISE that the information gained from the evaluation should then provide a catalyst to **improve** the program. Any or all of the system components may need to be adjusted to achieve a quality manual handling program, that ensures the elimination or minimisation of manual handling risk.

Slide 1.21

Show Slide 1.21 – Manual handling program

TOPIC 1.14**70 minutes****MANUAL HANDLING PLAN**

EXPLAIN that the manual handling plan, or project plan, is designed to support the manual handling program.

The manual handling plan should:

- specify the scope of the project
- identify stages or milestones
- specify activities required within each stage
- determine tasks for each activity
- determine responsibilities
- determine time frames
- allocate funding.

Slide 1.22

Show Slide 1.22 – Manual handling plan

Trainer's note

If more than four groups, additional time will be required.

REFER participants to EXERCISE 11.

DIVIDE participants into groups.

ASSIGN a scenario to each group (five scenarios to choose from). First, 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 the stage.

30 minutes with 5 minutes presentation per group.

DISCUSS

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.

TOPIC 1.15

20 minutes

SUMMARY

INVITE participants to provide final comment or ask questions on any aspect of the program. Provide an opportunity for participants to indicate how they intend using this program in their workplace.

EMPHASISE that the process for managing change is difficult, no less so when the focus of the change is manual handling.

Slide 1.23

Show Slide 1.23 – Effective change

The process for effective change can be achieved by applying the following eight steps, as defined by Cole:

1. sound preparation
2. create a common vision
3. clear communication
4. address concerns and enable participation
5. develop a clear action plan
6. celebrate progress
7. create a climate of certainty
8. follow up.

Slide 1.24

Show Slide 1.24 – Change is...

EMPHASISE that it is progress that must underpin the objectives of any manual handling program. By applying Cole's eight steps the potential for achieving progress is increased.

Slide 1.25

Show Slide 1.25 – Progress

HIGHLIGHT that progress in manual handling will ultimately be measured by nurses and will depend on:

- increased skills
- safer work systems
- safer work environments
- better and sufficient equipment
- effective management and supportive leaders
- improved patient care.

INVITE participants to ask final questions.

THANK participants.

MANUAL HANDLING FOR NURSES

Overheads

Manual Handling for Nurses

Program C:

Leadership and change

Outline of program...

- background
- legislation
- manual handling program

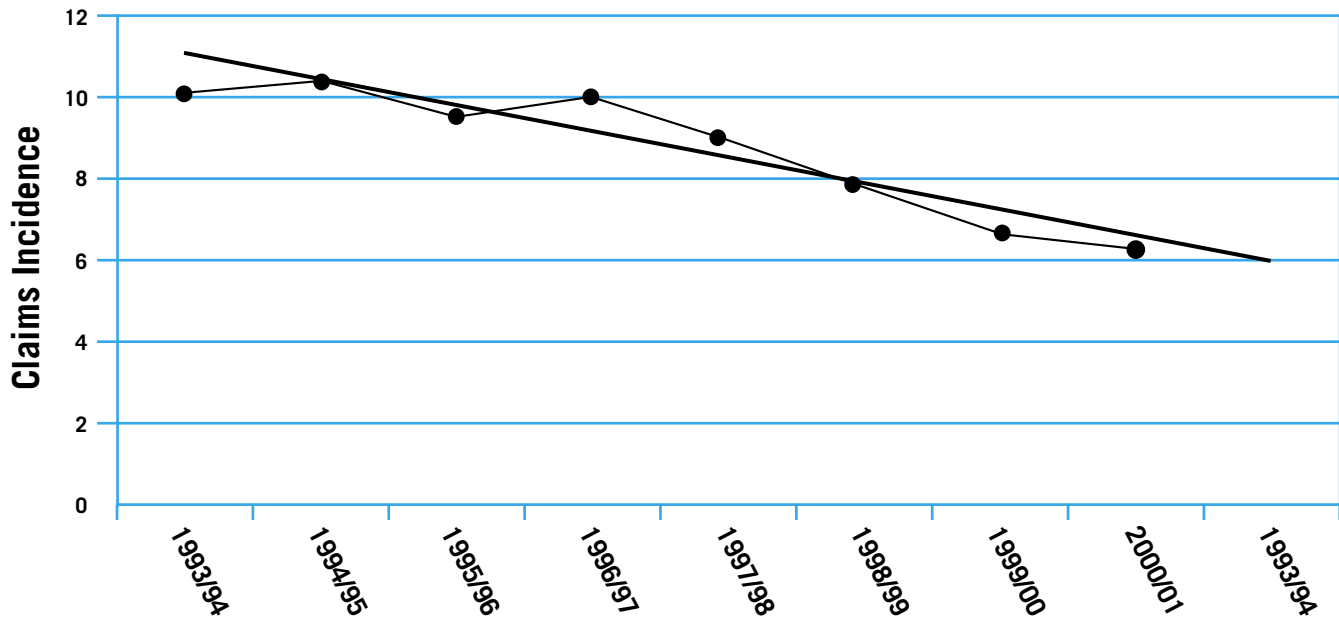
Focus... change management

Definition...

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

Occupational Health and Safety Regulation 2001 c79

Trends in Back Incident Rates...



Potential costs...

- human costs
- ↑ labour costs
- ↓ productivity
- ↑ training / retraining costs
- ↓ WC premium
- equipment repair
- incident investigation and management
- potential legal costs
- work bans
- injuries to patients

Employer responsibilities...

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

Manager responsibilities...

- ensure compliance with workplace policies and procedures
- consult
- respond appropriately to concerns
- arrange or conduct risk assessments
- implement safe work practices
- match work, staff availability and skill mix
- ensure appropriate equipment is available
- ensure training is provided
- investigate manual handling hazards and incidents
- maintain documentation
- or... have the work systems in place for all of the above

Current penalties...

Corporation

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

Individual Manager / Director

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

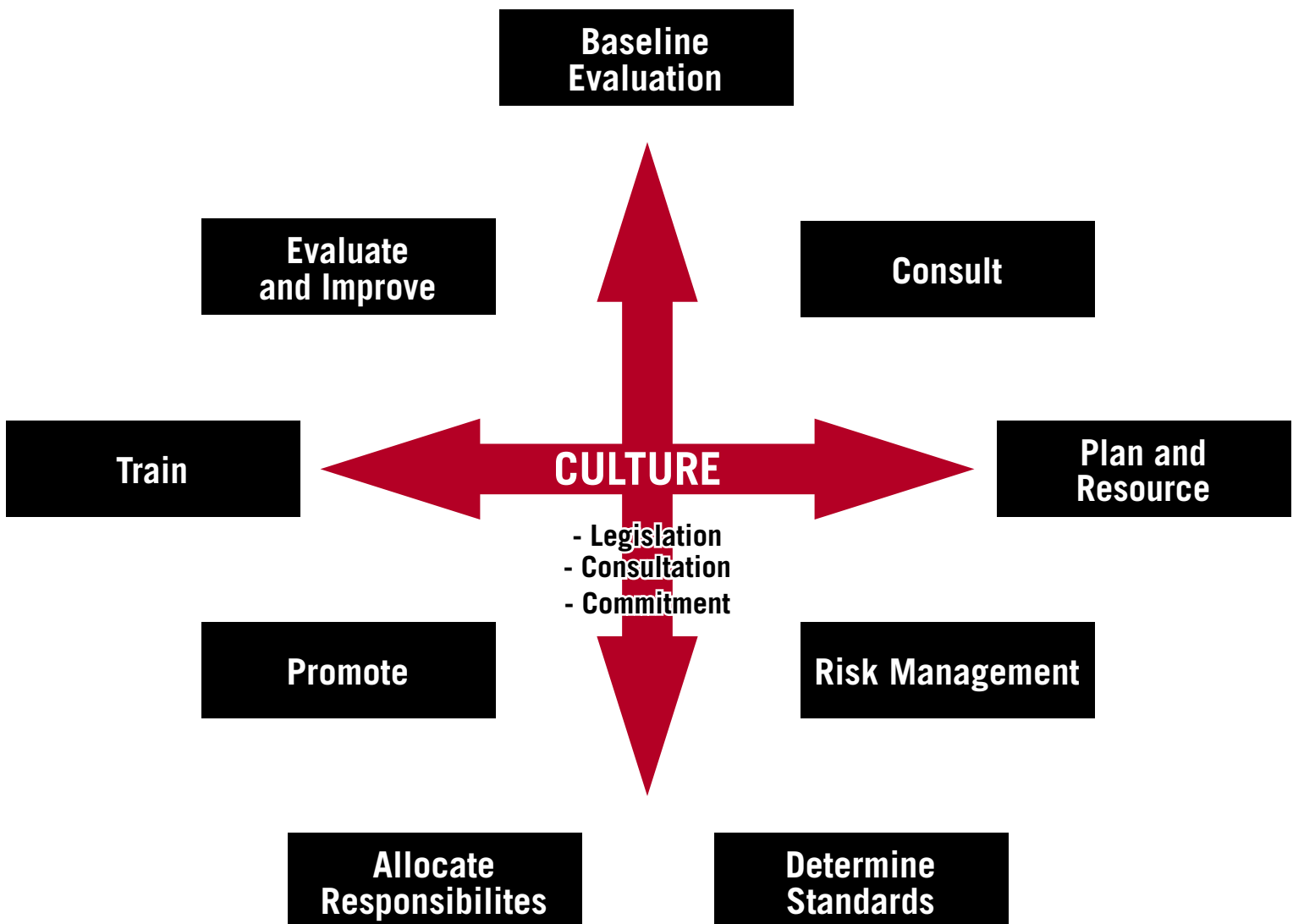
Individual / Employee

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

On-the-spot fines

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

Manual handling program...



Context...

CULTURE

Legislation

Organisational structures

Consultation

Workplace design

**Management
Commitment**

Work organisation

Purchasing considerations

Research findings...

- total body lifting including:
 - shoulder
 - log lift
 - from the floor
 - ‘Orthodox’ or ‘cradle lift’
 - ‘Top and tail’ lift [also called the ‘fore and aft’]
- dragging patients / hook manoeuvres
- pivot transfers
- draw sheet lifts – risk for wrist and upper limb rather than the back

Consultation...

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

Occupational Health and Safety Act 2000 s14

Planning...

- scope
- components, arranged in sequence... don't forget consultation
- responsibilities
- time frame
- financials – budget and funding

Risk management...

I **Identify** hazard

A **Assess** to determine risk

E **Eliminate** risk, or

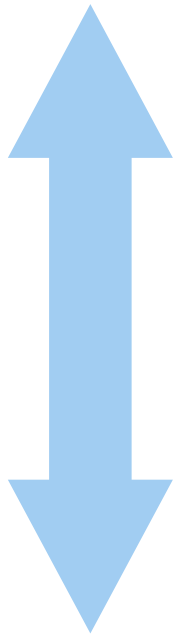
C Implement effective **Control** strategies

Risk assessment...

- Patient assessment
- Task assessment
 - Generic patient care activities
 - General activities involving manual handling and occupational overuse
- Equipment assessment
- Work system assessment

Elimination and risk control hierarchy...

Most effective



Least effective

ELIMINATE

or

Modify

Equipment

Work practice

Training

Determining standards...

- policy
- procedures
- guidelines
- tools
- performance standards
- training

Promotion...

- specify what the problem is and why change is needed
- how the change has come about
- who the change will affect
- what's required of individuals
- benefits – to nurses, to patients
- when?

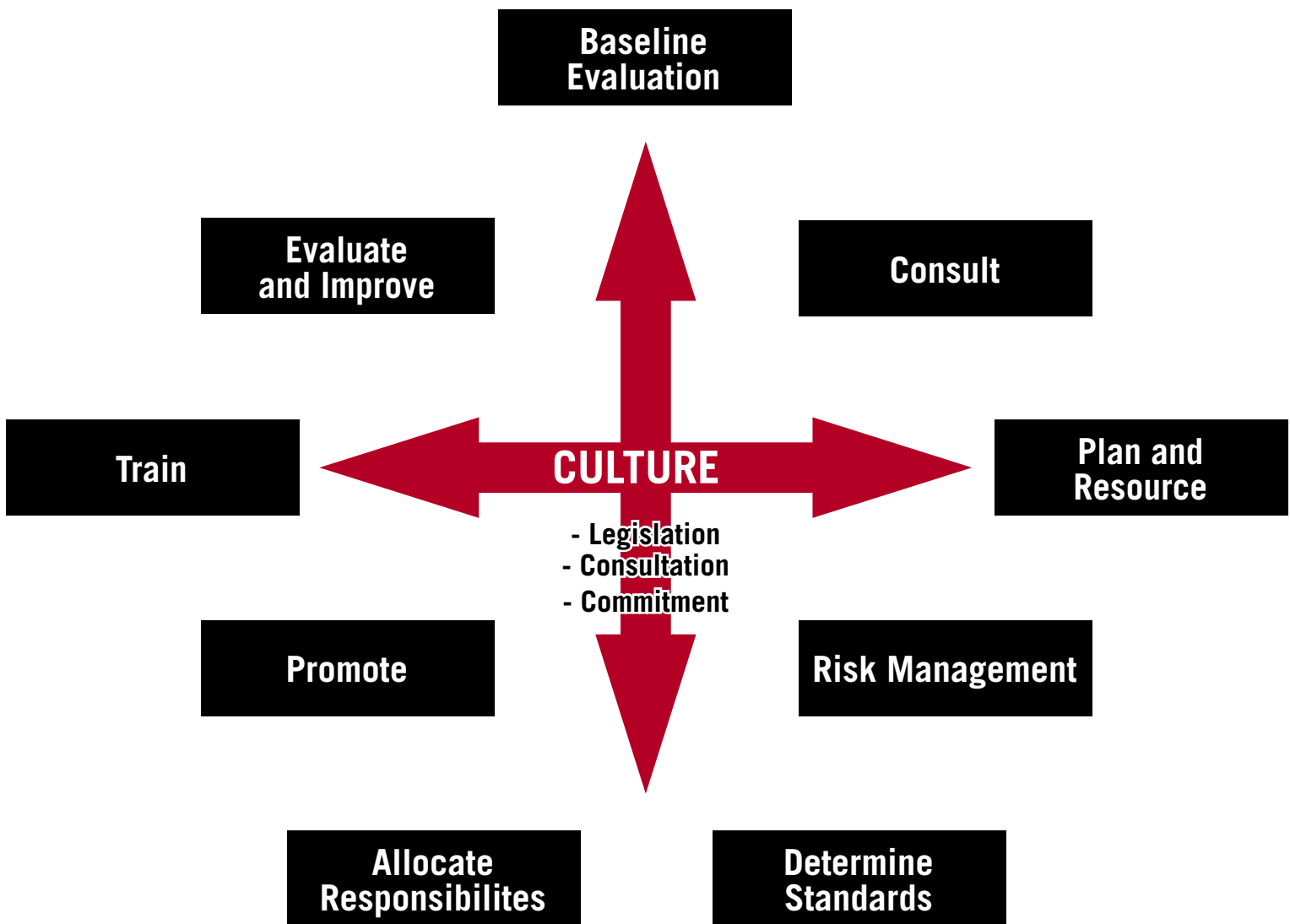
Training...

- realistic training targets
- sufficient and qualified trainers
- shift work considerations
- resources for trainers
- organisation of training
- documentation

Program evaluation...

- was the strategy implemented as planned
- are there any compliance issues eg staff not following procedures and why
- have there been any changes in conditions since the strategy was implemented
- any problems since introduction
- link to PPIs

Manual handling program...



Manual handling plan...

- define the project and scope
- identify stages or milestones
- specify activities for each stage
- determine tasks for each activity
- allocate responsibilities
- determine time frames
- assign budget

Effective change...

1. sound preparation
2. create a common vision
3. clear communication
4. concerns are addressed and enable participation
5. clear action plan
6. celebrate progress
7. create a climate of certainty
8. follow-up

...according to Cole

Change...

**Change is inevitable,
progress is optional.**

... Anon

Progress...

- increased skills
- safer work systems
- safer work environments
- better and sufficient equipment
- effective management and supportive leaders
- improved patient care