The Best Practice Guidelines for Manual Handling Risk Management in Disability and Community Care have been developed to provide practical assistance to disability and community service organisations on managing manual handling risk.

The Guidelines have been developed by DADHC as a contribution to the Disability Services OHS Project (2005/2006), which was established to develop and promote a practical approach to risk management in a disability services context.

The Guidelines were written by Ann Adams, DADHC Manual Handling Coordinator, at the central OHS Unit, DADHC. The input and support of the Manual Handling OT Services team is much appreciated.

June 2006

Copyright
C 2006, DADHC

Disability and Community Care organisations may use and photocopy materials within the guidelines for the purpose of developing a manual handling program and risk management resources but not for the purpose of commercial gain. Under the Copyright Act 1968, no part may be reproduced without prior written permission for any other use.
## CONTENTS

**Purpose of the Document** ........................................................................................................... 1

**Background** .................................................................................................................................. 2

**Legislative Context** .......................................................................................................................... 2

**Challenges to Managing Manual Handling Risks in the Sector** .................................................. 2

**Establish a Manual Handling Risk Management Framework** ...................................................... 7
  - A Policy Framework ......................................................................................................................... 8
  - Policy Statements .......................................................................................................................... 8
  - Manual Handling Guidelines ........................................................................................................ 8
  - Manual Handling Procedures ....................................................................................................... 9

**Manual Handling Risk Management Supporting Strategies** ....................................................... 10
  - Risk Management Flowchart ....................................................................................................... 11
  - Risk Identification ........................................................................................................................ 12
  - Risk Assessment .......................................................................................................................... 14
  - Risk Control .................................................................................................................................. 16
    - The Risk Control Plan ................................................................................................................ 16
    - Constraints to Risk Control ...................................................................................................... 17
  - Negotiating Risk Controls ............................................................................................................ 19
    - Client/Carer Participation .......................................................................................................... 19
    - Advocacy .................................................................................................................................... 19
    - Case Review ............................................................................................................................... 19
    - Client Resistance to Implementation ....................................................................................... 19
    - Continuation of High Risk Tasks ............................................................................................... 19
  - Implementation of Risk Controls .................................................................................................. 20
  - Escalation ...................................................................................................................................... 20
  - Monitor and Review ..................................................................................................................... 20
  - Documentation ............................................................................................................................. 21
    - Safe Work Procedures .............................................................................................................. 21
    - Manual Handling Procedures .................................................................................................. 21

**Training Care Workers** .................................................................................................................. 22

**Client Manual Handling Equipment** ............................................................................................ 24

**Resources** ..................................................................................................................................... 28

**References** ..................................................................................................................................... 29

**Appendices**

- Appendix A  Disability and HACC Service Standards and Principles
- Appendix B  Key Elements of Manual Handling Legislation
- Appendix C  Overview of Risk Management
- Appendix D  Manual Handling Risk Identification and Assessment Checklist
- Appendix E  Client/Authorised Representative Agreement for Manual Handling Risk Assessment.
- Appendix F  Care Worker Information Pamphlet
- Appendix G  Safe Work Procedure Template
- Appendix H  Sample Safe Work Procedure
- Appendix I  Client Manual Handling Plan
- Appendix J  Sample Manual Handling Procedures
PURPOSE OF THE DOCUMENT

The purpose of this document is to provide practical guidance to employers and managers in the Disability and Community Services Sector on managing the risks associated with the handling of people. It will also be of interest to workers, clients and their carers, OHS professionals and governance agencies.

This document is intended to assist employers in the sector to meet their legislative obligations to identify and manage manual handling risks in a way, which ensures the needs of service users are also met.

Many service providers in the sector have underpinning knowledge and skills in the fundamentals of manual handling risk management. There is a wide selection of guidance material available on the topic (see Resources Section). This publication does not review the basic principles of manual handling risk management. The aim is to build on existing material by presenting additional strategies that can be applied within the risk management framework for managing the risks associated with the handling of people in the Disability and Community Services Sector.

The guidance material outlines strategies service providers in this sector have used to deal with everyday challenges, whilst continuing to provide a quality service and minimising the risks to both the worker and the client.

The specific issues and challenges, which impact on manual handling risk management in the sector, are defined. Guidance material, which includes practical advice, real life examples, case studies, tools and resources are provided.

The advice in this publication is not prescriptive. There may be alternative or future improvements, which will enhance the provision of services that minimise the manual handling risks to both service providers and service users.

BACKGROUND

The manual handling of people, particularly assisting clients with daily activities such as personal care and mobility tasks constitute a large proportion of the manual handling activities performed by care workers in disability and community care services. Approximately 30% of all injuries in the community services sector are related to manual handling.

This indicates the risks associated with lifting, pushing, pulling, carrying, holding, moving or restraining people and objects during the provision of care are significant and require ongoing management. Most manual handling injuries are preventable through better approaches to managing risks.

The management of these risks is often complex as there are physical risks to the worker and client but also wider risks to the client of loss of independence and autonomy. There is interplay of many factors e.g. social, medical, financial, psychological, relational and environmental which affects the level of complexity in managing manual handling risks.

The challenge to the Disability and Community Services sector is to provide essential services to people with disabilities and simultaneously meet OHS obligations.
LEGISLATIVE CONTEXT

Service providers in the Disability and Community Care Sector are obliged to apply the principles of the NSW Disability Services Act and also to meet their obligations as employers under the NSW Occupational Health and Safety Act 2000.

This guidance does not give detailed advice on how to comply with the law but rather highlights the basic requirements of each and some of the challenges presented to the sector when seeking to comply with both pieces of legislation.

NSW Disability Services Act

The NSW Disability Services Act (DSA) 1993 enshrines in legislation an approach to people with disabilities which acknowledges that these people are equal members of Australian Society and are entitled to the same rights as any other citizen. Service providers in the sector support the legislation by complying with the Disability Service Standards and the HACC Service Standards (Appendix A). In accordance with Standard 3, people with disability have a right to receive a service that supports them to live independently and in the manner that they choose.

The DSA and associated standards focus on the individual rights of people with disabilities. They outline the principles service providers must apply when designing and administering their services. (Appendix A)

NSW Occupational Health and Safety Act 2000

The NSW OHS Act 2000 describes general duties and legal obligations in regard to OHS matters. It requires employers, to ensure the health, safety and welfare of their employees. Part 4 of the NSW OHS Regulation 2001 sets out the specific requirements for manual handling and the National Code of Practice for Manual Handling 1990 provides guidance on how to meet the requirements of the regulation. The core elements of the manual handling legislation are outlined in Appendix B. In addition, much of the existing guidance material expands on the legislative requirements (see Resources Section).

CHALLENGES TO MANAGING MANUAL HANDLING RISK IN THE SECTOR

There is no essential conflict between Disability Services and OHS legislation. However, there are potential tensions that need to be effectively managed in the interest of the clients and staff involved.

A balanced approach is required. It is not acceptable that OHS considerations are narrowly interpreted to exclude involvement of the client. Neither is it acceptable that client considerations place at risk the safety of staff providing care.

“The aims of the risk management process should be to meet the clients expressed wishes and their assessed needs for independence and autonomy whilst ensuring the safety of all concerned.” (UK Health and Safety Executive, 2004)

Under common law no individual, has the right to put another at risk by their acts or missions. Whilst clients do have rights, a client and/or their authorised representative do not have the right to put others at risk by their acts or omissions. They cannot ask staff to take unnecessary risks in the provision of care. Workers have a professional responsibility toward the client but it does not extend to putting themselves at risks of injury whilst carrying out their duties. Therefore, clients also have responsibilities towards the workers providing their care, which include maintaining a safe premises and informing the service provider of any changes in function.
Service providers should seek to foster a collaborative approach to the risk management process, enshrining principles of informed consent, agreement, active participation, consultation, advocacy and review mechanisms. This approach applies with all key stakeholders involved in the process. The challenge is one of managing their various needs and expectations.

What follows is an outline of issues, clients, workers and employers may present during the process of managing manual handling risks, which need to be addressed to deal with any conflicting perspectives.

**Clients**

Client manual handling is occurring in the sector for people with disabilities who are receiving services for personal care tasks such as showering, toileting, feeding, dressing, grooming and mobility tasks. Due to the very personal nature of these services clients have the right to expect that they will be provided with a high degree of sensitivity, respect and professional conduct on the part of the service provider and also in a manner, which ensures their individual needs, are met.

When manual handling risks are identified, the manner in which the client’s care has been provided may be deemed unsafe and significant changes may be required. The client and/or their authorised representative may resist these changes by expressing their concerns in terms of their right to choose the method of care and to maintain their independence. In many instances the client and the worker may have determined their own work practices with minimal input from the service provider, which may have included high risk tasks. These practices may have continued without incident, over many years.

Clients and/or their authorised representative can at times perceive a bias from the service provider in terms of the Occupational Health and Safety of the workers over their own rights, abilities and independence.

> “I have always instructed my carers in how to provide my service, I know what works best for me.”

> “I have a right to be cared for how I like in my own home.”

> “We have done the transfer by lifting this way for many years, no-one has got hurt so far.”

> “I am able to stand in the shower with support, my carer is right there, I’m not ready for a chair yet.”

> “My son likes it done that way, the bath keeps him calm and relaxed.”

> “If she is not assisted to walk to the toilet a few times a day she will loose her mobility.”

The client’s home (whether a private dwelling or supported accommodation in the community) is their home. Clients control and/or have significant say in the environment and often express concerns when manual handling equipment is to be introduced or environmental modifications are required. There can be issues around whose responsibility it is to fund such changes.
Client manual handling also occurs during services, which provide community access e.g. outings, attending appointments etc. When manual handling risks are identified these services may require modification or to be postponed for a time. This can present difficulty for clients in terms of meeting individual lifestyle plans and limiting their activity outside the home.

Employees

Several perspectives are observed amongst workers providing services to clients in the sector. Perspectives vary according to such factors as personal experiences of injury and incidents in the workplace, client and employer attitudes towards OHS and the provision of care, understanding of professional boundaries in the work place, personal expectations etc.

Workers can sometimes experience tension in terms of loyalty to their client and/or their employer. In some situations the worker can present barriers to employers managing manual handling risk, as they perceive the rights and needs of the clients to be paramount. Workers sometimes wish to protect clients from change, which they perceive may bring additional stress or hardship to the client. Workers may continue to put themselves at risk to ensure client needs are met.

Workers may have worked with clients to establish work procedures that suit and have been adhered to without incident for many years. They may have done this without input or support from their employer. Some workers perceive the intervention from the employer as purely meeting legislative requirements and not related to a genuine interest in them or their clients. Workers may feel threatened by an examination of their work practices and experience feelings of guilt if they are not seen as current best practice. Many workers operate in unsupervised workplaces where monitoring of work practices is a challenge to employers. Resistance to changing their own work procedures can be based on the assumption that the new procedures may upset the client, take more time, require more staff and require training or instruction from an expert.
“I don’t have a problem doing it this way. I’ve done it like this for years.”

“The client and I have worked out that this is the best way. I’m doing it everyday so I know what works here.”

“There are no issues here; we are getting on without any problems thanks.”

“If I do it that way, the client will be upset and it will take me longer.”

Workers may at times not co-operate with the employer due to ramifications from the client. Workers have expressed fears of losing work if the client thinks they are “making trouble”; there have been instances of feared verbal and emotional abuse from clients if hazards are reported. Staff have, at times continued unsafe practices despite agreeing to follow the employers instruction. This can be due to insistence from clients to follow their instruction in the unsupervised work place.

It is not uncommon for staff to present one perspective to the client and another to the employer due to their split loyalties and fears.

To the Client – “Yes, I can manage it this way if that’s what suits you.”

To the employer – “The client wants me to put his pants on while he stands up, he is very unsteady and I feel like he might fall.”

Other workers who may have experienced a manual handling injury or incident will demonstrate another perspective. These workers often perceive their rights as paramount and will not provide services they perceive to be unsafe. There can be some dispute around degree of risk associated with manual handling tasks.

“I am not going to do the shower that way as the client holding the rail is not as safe as him sitting in a chair.” (Client deemed to be safe in standing)

“The client just keeps refusing to make the changes; I’m not going back there until they are made.”

Many workers in the sector work collaboratively with clients and employers to achieve positive outcomes for all parties.

**Employers**

Service providers are primarily funded to deliver care to people with disabilities living in the community with the aim of maintaining them at home. Significant rates of injuries to workers result in less funds for the delivery of such services.

Employers are responsible for addressing the rights of both clients and their employees during the provision of care. Employees can often extend to include agency, casual, relief staff and volunteers.
There can be considerable challenges for employers in controlling identified manual handling risks within reasonable time frames. This can be particularly difficult where the workplace is not under their direct control i.e. client homes, public places. Under the NSW OHS Act (2000) the controller of the premises must ensure the premises are safe and without risks to health, however, the Act does not apply to private dwellings. There is some confusion around who is responsible for control of premises when the private home becomes a workplace. Most service providers include client responsibility for maintaining safe premises in their service agreements as a condition on which services will be provided.

There may also be complex issues to resolve with clients and/or workers, funding constraints, poor access to equipment and long time frames for modifications etc. There can be difficulties in implementing an effective short-term solution if the ideal solution requires time to implement. In the interim workers can remain at risk and services need to continue.

The nature of the workforce can also increase the complexity of managing manual handling risks. Currently in the sector there is high turnover of staff that increases the rate at which training needs to be provided by employers. Staff shortages can mean limited access to staff for training. Also additional staff may not be available or funded to implement safe work procedures eg. following risk assessment it may be determined that two staff are required to safely shower and dress a client with uncontrolled movement and only one had been previously rostered.

Organisations who are managing clients care often contract agencies to provide care workers. The contracted agency as the employer of the staff has the overall responsibility for the health and safety of their workers. Agencies are responsible for ensuring that contracts with the managing organisation address issues such as the transfer of relevant risk management information and that adequate risk management systems are in place. The managing organisation is responsible for meeting employer responsibilities under Section 8 of the OHS Act 2000 (Appendix B.)

In this sector there are examples of shared responsibility by both employers for the OHS of these workers. For example some organisations in the sector negotiate with agencies that their staff come equipped with a basic level of manual handling training however, task specific training will be provided on the job by the contracting organisation.

It is evident from these perspectives that all groups face challenges in providing and receiving services in the community. A collaborative approach is required where the employer, workers and clients work together in partnership to consider the risks and how to best address them. It is useful to have a guiding framework in which this collaboration can take place.
ESTABLISH A MANUAL HANDLING RISK MANAGEMENT FRAMEWORK

An effective risk management framework will be based on guiding legislation and include a manual handling policy, guidelines for policy implementation and practical risk management procedures which include tools and resources. (Figure 1)

```
OHS Legislation
  ↓
DADHC OHS Policy
  ↓
Risk Management Policy
  ↓
Manual Handling Policy
  ↓
Manual Handling Guidelines
  ↓
Risk Management Manual Handling Procedures
```

- OHS Act 2000
- OHS Regulation 2001
- Manual Handling Code of Practice 1990
- OHS Policy
- Risk Management Policy
- Manual Handling Policy
- Manual Handling Guidelines
- Risk Management Manual Handling Procedures
A Policy Framework

A manual handling policy is an organisation's statement about the approach to managing manual handling risks. It states the “message” the organisation wants heard and spoken in relation to manual handling. The policy therefore, should include a clear statement on client manual handling. Managers, workers and clients need a position from which to manage client related manual handling risks. It is advisable that such statements are based on the guiding legislation i.e. the NSW OHS Regulation.

Such policy statements often require further clarification in Manual Handling Guidelines. Such guidelines expand on the practical implications of policy implementation. Additional Manual Handling Procedures provide the practical tools to implement a comprehensive manual handling risk management system.

Policy Statements

Current practice in the human services sector indicates a move away from the term “no lift” in relation to client handling. Whilst this terminology was useful when manual handling risk management systems were being introduced into the human services sector, experience indicates that such terms are often misinterpreted.

Many alternative terms are in use by service providers eg. Minimal lifting, safe lifting, safer lifting, safe client handling etc. Whatever terminology is chosen it is important to remember that manual handling involves more than lifting.

Sample client handling policy statements are presented below:

It is recognised it is not possible to eliminate all manual lifting of clients. However, no employee should lift, lower, push, pull, carry, otherwise move, hold or restrain most or all of the client’s body weight unaided. When most or all of the client’s body weight needs to be moved manually assistance must be sought from mechanical aids, or where no other option exists, another worker. Risk control must be achieved, as far as reasonably practical by means other than team lifting.

Managing risks associated with client handling involves the application of risk management principles to activities involving repositioning, transfer and lifting clients so that employees are not required to manually move most or all of the client’s body weight. This means that client handling tasks are eliminated where possible and, where they can’t be eliminated equipment is used to reduce the risk of injury to as low a level as possible.

These statements highlight the following key features of a client handling policy statement:

- Workers are not to manually move most or all of the client’s body weight unaided
- If this has to occur then mechanical equipment must be used
- Manual lifting is to be the last option when all others have been exhausted.
Manual Handling Guidelines

Manual Handling Guidelines further expand on all elements of a manual handling policy however, they should include specific information relating to the organisations policy statement on client handling. The information in subsequent sections of this document could be incorporated into such guidelines.

The guidelines present an operating framework for the policy statement to ensure consistent application and compliance with legislative requirements. Effective guidelines would include the following:

1. Criteria for safe and effective handling
   a. Client characteristics which indicate higher risk
   b. Elimination of high risk tasks
   c. Procedures if high risk tasks are to continue

2. How risk management integrates into the overall client assessment processes and ongoing client care plans.

3. Risk identification and assessment procedures (including hazard reporting)

4. Consultation procedures

5. Approaches to implementing Risk Control

6. Procedures for monitoring and review

7. Procedures for incident and injury reporting and investigation

8. Approach to manual handling training

9. Supply and use of assistive devices

10. Implications on service delivery eg. When is it appropriate to modify/withdraw services?

11. Responsibilities in terms of agency staff and volunteers

Manual Handling Procedures

These are the specific tools and resources the service provider uses to implement the policy and guidelines. They may include: hazard report form including manual handling hazards; workplace inspection checklist including manual handling risks; client assessment tools incorporating manual handling risk assessment; manual handling risk identification and assessment checklists for assessing manual handling tasks; risk control action plan; safe work procedure template; client manual handling plan template; generic safe work procedures; manual handling injury investigation checklist; procedures and standards for expert risk assessment and program evaluation form etc.

There are many examples of these in existing guidance material (see resources section). Some examples are included in this document.
MANUAL HANDLING RISK MANAGEMENT – KEY SUPPORT STRATEGIES

It is assumed that the reader is familiar with the basic process of risk management. There is a summary in Appendix C. Risk Management legislation and policy forms the framework for manual handling risk management.

Figure 2 illustrates the manual handling risk management process on the left. The supporting strategies that can be implemented at each stage of the process are summarised on the right.

This section of the document describes each of these strategies and includes practical advice for implementation.
Manual Handling Risk Management

Support Strategies

Manual Handling Risk Identified

Comprehensive needs assessment

Hazard Reported

Consult client

Manual Handling Risk Assessment

Client/Authorized Representative Agreement

Consult workers and key stakeholders

Risk Control Plan

Expert involvement

Risk Control Action Plan

Risk Control Action Plan

Short, Medium, Long term controls. Allocate responsibilities & time frames

Negotiating Risk Controls

Advocacy

Inform & consult client, workers, & key stakeholders

Case Conferences

Implementation of Risk Controls

Training of Care Workers

Client Manual Handling Equipment

Risk Controlled

Documentation of safe work procedures

Yes

Client Manual Handling Plan

Manual Handling Procedures

No

Escalation to next level of management

Refer OHS Rep or Committee

Consultation with OHS personnel

Monitor and Review

Figure 2
RISK IDENTIFICATION

Client manual handling risks are best identified during the overall assessment for client service. This allows OHS issues to be built into the design of the care plan with high risk tasks/practices being engineered out if possible.

Client manual handling risks are identified in five key areas; risks can be associated with the client, staff, environment, equipment or the tasks themselves. There are many manual handling risk identification checklists available in existing guidance material (see Resources). The DADHC checklist is included at Appendix D.

There are some factors, which indicate increased risk in client handling situations. These include:

1. Clients who:
   - Have unpredictable and/or uncontrolled movement. 
   - Have a deteriorating and/or fluctuating condition. 
   - Are inconsistent in their ability to weight bear. 
   - Are non-weight bearing and/or unable to support most of their body weight during manual handling tasks. 
   - Are prone to unexpected falls 
   - Have special handling needs e.g. fragile skin, breathing difficulties pain on movement, deformity, contractures, challenging behaviour impaired communication, obesity etc.

2. Continuation of high risk tasks

Several client manual handling tasks have been identified by the human services sector as those known to cause manual handling injury. Where these tasks are in use they should be identified and managed as a significant manual handling risk. These tasks should be targeted for elimination from work procedures. They include:

- Bear hug transfer
- Hook under the arm transfer
- Cradle or orthodox lift
- Top and tail lift
- Modified shoulder lift
- Full body lift
- Tasks where workers are required to work on both knees

It is important to re-visit client handling situations regularly to identify manual handling risks as many factors change over time. It is beneficial for workers who do not regularly provide the care to the client to complete a review of the workplace.

Reporting the Risk

Manual Handling risks arise from hazards in the workplace. On identification of a hazard employees are required to report the hazard. Manual handling hazards/risks are best incorporated into the organisations generic hazard report form and staff should report manual handling hazards via the standard hazard reporting processes of the organisation.
Inform Client

When a hazard is reported the client must be informed. It is preferable that at the time of establishing a service with the client they are informed about their rights and responsibilities in terms of OHS. Then, when a hazard is reported they are aware of the organisation’s procedures. Some useful information to present to clients includes:

- **Your home is the care workers place of work**
- **Under OHS Act 2000 employers have a duty of care to their employees to plan for the prevention of workplace injury and illness.**
- **When the work place is a client’s home the responsibility to provide care workers with a safe work place is carried by both the service provider and the client.**
- **You must maintain a safe working environment, which complies with OHS legislative requirements.**
- **Under the law our staff are required to identify hazards in their workplace. If a hazard is identified they are obliged to report it to us. You will be informed if a hazard is reported. You will be able to participate in resolving any hazards.**
- **You have a responsibility not to request workers to do tasks or to do them in a way that could put them at risk of injury.**
- **At times, some changes may need to be made to the way tasks are done to ensure everyone’s safety.**

The service provider may wish to establish specific obligations the client and employer has e.g.

- **Client will provide the correct equipment for lifting and transferring in good working order.**
- **Inform the service provider if your physical ability declines.**
- **Insist staff follow the safe work procedures that have been established for your service.**
- **Position furniture and clear away cluster so your carers can have easy access to the work surfaces and spaces without risk of injury**
- **Maintain professional communication with carers and clear instructions about work requirements and expectations.**
- **Do not request carers lift you from the floor if you should fall.**
- **Willingly participate in meetings regarding any OHS risk that might be identified in your home.**
- **Ensure pets are kept out of work areas while personal carers are working, etc.**
RISK ASSESSMENT

Following the identification and reporting of a manual handling risk the service provider must conduct a manual handling risk assessment. Strategies to support the risk assessment process are outlined below.

Client Agreement

Prior to the commencement of the risk assessment process the client and/or their authorised representative should be informed and agree to participate in the process.

It may be important to revisit the information the client has been provided in the past. Additional information specific to the manual handling risk assessment should be presented to the client and/or their authorised representative to enable them to understand and agree to the process.

- Generic information about the service provider and commitment to client and staff safety.
- The purpose of a manual handling risk assessment
- Who would conduct the assessment
- The reasons for a risk assessment to be conducted on the service
- The client’s rights and responsibilities in the process
- The potential impact on the service
- Procedures for further questions or grievances.
- Contact details

Whilst clients cannot directly refuse a risk assessment seeking their agreement gives the service provider and client the opportunity to negotiate and resolve any concerns prior to the commencement of the process. This can be in the form of a simple signed agreement (see Appendix E).

If following initial consultation, the client does not agree to the assessment the issue may need to be elevated to the next level of management and/or other parties involved e.g. advocate, client relations officer, OHS staff, etc.

Inform and Consult with Staff/Key Stakeholders

The care workers are key stakeholders in the risk assessment process and as such should be adequately informed about the risk assessment process relating to individual clients. Under the legislation workers must be consulted about issues, which affect their health and safety. Informing the workers ensures that they understand the purpose of the assessment and their roles and responsibilities. Again, any concerns they have can be resolved prior to the assessment taking place. Such information can be developed into a staff information sheet (see Appendix F) and can include:

- Why risk assessments are done
- Who will be involved in the process
- Responsibilities
- How the worker can assist the process
- Procedures for further questions and grievances
- Contact details

Other key stakeholders may include advocates, case managers, and therapists etc who should also understand the reasons for and process of the risk assessment.
**Conducting the Risk Assessment**

Risk assessment determines the various risk factors involved in client manual handling tasks. It involves analysing information about the task to determine the source, nature and degree of risk. It is used to determine the likelihood and severity of injury from the risk. A good risk assessment will assist in determining the direction for effective risk control.

Where a manual handling risk has been identified the service provider is obliged to conduct a risk assessment.

Clause 81 of the Regulation states that employers conducting manual handling risk assessments must take into consideration the following factors:

a) Actions and movements (including repetitive actions and movements)
b) Workplace and workstation layout
c) Working posture and position
d) Duration and frequency of manual handling
e) Location of loads and equipment
f) Weights and forces
g) Characteristics of loads and equipment
h) Work organisation
i) Work environment
j) Skills and experience
k) Age
l) Clothing
m) Special needs (temporary or permanent)
n) Any other relevant factors

Again there are many manual handling risk assessment tools included in existing guidance material. (See Resources).

Due to the unique characteristics of individual clients and their environments manual handling risk assessments must be conducted on an individual basis. Beyond the specified areas for assessment there is often a complex interplay of many other factors which impact on client handling tasks. The risk assessment must also pay attention to how these will impact on the safe delivery of care. Such factors may include; environmental issues, financial situation, needs and abilities of family carers, psychological and cognitive factors, medical issues, carer/client relationships, other social factors etc.

Assessment may require the input of a number of staff (including those rostered on night shifts and weekends) family members, and depending on the complexity of these issues the expert advice of Occupational Therapists may need to be sought to assist in the risk assessment process.

Where experts are consulted it is useful for the referring organisation to provide guidance, which outlines the standards and requirements for manual handling risk assessments for the individual organisation. Such information may include the manual handling policy and procedures, organisational expectations in terms of level of involvement, decision making powers and documentation requirements.

In client manual handling situations re-assessment of manual handling risks is an ongoing process. Many factors change over time and so to be effective, manual handling risk assessments must be kept up to date. When the client and/or procedures change or the safe work procedures are no longer appropriate the risk assessment must be reviewed. It should be embedded into the care plan that clients and care workers can request re-assessment any time they feel their needs or circumstances have changed.
RISK CONTROL

Where risks associated with client manual handling tasks have been identified and assessed, specific risk control measures need to be developed and implemented. The aim of risk control is to eliminate and where this is not possible minimise manual handling risks.

The Risk Control Plan

The development of risk control measures is usually carried out at the same time as risk assessment whilst the same groups of people are together.

Following risk assessment, tasks and/or client handling situations can be prioritised for control. Examples of high priorities would include:

- An injury or incident has occurred
- Tasks have been assessed at a high level of risk
- Establishment of a new service (it is important to start the service with minimal risks and safe work procedures in place)

In planning risk control measures the hierarchy of hazard control is a useful tool to problem solve solutions by considering the most to least effective methods of control. Often a combination of controls will be required to achieve the most effective result. The OHS regulation outlines the hierarchy of hazard control as:

1. Elimination
2. Substitution
3. Isolation
4. Engineering
5. Administrative
6. Personal Protective Equipment

Information on risk control methods is available in existing guidance material (see Resources Section).

A documented risk control plan is helpful in defining the risk control strategies, time frames, the actions required, who is responsible and the date controls were implemented.

<table>
<thead>
<tr>
<th>Risk Control/s</th>
<th>QF</th>
<th>ST</th>
<th>LT</th>
<th>Who is Responsible</th>
<th>By When</th>
<th>Date Controls Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QF = Quick Fix   ST = Short Term Control   LT = Long Term Control

Such plans establish a clear plan for implementation from which the consultation process can occur. It also provides evidence that risk control is being managed in situations where controls cannot be implemented immediately.

Risk control options should be considered in terms of quick fix, short, medium and long-term solutions. This approach enables service providers to continue to provide services to clients whilst in the process of managing risks to staff.

This planned and staged approach to manual handling risk control is necessary in the disability and community services sector as manual handling risks are often the result of an interplay of many complex factors (as previously discussed). The identification and implementation of effective risk control measures often needs to be managed over time.
Constraints to Risk Control

Some of the constraints around immediate risk control for the sector include:

a) Time required to manage client/staff issues related to understanding and/or accepting the required changes. E.g.

A hoist was determined to be the long-term solution to the risk of top and tail lifting Mr F. Mr F and his carers were resistant to using a hoist in the home as they felt there were other options that could be tried first. Mr F and his carers wanted him to continue to participate in his transfers and so maintain some mobility and independence. A hoist was also an obvious piece of equipment which reminded them of a hospital environment. The Occupational Therapist spent 2-3 months trialling alternate methods e.g. pivot board, sliding board, slide sheets etc. Whilst the therapist could predict these options wouldn’t be successful or safe the client and his carers had a need to experience them to be able to arrive at the point where they could accept the hoist.

b) Access to, trial and purchase of equipment.

If large items of equipment e.g. hoists, slings, beds, commodes are required to control client manual handling risks there are often significant time delays in implementing controls.

There can be difficulty accessing the required item/s for trial within short time frames. Trial of equipment usually involves scheduling the key stakeholders, an Occupational Therapist and the equipment supplier to be present. This can take time in itself. Several types of the same item or multiple items may need to be trialled so this arrangement may need to be made multiple times.

Once the required items have been selected there is usually a trial period during which all users are consulted about the “success” of the equipment and the associated work procedures.

Purchase of equipment can also be time consuming. Most client handling equipment is prescribed due to a functional need of the client as much as for the safety of the staff. Many clients are eligible for such equipment to be provided through the Program of Appliances for Disabled People (PADP) scheme, however, in some areas waiting periods can be as long as two years. Interim options for equipment loan include hospital or disability organization equipment loan pools however, supplies are often limited to clients actively using these services. Equipment hire can be helpful short-term option, however funding this option is often beyond the client and the service provider. In some cases clients will purchase the equipment directly or seek financial support from charities. Most service providers are not adequately funded to readily purchase client equipment.

c) Environmental Modifications

Effective risk control may include a recommendation for environmental modifications. This again is a time consuming process, which can delay the management of significant manual handling risks. As with equipment, there is a process involving several parties to determine the modifications required. Consultation must occur with key stakeholders re the proposed modifications and funding arrangements need to be determined. Clients who are eligible for assistance from the Home Modifications and Maintenance Scheme (HMMS) can experience significant waiting periods.
d) Access to staff for training

Once the risk controls have been implemented whether short, medium or long-term solutions staff are to be trained in safe work procedures. Access to staff for such training can take time as there may be 10 staff who service the client however, only two visits each day. There may be night shift and weekend staff as well as casual staff who need to be scheduled for training. Backfill costs for staff or additional payment to attend training can be prohibitive for some service providers. In addition in some parts of the sector staff shortages can mean staff cannot be released for training as replacement staff are not available. If all staff require on the job training it can be time consuming and costly.

e) Access to specialists/experts

Often specialist expertise is required to manage manual handling risks in the sector. These can include Occupational and Physiotherapists, behaviour management consultants etc. Access to these services can be limited and long waiting periods can apply. Alternatively, purchasing these services is very costly.

These constraints to risk control often mean that staff could remain at risk whilst controls are being managed. The employer is obliged to reduce the risks as far as reasonably practicable. “It is not acceptable under OHS legislation that unsafe work practices, which pose immediate injury to the care worker are allowed to continue unaddressed until a satisfactory solution is found.” (UK)

Quick fix or short-term solutions can minimise risks until long-term controls are implemented. The nature of these controls will be determined by the degree of risk to the staff. Short-term controls may include strategies such as eliminating risky tasks, modifying risky parts of tasks or the service, providing additional staff or seeking assistance from family carers, completing tasks in another part of the house, using buddy systems for staff training etc.

---

| Client deteriorates and is non-weight bearing, he is bed sponged until a commode is found. |
| The laundry is used instead of the bathroom until modifications can be made |
| The client’s bedroom is very small with no access to the bathroom. A temporary bedroom is established in the living room whilst waiting modifications. |
NEGOTIATING RISK CONTROLS

Once the risk control plan has been developed the implementation plan may need to be negotiated with key stakeholders.

Client/Carer Participation

Involvement of the client in the risk assessment process will ensure their views and wishes have been considered when the risk control action plan was developed (as required by the Disability Service Standards). The risk control action plan is then discussed with the client and options to address the risks are fully explored with them.

Advocacy

During the risk management process some clients and/or service providers may choose to involve an advocate. A non-biased third party can assist in negotiating positive outcomes. The option for advocacy should be presented to clients prior to initiating the risk management process.

Case Review

A useful strategy to assist in implementing risk controls can be a case review meeting involving the care workers and key stakeholders. These meetings provide an opportunity for consultation, negotiation and training with staff. Work procedures should be discussed and reviewed. Staff are informed of the risk control implementation plan and their responsibilities re compliance with the employers instruction can be reinforced.

Client resistance to Implementation

“Unfortunately, even when there has been involvement of the client and their family and/or advocates in the risk management process, a small minority of clients are still reluctant to change their care plans to address the risks identified. This places the service provider in a difficult situation as they have legal obligations both to ensure the health and safety of the care worker and also the quality of care to the client. However, resistance to change is not acceptable if unsafe work practices result. Service providers need to define the action to be taken when there is continued reluctance to accept the implementation of risk controls. This may include several options and approaches with limitation of service being the final option in a hierarchy of approach. “(UK Health and Safety Executive 2004)”.

Continuation of High Risk Tasks

It is recognised that for a small minority of clients in the disability sector it is not possible to eliminate manually lifting of most or all of the client’s body weight. This is generally due to specific client characteristics such as marked fixed deformity, severe spasm and/or uncontrolled movement, challenging behaviours and specific medical conditions which result in breathing difficulties, hyper sensitivity, fragile skin or brittle bones.

Where high-risk tasks must continue the following should occur:

- Elimination of all other options – all options for the use of manual handling equipment and safe alternative work practices must be exhausted.
- Documentation of the risk assessment process for these options
- Manual handling procedures documented
- Staff trained in such procedures
IMPLEMENTATION OF RISK CONTROLS

Once the final risk control plan has been negotiated the plan is implemented in the context of ongoing consultation, participation and review with the client, workers and other key stakeholders. The implementation of manual handling risk control strategies commonly includes the training of workers and the introduction of manual handling equipment. These two aspects of risk control are addressed in subsequent sections of the document.

ESCALATION

The risk management process associated with client manual handling spans a wide variety of issues. Often risk control may not be achieved despite implementing a rigorous risk management process. It may be necessary at times to involve senior management, OHS Representatives or senior OHS personnel to resolve complex issues. A team approach to risk management can enhance the outcomes.

MONITOR AND REVIEW

Risk control measures implemented in the client handling situation need to be monitored for effectiveness over time. Many factors can change particularly in relation to the clients eg ageing, weight gain, increased deformity, decreased mobility etc. Strategies such as the regular review of safe work procedures and client manual handling plans, regular manual handling task risk assessments and completion of environmental checklists can assist in identifying further risks.
Safe Work Procedures

The end result of the risk management process is documentation of safe work procedures. Once risks have been identified, assessed and controlled the procedures for doing the task in the safest way must be documented. The NSW OHS Regulation 2001 clause 13 states that employees must be provided with adequate information, training and instruction to carry out their duties. A documented safe work procedure is one means of providing such information and instruction.

There are generic Guidelines for Writing Work Method Statements in Plain English. WorkCover NSW. An example of a template for Safe Work Procedures that complies with these guidelines is included at Appendix G. SWPs can be developed for client manual handling tasks e.g. a standard hoist transfer, however it must be checked for suitability with individual clients in individual workplaces. (Appendix H).

A Safe Work Procedure – Client Manual Handling Plan is designed to give employees all the information they require in regard to their own safety when handling an individual client. The documentation should meet the requirements of a SWP and incorporate all the relevant information obtained during the risk assessment process. Such documentation assists in ensuring consistent work practices to the benefit of the clients and the care workers.

“The most effective plans are set out in a simple format, so that it is possible to quickly assimilate what equipment, techniques and numbers of staff are required. A good plan will cover both day time and night time care, focusing on key moves, including :”( UK Health and Safety Executive. 2004)

- Particular risks and the controls associated with moving the client
- Client weight bearing status
- Special considerations – pain, disability, uncontrolled movement, challenging behaviour, deformity, impaired communication etc
- Specific instructions for falls
- Recommended methods of movement for relevant tasks such as transfers, mobility, bed mobility, vehicle transfers, personal care tasks
- Reference to standard Safe Work Procedures and applicability to the client.
- The minimum number of staff required to assist
- Details of equipment needed
- Reference to supporting documentation e.g. generic SWPs, MH procedures, mobility plans etc.

Such plans can be used to provide adequate information and instruction to agency, casual and volunteer staff or when care needs to be provided at short notice by non-regular staff. (See example at Appendix I).

Manual Handling Procedures

Attached to the client manual handling plan may be more specific procedures related to the individual client. These may be developed where the individual client handling needs are complex and staff require detailed instruction. Manual handling procedures usually provide step by step instructions for all manual handling tasks for an individual client. Procedures detail for each manual handling task, what the carer is required to do and how, what the client does and how, the equipment required and how it is used.

Photos may be used to enhance the procedures. (Sample at Appendix J). Interim manual handling procedures can be developed until final risk controls are in place.
TRAINING CARE WORKERS

Both the legislation and existing guidance material outline the training requirements in relation to manual handling (see Resources Section). This section outlines some of the core principles to be considered when designing and implementing manual handling training for staff involved in client handling activities.

Training workers is the least preferred option in the risk control hierarchy. This indicates that before training is considered the employer has attempted to eliminate or minimise risks using other options from the hierarchy e.g. re design of objects, work environments and work practices, provision of manual handling equipment etc. Training should then occur to educate staff in the safest methods of working in such environments and using the required equipment. Client manual handling tasks will always involve an element of risk and so it is essential that workers be suitably trained in safe handling techniques.

Training should occur at induction, regular refresher programs should be offered to existing staff and task specific training is to be provided when there are procedural, client or equipment changes. Supervisors and managers should also attend training so as to be fully versed in the manual handling requirements for the staff they are responsible for.

Underlying Principles

Manual handling training for care workers is focused on injury prevention. The core elements of training programs should relate to; organisational manual handling policy guidelines and procedures; manual handling risk management in the client handling situation; principles of safe manual handling and their application to manual handling procedures including the use of equipment. The training program delivered to care workers should be consistent across the organisation.

Training programs for large numbers of staff are best to be generic in nature with a focus on the work practices of the workers. Traditionally care workers are very client focused and often do not pay attention to themselves during the performance of manual handling tasks. Training should emphasise a focus on the worker as a critical factor in the safe manual handling of clients. Attention is drawn away from specific client issues and rather focuses on principles of safe manual handling and how these can be applied across a range of work tasks. The manual handling involved in client care is very varied and individual clients may require specific methods to be applied. Hence it is useful for staff to be confident in the application of key principles in a variety of situations.

Manual handling is a multifactorial “doing” task, like driving a car. The doer is performing a range of activities simultaneously and often automatically. Manual handling training attempts to raise the care workers awareness of how they are doing the tasks and as such should be very practical and “hands on” in nature. Training should provide the opportunity for learning, practicing and gaining feedback on the performance of manual handling tasks.

Task Specific Training

As mentioned the manual handling involved in client care is very varied and individual clients may require specific methods to be applied. It is essential that care workers be trained in the manual handling procedures for individual clients in their specific environments. If staff have attended a generic manual handling training program this process can be more easily achieved. All staff will have a common understanding of the principles of manual handling and can be trained in how to apply them in individual situations.
Workplace Assessment

Current best practice in manual handling is for employers to implement systems to monitor the transfer of knowledge and skills of the employees to the workplace following training. Workplace assessment requires employees to demonstrate that they can meet the manual handling standard required by the organisation in their workplace. There is a range of manual handling workplace assessment/competency assessment tools available for client handling (see Resources Section).

Employers need to consider a method of assessment that is: simple; specific to the client handling situation; encompasses the core elements of the training, is compatible with the skill level and responsibilities of the staff and is easy to implement. Identifying and training appropriately skilled staff to administer the assessment is integral to its success.

Delivering Training

Due to resource limitations it is not always possible to train all staff immediately. Training can be prioritised and targeted to staff working in sites where there is a high exposure to manual handling risks and/or a history of manual handling injuries or incidents.

Trainers should be adequately qualified to deliver training focusing on client handling. They require an in depth understanding of: manual handling principles and practices for the human services industry; the impact of disability on clients mobility and functional performance of tasks; client manual handling equipment; the interplay of factors that impact on manual handling of clients and the principles of human movement including biomechanics. Most commonly, manual handling trainers in the disability and community services sector have a background in Occupational Therapy, Physiotherapy or Nursing.

As previously mentioned, manual handling training programs should be consistent across the organisation. This is to ensure the training fits with policy, procedures and practices and is relevant and appropriate for the risks that care workers face in handling clients in their workplaces. There needs to be formal arrangements to monitor the consistency and the quality of the training delivered.
CLIENT MANUAL HANDLING EQUIPMENT

Risk Management and Equipment

The presence of manual handling equipment in a workplace indicates that the risk has not been able to be eliminated or minimised using other methods of risk control that are higher on the risk control hierarchy e.g. substitution, isolation, re-design etc. Where manual handling equipment has been introduced, the aim would have been to minimise risk (not eliminate it). This means there is still a degree of risk associated with the task. Therefore, the correct prescription, use and maintenance of equipment used in client handling is essential in further minimising risk.

What is Client Manual Handling Equipment

Client manual handling equipment is a term, which has evolved with the emergence of OHS manual handling programs in the human services industry. Prior to the focus on staff safety, such equipment was always viewed as client related equipment. Terms such as assistive devices, aids to daily living, personal care and mobility equipment were used to refer to such items. This equipment was generally prescribed to individual clients to enable them to maintain or improve their level of independence. Examples of this equipment include: hoists and slings, beds, bed equipment, sliding boards, bathing and toileting equipment, chairs, wheelchairs, walking aids etc.

Most of these items can now be referred to as client manual handling equipment or as assistive devices for clients depending on the context in which it is prescribed and used.

Items of equipment are now available which have been designed specifically to make the moving of clients easier and is generally referred to as client manual handling equipment. This equipment is still prescribed based on individual client need and includes such items as slide sheets, walking belts, trolley transfer sheets, pat slides, move tubes etc.

Prescription of equipment

Equipment used in workplaces where client handling occurs serves a dual purpose. Such equipment is primarily prescribed to meet client needs for independence or to meet their care needs in mobility and daily activities. When such prescription does occur the safety of the users must also be considered. Rarely is such equipment prescribed solely for the safety of workers, the need is usually associated with a change in the client’s level of function and/or their care needs.

Prescription of client equipment involves a detailed assessment of many factors related to the following areas:

- The client – size, weight, medical condition, disability, health status, skin condition, sensation, muscle tone and strength, balance, posture, lifestyle, behaviour, cognitive state, psychological status, preferences etc
- The environment – size, space, heights, light, access, floor surfaces, storage areas.
- The tasks – an analysis of the tasks the equipment is to be used for, frequency of use,
- The users – safety policies, requirements, training needs
The equipment itself – mechanics of operation, special features or modifications required, maintenance, cleaning, compatibility with other equipment, manual handling demands etc.

The interplay of all the above factors.

Expertise of Occupational Therapists is often sought to guide the prescription of client handling equipment.

Accurate equipment prescription not only involves assessment but also consultation, equipment trials and evaluation.

**Consultation**

OHS legislation emphasises that employers must consult with employees on OHS issues. The introduction of client manual handling equipment requires consultation with care workers as decisions are being made to control risks and changes are to be made to systems or methods of work. Involvement of Care Workers in the decision making process may aid compliance in the use of equipment. Clients should be given full information on the range of equipment available that will meet their needs and the safety requirements for staff. Clients should be offered choices on the equipment to be used. Negotiation may need to occur to select equipment that suits all needs.

**Trial and Evaluation**

In order to select the right item of equipment several trials may need to occur. Initially there may be trials of a number of types or items of equipment to select the most suitable item for the client. Following initial selection the equipment would then be left in the workplace for a period of time for the care workers and the client to assess its suitability.

Care Workers can complete an equipment trial checklist, which evaluates a number of features of the equipment. Such checklists are available in existing resources. (See resource section). Following the trial and evaluation a joint decision is made to accept or reject the item.

**Supply of Equipment**

There is some debate in the sector as to who is responsible for the provision of client manual handling equipment. This tension arises due to the dual purpose of such equipment. Clients often require an item of equipment, which both meets a physical or functional need for them and at the same time minimises manual handling risks to the staff.

Mrs A’s mobility has gradually declined over time to the point where she is unable to support most of her body weight during transfers. She is leaning heavily on the staff putting them at risk of injury. The provision of a hoist enables Mrs A to be transferred so she can complete daily tasks and also minimises the risks to staff.

Mr G is increasingly unstable when standing in the shower. The Care Worker is nervous he is going to fall and hurt her and himself in the process. Installation of a grab rail and shower chair will ensure the safety of the client and care worker.

Miss S has grown and care workers are required to do more manual handling to position her in her wheelchair. The provision of a new wheelchair improves the comfort and independence of Miss S and also the safety of the care workers.
In these instances it is clear that the need for the equipment is related to a change in the client’s level of function. In order for them to be cared for equipment is required. Most clients are eligible for such equipment through the Program of Appliances for Disabled People (PADP). This scheme aims to assist residents of NSW who have a permanent or long-term disability to live and participate in their communities through the provision of equipment. Access to equipment through PADP is not always timely and impacts on service providers who may not be able to provide safe, high quality services to people who do not have appropriate equipment.

There are other situations where the client’s function has not changed however, the work procedures are considered unsafe. Clients may not welcome the introduction of equipment or consider it their responsibility to pay for it or to apply to PADP.

Mr F is dependent for all mobility and personal care tasks. For many years care workers have lifted him in and out of bed and manually lifted him up the bed for positioning and dressing tasks. Introduction of a hoist and slide sheets would eliminate the high risk lifting tasks.

Mrs P is dependent for all personal care tasks and has a standard double bed. Carers are required to roll, position and perform some personal care tasks for Mrs P on the bed. Mrs P prefers her double bed for comfort and security; however, there are significant risks to the care workers. Provision of a height adjustable single bed would minimise the risks to the workers.

In these situations the clients care needs can no longer be met safely. There is a dual requirement for the equipment. In the current context such clients would be prescribed the appropriate equipment at the commencement of service. It would be deemed appropriate for their care needs. Such equipment should be supplied as client equipment, so their care needs can be met. There may be some negotiation around items such as slide sheets, which are specifically for increasing the ease of manual handling, these items may be purchased by the service provider.

The service provider must determine responsibilities of clients and the employer in regard to supply of equipment. Where the workplace is the client’s home the client has a responsibility to maintain a safe working environment, which complies with OHS legislative requirements. The employer of the staff also has a responsibility to ensure a safe workplace. There is dual responsibility.

Where the employer controls the premises they must ensure that the premises are safe and without risks to health. In this circumstance it is clearer that if equipment is required to ensure staff safety and is purchased for use with a number of clients then the employer would purchase such equipment. The employer owns the equipment not the client. If however, specific equipment is supplied for an individual client, the equipment in the property of the client and remains with them.

Additional tension is experienced by service providers in the sector as the provision of equipment is not defined as part of their core business. They are not funded to provide client equipment. Clients are expected to provide what is needed for them to be cared for in the community.

Upon determining who will supply the equipment there are a number of sources of equipment. Permanent loan schemes such as PADP where PADP remains the owner of the equipment, temporary loan schemes such as hospital, community or the organisations own equipment loan pools can serve as an interim measure until the permanent equipment can be supplied. Some equipment supply companies
have hire arrangements and subsequent purchasing policies. Charities will often supply funding for equipment. Clients and their families can purchase equipment. Service providers have at times arranged interest free loans for clients. There is currently no consistent method of obtaining client manual handling equipment in a timely manner for this sector.

**Use of Equipment**

“Clients and Care Workers can be injured if equipment, even the right equipment, is used inappropriately.” (UK) Client manual handling equipment is an aid to good manual handling practice. It does not substitute for the application of safe manual handling principles to all tasks. Care Workers should be competent in the use of manual handling equipment present in their workplaces. Workplace assessments can include checklists designed to assess the workers knowledge and use of the equipment. (See Resources Section)

Where the equipment has been modified or is non-standard or the client has particular needs in relation to the use of the equipment the care workers may require more specific instruction and practice with the individual client in their own environment.

Supporting documentation in the form of safe work procedures can assist this process and contribute to consistency of work practice.

**Maintenance of Equipment**

Equipment must be adequately maintained if it is to remain suitable and safe for clients and Care Workers to use. The responsibility for maintenance generally lies with the owner of the equipment.

Where the equipment is supplied by the employer to reduce risks to Care Workers or to meet the needs of multiple clients the employer must maintain the equipment. Equipment provided to the client to meet client needs is owned by the client (or PADP) who is then responsible for maintenance. As an employer however, the service provider is still responsible for ensuring employee safety. It is up to the service provider to determine if equipment is suitable for use (usually through hazard reporting) and to discuss with the client any changes or maintenance that may be required.
RESOURCES

**New South Wales**


WorkCover NSW. Lifting and Moving People. Choosing the Right Equipment. 1998


WorkCover NSW. Manual Handling Training Package for Nurses. 2006

www.workcover.nsw.gov.au


www.nswnurses.asn.au


www.health.nsw.gov.au

**South Australia**
Department for Administrative and Information Services – Workplace Services


**ACT**

www.workcoveract.gov.au

**Queensland**


**Victoria**
WorkCover Victoria. Pre-purchase Criteria to use in the Selection of Equipment and Furniture – Health and Aged Care.


www.workcover.vic.gov.au
REFERENCES


NSW Occupational Health and Safety Regulation. 2001. WorkCover NSW.


NSW Disability Service Standards.

HACC Service Standards.


APPENDICES
1. STANDARD SERVICE ACCESS

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

2. INDIVIDUAL NEEDS

Each person with a disability receives a service, which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

3. DECISION MAKING AND CHOICE

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

4. PRIVACY, DIGNITY AND CONFIDENTIALITY

Each consumer’s right to privacy, dignity and confidentiality in all aspects of his or her life is recognized and respected.

5. PARTICIPATION AND INTEGRATION

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

6. VALUED STATUS

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

7. COMPLAINTS AND DISPUTES

Each consumer is free to raise and have resolved any complaints or disputes he or she may have regarding the agency or the service.

8. SERVICE MANAGEMENT

Each service adopts sound management practices, which maximize outcomes for consumers.

9. FAMILY RELATIONSHIPS

Each person with a disability receives a service, which recognizes the importance of preserving family relationships, informal social networks and is sensitive to their cultural and linguistic environments.

10. RIGHTS AND FREEDOM FROM ABUSE

The agency ensures the legal and human rights of people with a disability are upheld in relation to the prevention of sexual, physical and emotional abuse within the service.
Objective 1: Access to Services

To ensure that each consumer’s access to a service is decided only on the basis of relative need.

Objective 2: Information and Consultation

To ensure that each consumer is informed about his or her rights and responsibilities and the services available and consulted about any changes required.

Objective 3: Efficiency and Effective Management

To ensure that consumers receive the benefit of well-planned, efficient and accountable service management.

Objective 4: Coordinated, planned and reliable service delivery

To ensure that each consumer receives coordinated services that are planned, reliable and meet his or her specific ongoing needs.

Objective 5: Privacy, confidentiality and access to personal information

To ensure that each consumer’s rights to privacy and confidentiality are respected, and he or she has access to personal information held by the agency.

Objective 6: Complaints and Disputes

To ensure that each consumer has access to fair and equitable procedures for dealing with complaints and disputes.

Objective 7: Advocacy

To ensure that each consumer has access to an advocate of his or her choice.
STANDARDS IN ACTION  
NSW DISABILITY SERVICES ACT

Schedule 1 Principles and applications of principles  
(Sections 6, 7, 9, 10, 12, 13)

1. Principles
Persons with disabilities have the same basic human rights as other members of Australian society. They also have the rights needed to ensure that their specific needs are met. Their rights, which apply irrespective of the nature, origin, type or degree of disability, include the following:
(a) persons with disabilities are individuals, who have the inherent right to respect for their human worth and dignity,
(b) persons with disabilities have the right to live in and be part of the community,
(c) persons with disabilities have the right to realise their individual capacities for physical, social, emotional and intellectual development,
(d) persons with disabilities have the same rights as other members of Australian society to services which will support their attaining a reasonable quality of life,
(e) persons with disabilities have the right to choose their own lifestyle and to have access to information, provided in a manner appropriate to their disability and cultural background, necessary to allow informed choice,
(f) persons with disabilities have the same right as other members of Australian society to participate in the decisions which affect their lives,
(g) persons with disabilities receiving services have the same right as other members of Australian society to receive those services in a manner which results in the least restriction of their rights and opportunities,
(h) persons with disabilities have the right to pursue any grievance in relation to services without fear of the services being discontinued or recrimination from service providers,
(i) persons with disabilities have the right to protection from neglect, abuse and exploitation.

2. Applications of principles
Services and programs of services must apply the principles set out in clause 1. In particular, they must be designed and administered so as to achieve the following:
(a) to have as their focus the achievement of positive outcomes for persons with disabilities, such as increased independence, employment opportunities and integration into the community,
(b) to contribute to ensuring that the conditions of the everyday life of persons with disabilities are the same as, or as close as possible to, norms and patterns which are valued in the general community,
(c) to form part of local coordinated service systems and other services generally available to members of the community, wherever possible,
(d) to meet the individual needs and goals of the persons with disabilities receiving services,
(e) to meet the needs of persons with disabilities who experience an additional disadvantage as a result of their gender, ethnic origin or Aboriginality,
(f) to promote recognition of the competence of, and enhance the image of, persons with disabilities,
(g) to promote the participation of persons with disabilities in the life of the local community through maximum physical and social integration in that community,
(h) to ensure that no single organisation providing services exercises control over all or most aspects of the life of a person with disabilities,

(i) to ensure that organisations providing services (whether specifically to persons with disabilities or generally to members of the community) are accountable to persons with disabilities who use them, the advocates of those persons, the State and the community generally, for the provision of information from which the quality of those services can be judged,

(j) to provide opportunities for persons with disabilities to reach goals and enjoy lifestyles which are valued by the community generally and are appropriate to their chronological age,

(k) to ensure that persons with disabilities participate in the decisions that affect their lives,

(l) to ensure that persons with disabilities have access to advocacy support where necessary to ensure adequate participation in decision-making about the services they receive,

(m) to recognise the importance of preserving the family relationships and the cultural and linguistic environments of persons with disabilities,

(n) to ensure that appropriate avenues exist for persons with disabilities to raise and have resolved any grievances about services, and to ensure that a person raising any such grievance does not suffer any reprisal,

(o) to provide persons with disabilities with, and encourage them to make use of, avenues for participating in the planning and operation of services and programs which they receive and to provide opportunities for consultation in relation to the development of major policy and program changes,

(p) to respect the rights of persons with disabilities to privacy and confidentiality.
APPENDIX B – CORE ELEMENTS OF MANUAL HANDLING LEGISLATION

Occupational Health and Safety Act 2000

The OHS Act 2000 describes general duties and legal obligations in regard to OHS matters. It includes both employee and employer responsibilities.

Section 8 requires employers, and therefore all managers, to ensure the health, safety and welfare of their employees, and of people visiting or working at their place of work who are not employees. Relevant requirements include:

• Maintaining places of work in a safe condition,
• Ensuring the safe use, handling and transport of plant and substances,
• Providing and maintaining safe working environments and systems of work,
• Providing the information, instruction, training and supervision necessary to ensure the health and safety of employees.

There is also a general duty under Section 13 for employers/managers to consult with employees about OHS matters, so that employees can contribute to decisions affecting their health, safety and welfare.

Section 20 requires employees to take reasonable care of the health and safety of others who may be affected by their acts or omissions and to cooperate with employers in their efforts to comply with OHS requirements.

Occupational Health and Safety Regulation 2001

Under Part 4.4 of the OH&S Regulation 2001, Manual Handling is defined as:

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

The employer/managers must ensure that:

(a) All objects are, where appropriate and as far as reasonably practicable, designed, constructed and maintained so as to eliminate risks arising from the manual handling of the objects, and
(b) Work practices used in a place of work are designed so as to eliminate risks arising from manual handling, and
(c) The working environment is designed to be, as far as reasonably practicable and to the extent that it is within the employers control, consistent with the safe handling of objects.

Where it is not reasonably practicable to eliminate a risk arising from manual handling, an employer/manager must design the work activity involving manual handling to control the risk and, if necessary, must:

(a) Modify the design of the objects to be handled or the work environment (to the extent that it is under the employer’s control), taking into account work design and work practices, and
(b) Provide mechanical aids or, subject to subclause (3), i.e. where no other option exists make arrangements for team lifting, or both, and
(c) Ensure that the persons carrying out the activity are trained in manual handling techniques, correct use of mechanical aids and team lifting procedures appropriate to the activity.
An employer/manager must, as far as reasonably practicable, achieve risk control by means other than team lifting.

Clause 81 of the Regulation states that employers conducting manual handling risk assessments must take into consideration the following factors:

- o) Actions and movements (including repetitive actions and movements)
- p) Workplace and workstation layout
- q) Working posture and position
- r) Duration and frequency of manual handling
- s) Location of loads and equipment
- t) Weights and forces
- u) Characteristics of loads and equipment
- v) Work Organisation
- w) Work environment
- x) Skills and experience
- y) Age
- z) Clothing
- aa) Special needs (temporary or permanent)
- bb) Any other relevant factors

**National Code of Practice for Manual Handling 1990**

The OHS Regulation references this document as guidance material. The National Code of Practice for Manual Handling provides practical advice on how to meet the requirements of the regulation for the identification, assessment and control of risks arising from manual handling activity in workplaces.

The code of practice is an approved code of practice under section 43 of the OHS Act and failure to comply with the code of practice can be used as evidence in the event of prosecution.

The code of practice aims to prevent the occurrence of injury and/or reduce the severity of injuries resulting from manual handling tasks in workplaces.
What is risk management?

Under the *Occupational Health and Safety Regulation (NSW), 2001* risk management is a logical, step-by-step process of identifying hazards, assessing the risk associated with those hazards, eliminating or controlling those risks and monitoring and reviewing risk assessments and control measures. The objective of this process is to improve workplace health and safety by addressing problems before injuries and incidents occur.

Risk management is required at all stages of a work process including:

- Prior to establishing and using a workplace
- When planning and designing work processes
- Before selecting, purchasing, installing and using equipment
- Before changes are made to the workplace or systems of work
- Whenever there is new information about work processes.
Overview of risk management procedures

Step 1
Identify hazard
Who does this?
Any staff member, visitor or client who sees a hazard.

How are hazards identified?
Hazards can be identified through inspections, incident investigations, safety audits, consulting with staff, examining injury/incident records, complaints, health and environmental monitoring, near misses and observation.

What needs to be done?
Implement a quick fix if possible
• Report hazard to the line manager as soon as possible
• Complete the Hazard Report Form and forward this to the manager within 24 hours of the hazard being identified

Tools available
Hazard Report Form (attached)
Line manager (for advice)

Step 2
Assess risk
Who does this?
Line managers in consultation with staff.

How are risks assessed?
Risks are assessed using DADHC’s risk management matrix to determine a risk category based on likelihood of the hazard causing harm and the severity of that harm.

What needs to be done?
• Identify factors causing the risk
• Use the risk assessment matrix to determine the risk rating in consultation with the affected staff
• Document outcomes on the Risk Assessment and Control Form
• Risk assessments must be completed and documented within 7 days of the hazard being reported

Tools available
Risk Assessment and Control Form (attached)
Risk Assessment Matrix
Regional OHS unit (for advice)

Step 3
Eliminate/control risk
Who does this?
Line manager in consultation with staff.

How are risks controlled?
Risks must be eliminated where possible. If this cannot be done, control measures are implemented using the hierarchy of control.

What needs to be done?
• Apply the hierarchy of control to work
• out the best control measure/s
• Document control measures on the Risk Assessment and Control Form
• Implement control measures within the timeframes determined by the risk category
• Provide information, instruction, training and supervision in relation to the control measure/s being used

Tools available
Risk Assessment and Control Form

Step 4
Monitor and Review
Who does this?
Line managers in consultation with staff

How is this done?
This is done by re-visiting the control measures to ensure that they are effective. It will involve observation and examining injury and incident records.

What needs to be done?
• Determine timeframes for monitoring and reviewing control measures eg weekly, monthly, quarterly
• Determine how well the control measure is working and whether the risk category is current
• If there are problems, re-visit the assessment and control measures
• Document outcomes on a Risk Assessment and Control Form and provide updated information, instruction, training and supervision

Remember to consult
Under the OHS legislation, consultation with staff must happen when:
• risks are being assessed
• control measures are being decided
• when introducing or altering processes for monitoring risks

In some cases, clients will need to be consulted particularly when hazards are identified within clients’ home environments.
Reason for Completing Checklist: please tick

- To determine if a task involves manual handling risk
- Completing a OHS Hazard Report and Risk Assessment and Control Form for an identified manual handling hazard
- A Manual handling injury/incident has occurred
- A significant change is proposed to the place of work or work practices where manual handling is occurring
- Preparing a safe work procedure for a manual handling task
- The current assessment is no longer valid

How to Complete this Form

- This form is to be completed by or in consultation with the employees who perform the task.
- If a risk has been identified complete a hazard report form (if one has not already been completed).
- Then complete the risk assessment on the OHS Risk Assessment and Control Form.
- Use the information from this checklist to determine the likelihood and severity of risk and so the appropriate risk category and control options.

Date of Assessment:: _______________________
Person/s completing Assessment : ____________________________________________
Location of Task: ___________________________________________________________
Description of Manual Handling Task: ___________________________________________

How often does the task need to be done: Daily  2 x daily  3 x daily  Hourly  Other
How many people have to do the task: _________________________________________

Use the assessment checklist on the back of this form to determine the basic category(s) of risks that are the main problem with this task

<table>
<thead>
<tr>
<th>Postures/Actions</th>
<th>Workplace</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration/Frequency</td>
<td>Work Organisation</td>
<td>Load</td>
</tr>
</tbody>
</table>

Tick if employees report any of the following about the task:

- Pain, discomfort or health concerns during or after the task
- Task can only be done for short periods
- Stronger employees are assigned to do the task
- Employees think the task should be done by more than one person, or seek help to do the task
- Employees say the task is physically very strenuous or difficult to do.
<table>
<thead>
<tr>
<th>Postures/Actions</th>
<th>Duration/Frequency</th>
<th>Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bending or twisting (forwards/sideways)</td>
<td>Task takes a long time</td>
<td>Lifting/lowering</td>
</tr>
<tr>
<td>Stretching/over reaching (above shoulder, below mid thigh height)</td>
<td>Repetitive actions/movements</td>
<td>Carrying with one hand or one side of the body</td>
</tr>
<tr>
<td>Load uneven between hands</td>
<td>Task or similar actions repeated throughout shift</td>
<td>Exerting force with one hand or one side of the body</td>
</tr>
<tr>
<td>Sudden or jerky movement/s</td>
<td>One posture for long period/s</td>
<td>Pushing, pulling, dragging</td>
</tr>
<tr>
<td>Twisting, turning, grabbing, picking, wringing actions with fingers, hands, arms</td>
<td>Load moved for long period or distance</td>
<td>Exerting force in awkward posture</td>
</tr>
<tr>
<td>Extensive bending of wrist</td>
<td>High speed task</td>
<td>Holding, supporting or restraining any object, person or tool</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>High sustained force</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vibration – whole body</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vibration – upper body</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace</td>
<td>Work Organisation</td>
<td>Load</td>
</tr>
<tr>
<td>Unsuitable work or seat heights</td>
<td>Lack of people</td>
<td>Load handled is in excess of:</td>
</tr>
<tr>
<td>Clutter/trip hazards</td>
<td>Not enough time</td>
<td></td>
</tr>
<tr>
<td>Lack of space</td>
<td>Inefficient work flow</td>
<td>4.5kg and moved whilst seated</td>
</tr>
<tr>
<td>Slippery/uneven surface</td>
<td>Fluctuations in work flow</td>
<td>16kg and moved whilst standing</td>
</tr>
<tr>
<td>Poor lighting</td>
<td>Procedures not developed/inappropriate for task</td>
<td></td>
</tr>
<tr>
<td>Very hot/cold conditions</td>
<td>Breaks not scheduled/taken</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>People</td>
<td>People</td>
<td>The load is:</td>
</tr>
<tr>
<td>Not trained</td>
<td>Not enough time</td>
<td></td>
</tr>
<tr>
<td>Not instructed in work procedures</td>
<td>Inefficient work flow</td>
<td>large/awkward shape</td>
</tr>
<tr>
<td>Procedures not followed</td>
<td>Fluctuations in work flow</td>
<td>difficult to hold safely</td>
</tr>
<tr>
<td>Task demands exceed physical capabilities of staff</td>
<td>Procedures not developed/inappropriate for task</td>
<td>wet, greasy or dirty and cannot be held close to the body</td>
</tr>
<tr>
<td>Clothing inhibits movement</td>
<td></td>
<td>handled away from the body</td>
</tr>
<tr>
<td>Protective clothing/equipment not suitable/not available</td>
<td></td>
<td>blocking the view when handled</td>
</tr>
<tr>
<td>Workers under 18/older workers</td>
<td></td>
<td>unstable or may move suddenly</td>
</tr>
<tr>
<td>Special needs e.g. pregnant, injury</td>
<td></td>
<td>live e.g. people, animals</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Loads</td>
<td>People</td>
<td></td>
</tr>
<tr>
<td>Non weight bearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent weight bearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpredictable/uncontrolled movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deteriorating/fluctuating condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special handling needs e.g. skin condition, breathing difficulties etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Client/Authorised Representative Agreement for Manual Handling Risk Assessment

The client/authorised representative is asked to indicate their willingness or otherwise to participate in the risk assessment process.

*Key things I agree to are:*

Allowing ________________ to conduct a manual handling risk assessment of my personal care/respite service.

Actively participating in the risk assessment process including, negotiating any potential recommendations to improve the safety of the service.

Allowing ________________(insert name of service provider) to involve the following people in the risk assessment process. Please list.

________________________________________________________________________

________________________________________________________________________

I, ________________, agree/do not agree to participate in a Manual Handling Risk Assessment in order to determine the safety of my service.

Signed: ________________(client or authorised representative)

Date: ________________

Please detach and return to ________________
APPENDIX F

CARE WORKER INFORMATION PAMPHLET

MANUAL HANDLING RISK ASSESSMENTS

Why are they done?
The government and (name of employer) want to be sure that both you and your clients are safe during the provision of service. Manual handling risk assessments aim to prevent injury to you and clients, and to find ways for you to work more safely with the client.

So then, who does what?
Clients are asked for their consent to participate in the risk assessment and are invited to participate fully in discussing the recommendations. The service coordinator may make a referral to an Occupational Therapist or a suitably qualified person to conduct the assessment and is responsible for liaison with clients and staff and follow up.

What are my responsibilities?
- Under the OHS Act employees must cooperate with employers in their efforts to comply with OHS requirements. This includes using correct manual handling techniques and equipment and complying with workplace policies and safe work practices.
- It is your responsibility to ensure you understand any written manual handling procedures you receive. You will be asked to sign to say that you agree to follow them.
- Maintain confidentiality. Other risk assessments that you may have attended should not be discussed in front of the client.

How can I assist?
- You will be asked to conduct the service as it usually occurs whilst the person assessing the service observes. You should not commence providing the service until the person arrives.
- The service may be provided at a different time on the day of the assessment depending on the availability of the person conducting the assessment.
- You may be asked to try new methods of doing the service. This might include doing the task differently, using equipment, and providing the service in a different part of the house, under going training by the person conducting the assessment.
- You may be asked to change the way the service is provided either for a short time until the recommendations can be put in place or in the long term if procedures need to change.
- You may be asked not to provide some parts of the service if they are considered unsafe.
- Please make suggestions or comments about how to improve the safety of the procedures.
- You may be asked to attend a case conference to further discuss the outcomes of the assessment and the manual handling procedures.
- It can take time to implement changes. We will seek your cooperation and patience whilst the recommendations are being managed.
- During or at the end of the service the person conducting the assessment will discuss with you and the client the risks identified and suggested solutions to remove or reduce the risks.

What if I have concerns about the assessment?
If you have questions/concerns regarding the reason why the assessment is to be conducted and the specific objectives please contact your service coordinator.

If you have concerns regarding the recommendations made during the assessment, these should be discussed with the person conducting the assessment or your supervisor after the assessment and not in front of the client.

Should you be dissatisfied with the results of the assessment please contact your service coordinator who will determine the best course of action.

For further Information contact:
# SAFE WORK PROCEDURE - TASK

**How to use this form:**
This guideline must be reviewed for appropriateness in the immediate workplace by the supervisor/Manager in consultation with the staff doing the task.

<table>
<thead>
<tr>
<th>Checked by:</th>
<th>Action taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## IDENTIFIED RISKS FOR THIS TASK

<table>
<thead>
<tr>
<th>RISK CONTROLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

## EQUIPMENT

Please tick the appropriate box:

- Client equipment
- DADHC equipment

- List items of equipment used to complete the task

**Review requirements**

- Minimum every 3 years if changes are made to the task.
- If an injury/incident occurs relating to the particular task.
- If changes are made to the workplace that may affect current work procedures.

**Reviewed by:**

**Review Date:**

Please turn over for Task Steps...
TASK STEPS: include a step by step description of the task including safe manual handling techniques. Include photos as appropriate

PREPERATION:

1.
2.
3.
4.

DOING THE TASK: Break into steps under clear headings

1.
2.
3.
4.

CONCLUDING TASK:

1.
2.
3.
APPENDIX H

SAFE WORK PROCEDURE
Transferring client from wheelchair/shower chair to bed using a hoist.

How to use this form:
This safe work procedure is to be used for instructing, training and inducting staff in the performance of the Identified task.
This guideline must be reviewed for appropriateness in the immediate workplace by the supervisor/Manager in consultation with the staff doing the task.

<table>
<thead>
<tr>
<th>Checked by:</th>
<th>Action taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

**IDENTIFIED RISKS FOR THIS TASK**

<table>
<thead>
<tr>
<th>RISK CONTROLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Use safe actions, movements, postures and adhere to this safe work procedure when performing this task.</td>
</tr>
<tr>
<td>5. Staff must have received training/instruction in principles of people handling to safely perform this task.</td>
</tr>
<tr>
<td>6. Staff should receive appropriate training/instruction in the attached safe work procedure before attempting to perform this task.</td>
</tr>
<tr>
<td>7. Regular maintenance of all equipment. Staff should immediately complete a hazard report form if the equipment is unsafe to use.</td>
</tr>
</tbody>
</table>

**EQUIPMENT**

Client equipment
DADHC equipment

Equipment used to complete the task — ARJO hoist, shower chair (mobile commode chair, ARJO Calypso chair or Goanna shower chair, client wheelchairs.

Review requirements
- minimum every 3 years if changes are made to the task.
- if an injury/incident occurs relating to the particular task.
- if changes are made to the workplace that may affect current work procedures.

Reviewed by:
Review Date:

Please turn over for Task Steps…
**TASK STEPS:** include a step by step description of the task including safe manual handling techniques. Include photos as appropriate

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>EQUIPMENT</th>
<th>CLIENT</th>
<th>SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>- Apply brakes on the wheelchair/shower chair.</td>
<td>- Sitting in the wheelchair or shower chair</td>
<td>- Inform client of what you are going to do.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Positioning the sling | - Place centre of the sling in line with the spine.  
- Position the bottom edge slightly underneath the client’s sacrum. | - Leaning forward in chair |
|                     |           |        | - Stand in a semi-squat position to the side and parallel with the client’s wheelchair;  
- Weight in the back foot; |
|                     |           |        | - One arm across client’s chest to the opposite shoulder and the other behind the shoulder blades;  
- Using a sideways lunge, transfer weight from your back foot to your front foot as you lean the client forward;  
- Push the sling behind the client, ensuring that it is positioned slightly underneath the sacrum.  
- Lean the client back in the wheelchair/shower chair transferring your weight from your front foot to the back foot.  
- Standing in a semi-squat position to the side of the wheelchair, move the leg straps toward the front.  
- Move to the front of the client. Stand in a semi-squat position and pull the leg straps underneath each of the client’s legs.  
- Cross leg straps (if using sling with loops). |
| Connecting to the hoist | - Open legs of hoist to the widest position.  
- Lower the T-bar so that the sling can be attached easily  
- Attach sling to the hoist (small loops at the head and long loops on the leg straps) and ensure leg straps cross if using a loop sling. | - Sitting up in wheelchair or shower chair | - Avoid reaching and twisting.  
- Move around the wheelchair or shower chair to the body part on which you are working. |
<p>| Operating the hoist | - Raise the hoist until the buttocks clear the wheelchair. | - Suspended in the sling facing the hoist | |
|                     |           |        |      |</p>
<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>EQUIPMENT</th>
<th>CLIENT</th>
<th>SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving the hoist</td>
<td></td>
<td></td>
<td>- To push the hoist, ensure that your centre is in line with the centre of the hoist (avoid twisting)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Keep close to the hoist with your elbows to your side</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- If hoist is difficult to move ask other staff member to push it from the side with their foot</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Move the hoist the shortest possible distance</td>
</tr>
<tr>
<td>Lowering onto the bed</td>
<td>Close legs of hoist</td>
<td>- Lying supine on the bed</td>
<td>- Turn the client in the hoist so that their legs are facing the direction of the foot of the bed</td>
</tr>
<tr>
<td></td>
<td>Align hoist over bed so that the client’s head will be positioned close to the head of the bed.</td>
<td></td>
<td>- Lower the client, avoid twisting and over reaching</td>
</tr>
<tr>
<td></td>
<td>Apply brakes on bed</td>
<td></td>
<td>- Check the position of the client. Reposition the client using the hoist and sling if necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Remove sling when you are satisfied.</td>
</tr>
<tr>
<td>Removing the sling</td>
<td>Lower the hoist so that all loops are slack and easy to remove</td>
<td>- Rolls onto their back</td>
<td>- Place hands on the client’s hip and shoulder</td>
</tr>
<tr>
<td></td>
<td>Remove loops</td>
<td>- Rolls onto their opposite side</td>
<td>- Semi-squat or forward/backward lunge and transfer weight as the client rolls on to their side.</td>
</tr>
<tr>
<td></td>
<td>Unwrap thigh straps</td>
<td>- Rolls onto their back</td>
<td>- Tuck sling in toward the client’s spine.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Roll the client onto their back</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Roll the client onto their opposite side using a semi-squat or forward/backward lunge with weight transfer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Remove the hoist sling.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Roll the client onto their back.</td>
</tr>
</tbody>
</table>
# APPENDIX I

## SAFE WORK PROCEDURE

### CLIENT MANUAL HANDLING PLAN

**How to use this form:**
Complete this form for all clients where a risk assessment has been completed and the client requires hands on assistance during care. This form is to be completed by the supervisor/manager in consultation with the staff doing the task.

<table>
<thead>
<tr>
<th>CLIENT:</th>
<th>Additional Client and Risk Information available from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/S COMPLETING:</td>
<td>Individual Plan</td>
</tr>
<tr>
<td>DATE:</td>
<td>Client Risk Profile</td>
</tr>
<tr>
<td></td>
<td>Manual Handling Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>Expert Manual Handling Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>Mobility Management Plan</td>
</tr>
</tbody>
</table>

### IDENTIFIED RISKS FOR THIS TASK

| 1. |  |
| 2. |  |
| 3. |  |

### RISK CONTROLS

| 1. |  |
| 2. |  |
| 3. |  |

### SPECIAL CONSIDERATIONS:

- Uncontrolled movements
- Unpredictable movements
- Fluctuating/deteriorating condition
- Pain on movement
- Fragile skin
- Deformity/contractures
- Challenging behaviour
- Non communicative
- Impaired communication
- Visual impairment
- Other…

### WEIGHTBEARING STATUS

- FULL
- PARTIAL
- NON
- INCONSISTENT

### SPECIFIC INSTRUCTIONS FOR FALLS

**Review requirements**
- If changes are made to the workplace that may affect current work procedures. e.g. clients condition changes
- If an injury/incident occurs relating to the particular task.
- Minimum every 3 years if changes are made to the task.

**Reviewed by:**

**Review Date:**

Please turn over for Procedure...
<table>
<thead>
<tr>
<th>TASK</th>
<th>STATUS</th>
<th>EQUIPMENT USED</th>
<th>METHOD (for Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSFERS</strong></td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S/P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing transfer</td>
<td></td>
<td>Transfer Belt</td>
<td>Slide sheet</td>
</tr>
<tr>
<td>Sliding Board transfer</td>
<td></td>
<td>Pivot Board</td>
<td>Hoist</td>
</tr>
<tr>
<td>Hoist transfer</td>
<td></td>
<td>Rails</td>
<td>Type: ____________</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Walking Aid</td>
<td>Sling: ____________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slide Board</td>
<td></td>
</tr>
<tr>
<td><strong>MOBILITY</strong></td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S/P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td>Stick</td>
<td>Walking belt</td>
</tr>
<tr>
<td>Inside</td>
<td></td>
<td>Crutches</td>
<td>Walking frame</td>
</tr>
<tr>
<td>Outside</td>
<td></td>
<td>Type: ______________</td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td></td>
<td>Manual</td>
<td>Electric</td>
</tr>
<tr>
<td>Inside</td>
<td></td>
<td>self propelling</td>
<td></td>
</tr>
<tr>
<td>Outside</td>
<td></td>
<td>attendant propelled</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special Features:</td>
<td></td>
</tr>
<tr>
<td>VEHICLE TRANSFER</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S/P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing transfer</td>
<td></td>
<td>Transfer belt</td>
<td>Other</td>
</tr>
<tr>
<td>Hoist transfer</td>
<td></td>
<td>Pivot board</td>
<td></td>
</tr>
<tr>
<td>Sliding board transfer</td>
<td></td>
<td>Slide board</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Slide sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hoist</td>
<td>Type: ____________</td>
</tr>
<tr>
<td>MOVING IN BED</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S/P</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling</td>
<td></td>
<td>Bed pole</td>
<td></td>
</tr>
<tr>
<td>Up/Down</td>
<td></td>
<td>Bed rail</td>
<td></td>
</tr>
<tr>
<td>Across (side to side)</td>
<td></td>
<td>Over head pole</td>
<td></td>
</tr>
<tr>
<td>Lying to sitting</td>
<td></td>
<td>Bed rope/ladder</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slide sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electric bed</td>
<td></td>
</tr>
<tr>
<td>PERSONAL CARE</td>
<td>I</td>
<td>S/P</td>
<td>A1</td>
</tr>
<tr>
<td>---------------</td>
<td>---</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Showering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing (where)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating/Drinking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refer to other documents as appropriate
## APPENDIX J

### SAMPLE MANUAL HANDLING PROCEDURES – RESPITE SERVICE

**Mrs H– SEPTEMBER 2004**

<table>
<thead>
<tr>
<th>TASK</th>
<th>EQUIPMENT</th>
<th>CLIENT</th>
<th>CARER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lying to Sitting</td>
<td>Fixed wall to floor rail</td>
<td>Lying on her back, propped up with pillows</td>
<td>Position H’s (L) arm and leg across her body to shift the weight off her (L) side.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses grab rail to pull herself from lying to sitting</td>
<td>As H pulls herself to sitting, assist with her legs if required – maintain a semi squat and straight spine.</td>
</tr>
<tr>
<td>Transfer bed to wheelchair</td>
<td>Electric wheelchair positioned on H (L) side next to the bed. Foot plate under the chair. Fixed wall to floor rail</td>
<td>Sitting on edge of bed next to the rail</td>
<td>Position the wheelchair manually by disengaging the wheels.</td>
</tr>
<tr>
<td></td>
<td>Over toilet frame</td>
<td>® hand on rail</td>
<td>Stand beside the wheelchair, in front of H.</td>
</tr>
<tr>
<td></td>
<td>Grab rails both sides of toilet</td>
<td>Feet flat on floor</td>
<td>Guide onto the seat at the hips if required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent half stand and pivot transfer from bed to wheelchair using bed rail for support. Transfers towards her (L)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the wheelchair is positioned as close to the toilet as possible and in towards the grab rail on the wall. Allow enough room for H to stand and pivot.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>H usually requests staff leave the room at this point.</td>
<td>Hs usually requests staff leave the room at this point.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If assisting, once H is standing, reverse the w/c out of the way using the hand control.</td>
<td>If assisting, once H is standing, reverse the w/c out of the way using the hand control.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stand behind H, guiding at the hips as she stands and steps</td>
<td>Stand behind H, guiding at the hips as she stands and steps.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Move to the front as she pivots and guide her onto the toilet frame.</td>
<td>Move to the front as she pivots and guide her onto the toilet frame.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintain a semi squat and an upright spine.</td>
<td>Maintain a semi squat and an upright spine.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assist with adjusting clothing as required</td>
<td>Assist with adjusting clothing as required.</td>
</tr>
<tr>
<td>Transfer wheelchair to toilet</td>
<td>Electric wheelchair</td>
<td>Positions wheelchair at a 90 degree angle to the toilet facing the wall. H (L) side is next to the toilet.</td>
<td>Position with hand control w/c (as above)</td>
</tr>
<tr>
<td></td>
<td>Over toilet frame</td>
<td>Pulls to standing holding the grab rail in front with her ® arm</td>
<td>Stand in front of H and guide at the hips if required.</td>
</tr>
<tr>
<td></td>
<td>Grab rail</td>
<td>Steps 2-3 steps to the ®, turning 240 degrees</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positions ® hand onto opposite grab rail and pivots onto the toilet frame.</td>
<td></td>
</tr>
<tr>
<td>Transfer toilet to wheelchair</td>
<td>Electric wheelchair</td>
<td>Holds ® wheelchair armrest with ® hand</td>
<td>Check position of w/c</td>
</tr>
<tr>
<td></td>
<td>Over toilet frame</td>
<td>Independent half stand and pivot transfer towards her ® side from toilet to w/c</td>
<td>Stand beside the wheelchair.</td>
</tr>
<tr>
<td></td>
<td>Grab rail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer wheelchair to bed</td>
<td>Electric wheelchair</td>
<td>Positions w/c next to the bed, slides foot plate under w/c</td>
<td>Remove wheelchair manually by disengaging the w/c.</td>
</tr>
<tr>
<td></td>
<td>Wall to floor grab rail</td>
<td>Holds grab rail with ® hand</td>
<td>Assist with legs as requested. Maintain a semi squat, bending from the hips.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent half stand and pivot transfer towards her ® side</td>
<td></td>
</tr>
<tr>
<td>Sitting to Lying</td>
<td>Wall to floor grab rail</td>
<td>Holds grab rail with ® hand and lowers self onto the bed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cross ® leg under the (L) to hook the (L) leg up onto the bed</td>
<td></td>
</tr>
<tr>
<td>Bed to commode and commode to bed</td>
<td>If H is having a bad day, the wheelchair to toilet transfers are to be eliminated by using the wheeled commode. The procedure for bed to wheelchair and wheelchair to bed transfers apply using the commode instead of the wheelchair.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prepared by ___________________ – Occupational Therapist. Date: ________________

I ____________________________________________________ have read or had explained to me these manual handling procedures on ___________________________

I understand these procedures and agree to comply with them.

SIGN: ___________________________ DATE: ______________
SIGN: ___________________________ DATE: ______________
SIGN: ___________________________ DATE: ______________
SIGN: ___________________________ DATE: ______________
SIGN: ___________________________ DATE: ______________