



1 PURPOSE

The purpose of this policy is to ensure employees and managers are aware of their responsibilities relating to the manual handling risks associated with their role, and to reduce/eliminate the risk of injuries acquired from manual handling tasks in the workplace. This policy applies to all staff.

Hazardous Manual Handling any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object (including people).

2 DEFINITIONS & ACRONYMS

For the purposes of this procedure the following definitions and abbreviations apply:

Hazardous Manual Handling	<p>Refers to any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object (including people).</p> <p>It is not just lifting or carrying heavy objects (OHS Regulations 2017, Part 1.1, Section 5).</p> <p>Hazardous Manual Handling includes if the work involves one or more of the following:</p> <ul style="list-style-type: none">• repetitive or sustained application of force – sustained awkward posture.• repetitive movement• application of high force involving a single or repetitive use of force that it would be reasonable to expect that a person in the workforce may have difficulty undertaking – exposure to sustained vibration.• live persons or animals• unstable or unbalanced loads or loads that are difficult to grasp or hold. <p><i>OHS Regulations r5</i></p>
Musculoskeletal Disorder (MSD)	<p>Refers to an injury, illness or disease that arises in whole or in part from hazardous manual handling, whether occurring suddenly or over a prolonged period. Musculoskeletal disorders (MSDs) do not include an injury caused by crushing, entrapment or any cut resulting primarily from the mechanical operation of plant (OHS Regulations 2017, Part 1.1, Section 5).</p> <p>OHS Regulations r5. MSDs include:</p> <ul style="list-style-type: none">• sprains and strains of muscles, ligaments and tendons.• back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints and bones.• joint and bone injuries, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands and feet.• nerve injuries or compression (for example carpal tunnel syndrome)• muscular and vascular disorders.• chronic musculoskeletal pain.• soft tissue hernias.



No-Lift system of manual handling	Is a system of manual handling based on the following basic principles: <ul style="list-style-type: none">• Maximize patient independence.• Work close to the patient's body.• Minimize forward and lateral movements and twisting.• Push/pull rather than lift.• Use the bed mechanics.• Use the patient's body movement.• Use weight transfer techniques.
Body Mass Index (BMI)	Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters.
HSR	Health & Safety Representative
JSA	Job Safety Analysis is a document used to assess risk and implement appropriate controls to eliminate or reduce hazards - Job Safety Analysis form (JSA)

3 POLICY

Gippsland Southern Health Service (GSHS) must ensure it provides a safe workplace as far as reasonably practicable to comply with its health and safety responsibilities under the:

- Occupational Health and Safety Act 2004
- Occupational Health and Safety (Manual Handling) Regulations 1999, and
- WorkSafe Victoria Hazardous Manual Handling Compliance Code (Edition 2, 2019).

GSHS must:

- Identify hazardous manual handling and tasks that could cause musculoskeletal disorders,
- Assess the hazardous manual handling risks,
- Control risks as far as reasonably practicable and provide the means to do so for staff, and
- Monitor and evaluate control measures.

GSHS incorporates manual handling information in organisational orientation. No-Lift is incorporated in unit orientation or available at unit level. Further education and support are provided on an ongoing basis through the designated staff trainers and online learning.

3.1 NO-LIFT PRINCIPLES

In circumstances where lifting hoists are used, two (2) staff members will be in attendance whilst the patient/resident remains in the sling (alternate arrangements for individuals must be noted in the care plan). In the community setting it is acceptable for the second person to be a non-employee, if this is necessary, as long as they are able bodied and have been instructed in the safe use of the equipment.

Items to be moved or lifted, including patients or residents, will be assessed for the level of risk they create, and any movement planned in advance, with consideration of what equipment may be required.

Manual handling risk interventions will be documented in the appropriate record.

All hazardous manual handling tasks identified are to have a risk assessment completed and control measures implemented to eliminate or reduce the hazardous manual handling, e.g., JSA.

The manual lifting of patients is to be eliminated in all but strictly exceptional or life-threatening situations.



3.2 RISK MANAGEMENT

- Employers must provide and maintain a working environment that is safe and without risks to health, which includes protecting employees and contractors from any risk of MSD associated with hazardous manual handling work (OHS Regulations r27).
- The Hazardous Manual Handling Code outlined a Risk Management Process to help employers comply with their duties under the OHS Act and OHS regulations. The Risk Management Process includes: Identifying hazards associated with hazardous manual handling, assessing risk of MSD, Controlling the risk of MSD, and monitoring reviewing and revising risk controls.

3.2.1 Identifying Risks

- Risk assessment is an ongoing responsibility of all staff and the employer. Clinical staff will assess all patients on admission for the risk associated with manual handling. Weight, BMI (Body mass index), co-morbidities, aids and resources required for transport, movement and transfer will form part of the overall assessment. The manual handling plan forms part of the clinical pathway/care plan, variations to the plan will be documented in the progress notes reflected on the clinical pathway, i.e., ambulation assisted, specific aids required etc.

3.2.2 Assessing Risks

- Staff education is provided to prevent manual handling injuries including annual competency assessments for those involved in patient manual handling. This assists staff to assess the risk of manual handling and to protect themselves from MSD.
- Other examples of assessments include Falls Risk Assessment Tool (FRAT) and delirium screening.
- All staff are to identify and report manual handling risks, using the appropriate clinical and non-clinical, i.e., Riskman tools
- Staff may seek the support of their local HSR to identify risks
- Employers are required to review OHS data trends to identify areas for improvement or high risk

3.2.3 Controlling Risks

- Staff are required to review and implement appropriate controls or seek assistance to do so.
- There are procedures for the purchasing of products and equipment that assesses manual handling risks.
- GSHS has equipment in place to support the elimination of manual handling, particularly lifting.
- GSHS may purchase identified additional equipment to eliminate manual handling if required.
- No-Lift training is provided to staff to reduce the risk of MSD

3.2.4 Monitoring

- Managers, OHS Committee, and Executive will review systems, processes, and reporting to ensure compliance with policy and minimisation of harm

4 DESIRED OUTCOMES

That injury to all staff, patients and residents is prevented by adequate assessment of risk factors and implementation of manual handling techniques and no-lift principles.



5 FAILURE TO MEET OBLIGATIONS / DUTIES

Anyone who fails to meet their obligations or duties concerning manual handling will be required to attend further training, and may, depending on the circumstances, face disciplinary action, up to, and including, termination of their employment or services (contractors).

6 ROLES & RESPONSIBILITIES

Role / Position Title	Responsibilities and Accountabilities
Employees	<p>Employees have a duty to take reasonable care for their own health and safety, and that of others who may be affected by their work, and to cooperate with their employer's efforts to make the workplace safe.</p> <p>This will include:</p> <ul style="list-style-type: none">• using manual handling equipment properly.• following workplace policies and procedures (e.g. using trolleys, use of No Lift and ergonomic principles).• not taking any shortcuts that could increase manual handling risks.• only using equipment, they have been shown how to operate and passed a competency assessment as required.• following care plans or other instructions which have been developed as part of a risk assessment.• employees must notify their manager of any hazardous manual handling tasks that they become aware of and submit a Riskman, (Hazard reports are tabled through OH&S, speak to your manager or OH&S/HSR representative), and should not perform a task which puts them at risk of harm.
Health & Safety Representative (HSR)	<p>Employers must consult with the HSR when identifying tasks that involve hazardous manual handling and controlling tasks that have a risk of injury.</p> <p>Regular, proactive consultation can help identify issues in the workplace and build a strong commitment to health and safety by including all views in the decision-making process.</p> <p>As an HSR, you can work together with your employer and designated work group to:</p> <ul style="list-style-type: none">• identify which tasks involve hazardous manual handling.• carry out risk assessments of hazardous manual handling tasks.• identify and implement solutions
Managers and Executive	<p>Managers and Executive will ensure relevant Manual Handling policy and procedures are adopted and implemented. This will include the identification and follow up on manual handling risk and induction of staff.</p>



7 PERFORMANCE MEASURES

- Mandatory Training Compliance
 - Manual Handling Module – All Staff
 - No Lift Practical – Clinical Staff
 - No Lift Video – Clinical Staff
- Manual Handling Injuries via Riskman reporting
- Workcover Claims
- Manual Handling Audits

8 ACCREDITATION STANDARDS

ACQS Standard 8 – Organisational Governance

NDIS Core Module 2 – Provider Governance and Operational Management

NSQHS Standard 1 – Organisational Governance

9 REFERENCES

The following legislation, regulation and standards etc that are applicable to this policy.

- Occupational Health & Safety Act 2004
- Occupational Health & Safety Regulations, 2007, Parts 1.1 & 3.1 Cross-reference: Lifting and Transferring of Patients (Smart Lift)
- ANMF Safe Patient Handling Policy
- [WorkSafe Victoria Hazardous Manual Handling Compliance Code \(Edition 2, 2019\)](#)

10 RELEVANT DOCUMENTS

INTERNAL DOCUMENTS

GSHS0079080 Mandatory Training and Competencies

11 CONTRIBUTORS

	Position	Department
Executive Sponsor	Executive Director or People, Culture & Experience	Executive
Policy Owner	People & Culture Manager	People & Culture
Lead Reviewer	People & Culture Advisors	People & Culture
Contributor/s	DDON No-Lift Coordinator	Clinical Services
Committee/s	Occupational Health & Safety	