



MANUL HANDLING RISK MANAGEMENT PROCEDURE

Manual handling risk management

Guardian Angel Home Care has implemented procedures to minimise the risk of manual handling injuries to our staff, volunteers and all providing services in the client's home. All staff should follow the OH & S compliance management process to identify, assess, eliminate or control, monitor and review manual handling hazards in the client's home and workplace.

Risk Identification and the risks

Manual handling risks will be identified by GAHC Management as part of the client referral and assessment process prior to commencement of service. This allows OH & S issues to be built into the design of the care plan with high risk tasks/practices being engineered out if possible. Staff should also remain vigilant for manual handling hazards during service delivery. GAHC management will consult regularly with staff to identify manual handling hazards.

Some factors that indicate increased risk in client handling situations 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, impaired cognition etc.

2. Continuation of high risk tasks such as:

- 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

These tasks have been identified as particularly high risk and should not be undertaken. Where these factors are present a manual handling risk assessment must be completed. High-risk tasks are to be eliminated from care routines and replaced with safe alternative practices and the use of manual handling equipment. For a full description of these tasks and the safe alternative practice refer to next two pages for details;

Ageing

Disability

Home Care

High Risk Client Manual Handling Tasks

Top and Tail Lift



Hook Underarm Transfers



Bear Hug Transfer



Modified Shoulder Lift



Cradle Lift



Full body Lift



HIGH RISK CLIENT MANUAL HANDLING TASKS

This page highlights a number of client handling tasks which are known to be high risk. These tasks are targeted for elimination from care staff routines. Safe alternatives to each of these procedures are detailed and must be implemented. In order to determine the safest alternative practice a risk assessment, where necessary, must be conducted and if required expert advice sought by staff.

High Risk Task	Safe Alternative Practices	Rationale For Change
Hook Under arm methods of transfer	Using the shoulder <u>girdle</u> as a point of control to facilitate movement. Use of standing/walking belts. Use of electric bed; hoist for lying to sitting, monkey bar, and bed rail. If two people – slide sheet.	Disadvantages to the client include: discomfort, risk of damage to the shoulder joints, lack of dignity, restricts independence and ability to contribute to the transfer, potential for skin tears. Disadvantages to the carer include: the load is placed on the shoulder and on one side of the neck, limits carers movement, there is a side flexion and rotation of spine under load, minimises the client's ability to assist and so increases the load on the carer. All problems exaggerated when carers are different heights.
Top and Tail Lift (Including from the floor)	Hoist, sliding board, For positioning in wheelchairs – hip hitching, weight transference and slide combination from in front, slide sheets, sheepskins, pivot head hoist, modified sling.	The client is not contributing to the transfer therefore a mechanical aid should be used. There is a considerable difference in weight each lifter can take, usually 60-70% at the head and 30-40% at the feet, therefore an uneven distribution of load, twisting cannot be avoided, over reaching and forward flexion often occur.
Full Body Lift (Including from the floor)	Hoist, sliding board, slide sheet.	The client is not contributing to the transfer therefore a mechanical aid should be used.
Modified Shoulder Lift	Slide sheet.	The load is lifted through one shoulder, the arm under the customer's thigh is at an awkward angle, and usually some forward and sideways flexion of the spine under load is involved. Requires a very compliant customer, particularly one that will not react suddenly or decide to "help" once the lift commences.
Cradle or Orthodox Lift (Including from the floor)	Slide sheet for positioning in wheelchairs – see above	Forward bending posture under load, the load of the customer is distant to the carers centre of gravity, twisting occurs at the end stage of the lift.
Bear Hug Pivot Transfer	Use the shoulder and the hip girdles as the points of control. Methods include the staff assisted stand, stand and step transfer, turntables. Standing belts, encourage the customer to push up from the surface they are seated on.	Disadvantages to the carer. "hanging" on the neck, if the customer falls the carer usually does too, minimises the customers' ability to assist and so increases the load on the carer, loss of control of the transfer. Limits carer movements. Disadvantages to the customer: unable to totally weightbear as the carer is too close, poor mechanical advantage to assist, risk of injuring the carer.
Lifting Wheelchairs in and Out of cars (Heavy non disassembling wheelchairs)	Obtain a lightweight wheelchair which disassembles, (heaviest component <14kg), wheelchair taxi, meet the customer at the outing location, hire a wheelchair at the shopping centre, w/c carrier on the car, utilise a second person, w/c ramps, community transport.	This task is to be eliminated where the w/c is not lightweight and does not disassemble. Positioning a wheelchair into the care involves awkward postures under load.
Working on the floor or in prolonged Kneeling	Raise the work height, change position regularly, semi squat.	Involves forward flexion, unable to use weight transference in the legs and so the action occurs on the lower back, strain on the knees, static muscle contraction in the legs.
Working Kneeling on beds with both knees	Raise the bed height, assess customer position, assess suitability of bed, and assess access to bed.	Working in kneeling eliminates the action of the legs and transfers it to the lower back, strain on the knees, static muscle contraction in the legs. Reduced stability.

Control the risk

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

Examples of high priorities for control 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)
- introduction of new procedures or equipment

Risk Planning Control Measures

Risk Control Action	Description	Example
1. Eliminate the Hazard	No longer carry out the task	<ul style="list-style-type: none"> • install a bed rail enabling the client to roll him/herself in bed • have shopping home delivered
<i>If this is not practical then</i>		
2a. Substitute for a lesser risk	Substitute the hazard giving rise to the risk with one that presents a lesser risk	<ul style="list-style-type: none"> • introduce manual handling equipment; e.g. a hoist, rather than lifting by hand • shower the client seated rather than standing if they are unsteady on their feet • remove metal wringer bucket and replace with plastic bucket • use a clothes airer or dryer if the clothesline is unsuitable or difficult to access
<i>and/or</i>		
2b. Isolate the hazard from the person at risk	Separate the hazard in time or space from the person at risk.	<ul style="list-style-type: none"> • none applicable
<i>and/or</i>		
2c. Use Engineering Controls	Physical changes to equipment or the environment e.g. redesign, ventilation	<ul style="list-style-type: none"> • home modifications such as installation of ramps or rails • adjustable vacuum cleaner wands • height adjustable equipment
<i>If this is not practical then</i>		
3a. Use administrative controls	Changing work methods, organisation of tasks, review work routines, training	<ul style="list-style-type: none"> • provide adequate workers, breaks, recovery time, roster for job and task rotation, change workflow • document and train workers in safe work procedures • conduct regular manual handling training
<i>and/or</i>		
3b. Use personal protection	Least effective, use in combination with other controls	<ul style="list-style-type: none"> • non-restrictive clothing • well fitted gloves • enforce use of enclosed footwear with slip-resistant soles, adequate support and rounded heels that have good contact with the ground



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Risk control and client handling

To eliminate or reduce manual handling, the client should, as the first option be encouraged to move themselves. This may require some equipment such as bed-rail, bed-pole, or electric beds. Staff should remember to look at the various manual handling risk factors and identify controls for the risk factors present in the task. Many risk controls are likely to involve a combination of: job redesign, mechanical handling equipment, training and other administrative controls. For example, while using equipment greatly decreases the risk, ensuring the task is performed by an experienced worker further reduces the risk. Short-term solutions may need to be implemented whilst solutions to more complex issues are determined and negotiated.

The client and/or their authorised representative, will be informed on commencement of the service that manual handling equipment may be used for client handling tasks in order to improve safety for both staff and the client

Monitor and Review

As with any hazard that has been previously managed, it is important that all staff monitor and review the effectiveness of the controls. Check that the risk control is working and has not created any other hazards. If you find any new hazards please notify the GAHC management immediately. GAHC management will review all controls through monitoring of:

- hazard report forms
- worksite safety inspections
- incident data
- worker and volunteer reports
- client care plans
- reviewing the manual handling risk assessments of tasks

On occasions, expert evaluations may be required, especially if a control measure is expensive in time and money, or if it has never been tried before.

Risk control measures implemented in the client handling situation will be monitored by GAHC management for the effectiveness over time. Many factors can change particularly in relation to the clients, e.g. ageing, weight gain, increased deformity, decreased mobility. Regular review of safe work procedures and client manual handling plans, etc is necessary to ensure any new manual handling risks are identified.