



HEALTH AND SAFETY
AUTHORITY

Guidance on the Management of Manual Handling in **Healthcare**



Our vision:

A national culture where all commit to safe and healthy workplaces and the safe and sustainable management of chemicals



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Long Term:

- Reduce the size/holding capacity of the individual bins if the expectation is that the porters will continue to work alone when collecting them;
- Review the design of the bins – in particular the braking mechanism, handle design and swivel configuration – to reduce the effort required of the porter when moving the bins over distance or in a tight space;
- Ensure that the surface finish in the permanent waste compound is both smooth and level;
- Ensure that the permanent waste compound is a covered and level access facility with bins separated to different areas by type;
- Provide an automatic bin washing facility in the new compound.

Stage 5: Review effectiveness of the solutions

- Ensure an action plan is put in place to guarantee that the improvements recommended are acted upon in a timely manner;
- Ensure that staff have been made aware of the findings of the risk assessment;
- Carry out a follow up inspection of the system of work to ensure improvements have been put in place.

APPENDIX V

Manual Handling Case Studies

These case scenarios are intended as an aid to healthcare practitioners when carrying out manual handling task assessments. The scenarios and controls selected outline one example of a particular handling task but cannot take into account all the possible circumstances in a workplace. Assessors should select the control that best addresses the need in their particular circumstances.

When carrying out a patient handling risk assessment additional factors relating to the patient such as medical needs, personal needs and cultural needs should also be taken into account. The handling procedure selected should be explained to the patient/client and where possible the patient's consent should be sought.

A personal/dynamic risk assessment should also be carried out by the employee prior to undertaking any manual handling procedure.

Each scenario presents:

- The manual handling task;
- The issues that arise for the handlers;
- An example of controls which can be used to minimise the risk to the handlers and allow the task to be successfully completed.

With all the scenarios it is important to evaluate the controls selected to ensure they have effectively reduced the risk.

Video clips of these manual handling case studies can be viewed at www.hsa.ie

Case study 1: Patient handling case study: patient falls in a toilet area

Patient handling task

A patient has fallen to the floor in a confined bathroom. Two carers attempt to lift the patient into standing and sit into a wheelchair (Fig. 1).

Issues

Lifting a heavy weight from floor level;

Carers are lifting with combined bent and twisted position;

Carers are handling the patient at a distance from their waist;

Patient has potential to be unpredictable.



Figure 1

Possible control following risk assessment

Assess patient's medical condition: if patient has arrested provide the appropriate clinical assistance. If the patient has obvious hip or pelvic fracture, consider need for stretcher hoist or inflatable lifting aid. If none of the above applies and the patient is unable to get off the floor unaided, use sliding sheets to slide the patient to open space and use hoist to lift the patient from the floor into a wheelchair (Fig. 2).



Figure 2

Alternative controls

Inflatable lifting aid: a deflated cushion is placed under a patient and attached to a motor which then inflates the cushion to waist height. The patient can then be transferred to bed or wheelchair using a lateral transfer device.

Case study 2: Manual handling chemical waste drum from laboratory to outdoor chemical store

Manual handling task

A medical laboratory assistant (MLA) transports a 50kg drum on a trolley from the laboratory to an outside chemical store. The chemical store is a steel cupboard with shelves and a drip tray to isolate any spillage. The drums are stored on the first shelf above the drip tray or the second shelf if the first is full. The height of the trolley is dictated by the storage area for the trolley, which is under a workbench in the labs. The MLA is required to lift the drum onto the first or second shelf.

Issues

- The load is heavy to lift at 50kgs;
- The height of the drum trolley is lower than the first shelf in the cupboard;
- The physical effort required is too strenuous;
- Task requires MLA to lift in combined bent and twisted position, and to lift to shoulder height to access the second shelf;
- The drum is unwieldy and difficult to grasp and contains hazardous substances.

Possible controls

MLA uses hoist with platform and strap to secure drum. The MLA places the hoist in a position perpendicular to the shelf, then raises the hoist platform to the same level as the shelf and, using weight transference, slides the drum onto the shelf (Fig. 3). This control measure may be a useful solution to transfer to other areas in the organisation where there are potentially strenuous handling tasks in labs which involve lifting and decanting chemicals from different heights.



Figure 3

Alternative possible controls

- Reduce the drum weight to 25kg;
- Change trolley height to same as first shelf in chemical store cupboard; use only first shelf to store drums;
- Use scissors trolley.

Case study 3: Patient handling case study: changing mattress on bed

Manual handling task

Patient is on bed-rest following cardiac arrest; patient's mattress needs to be changed to minimise risk of pressure sores. Four carers lift the patient up off the bed and a fifth carer removes the mattress and replaces it with a new one while the carers support the patient (Fig. 4).



Figure 4

Issues

Carers are taking the full weight of the patient at a distance from their waist.

Carers are holding the patient for extended period at a distance from their waist.

Possible controls

With Four Carers

Use a hoist and soft stretcher sling to lift the patient a short distance up off the bed.

Two carers remove mattress and replace it with new mattress.

Carers lower patient onto new mattress (Fig. 5).



Figure 5

Alternative possible control

Transfer patient onto new bed with appropriate mattress using a lateral transfer board.

Case study 4: Patient handling case study: transferring patient from bed to chair with long leg plaster to bring patient to X-Ray department

Manual handling task

A patient is in a long leg plaster and is not allowed to put any weight on the affected leg. A carer assists the patient to sit over the side of the bed and hop on crutches to sit into the chair (Fig. 6).

Issues

Patient is mobilising on a very narrow base and has a high risk of unbalancing and/or falling. There is also a significant risk of sudden unexpected movements.

Possible control

Carer places wheelchair beside the bed with arm rest removed and places a lateral transfer board under patient. Carer ensures brakes on wheelchair and bed are on, and chair and bed are at optimal height. Patient then slides himself into the chair on the transfer board. Carer supports affected leg if necessary (Fig. 7).

Possible alternative controls

Push patient in bed to X-Ray department.



Figure 6



Figure 7



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create a
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where All Commit to
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Workplaces and the Safe
and Sustainable
Management of
Chemicals*

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