



An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority

**PROTECTING PEOPLE
AND PLACES**



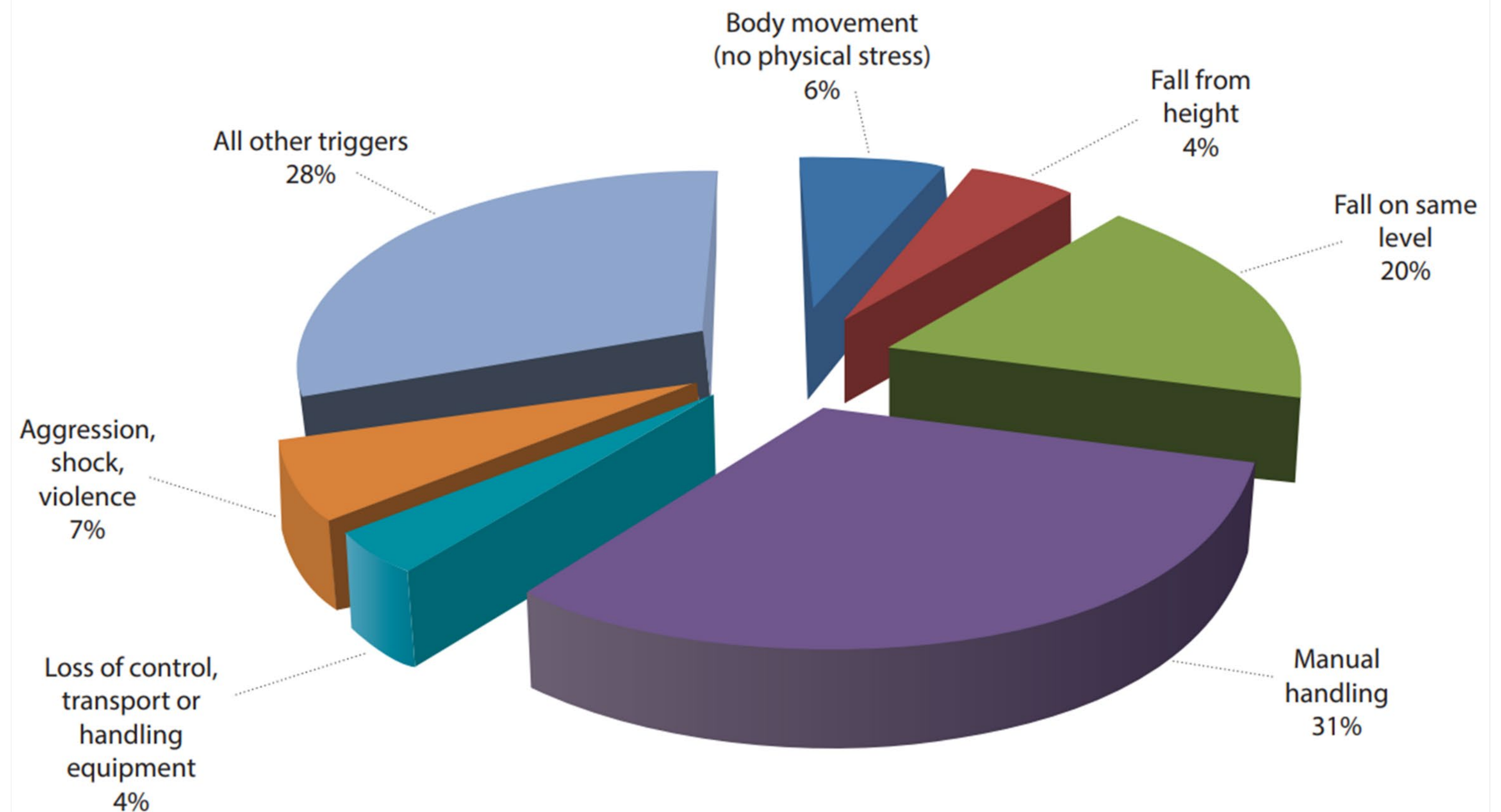
Manual Handling and Ergonomics Risk Management

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Science Division, HSE

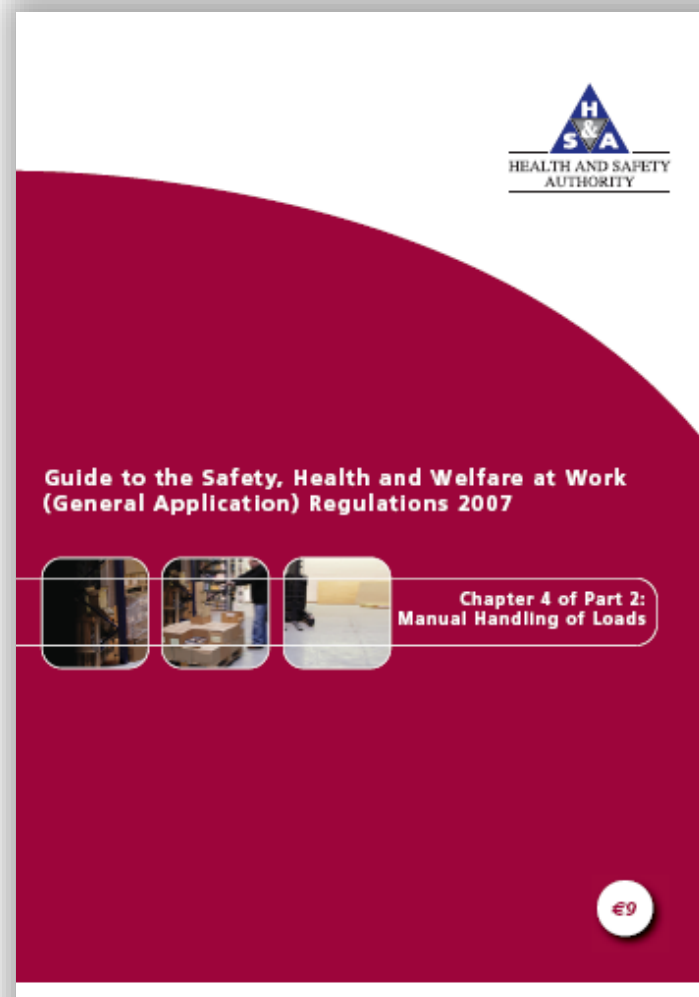
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HSA Summary of Injury, Illness and Fatality Statistics 2018 – 2019

https://www.hsa.ie/eng/publications_and_forms/publications/corporate/hsa_stats_report_2019.pdf

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**Guide to the SHW at Work
(General Application)
Regulations (2007)
Ch 4 of Part 2: Manual
Handling of Loads**

Step 1

Identify the manual handling tasks that need to be assessed

Step 2

Develop a risk assessment schedule

Step 3

Carry out risk assessment process

Step 3a

Task observation and description

Step 3b

Collect the data (A well-documented risk assessment will have good quality information)

Step 3c

Identification of the risk factors (Schedule 3 & MAC/RAPP)

Step 3d

Solution development action plan

Step 4

Review effectiveness of the control measures

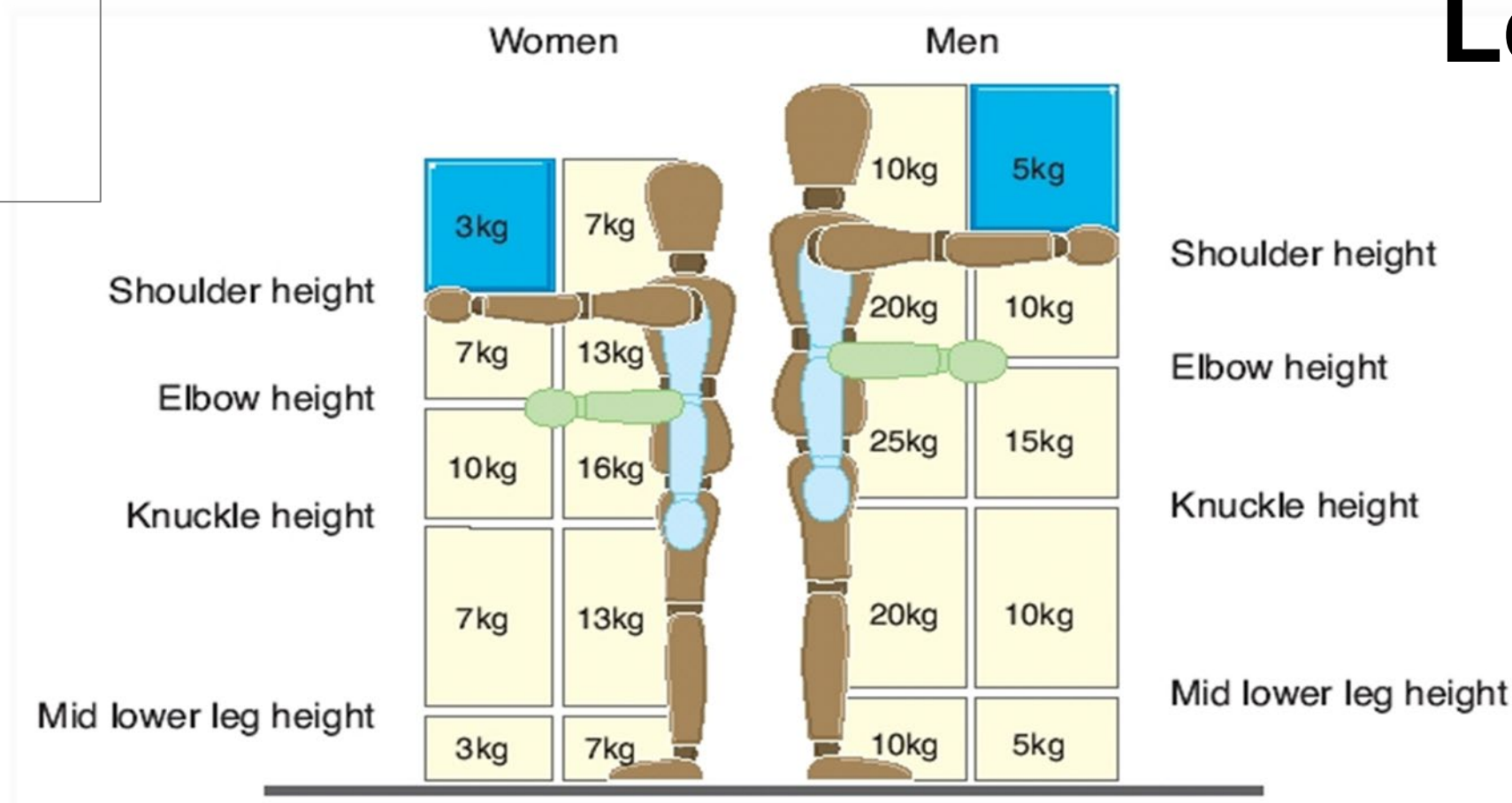
Identify the manual handling tasks that need to be assessed

Risk Indicators:

- Heavy or awkward loads (no fixed weight limit, but guideline weights exist for ideal conditions).
- Repetitive lifting or twisting movements.
- Awkward postures (bending, reaching, or working in cramped spaces).
- Unstable or slippery floors.
- Tasks associated with previous incidents or staff complaints.



Leading and lagging indicators ?



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Identify the manual handling tasks that need to be assessed



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Identify the manual handling tasks that need to be assessed

Body I

How do I do body mapping?

Body mapping is very simple. It involves asking workers if they suffer pain or discomfort when performing a particular work task.

Be open to discussing any views in a group. Encourage workers to share their body charts anonymously. Identify any common trends in performing a particular work task.

Should a worker raise a concern that concern (eg from an observation) that a task is causing pain or discomfort?

Group discussion

To facilitate a group discussion, you should:

- A room (such as a training room) where control measures are discussed
- A large body map chart
- Different coloured pens
- **Red** Pain/discomfort posture or repeated
- **Blue** One-off incident

Before beginning a group discussion, you may have missed through should:

- Encourage members to discuss pains during or after work
- Ask members to be as specific as possible about pain they feel and where it is
- Look for patterns of concern
- Encourage discussion

Examples of questions

- Are there any specific areas of pain?
- Do your aches or pains get worse by the end of the day?
- Have they got progress in the last week?
- Do they get better when you rest?
- Do you feel your aches or pains affect your work?
- Do you need to wear any special clothing or equipment?
- Have you discussed your concerns with anyone?
- Are you subject to high levels of stress or fatigue that exacerbate any aches or pains?

What do I do with the information?

- Record and retain your findings
 - Compare findings across different tasks
 - Make a note of any potential risks
 - Explore the suggested control measures
 - Monitor the effectiveness of the measures, possibly by repeating the exercise
 - Review or revise existing control measures
- There is another, more detailed method of assessing the amount of discomfort they experience. This method needs to be used in a group exercise.

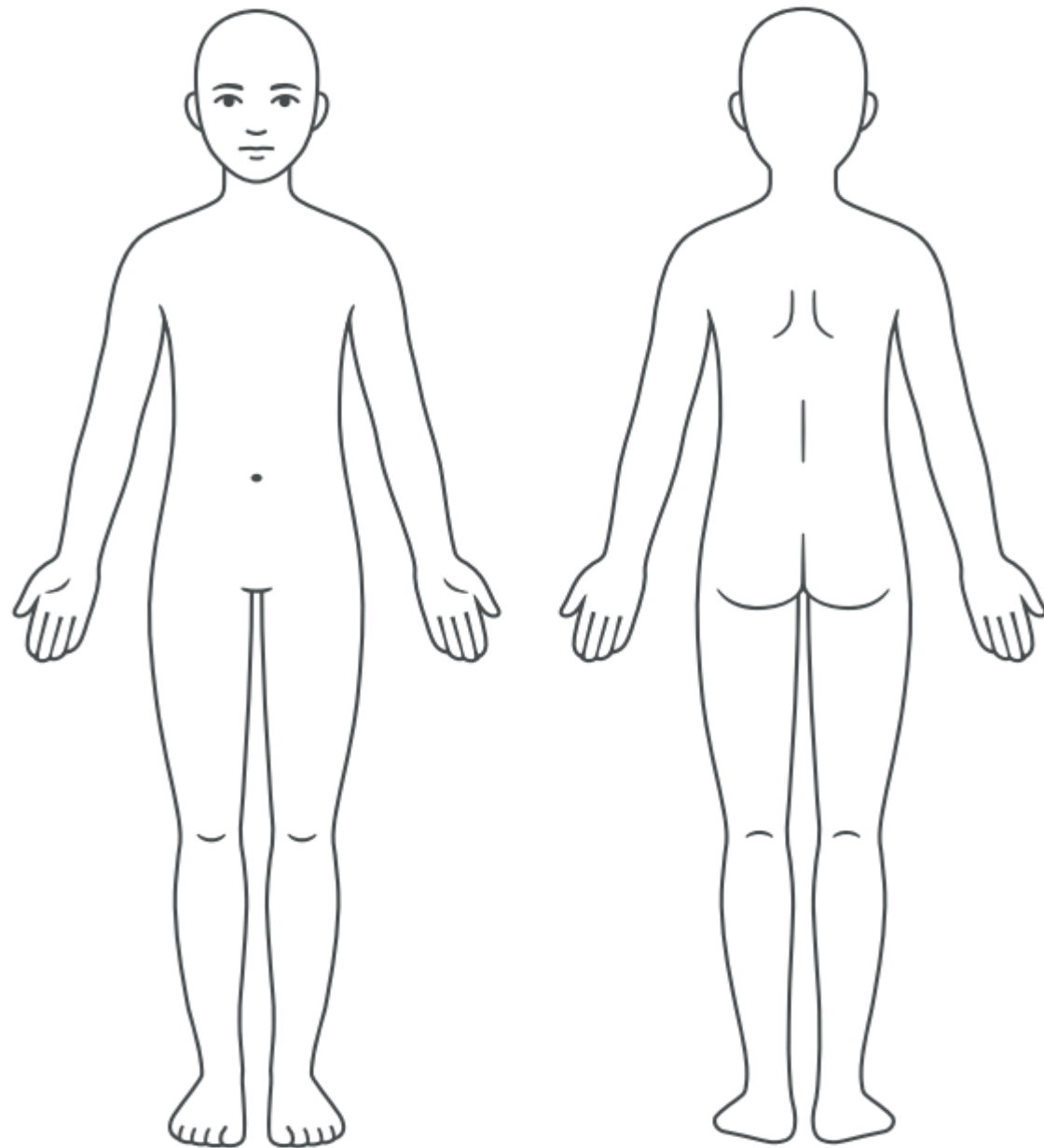
Some do's and don'ts

Do's

- Seek senior management support and how you can improve the work environment
- Tell group members that their concerns will be taken seriously
- Pain should not be treated as a minor issue
- Any information should be treated as confidential
- Treat the body mapping exercise as a confidential exercise
- Facilitators must be impartial
- Make sure workers are comfortable
- Use the facilitator's notes
- Ensure translators are available

Don'ts

- Don't use body mapping as a diagnostic tool
- Don't lose focus – maintain the focus on the work task
- Don't try to influence the results
- Don't suggest individual control measures



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Identify the manual handling tasks that need to be assessed



Body Mapping



Download here:



officialpublisher.tso.co.uk/body-mapping/

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Step 3

Carry out risk assessment process

Step 3a

Task observation and description

Step 3b

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Solution development action plan

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Carry out risk assessment process

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Carry out risk assessment process

Risk Factor	Example
The load is too heavy	See risk filter
The load is too large	>75cm
The load is unwieldy or difficult to grasp	>75cm, sharp edges, loose contents or a patient (person).
The load has to be held a distance from the trunk	Over reaching
The physical effort is too strenuous	
The physical effort is achieved by a twisting movement of the trunk	
The physical effort is likely to result in a sudden movement	Lifting from a racking which is jammed. Load can suddenly move
The physical effort is made with the body in an unstable posture	Person stands on a stool while lifting

Risk Factor	Example
There is not enough room, in particularly vertically, to carry out the activity.	Narrow aisles, lifting above shoulders (e.g. onto pallets)
The floor is uneven or is slippery or the floor or footrest is unstable	Cracked flooring preventing easy pallet truck use
The temperature, humidity or ventilation is unsuitable	See guidelines
Over-frequent or over-prolonged physical effort involving particularly the spine	Repetitive scooping product or handballing
There is insufficient bodily rest or recovery period	
There is excessive lifting, lowering or carrying distance	Lifting heavy loads beginning or ending at floor level or above shoulder height

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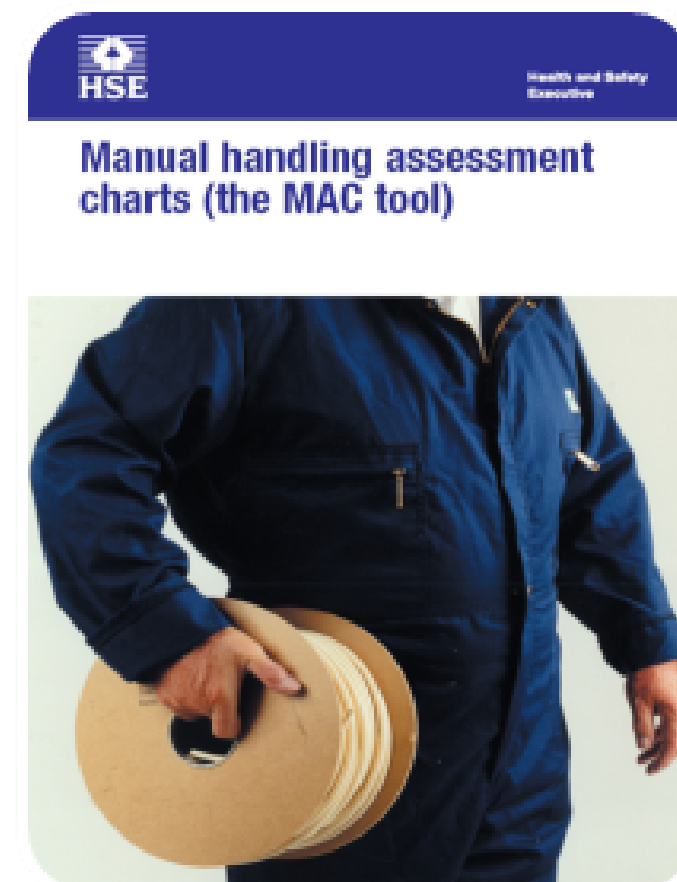
Carry out risk assessment process

Use RAPP



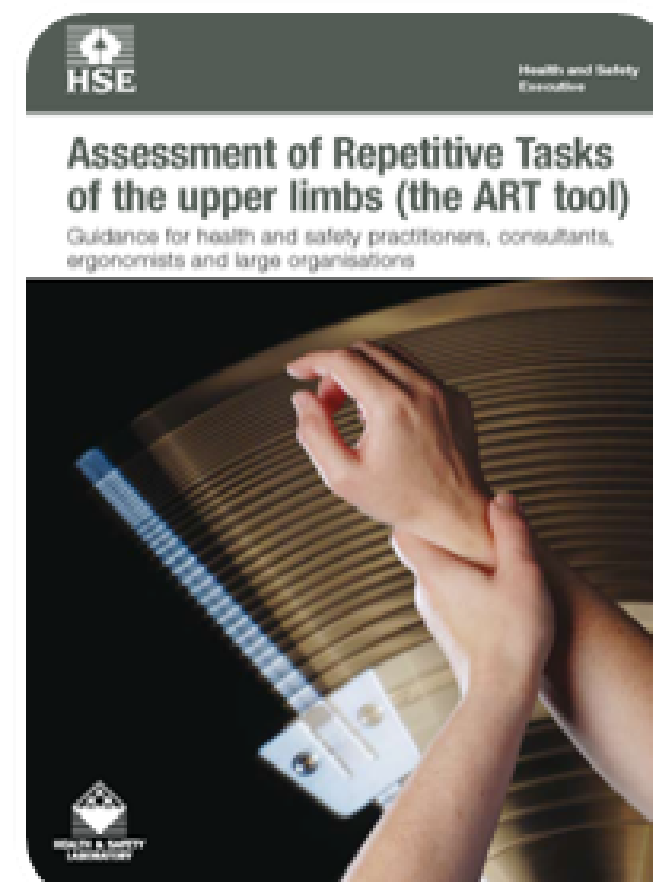
For pushing and pulling

Use MAC



All items lifted or carried weigh about the same

Use ART



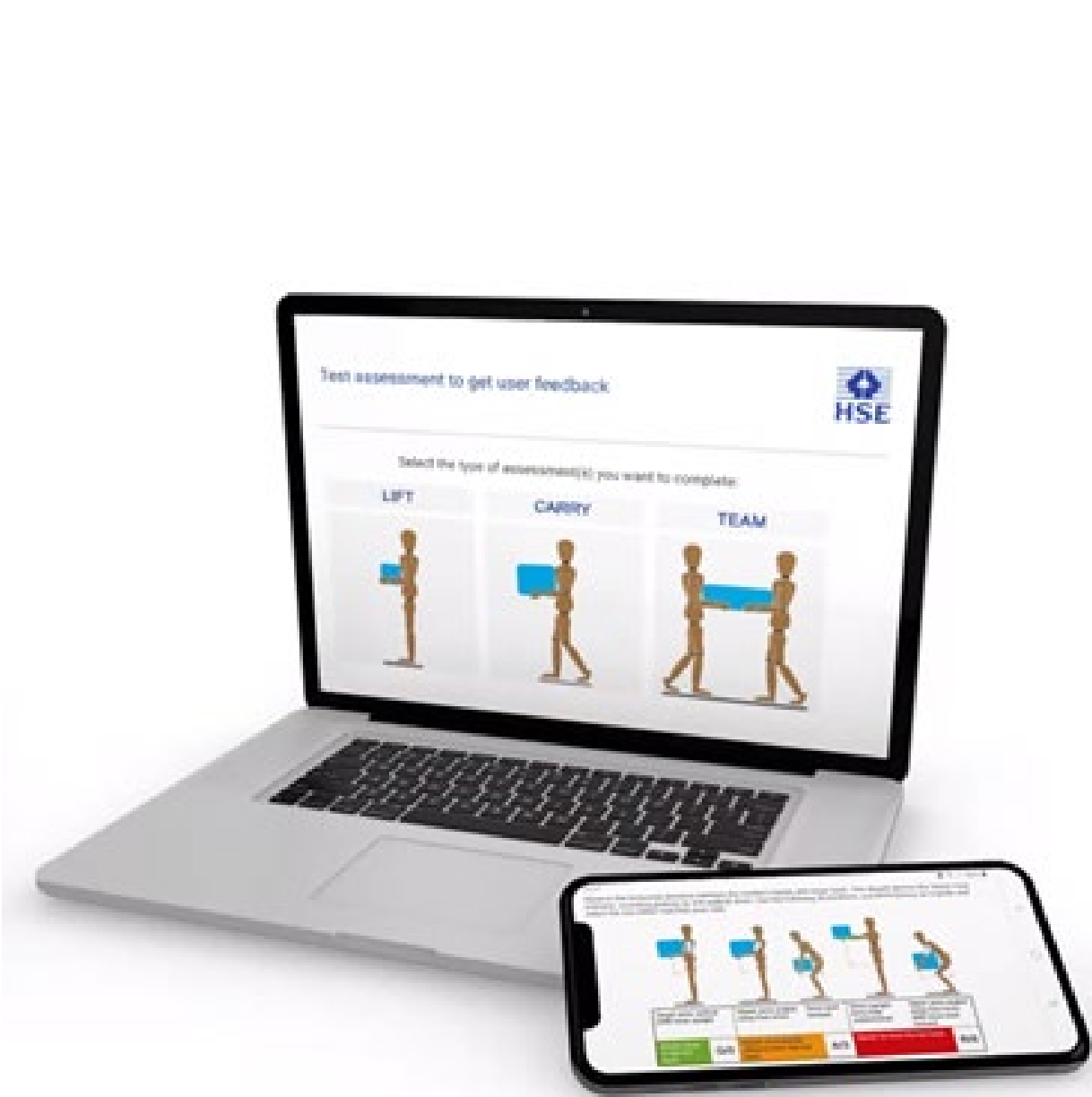
Items weigh less than ~ 4 kg
The task is mostly upper-limb



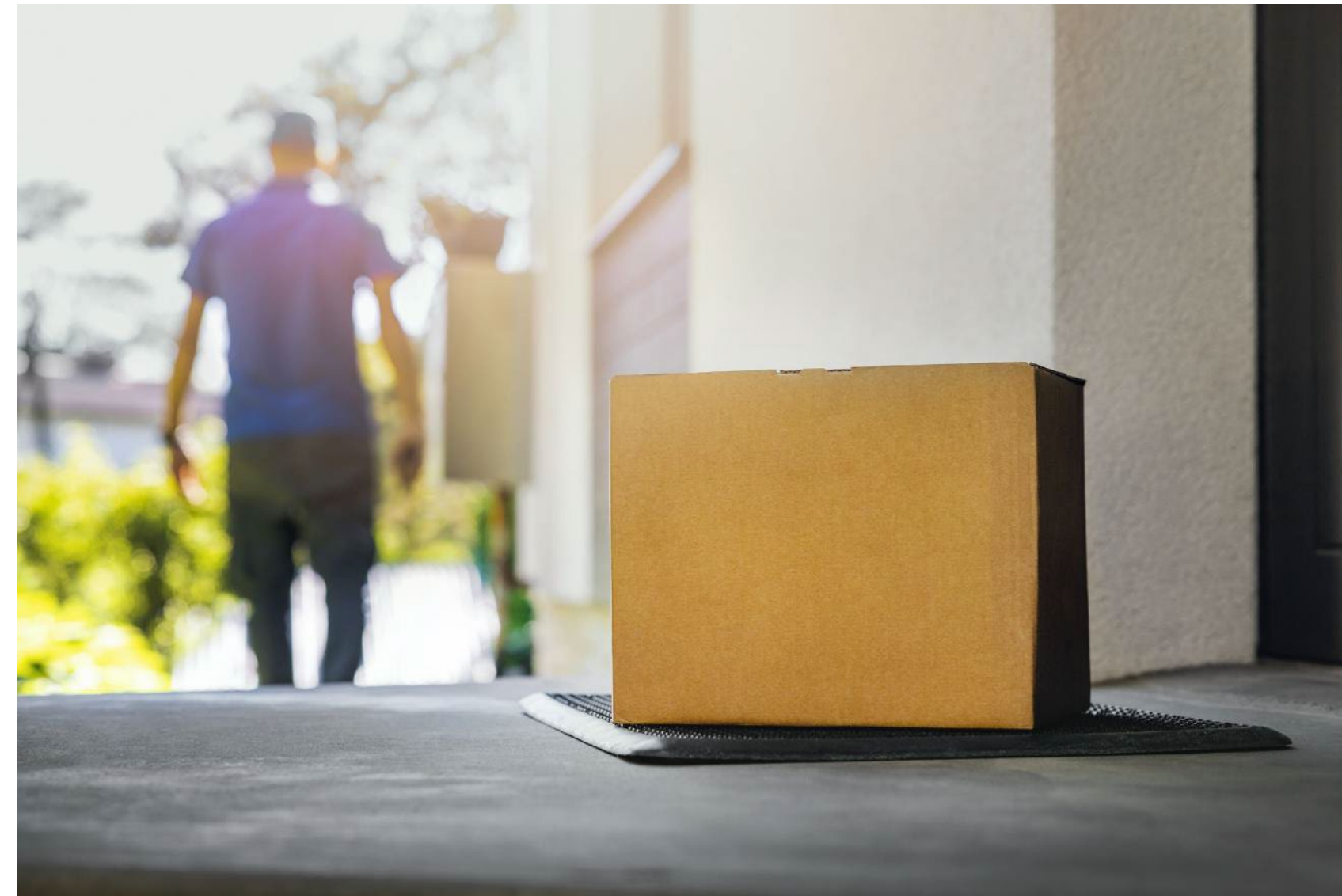
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Carry out risk assessment process

Risk Factors	Colour Band (G,A,R or P)			Numerical Score		
	Lift	Carry	Team	Lift	Carry	Team
Load weight and lift/carry frequency	P			10		
Hand distance form the lower back	R			6		
Vertical lift region	G			0		
Trunk twisting / sideways bending Asymmetrical trunk / load carrying	R			2		
Postural constraints	A			1		
Grip on load	R			2		
Floor surface	G			0		
Other environment factors	G			0		
Carry distance (carrying only)						
Obstacles en route (carrying on)						
Communication and co-ordination (team handling only)						
Other risk factors e.g. individual factors, psychosocial factor, etc.	TOTAL SCORE:			21		



When to use the HSE tools?



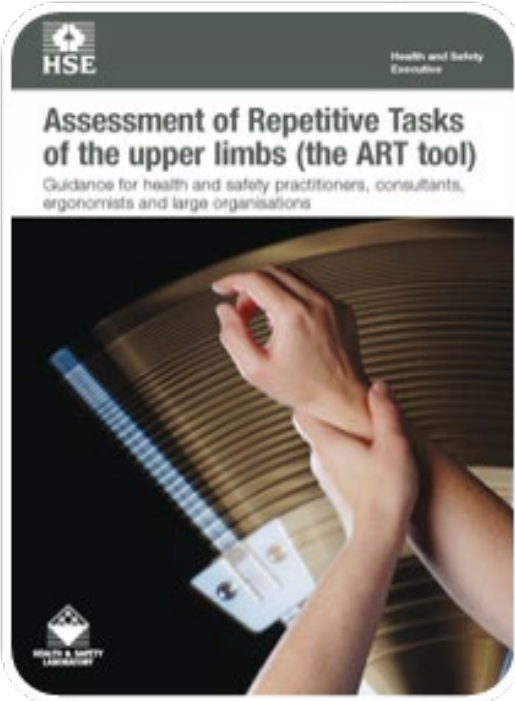
When to use the HSE tools?



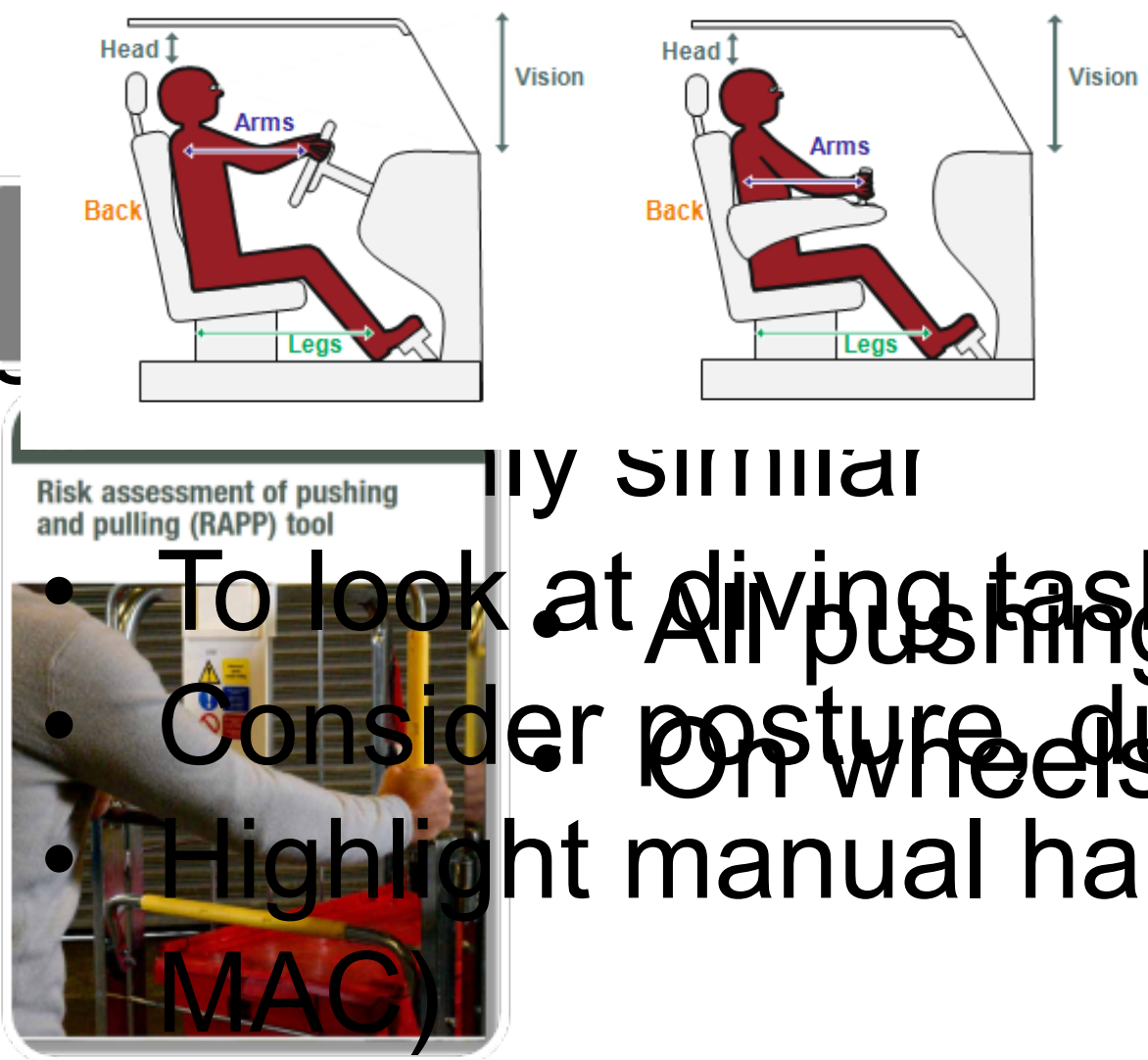
Use ART

Use MAC

Use MAC



- Hand intensive
- Low weights
- Not lifting/moving
- More than a day
- For lifting
- Weights
- Bursts of
- To look at diving tasks
- All pushing/pulling
- Consider posture, duration, WBV
- On wheels or not
- Highlight manual handling (but assess with MAC)



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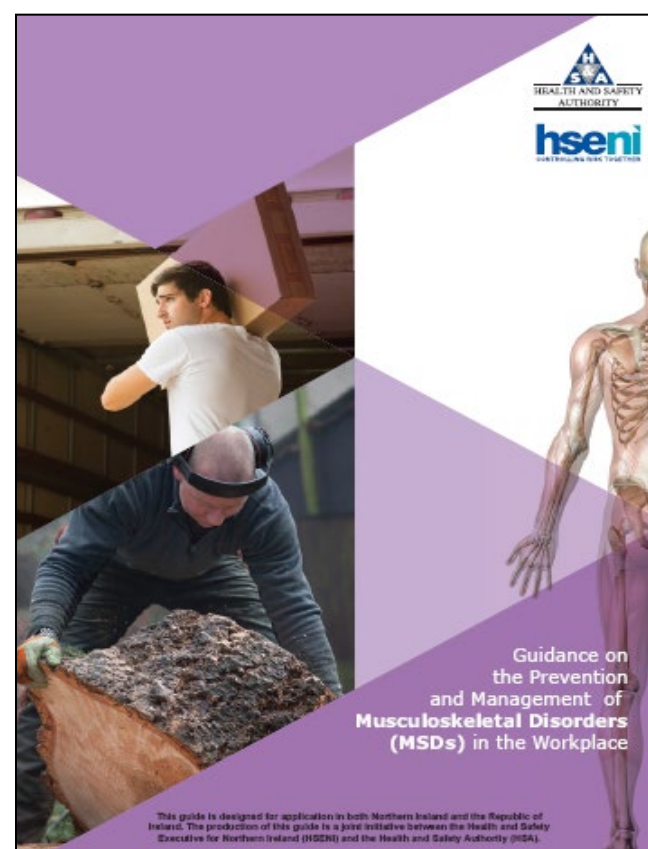
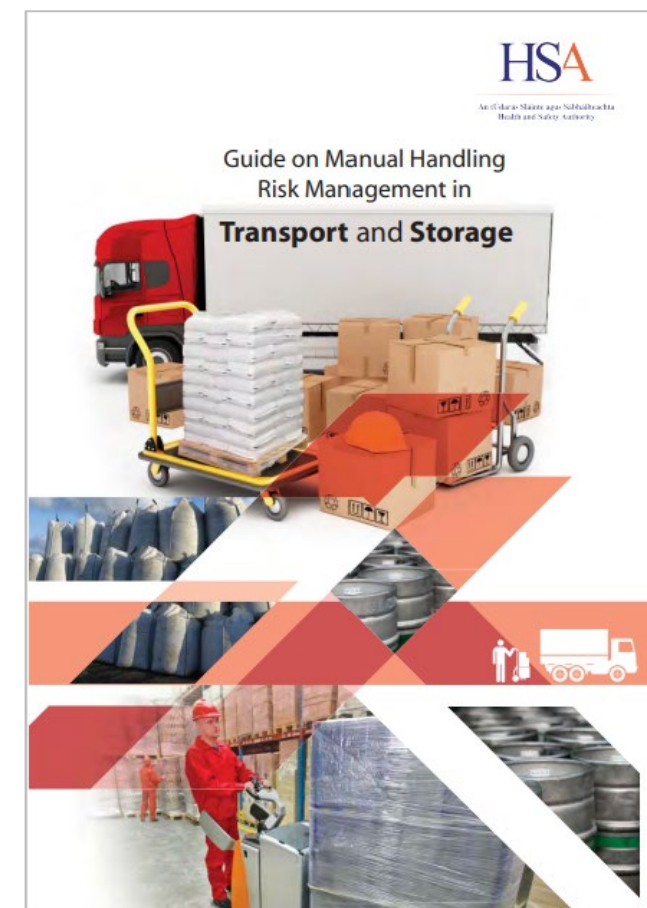
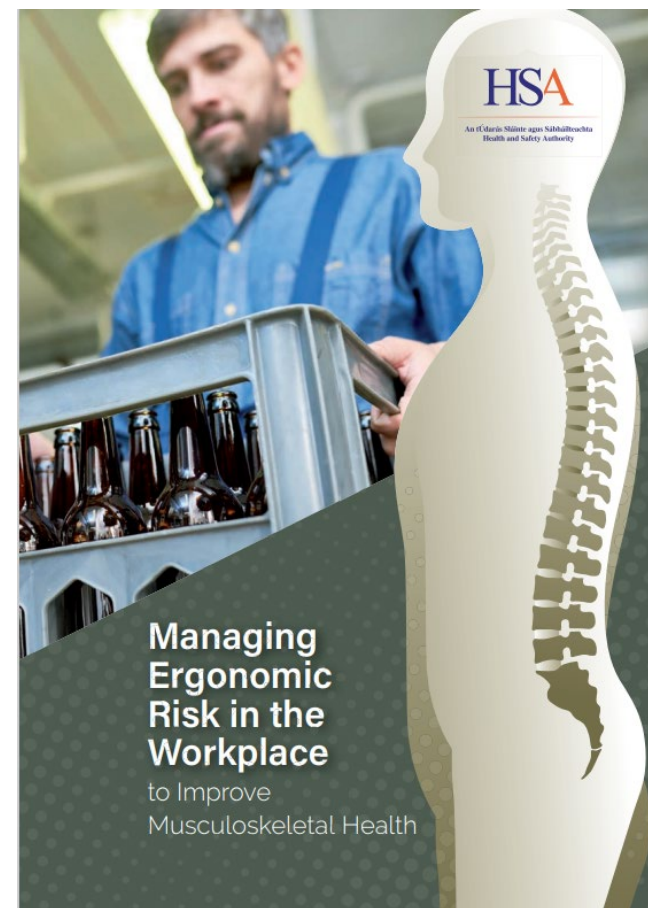
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Step 3d

Solution development action plan

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Construction Case Study

https://www.hsa.ie/eng/workplace_health/manual_handling_display_screen_equipment/guidance/ergonomics/ergonomics---rhattigan-4pg-v5-copy.pdf

Health Sector Case Study

https://www.hsa.ie/eng/workplace_health/manual_handling_display_screen_equipment/guidance/ergonomics/case-studies-health-nrh-4pg-v5-copy.pdf


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Solution development action plan

https://www.hsa.ie/eng/Publications_and_Forms/Publications/

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Ergonomics Good Practice Case Study

Construction Sector

JJ Rhatigan & Company

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JJ Rhatigan & Company

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Phone:
(091) 580 800

Contact:
Emmet Hynes,
Group Health
& Safety Manager

This case study demonstrates how JJ Rhatigan & Company managed ergonomic risks through the introduction of a range of engineering and organisational improvements in the way work was carried out to avoid or reduce the risk of musculoskeletal injury.

The Project Team Involved

Left to right:
Séán Nolan, Carpenter,
Barry Brennan, Health & Safety Adviser, Michael Nolan, Carpenter, Pat O'Malley, Contracts Manager, Willie Flynn, Site Foreman, Des Leamy, Health & Safety Manager



The Organisation

JJ Rhatigan is a leading main contractor at the forefront of the construction industry for over 65 years. Founded in 1952 by John J Rhatigan, the company has been setting standards in the construction industry while staying true to its family roots ever since. JJ Rhatigan has continued to expand into new sectors and new regions with offices in Dublin, Galway, Cork, Sligo and London. With 550+ employees, staff levels have increased by 15% in the last 12 months.


01 Stage 1: Problem Identification

Description of Task

A new office building was being constructed in Galway City; the building design specified that large stone cladding units were to be installed and fitted to the facade of the building. The stone cladding units were large and heavy, varying from 19.4kg to 143.7kg. A specialist sub-contractor was procured by the company Project Supervisor Construction Stage (PSCS) to install the stone cladding units on site. The sub-contractors initial proposed system of work was based on the long-established traditional methods of manual transfer of each stone cladding unit from a pallet on the loading bay onto a trolley and then a two-person manual lift (and hold) during the final placement of stone cladding in the building's facade.

Evidence of Risk Factors

- Awkward posture while holding the stone cladding unit in position at the building facade
- The weight of the stone cladding units (up to 144kg load weight) and the upper arms are angled away from the body and the trunk is bent forward
- Twisting postures while manoeuvring and aligning the stone cladding units prior to installation
- Lifting heavy stone cladding units from the trolley/scaffold up to chest height



02 Stage 2: Problem Solving Process

A 'Task Team' was put together involving site management, the project health and safety adviser and the sub-contractor to explore opportunities for the development of a new system of work that would allow safe installation of the stone cladding units using a mechanical solution. The load weight specifications were sourced from the supplier, as this information was not available ahead of the stone cladding installation process. Agreement was reached that a Lifter/Grab or a Slab Lifter would be installed to eliminate the manual handling of the stone cladding units onto the building facade.

Problem Solving Activities

The main activities undertaken involved:

- sourcing the dimensions and load weight specification data for the stone cladding units;
- sourcing a new mechanical handling solution that was safe and appropriate to lift stone cladding without causing any damage to the finished stone;
- ensuring that all lifting attachments and customised cantilever brackets to be used as part of the mechanical handling solution were certified; and
- preparing a new safe system of work with a step-by-step description of the stone cladding installation process that reduced risk and did not impact negatively on productivity.

03 Stage 3: Outcome

Main Interventions

A bespoke certified mild steel cantilever bracket was manufactured and hung from the top of the wall and secured into position. A chain block was then attached to the cantilever bracket with a certified D-Shackle connection and the Lifter/Grab was then attached to the chain block using designated attachment points. The cantilever bracket was moved horizontally along the top of the wall as the stone cladding progressed.



04 Stage 4: Results

Initially, it took some time to bed in the new stone cladding installation process through consultation with the sub-contractor. However, once it was operational, it resulted in a more efficient installation process and the elimination of significant ergonomic risk factors.

Health benefits (including risk factors like force, repetition, posture eliminated or reduced)

The introduction of the chain block and Lifter/Grab eliminated the manual lifting of very heavy stone cladding units and avoided the need for sustained awkward bending and twisting postures that resulted from the manual installation process.

Evidence of innovation or creative thinking

The use of the beam runners for ease of stone cladding installation.

Evidence of team work

Yes, a team was put together which involved site management, the site safety adviser and the sub-contractor to explore opportunities for the development of a new system of work which would allow safe installation of the stone cladding units using a mechanical solution.

Evidence of consultation and communication with those that worked on this production process

There was ongoing consultation with the stone cladding installation sub-contractor to agree on the appropriate system of work using the Lifter/Grab.

Evidence of any productivity or efficiency improvements

The stone cladding installation was carried out more efficiently as a result of the introduction of the new system of work and without a negative impact on productivity.

Evidence of reduced lost days due to accidents or ill health

There were no reported injuries, however there was evidence of a significant reduction in ergonomic risk exposure as a result of the elimination of the high-risk manual handling of stone cladding units.

Evidence of management commitment and investment

There was commitment from the company and the Project Supervisor Construction Stage (PSCS) in agreeing that there was a need to improve the stone cladding installation process in order to address ergonomic health risks.

Return on investment

Worker injury and fatigue significantly reduced. All mechanical lifting equipment was reused on other projects.

Evidence of increased knowledge and awareness of ergonomics

There was increased awareness of the availability of evidence-based risk assessment tools available such as the Health and Safety Executive Mac Tool (UK) that could be used to quantify ergonomic risks and inform what appropriate actions may be required based on the Risk Assessment results. The company participated in the Health and Safety Authority (HSA) Ergonomic Risk Assessment Workshops by presenting a case study on this project.

Client Testimonial

"The Project Team was challenged to look beyond the traditional methods and explore opportunities for the development of a new system of work to allow safe installation of the stone cladding. With the introduction of the Lifter/Grab and the manufacture of bespoke cantilever brackets this avoided the need for sustained awkward bending and twisting postures that resulted from the manual installation process. By following the Principles of Prevention, using the MAC Tool and innovative thinking, the stone cladding installation was carried out more efficiently with a significant reduction in ergonomic risk exposure to the benefit of all involved."

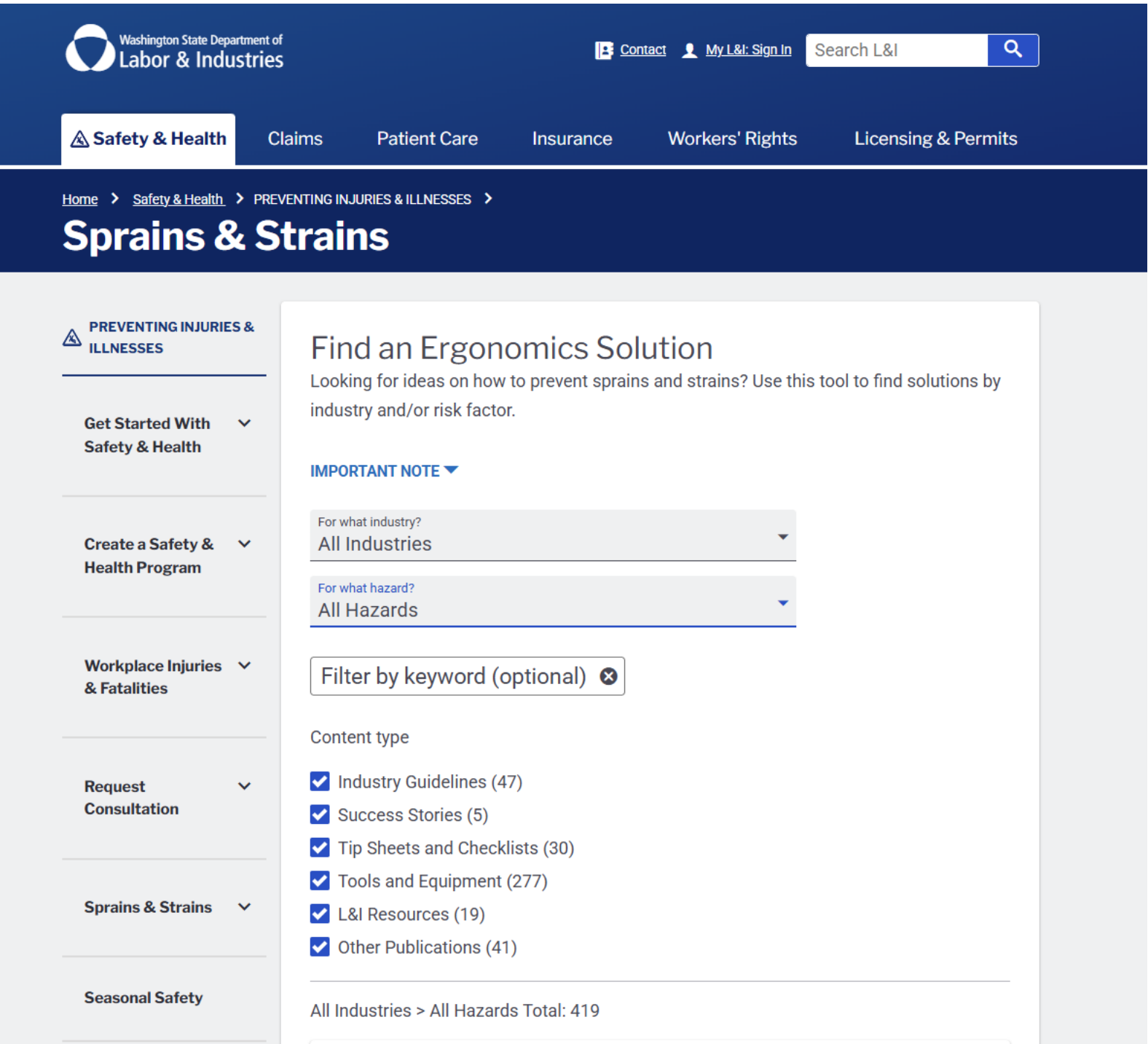
Emmet Hynes, Group Health & Safety Manager

Solution development action plan

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(Search: Ergonomic Ideas Bank)



Solution development action plan

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Training is important but it can't overcome:

- a lack of mechanical aids;
- unsuitable loads;
- bad working conditions.

Training should aim to change behaviours.

Solution development action plan

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Training should cover:

- risk factors and how injuries can occur;
- good handling technique;
- appropriate systems of work for the individual's tasks and environment;
- use of mechanical aids;
- practical work to allow the trainer to identify and put right anything the trainee is not doing safely.

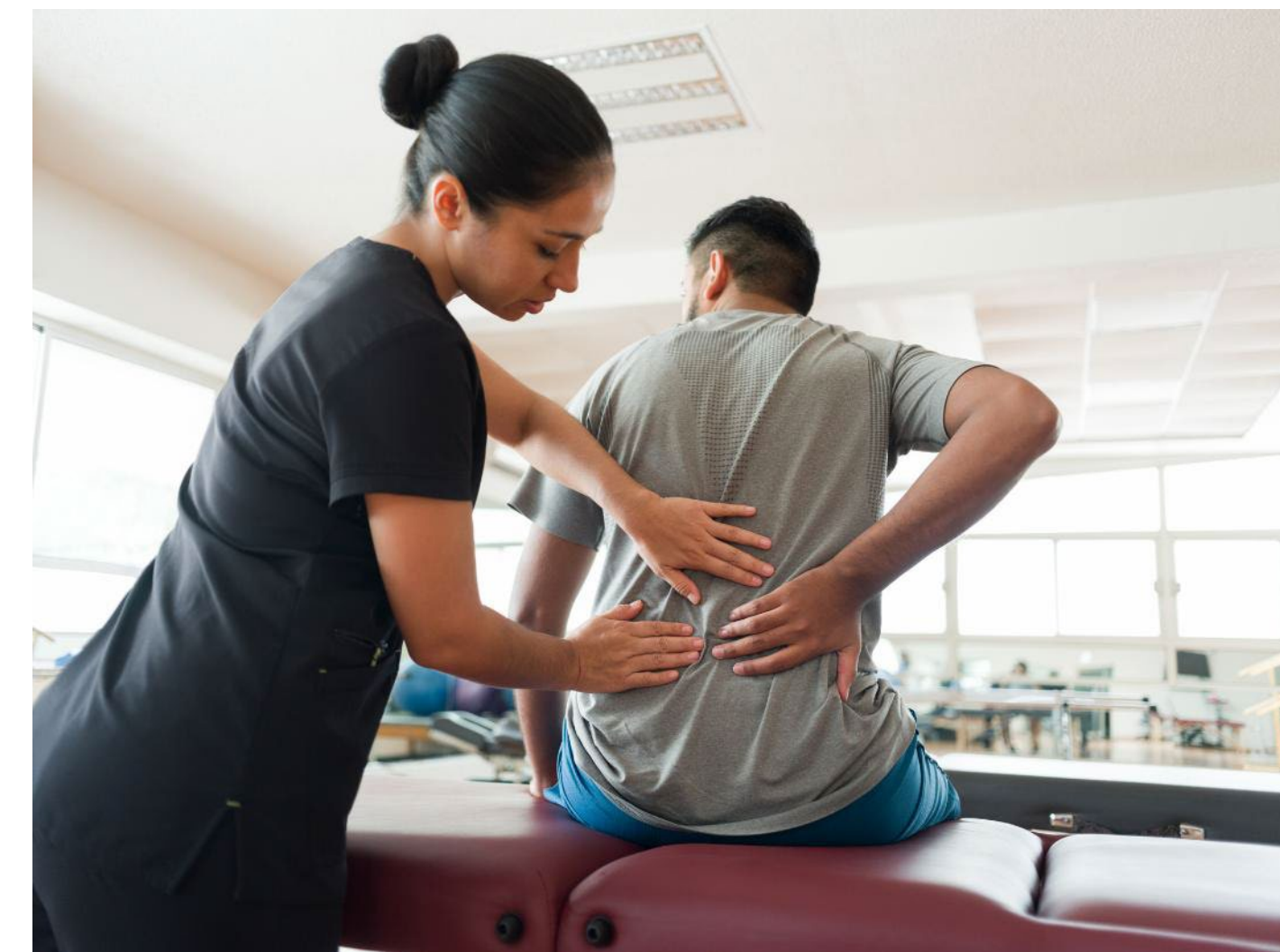
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Public Health
England

Return on Investment of Interventions for the Prevention and Treatment of Musculoskeletal Conditions



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**Thank you for your
time**

HSE Body Map



officialpublisher.tso.co.uk/body-mapping/



Ergonomic Ideas

