

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Hazardous Manual Tasks
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LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance NSW Health Policy Directive PD2018_013 - Work Health and Safety: Better Practice Procedures – Section 4.5 Risk Management ISO 45001:2018 – 6.1.2 Hazard Identification and assessment of risks and opportunities
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EXECUTIVE SPONSOR	Director, People and Culture
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FUNCTIONAL GROUP(S)	Work Health and Safety
KEY TERMS	Work Health and Safety (WHS), Risk Management, Hazardous Manual Tasks (HMT), Musculoskeletal Disorder (MSD), Manual Handling, Ergonomics, Bariatric, Safe Work Procedures (SWP), Equipment and Worker Training.
SUMMARY	To provide guidance on how to apply risk management principles to the control of hazardous manual tasks.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

SESLHD is committed to identifying Hazardous Manual Tasks, assessing the risk of musculoskeletal disorders and eliminating or minimising those risks in accordance with NSW Work Health and Safety Legislation and the SafeWork NSW Hazardous Manual Tasks Code of Practice (August 2019).

2. BACKGROUND

Some manual tasks are hazardous and may cause musculoskeletal disorders (MSD). This procedure provides guidance on how to manage the risks by following a systematic process:

- Identify hazardous manual tasks
- Assess the risks related to the manual tasks in consultation with the workers performing the task
- Develop controls, in consultation with the workers performing the task, to reduce the high, repetitive or sudden force; repetitive movement; sustained or awkward posture; exposure to vibration and/or to control the environment
- Implement the agreed controls
- Monitor and evaluate the effectiveness of the controls.

Definitions are explained in [Appendix 1](#).

3. RESPONSIBILITIES

3.1 Executive/Senior Managers will:

Demonstrate their leadership by supporting the risk management process, including use of the *hierarchy of controls*, for the management of hazardous manual tasks and ergonomic risks, endorsing required policies, procedures, activities and acquisition and use of appropriate equipment and resources.

3.2 Line Managers:

Managers are responsible for the day-to-day management of WHS matters, including hazardous manual tasks and ergonomics, within their department, so far as is reasonably practicable. Managers have a duty to consult with their workers, provide instruction, training and supervision, provide and maintain the safety of equipment used in their workplace, investigate workplace incidents, and escalate manual handling tasks risks where required.

Managers need to conduct a needs analysis of the department's manual handling risk management program, in consultation with the manual handling champions and workers.

3.3 Workers will:

- Take reasonable care of their own health & safety and not adversely affect the health & safety of other persons
- Participate in the consultation process for risk management associated with hazardous manual tasks
- Comply with reasonable instructions, training, and Safe Work Procedures and

safety rules

- Correctly use the aids and equipment provided by SESLHD for the management of manual tasks and promptly report any faults with equipment/aids
- Report to their manager any hazards, incidents, injuries, risks, or near misses occurring in the workplace, and document these in the IMS+ reporting system.
- Promptly report to supervisors any unsafe conditions, equipment, or practice/s.
- Perform a visual inspection, before the use of manual handling equipment with patients, to check in good working order (for example; patient lifting hoist, hoist sling, transfer belt, Patslide, air assisted transfer device Hovermat, Hoverjack).

3.4 (A) Manual Handling Champions will:

- Provide support and assistance to their managers and fellow workers, related to the control of hazardous manual tasks
- Develop and coordinate a local manual handling training program inline with the SESLHD manual handling training strategy
- Coordinate and deliver manual handling training techniques inline with the SESLHD training strategy and safe work procedures. Record the training in My Health Learning
- Review hazardous manual tasks and identifying control strategies, in consultation with colleagues
- Develop and documenting specific local safe work procedures, in consultation with colleagues
- Trial and assess equipment in consultation with colleagues
- In the normal course of work, encourage and remind their colleagues to use trained techniques and postures and equipment to reduce the risk of hazardous manual tasks, as they are performing their normal duties
- Complete any Manual Handling Champions personal development training as recommended by their manager
- Participate in a manual handling community of practice
- Assist managers in observing workers in their manual handling tasks and provide manual handling/ergonomic assistance to help them correct postural or other potentially high risk actions.

(B) Manual Handling Ambassadors

Manual Handling Ambassadors are super manual handling champions who have a special interest in manual handling and have completed a more detailed level of training than the manual handling champions. Their role is to support the manual handling champions in their specific hospital with Manual Handling Champion duties, as following:

- Assist in training Manual Handling Champions.
- Act as a more specialised resource for Manual Handling Champions, to help problem solve possible controls related to hazardous manual tasks
- Complete Manual Handling Ambassador personal development training as

recommended by their manager.

4. PROCEDURE

To manage the risks associated with hazardous manual tasks, a four-step risk management process is utilised.

Further detailed information on all aspects of the hazardous manual tasks risk management process is available within the NSW SafeWork Hazardous Manual Tasks Code of Practice (August 2019).

4.1. Identification of the issue

There are several tools available to assist in identifying manual handling risks. These include:

- Pre-Equipment Purchase Checklist
- Pre-Occupancy Checklist
- Workstation Ergonomic Self-Assessment
- Workstation Risk Assessment Checklist
- Workplace Inspection

Additionally, the following activities are beneficial to undertake;

- review of data from ims+
- consultation with workers
- review of the local hazard register

4.2. Assessing the issue

All risks need to be assessed and managed appropriately. If the risk is considered to be a complex risk, then a formal risk assessment is required. The following tools are available to assist with the assessment process:

- Health Safety and Wellbeing Risk Assessment
- Manual handling Competency Assessment.

The Health Safety and Wellbeing team are available to provide support. A risk assessment can be completed by the manager in consultation with the workers.

4.3. Control the Risks

Control measures are the strategies identified and developed to assist in eliminating or minimising the level of risk to patients and staff. The *Hierarchy of Control* is utilised for this purpose, as required by the WHS Regulation. The hierarchy ranks control measures from the highest level of protection and reliability to the lowest. It is best practice, therefore, to utilise level one and two control measures whenever practicable as these are more effective in minimising the risk.

Some situations may also require the implementation of multiple levels of control measures to effectively manage the risk or hazard. (e.g. Engineering and Administrative – Introduction

of a piece of equipment also requires training and a safe work procedure.)

Note: Managers have the authority to recommend control measures. Health Safety & Wellbeing team approval is not required. Health Safety & Wellbeing team is available to provide support and guidance if needed.

Level 1: Elimination for example:

- Deliver goods directly to the point of use to eliminate multiple handling
- Hazardous manual tasks and ergonomic hazards can be eliminated in the planning and design phase of new/refurbished healthcare facilities

Level 2: is made up of three sub-categories

Substitution for example

- Replace heavy items with those that are lighter, smaller and/or easier to handle
- Replace hand tools with power tools to reduce the level of force required to do the task

Isolation for example

- Isolate vibrating machinery from the user, such as by providing fully independent seating on mobile plant.

Engineering for example

- Use of mechanical devices e.g., ceiling track hoists & slings, slide sheets, TUG devices to move hospital beds, linen trolley
- Changes to the environment e.g., installation of ramps, alterations to the space and workplace layout and design
- Provide adjustable / ergonomic workstation equipment

A scheduled preventative maintenance program should be considered for all hazardous manual tasks equipment, to reduce the risk of equipment unavailability due to breakdown, and for injury prevention of patients and workers.

Level 3: Administration for example

- Rotate workers between different tasks
- Develop and train workers in the use of Safe Work Procedures

Level 4: Personal Protective Equipment (PPE) for example

- Vibration resistant gloves

NB: There are not many PPE options to aid in reducing the risk of hazardous manual tasks.

4.4. Evaluating the introduced control measures

This is to ensure that the control measures are effective at minimising the risk to both patient and workers and that no new risks have been introduced.

Review one month after implementation

Conduct a second review three months after the initial evaluation.

Review of the control measures should be conducted by the department manager, supervisor or department head in consultation with workers. The Health, Safety and Wellbeing team is available to provide support if required.

5. AUDIT

This procedure will be audited through the Ministry of Health Work Health and Safety Audit Program across SESLHD. This is conducted in a two-year cycle.

6. EDUCATION MATERIAL / RESOURCES

The following training and resources are available for Workers within SESLHD to improve their skills and knowledge on hazardous manual tasks and associated risks.

- Manual Handling Champion training – Face to face training required to become a MHC
- My Health Learning:
 - Work Health & Safety and Hazardous Manual Tasks- course code 326771497
 - Safe Patient Handling – Course code 107466425

7. REFERENCES

External

- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2017](#)
- [SafeWork NSW Code of Practice - Hazardous Manual Tasks \(Aug 2019\)](#)
- [How to Manage Work Health and Safety Risks Code of Practice](#)
- [AS/NZS ISO 31000:2018, Risk Management - Principles and Guidelines](#)
- [ISO/TR 12296-Ergonomics - Manual Handling of People in the Healthcare Sector](#)
- [NSW Health Guideline GL2024_001 - Management of Patients with Bariatric Needs](#)
- [NSW Health Policy Directive PD2018_013 - Work Health and Safety: Better Practice Procedures](#)
- [NSW Health Policy Directive PD2023_010 - Work Health and Safety Audits](#)

Internal

- [SESLHDGL/042 - Falls Prevention and Management: Guideline for Designated High Risk Observation Room \(Adult Inpatient\) April 2022](#)
- [SESLHDPR/380 - Falls prevention and management for people admitted to acute and sub-acute care \(May 2023\)](#)
- [Appendix 1 - Definitions](#)

8. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
Sept 2003	0	Heather Craig, OHS Educator. Approved by CEO 19 April 2004
Sept 2004	1	Reviewed and re-formatted by Manager, Systems Integration, released without change to content
Aug 2006	Draft 1	Karen Sutton OHS Officer SIMB in consultation with Area OHS Practitioners.
Mar 2007	2	Southern Hospital Network OHS Practitioners in consultation with Manager, Systems Integration. Approved by Executive Sponsor, Matthew Daly DCO on behalf DWD. Final approval by Area Executive Committee 13 March 2007 as an interim area policy until March 2008.
Feb 2009	01	MH coordinators SESIH
June 2009	3	Updated version approved by Chief Executive at Area Executive Meeting 9 June 2009.
Mar 2011	4	Peter Kuszelyk, OHS Officer, Health safety and Wellbeing. Amended to reflect change to Local Health Network and Cluster.
Jul 2011	5	Peter Kuszelyk, OHS Officer, Health safety and Wellbeing. Amended to include previous appendix.
Nov 2013	6	Ron Taylor WHS Consultant – Health Safety and Wellbeing SESLHD
Mar 2014	7	Revised by Peggy Pollock, Health Safety & Wellbeing Manager
Apr 2014	7	Endorsed by Director Workforce Services. Re-formatted by District Policy Officer.
May 2014	7	Approved by DET.
May 2014	7	Amended hyperlinks to forms as requested by Author.
Oct 2014	8	Ron Taylor WHS Consultant – Health Safety and Wellbeing SESLHD Minor amendments to reflect operational requirement.
April 2015	9	Ron Taylor WHS Consultant – Health Safety and Wellbeing SESLHD Minor grammatical changes. Approved by Executive Sponsor
June 2017	10	Chris Carrett and Tracey Clay – Managers, Operational WHS&IM Minor changes
Aug 2017	11	Updates to links and minor changes
June 2020	12	Risk rating reduced to Medium Risk. Review date amended to August 2020 to align with Medium Risk rating. Executive Sponsor updated from Director Workforce Services to Director People and Culture. Approved by Executive Sponsor.
September 2021	13	Minor review: Updates to links and minor changes – Graeme Wright, Jonathan Lee – Senior Health and Safety Advisors
November 2021	13	Endorsed by Executive Sponsor – Director, People and Culture.
2 October 2024	14	Major review by Vee-Lyn Tan, Head of Health, Safety & Wellbeing. Risk rating reduced from high risk to low risk. Approved at SESLHD Executive Meeting.

Appendix 1 - Definitions

Key Term	Definition
Bariatric	<p>Weight, height & width exceed the identified safe working load (SWL) or weight capacity of standard equipment, eg hospital beds, shower chairs, wheelchairs, operating tables, MRI/CT scanners. Weight is usually >120 kg.</p> <ul style="list-style-type: none"> - Size or body shape restricts the use of standard furniture also, e.g. bedside chairs - Size restricts mobility, & assistance is required - Weight & width exceed the identified capacity of standard road ambulance service equipment - Weight exceeds the maximum weight that an air ambulance can accept <p><i>Super bariatric</i> refers to patients who weigh >250 kg. These patients require further consideration as they may exceed the size & weight limit of standard bariatric-capacity equipment.</p>
Ergonomics	<p>The process of designing or arranging workplaces, products and systems so they fit the people who use them.</p>
Hazardous Manual Task	<p>Any manual task that involves one or more of the following risk factors that can directly stress the body & lead to injury:</p> <ul style="list-style-type: none"> - repetitive or sustained force - high or sudden force - repetitive movement - sustained and/or awkward posture - exposure to vibration
Manual Handling	<p>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.</p>
Musculoskeletal Disorder (MSD)	<p>(as defined in the WHS Regulations)</p> <p>An injury to, or a disease of, the musculoskeletal system, whether occurring suddenly or over time. It does not include an injury caused by crushing, entrapment (such as fractures and dislocations) or cutting resulting from the mechanical operation of plant.</p> <p>MSDs may include conditions such as: sprains and strains of muscles, ligaments and tendons, back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints and bones.</p> <p>MSDs occur in two ways: gradual wear and tear to joints, ligaments, muscles and inter-vertebral discs caused by repeated or continuous use of the same body parts, static body positions, or sudden damage caused by strenuous activity, or unexpected movements such as when loads being handled move or change position suddenly.</p>