



NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH



POLICY ON THE PREVENTION OF MUSCULOSKELETAL DISORDERS FROM THE PERFORMANCE OF HAZARDOUS MANUAL TASKS

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NSW Nurses and Midwives' Association
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Policy on the Prevention of Musculoskeletal Disorders from the Performance of Hazardous Manual Tasks

Note: This policy should be read in conjunction with the NSW Nurses and Midwives' Association Work Health and Safety Policy.

A *hazardous manual task* as defined in the Hazardous Manual Task Code of Practice³ is a task requiring a person to lift, lower, push, pull, carry, or otherwise move hold or restrain any person, animal or thing involving one or more of the following:

- Repetitive or sustained force
- high or sudden force
- repetitive movement
- sustained or awkward posture, or
- exposure to vibration

These hazards directly stress the body and can lead to physical and psychological injury.

THE NSW NURSES AND MIDWIVES ASSOCIATION RECOGNISES THAT:

- Hazardous manual tasks are the single biggest cause of occupational injury to nurses and midwives.
- Musculoskeletal disorders resulting from patient handling account for a significant proportion of all manual task related injuries to nurses and midwives.
- The insured and uninsured costs of manual task injuries add significantly to the cost of providing health, aged care and community services.
- Most manual task related injuries are preventable.
- Many musculoskeletal injuries to nurses and midwives result in long-term or permanent disability.



- Manual task related injuries contribute to the loss of nurses and midwives from the profession.

THE NSW NURSES AND MIDWIVES ASSOCIATION ADOPTS THE POLICY THAT:

1. Nurses and midwives are entitled by law to a safe and healthy workplace that meets their physical and psychological needs.
2. Employers are required to manage the risks of hazardous manual task risks using the process described in Work Health and Safety Legislation^{1,2} and utilising advisory documents including those produced by SafeWork NSW, NSW Ministry of Health, Safe Work Australia, local policies and procedures, and NSW Nurses and Midwives' Association.
3. Employers are expected to provide sufficient resources, training and support to all workers – managers, employees, agency staff, volunteers and students in order to ensure that all hazardous manual task risks are eliminated or controlled so far as is reasonably practicable.
4. All hazardous manual task related risks must be identified, assessed and controlled in accordance with the legislation, approved code of practice, other relevant guidance materials and recognised risk management practice. This includes all hazardous manual task risks associated with nursing and midwifery activities including direct and indirect patient care activities.
5. Risk identification, assessment and control must be conducted in consultation with the nurses and midwives carrying out the work.
6. The risk identification, assessment and control process is ongoing with the aim being to continuously minimise risks associated with hazardous manual tasks. The hazardous manual task risk management program should be regularly reviewed and evaluated. Risk factors associated with work environments, psychosocial hazards, staffing levels and skill mix, systems of work, risk control strategies, fixtures, fittings, furniture, equipment and training should be included.
7. Identified risks may require modification to environment, provision of furniture, fittings and/or equipment review of systems of work and the introduction of relevant policies and procedures, such as safe operating procedures for using equipment alongside a robust training and competency assessment program.
8. While standard approaches to managing risks arising from hazardous manual tasks exist, these should be assessed for their appropriateness to each specific task.
9. The employer should aim to control hazardous manual tasks and related risks at the source and provide the most effective control strategies possible. The Work Health and Safety Regulation places duties on designers, manufacturers, importers and suppliers of plant and structures to eliminate the need for any hazardous manual tasks as far as reasonably practicable. These duties

also extend to the provision of information about the features of the plant or structure that eliminate or minimise the need for any hazardous manual task to be carried out.

- 9.1. The employer should take all reasonable steps to provide premises, work environments, furniture fixtures and fittings, equipment systems of work and work practices that eliminate or minimise hazardous manual task related risks;
 - 9.2. Systems of work, work practices, policies and procedures should be examined with a view to eliminating hazardous manual tasks where reasonably practicable;
 - 9.3. Adequate staffing and skill mix should be provided to safely perform the identified task and psychosocial risks should be managed;
 - 9.4. Where hazardous manual task related risks cannot be eliminated, risks should be minimised through high order controls as a priority such as the provision of suitable equipment, premises, furniture, fixtures and fittings;
 - 9.5. In all instances, information on hazardous manual task risks and training and instruction in safe patient handling and the safe use of equipment must be provided and reviewed regularly. Such training should be competency based; and,
 - 9.6. In all instances, the employer must consult with nurses and midwives when determining risks and implementing control strategies including the design/redesign of work premises and environment.
10. In relation to safe patient handling, the NSW Nurses and Midwives' Association endorses approaches that eliminate patient handling as far as reasonably practicable and, where this is not able to do so, minimise the risk of patient handling through the provision of adequate and well-designed work environments, furniture, fittings and fixtures, equipment, staffing and skill mix, systems of work and training.

Employers must ensure systems are in place to:

- 10.1. Eliminate patient handling where reasonably practicable by design/redesign of premises, work environments, procedures and systems of work routines;
- 10.2. Provide adequate equipment that is well maintained such as hoists, slide sheets, air assisted devices, electric beds and other manual handling aids to minimise the risk of injury (to nurses, midwives and patients) of patient handling;
- 10.3. Assess patient manual handling needs prior to admission or, if this is not practicable, as soon as possible after admission. Patient assessment should include health status, physical, functional and cognitive capabilities, and special needs including patients with bariatric needs. The requirements of patient assessment are applicable to all health, aged care and disability services including community based services. Patient manual handling needs

should be included in the patient care plan and be regularly reviewed and updated and discussed at relevant consultative forums including handover;

- 10.4. Patients should be placed into areas where their manual task related needs can most appropriately be met, e.g. room with overhead hoist where regular patient transfer and transfer handling is required;
 - 10.5. Encourage patients to assist in their own transfers as far as reasonably practicable – maintaining patient independence is important to increasing mobility;
 - 10.6. Ensure nurses and midwives are provided with competency based training in hazardous manual tasks that includes patient assessment techniques, risk assessment methodologies, risk control strategies, and the safe use of equipment;
 - 10.7. Eliminate manual lifting (including team lifting) of patient body weight in all circumstances; and
 - 10.8. Put in place systems and process for the effective management and care of patients with bariatric needs.
11. In relation to manual task equipment, employers must ensure systems are in place to:
- 11.1. Consult with nurses, midwives and experts in the selection of equipment for their use;
 - 11.2. Ensure that equipment is well designed with attachments, accessories and controllers that are easy to use and minimise the risk of musculoskeletal injuries;
 - 11.3. Trial equipment before purchase to ensure that the equipment meets the needs of nurses, midwives and patients and is appropriate for the use including meeting the safe workload required for which it is intended;
 - 11.4. Purchase equipment options that are fit for purpose and minimise risk as far as reasonably practicable;
 - 11.5. Provide nurses and midwives with training and instruction and competency in the safe use of equipment and risk management practices;
 - 11.6. Maintain equipment in good order and replace as necessary;
 - 11.7. Provide sufficient storage for equipment and accessories close to the point of use;
 - 11.8. Provide sufficient quantities of frequently used equipment and associated attachments to ensure equipment is close to hand and readily available when required;
 - 11.9. Purchase equipment on the basis of fit for purpose, design and safety rather than cost.

12. Staffing levels and skill mix must be adequate to accommodate the manual handling needs of patients whilst maintaining compliance with safe work practices and the safe use of equipment.
13. Facility planning, construction or renovation should always be consistent with manual handling policy and include consultation with nurses and midwives. Appropriately qualified consultants should be commissioned to ensure construction plans meet manual handling guidelines and are consistent with or superior to the requirements of the Australasian Health Facility Guidelines.
14. The general layout and design of the workplace should be conducive to safe patient handling and the safe use of equipment. There should be sufficient clear space to safely move, transfer and mobilise patients and equipment. Flooring and surfaces traversed should allow hoists and trolleys to be moved with minimal force when loaded.
15. Modifications to the workplace should be carried out where required to ensure a safe working environment.
16. Provision of manual handling training, and supervision is mandatory under legislation. It must be given a high priority with dedicated resources not only at orientation but on a regular basis.
17. While essential, training should not be the only manual handling risk control measure used. Employers must endeavour, wherever reasonably practicable, to eliminate or minimise risks at their source and utilise high order controls.
18. Policies relating to hazardous manual tasks should include measures to assess the effectiveness of manual handling training and include the competency assessment of nurses and midwives manual handling skills before and after training and at regular intervals.
19. Nurses and midwives must be provided with undergraduate, induction and ongoing training in manual tasks appropriate to their level of responsibility including:
 - 19.1. The principles of manual handling / hazardous manual tasks;
 - 19.2. Risk factors for injury / musculoskeletal disorders;
 - 19.3. How to assess patients for their manual handling needs and requirements;
 - 19.4. How to select the safest options for performing nursing and midwifery activities;
 - 19.5. How to competently use manual handling equipment, according to safe operating procedures;
 - 19.6. Preferred techniques for moving and transferring patients that involve minimal force and exertion;
 - 19.7. Techniques for emergency situations;



- 19.8. The risk management process;
- 19.9. How to report hazards and injuries.
20. In addition to the above, managers and supervisors must be trained in how to conduct manual handling risk assessments and investigations.
21. Officers and senior managers must be trained in risk management and how to develop hazardous manual task risk management programs.
22. Nurses and midwives should cooperate with the employer and comply with preventive policies, programs and procedures as trained and instructed. This includes participation in opportunities for consultation, attendance at training, maintenance of competency and compliance with safe work practices and the use of equipment, reporting hazards, incidents and injuries (including instances where compliance with safe work practices was not possible such as inadequate staffing or skill mix), and compliance with rehabilitation programs developed for their benefit or the benefit of their colleagues.
23. Nursing and midwifery managers are responsible for managing hazardous manual tasks, developing, implementing and evaluating system of work organisational policies and programs and supporting nurses and midwives in their areas of control.

NOTES

The word '*patient*' as used in this policy is interchangeable with the terms 'client', 'resident' and 'woman' as appropriate.

The word '*employer*' as used in this policy is interchangeable with PCBU – Person Conducting a Business or Undertaking as referenced in relevant legislation.

REFERENCES

1. *Work Health and Safety Regulation NSW 2011, parts 3.1 and 4.2*
2. *Work Health and Safety Act NSW 2011*
3. *Code of Practice Hazardous Manual Tasks, Safe Work Australia, 2018*