



SOUTH WESTERN SYDNEY
*Centre for Education
& Workforce Development*



Health
South Western Sydney
Local Health District

WHS 1232 Manual Handling Workplace Trainer

Participant Manual

Name: _____

Date: _____

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Centre for Education and Workforce Development
South Western Sydney Local Health District

Locked Bag 7279, Liverpool BC NSW 1871
Eastern Campus, Liverpool Hospital

Phone: 02 8738 5920

Email: SWSLHD-CEWD@health.nsw.gov.au

Internet: <http://www.swslhd.nsw.gov.au/cewd/>

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Contents

Introduction.....	5
Part One: Responsibilities of Manual Handling Workplace Trainers.....	6
Part Two: How People Learn.....	9
Part Three: Manual Handling in NSW and SWSLHD	14
Part Four: Hazardous Manual Tasks	17
Part Five: How Your Body Works	22
Part Six: Musculoskeletal Disorders	23
Part Seven: Management of Hazardous Manual Tasks	23
Part Eight: Work Station Set Up	34
Part Nine: Object Handling	37
Part Ten: Patient Hoist and Hovermatt Safety Principles and Demonstration	37
Part Eleven: Patient Handling.....	38
References	39

Prerequisites

The following My Health Learning online modules must be complete prior to enrolling in this course:

- Care of the Bariatric Patient (78515151)
- Work, Health and Safety and Hazardous Manual Tasks (326771497)
- Safe Patient Handling (107466425)

Recommended Readings

Safe Work Australia, 2018, Hazardous Manual Tasks - Code of Practice, viewed 06 December 2021

<https://www.safeworkaustralia.gov.au/system/files/documents/1705/mcop-hazardous-manual-tasks-v2.pdf>

Australian Government Australian Safety and Compensation Council, 2007 National Standards For Manual Tasks, viewed 06 December 2021

https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalstandardformanualtasks_2007_pdf.pdf

NSW Ministry of Health, 2018 Work Health and Safety – Management of Patients with Bariatric Needs: (Guideline 2018_012)

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_012.pdf

NSW Ministry of Health, 2018, Policy: Work Health and Safety: Better Practice Procedures (PD2018_013) https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_013.pdf

South Western Sydney Local Health District, 2017, Policy: Work Health and Safety Policy (SWSLHD_PD2021_001)

https://swslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PD2021_001

South Western Sydney Local Health District, 2018, Procedure Work Health and Safety: Managing Issues Associated with Patients with Bariatric Needs (SWSLHD_2018_026)

https://swslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PROC2018_026

South Western Sydney Local Health District, 2021: Manual Tasks (Hazardous Manual Tasks (SWSLHD_PROC2021_013)

http://swslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PROC2021_013

Recommended e-Learning Modules

The following e-learning modules can be accessed through My Health Learning:

- Empowering All to Educate (98239810)
- Exploring Education Delivery Methods (108075755)
- Facilitating for Learner Success (99664746)

Introduction

Aim

The aim of this workshop is to provide participants with the knowledge and skills to become a Manual Handling Workplace Trainer (MHWPT).

Learning Outcomes

At the end of this workshop, participants will be able to:

- Define Manual Handling (MH)
- Outline the role of a Manual Handling Workplace Trainer (MHWPT)
- Develop skills as a workplace trainer using effective teaching strategies and maintaining education and assessment records
- Identify the MH and Work Health and Safety (WHS) requirements of the role
- Access and discuss the key policies and procedures for MH within South Western Sydney Local Health District (SWSLHD)
- Discuss characteristics of hazardous manual tasks and identify techniques that can be used to prevent hazardous manual handling task injuries in the workplace
- Undertake risk assessments for MH tasks utilising the appropriate tools to identify, categorise and prioritise risks
- Identify the top MH injuries in SWSLHD
- Describe what is a musculoskeletal disorder (MSD)
- Facilitate the use of checklists to assess workers when performing hazardous manual handling tasks

Part One: Responsibilities of MH Workplace Trainers

Activity One: Self-Assessment Competency Profile

To discover your current knowledge and skills level when undertaking hazardous manual tasks, complete this self-assessment competency profile.

Ask yourself - "*When I undertake hazardous manual tasks in the workplace, how well do I know how to.....*"

Key	1 = Never, 2 = Rarely, 3 = Sometimes, 4 =Usually, 5 =Always				
	1	2	3	4	5
Example: <i>When I undertake hazardous manual tasks in the workplace, how well do I know how to check that the way is clear before moving an object or person in that direction?</i>					
1. Undertake the role of a workplace trainer?					
2. Identify hazardous manual tasks?					
3. Prevent hazardous manual tasks injuries/accidents from happening?					
4. Identify and prioritise the risks of a task through risk identification using the hazardous manual tasks checklists?					
5. Lift low-lying objects safely?					
6. Use the competency assessment forms when assessing others' undertaking hazardous manual tasks?					
7. Use the workstation self-assessment checklist?					
8. Teach and assess hazardous manual handling tasks?					
9. Protect my back and/or body from injury?					
TOTAL					
Scores					
36 - 45 = Excellent - You will be invaluable to the facilitator					
26 - 35 = Good - Your contribution will be welcomed					
01 - 25 = You need to complete this 'Workplace Trainers Manual Handling' program					

Roles and responsibilities of MH Workplace Trainers

In order for participants to attend the WHS 1232 Manual Handling Workplace Trainer workshop:

- The following My Health Learning online modules **MUST** be completed prior to attending the training:
 - Care of the Bariatric Patient (78515151)
 - Work, Health and Safety and Hazardous Manual Tasks (326771497)
 - Safe Patient Handling (107466425)
- Print off and bring the participant manual to the workshop. This can be accessed through My Health Learning.
- Participants have been nominated by their Direct Line Manager to attend, and supports participant to implement the strategies as part of their role as the MH Workplace Trainer for their department.

In order to maintain being a MH Workplace Trainer, participants must:

- Attend one refresher MH Workplace Trainer (MHWPT) workshop every four (4) years.
- Conduct at least three (3) training sessions per year.
- Retain a copy of the Assessors Checklist and bring it along when being assessed to undertake workplace assessment of hazardous manual tasks.

MH workplace trainers are responsible for carrying out the following key tasks in collaboration with the department manager, within the workplace:

- Orientate all new workers to the manual handling Safe Work Practices (SWP's) in the work area.
- Introduce all new workers to the identification, assessment and control (IAC) processes as it applies to hazardous manual handling tasks.
- Assist with manual handling and workstation risk assessment.
- Provide on-the-job training and MH competency assessments for all workers within the department.
- Maintain records of manual handling competency assessments by using the trainer checklists.
- Provide regular education and ongoing training in the identification, assessment and control (IAC) process, general back care and manual handling risk management practices.

- Act as a resource person in the work area for the review of manual handling and implementing risk management strategies.
- Maintain Hazardous Manual Task List and Manual Handling Equipment List as per *SWSLHD_PROC2021_013*.
- Utilise the Manual Handling Risk Assessment form when conducting manual handling risk assessments as per *SWSLHD_PROC2021_013*.

Part Two: How People Learn

In this section, participants will explore the different learning styles and reflect on their own learning experiences. This will assist participants in becoming an effective workplace trainer.

Relationship to Learning

Visual Learners – learn best from good visuals, especially those using colour, patterns and brightness. To help them learn, provide visual representations of as much of the content as possible, and encourage them to take ‘visual notes’ i.e. Drawing pictures to represent main points rather than writing notes. They will usually enjoy drawing mind maps as a way of recording information.

Auditory Learners – like the spoken word, which can also be enhanced by the use of rhyme, rhythm, changing pitch and speed, and by the addition of music. As an aid to memory, auditory learners will often repeat key points out aloud.

Kinaesthetic Learners – like to learn best by doing it for themselves, getting involved and getting their hands on things. They also enjoy learning games, entertaining ways of learning and having fun.

Activity Two: What Is Your Learning Style?

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The following assessment can be viewed online at

<http://agelesslearner.com/assess/learningstyle.html>

Learning styles refer to the ways we prefer to approach new information. Each of us learns and processes information in our own special style, though we share some learning patterns, preferences, and approaches. Knowing your own style can also help you to realise that other people may approach the same situation in a different way from your own.

Take a few minutes to complete the following questionnaire to assess your preferred learning style. Begin by reading the words in the left-hand column. Of the three responses to the right, circle the one that best characterises you. Answer each question as honestly as possible with the description that applies to you in this moment in time. Count the number of circled items and write your total at the bottom of each column. The questions you prefer will offer insight about how you learn.

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1. When I try to concentrate...	I am distracted by clutter or movement distract, and notice things around me that other people do not notice.	I am distracted by sounds and noise, and I prefer to manage the amount and the type of noise around me.	I become distracted by activity around me, and shut out conversations to retreat inside myself.
2. When I visualise...	I see vivid, detailed pictures in my thoughts.	I think in sounds and voices.	I see images in my thoughts that involve movement.
3. When I talk with others...	I dislike listening for long periods of time. I often use words such as see, picture, and imagine.	I enjoy listening, or, I get impatient to talk. I often use words such as say, hear, tune, and think.	I use gestures and use expressive movements. I often use words such as feel, touch, and hold?
4. When I contact people...	I prefer direct, face-to face, personal meetings.	I prefer the telephone for intense conversations.	I prefer to talk while walking or participating in an activity.
5. When I am meeting with someone again...	I forget names but remember faces and can usually remember meeting someone.	I tend to remember people's names and can usually remember what we spoke about.	I tend to remember what we did together and can almost <i>feel</i> our time together.
6. When I relax...	I prefer to watch TV, see a play, or go to a movie.	I prefer to listen to the radio, play music, read, and talk with a friends.	I prefer to play sports, knit, and build something with my hands.
7. When I am reading...	I like descriptive scenes and pause to imagine the action.	I mostly enjoy the dialogue and can <i>hear</i> the characters talk	I prefer action stories; maybe do not even enjoy reading for pleasure.
8. When I spell...	I try to see the word in my mind and imagine what it would look like on paper.	I use a phonetic approach to sound out the word and hear it in my thoughts or say it aloud.	I write down the word to find out if it feels right, or maybe run my finger over it or type it out.
9. When doing something new at work...	I like to see demonstrations, diagrams, and flow charts and seek out pictures or diagrams.	I find verbal and written instructions helpful and like talking it over. Perhaps even asking a neighbour.	I prefer to jump right in and try it. I keep trying and try it in different ways.
10. When putting something together...	I look at the picture and then, maybe, read the instructions.	I like reading or talking with someone about it and find myself talking aloud as I work.	I usually ignore the directions and figure it out as I go along.
11. When I interrupt someone...	I primarily look at their facial expressions.	I listen to the tone of their voice.	I watch their body language.
12. When I teach other people...	I prefer to show them.	I prefer to tell them and write it out.	I demonstrate how it is done and then ask them to try it.
Totals	Visual:	Auditory:	Tactile/Kinaesthetic:

The column with the highest total represents your primary processing style. The column with the second-most choices is your secondary style.

- Your primary learning style:
- Your secondary learning style:

Now that you know which learning style you rely on, you can boost your learning potential. For example, the following suggestions can help you get more from reading a book.

If your primary learning style is **visual**, draw pictures in the margins, look at the graphics, and read the text that explains the graphics. Envision the topic or play a movie in your thoughts of how you will act out the subject matter.

If your primary learning style is **auditory**, listen to the words you read. Try to develop an internal conversation between you and the text. Do not be embarrassed to read aloud or talk through the information.

If your primary learning style is **tactile/kinaesthetic**, use a pencil or highlighter pen to mark passages that are meaningful to you. Take notes, transferring the information you learn to the margins of the book, into your journal, or onto a computer. Doodle whatever comes to mind as you read. Hold the book in your hands instead of placing it on a table. Walk around as you read. Feel the words and ideas. Get busy, both mentally and physically.

Activity Three: Reflective Practice Exercise - Training Experiences

Working for SWSLHD, you would have experienced a lot of different training. Reflecting on these experiences and the different trainers, write down what you did and did not enjoy about the training.

Enjoyed the training:	Did Not enjoy the training:

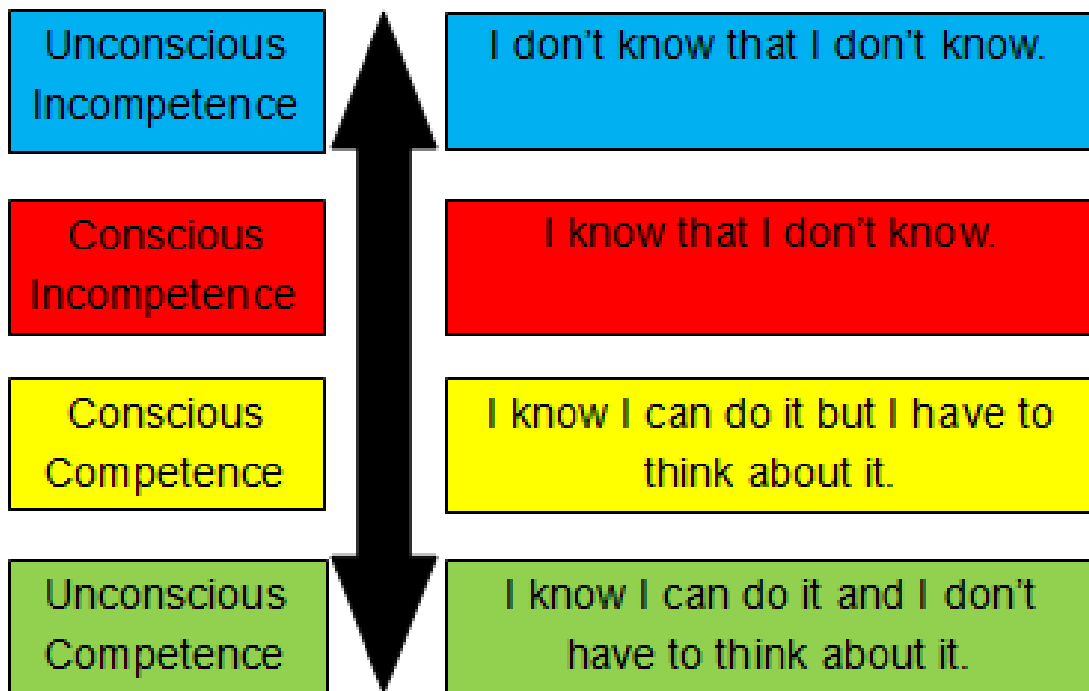
How will you make your training an enjoyable experience for all?

Conscious Competence Learning Model

Learners generally tend to begin at the first stage of learning - '*unconscious incompetence*', and then through to the second and third stages '*conscious incompetence*' and '*conscious competence*'. Ideally, learners end at the fourth stage '*unconscious competence*'.

A mistake that trainers often make is assuming learners are at stage two. Learners at stage two are aware that the skill exists, its nature, relevance and deficiency and that acquiring the skill would be beneficial. Learners who are at stage one '*unconscious incompetence*' are not aware of any of this and therefore cannot move forward to stage two '*conscious incompetence*'. Learners need to be aware of their own incompetence before moving forward to stage two. This demonstrates why staged learning is important and is often a reason why training and teaching fails.

If the learners have limited awareness of the skill and their own deficiency (for example at the unconscious incompetence stage), the learner will not appreciate the need for the learning. Prior to the learning taking place, the trainer must establish awareness of a weaknesses or training needs (conscious incompetence). This is essential to enable learners to progress from stage two to three. The learner will only engage with the learning when they understand their need for it and the benefits they will obtain from completing the learning.



(Adapted from Businessballs 2016)

Activity Four: Adult Learning Small Group Work

In light of what we have explored so far, in small groups discuss the following:

1. How do people learn and why do they choose to learn?

2. What makes good feedback?

Part Three: Manual Handling in NSW and SWSLHD

Activity Five: Hazardous Manual Tasks

In small groups discuss the following and be prepared to feedback to the larger group. Consider appropriate policies where relevant.

1. 'Hazardous manual tasks' are?

--

2. What can you injure whilst undertaking a hazardous manual task?

3. Identify three clinical and non-clinical hazardous manual tasks.

1.
2.
3.
4.
5.
6.

Key Policies and Procedures for Manual Handling

The following lists the key policies and procedures which govern manual handling in SWSLHD.

- NSW Ministry of Health, 2018 Work Health and Safety – Management of Patients with Bariatric Needs - (Guideline GL2018_012)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_012.pdf
- NSW Ministry of Health, 2018, Policy Directive, Work Health and Safety: Better Practice Procedure Procedures, (PD2018_013)
https://www1.health.nsw.gov.au/PDS/ActivePDSDocuments/PD2018_013.pdf
- South Western Sydney Local Health District, 2021, Policy Directive, Work Health and Safety (WHS) Policy (SWSLHD_PD2021_001)
https://swslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PD2021_001
- South Western Sydney Local Health District, 2018, Procedure, Work Health and Safety: Managing Issues Associated with Patients with Bariatric Needs (SWSLHD_Proc2018_026)
https://swslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PROC2018_026
- South Western Sydney Local Health District, 2021, Procedure, Manual Handling (Hazardous Manual Task) (SWSLHD_Proc2021_013)
http://swslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PROC2021_013
- Facility specific policies

Manual Handling Injuries

In NSW Health, manual handling injuries are recorded as body stressing injuries. The following table depicts the number of claims and the amount paid across the NSW Health System for the last five years.

Financial Year	No of Body Stressing Claims NSW Health	Total Amount Incurred
2012/13	2533	\$19.6m
2013/14	2369	\$16.5m
2014/15	2185	\$12.51m
2015/16	2067	\$11.6m

(NSW Health, Manual Handling Dashboard)

Body stressing injuries have gradually been declining over the last five years. The following table shows those occupations who had the most claims during the 2015/2016 financial year across the NSW Health.

Break down of Body Stressing claims by Occupation 2015/16 (NSW Health System)	
Administration	143
Hotel & Linen Services (incl. ward assistants, nurse assistants, cleaners)	510
Maintenance	72
Medical including support (includes paramedics, doctors, security guards, lab technicians, social workers)	608
Nurses	732

(NSW Health, Manual Handling Dashboard)

In SWSLHD, the following table depicts the number of claims and the amount paid for body stressing injuries over the last five years.

Financial Year	No of Body Stressing Claims SWSLHD	Total Amount Incurred
2012/13	168	\$2.6m
2013/14	156	\$2.3m
2014/15	173	\$2.7m
2015/16	171	\$1.0m

(SWSLHD, Injury Management Unit)

The following table shows those occupations who had the most claims during the 2015/2016 financial year, in SWSLHD.

Break down of Body Stressing claims by Occupation 2015/16 (SWSLHD)	
Nursing	178
Administration Personnel	52
General Services & Engineering Workers	49
Ward Assistant/Orderly	32
Medical Practitioners	22
Allied Health Workers	20
Security Officer/Guard	19
Other	5
Total	377

(SWSLHD, Injury Management Unit)

To comply with the legislative requirements and legal responsibilities of *NSW Work Health and Safety Act 2011*, *NSW Work Health and Safety Regulation 2017* and the *NSW Ministry of Health Policy - Work Health and Safety: Better Practice Procedure Procedures (PD2018_013)*, SWSLHD requires the implementation and use of minimal hazardous manual tasks techniques.


Part Four: Hazardous Manual Tasks

A task that requires 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** – repeated or applied continuously over time.
- **High or sudden force** – jerky or unexpected, very demanding or requires help to do task repetitive movement, Using the same body part to repeat similar movements over a period of time.
- **Sustained or awkward posture** – the body is kept in same position for a prolonged period, uncomfortable or unnatural position. Exposure to vibration, whole or part of the body vibration causing discomfort and/or injury.

(South Western Sydney Local Health District, 2021, Manual Handling (Hazardous Manual Task), SWSLHD_PROC2021_013) – Page 7.

Characteristics of Hazardous Manual Tasks

<p>Force is the amount of muscular effort required to perform a movement or task. Forceful muscular exertions overload muscles, tendons, joints and discs and are associated with most MSDs.</p>		
<p><i>Repetitive force</i> - using force repeatedly over a period of time to move or support an object</p>	<p>Examples of repetitive force include:</p> <ul style="list-style-type: none"> • Lifting and stacking goods onto a pallet • Gripping and handling bricks when bricklaying (Figure 1) • Repetitively pressing components with the thumbs or other part of the hand to assemble an item • Prolonged application of therapeutic massage treatments • Removing splinting material from patients using shears. 	<p>Figure 1</p> 

Force is the amount of muscular effort required to perform a movement or task. Forceful muscular exertions overload muscles, tendons, joints and discs and are associated with most MSDs.

<p><i>Sustained force</i> - occurs when force is applied continually over a period of time.</p>	<p>Examples of sustained force include:</p> <ul style="list-style-type: none"> • Pushing or pulling a trolley around hospital wards (Figure 2) • Holding down a trigger to operate a power tool • Supporting a plaster sheet while fixing it to a ceiling • Carrying objects over long distances • Supporting, positioning or stabilising a patient's limb during surgery or when applying splinting or casting material 	<p>Figure 2</p> 
<p><i>High force</i> – may be exerted by the back, arm or leg muscles or by the hands and fingers.</p> <p>High force occurs in any tasks that:</p> <ul style="list-style-type: none"> • a worker describes as very demanding physically • a worker needs help to do because of the effort it requires • require a stronger person or two persons to do the task. 	<p>Examples of high force include:</p> <ul style="list-style-type: none"> • Lifting, lowering or carrying a heavy object • Lifting, lowering or carrying an object that cannot be positioned close to the body • Pushing or pulling an object that is hard to move or stop • Restraining a person or animal.(Figure 3) 	<p>Figure 3</p> 
	<p>Examples of high force using the hands and fingers include:</p> <ul style="list-style-type: none"> • Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load • Operating hand tools with tight squeeze grips(Figure 4) • Gripping small instruments with high force, for example, a dental hygienist cleaning teeth. 	<p>Figure 4</p> 

Force is the amount of muscular effort required to perform a movement or task. Forceful muscular exertions overload muscles, tendons, joints and discs and are associated with most MSDs.

Sudden force – jerky or unexpected movements while handling an item or load are particularly hazardous because the body must suddenly adapt to the changing force.

Tasks where force is applied suddenly and with speed also generates high force.

Examples of sudden force include:

- Impact recoil of a large nail gun
- Throwing or catching objects
- Cutting reinforcement steel with large bolt cutters
- Carrying an unbalanced or unstable load such as bagged stock feed pellets that suddenly moves (Figure 5)
- Handling frightened or resistant animals
- Handling patients who suddenly resist or no longer assist during the handling procedure.

Figure 5



Movement

Repetitive movement – using the same parts of the body to repeat similar movements over a period of time.

Examples of repetitive movement include:

- Painting
- Lifting goods from a conveyor belt and packing them in a carton
- Typing and other keyboard tasks (Figure 6)
- Repeatedly reaching for and assembling components in electronics manufacturing
- Using a socket and ratchet or spanner to unscrew long bolts.

Figure 6



Posture

An ideal posture is one where the trunk and head are upright and forward facing, the arms are by the side of the body, the forearms are either hanging straight or at right angles to the upper arm, and the hand is in the handshake position.

Postures that are both awkward and sustained are particularly hazardous.

Sustained posture – where part of or the whole body is kept in the same position for a prolonged period.

Examples of sustained posture include:

- Supporting plasterboard sheeting while it is nailed into place (Figure 7)
- Continually standing with weight mainly on one leg while operating a power press with foot pedal controls.

Figure 7



Awkward posture – where any part of the body is in an uncomfortable or unnatural position, such as:

- postures that are unbalanced or asymmetrical
- postures that require extreme joint angles or bending and twisting.

Examples of awkward posture include:

- Squatting while servicing plant or a vehicle
- Working with arms overhead
- Bending over a desk or table
- Using a hand tool that causes the wrist to be bent to the side
- Kneeling while trowelling concrete or laying carpet
- Bending the neck or back to the side to see around bulky items pushed on a trolley. (Figure 8)

Figure 8



Vibration There are two common forms of vibration according to contact points between the body and the source:

Whole body vibration occurs when vibration is transmitted through the whole body, usually via a supporting surface, such as a seat or the floor in heavy vehicles or machinery. This may result in lower back pain, degeneration of the lumbar vertebrae and disc herniation.

Examples of whole body vibration include:

- Operating mobile plant such as heavy earth moving machinery
- Driving a vehicle over rough terrain.(Figure 9)

Figure 9

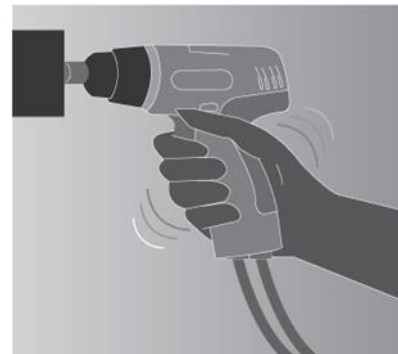


Hand-arm vibration occurs when vibration is transferred through a vibrating tool, steering wheel or controls in heavy machinery to the hand and arm. This can disrupt blood circulation in the hand and forearm and damage nerves and tendons. Localised vibration contributes to 'vibration-induced white finger' and 'carpal tunnel syndrome' through the gripping force needed to hold the vibrating tools (the tighter the grip, the more vibration is absorbed) and the repetitive shock loads of some tools.

Examples of hand-arm vibration include:

- Using impact wrenches, chainsaws, jackhammers, grinders, drills or vibrating compacting plates (Figure10-11)
- Using needle guns in de-rusting metal.

Figure 10-11



(Safe Work Australia, 2016, pages. 9-13)

Part Five: How Your Body Works

Moving The Wrong Way

Moving things the wrong way can make your back ache! About one third of injuries at work affect the back. Risk factors include:

- Poor posture,
- Improper lifting,
- Poor physical fitness,
- Emotional stress,
- Fatigue

Good Posture

The gentle curves in your spine are the natural and preferred posture for your back. Maintaining your spine in good condition, and in a natural posture, is important because it holds and protects the spinal cord, which is your *'information superhighway'* for your entire body.

Why is your spine curved?

To increase the stability and strength of your spine, and to act as a shock absorber.

Are back problems and back pain the same thing?

No. You can have back problems without having back pain.

So, what are some causes of back problems?

- You may have poor posture – standing, sitting or sleeping.
- You may have faulty body mechanics – injured shoulder, 'knock' knees, feet problems or tight muscles.
- You may lead a stressful life and have bad working habits.
- Lifting a patient without a hoist; not using assistive equipment when it is available.
- You may have poor flexibility and strength – lack of exercise.
- You may have a decline in physical fitness – after a long time away from work, starting a new job, after illness.

So, what can YOU do?

Some examples might be:

- Make sure YOU sit correctly, stand correctly, and adjust your workstation to meet your needs.
- Try to control your stress and maintain a good exercise plan to keep yourself fit.
- Alternate your work tasks.
- Use mechanical aids to help you lift and move objects.
- Keep fit and in good health.
- Balance and carry any load evenly.
- Maintain back in upright position so the centre of gravity is straight down.
- Lift correctly- for example using the semi-squat or lunge technique.

Part Six: Musculoskeletal Disorders

Musculoskeletal disorder (MSD) means 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 equipment.

MSD's 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.
- Joint and bone injuries or degeneration, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands and feet.
- Nerve injuries or compression (e.g. carpal tunnel syndrome).
- Muscular and vascular disorders as a result of hand-arm vibration soft tissue hernias.
- Chronic pain.

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, sudden damage caused by strenuous activity, or unexpected movements such as when loads being handled move or change position suddenly.

(South Western Sydney Local Health District, 2021, Manual Handling (Hazardous Manual Task), SWSLHD_PROC2021_013) – Page 7.

Part Seven: Management of Hazardous Manual Tasks

Risk Management

Risk management focuses on the protection of:

- People – patients/clients, carers, visitors, you and your co-workers.
- Property – belonging to the Health Service - (SWSLHD).
- Plant and Equipment – used to do your job.
- Systems and the development and use of safe work practices (SWP's).

The Risk Management Process

Hazardous Manual Tasks hazards must be addressed following a risk management process. The steps of risk management are:

1. **Hazard Identification** – identifying the problem.
2. **Risk Assessment** – determining the likelihood and consequence of a hazard.
3. **Controlling the risk**– deciding what to do about the risk and putting those things in place, following the Hierarchy of Hazard Control.
4. **Monitor and review** - controls to ascertain effectiveness and to ensure no other hazards have been introduced.

All these steps must be done in consultation with the workers involved in the task and/or their representatives.

1. Hazard Identification

Hazardous manual tasks risks are identified in a number of ways, including: accident and incident reports, hazardous manual tasks risk assessments, workers consultation etc. If a risk is identified then it must be reported to the manager/supervisor of the area as soon as possible. Once hazardous manual tasks have been identified, they should be recorded on the Hazardous Tasks List form - *Part 9: Manual Handling Hazardous Manual Tasks SWSLHD_PROC2021_013*.

2. Risk Assessment

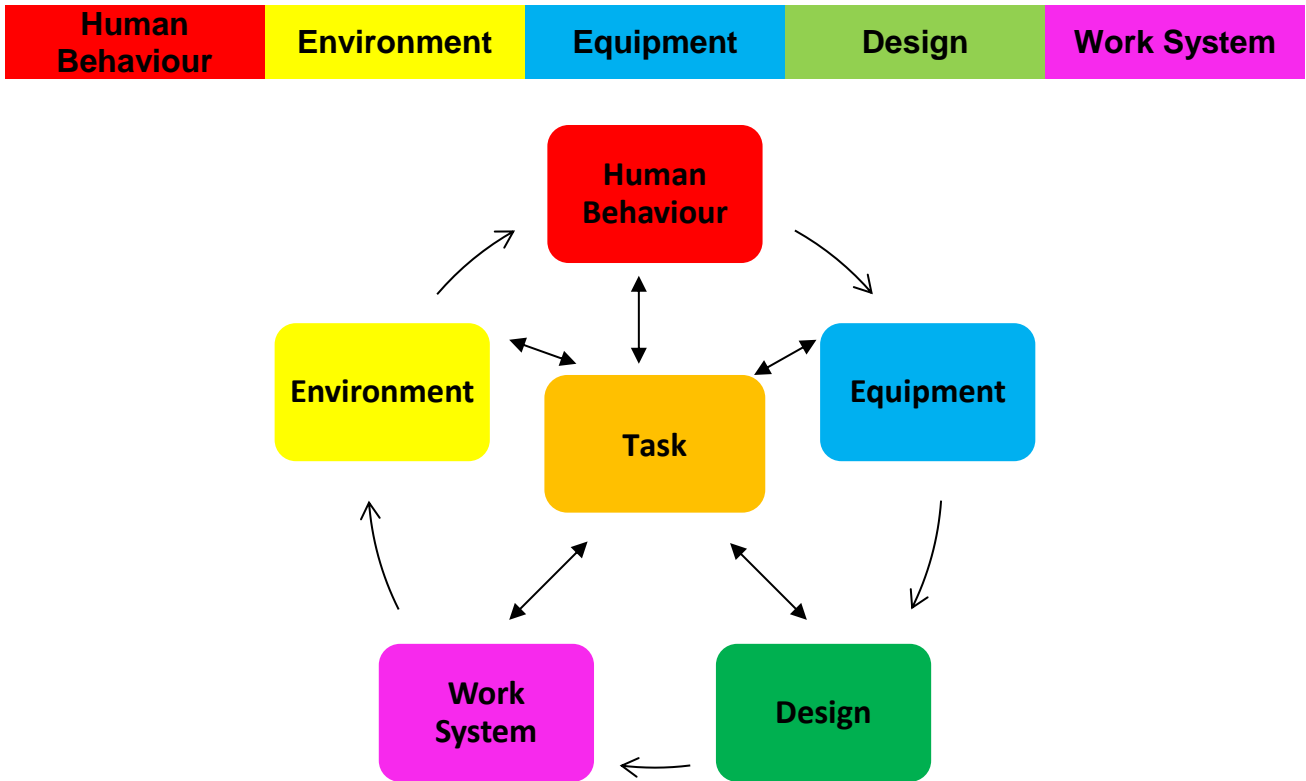
A simple risk assessment looks at the possible severity of injury or damage that may occur and the likelihood of the injury/damage being that severe. A risk rating using the [NSW Health Severity Risk Assessment Matrix](#) should also be applied. (*Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health, PD2015_043 – Page 16*).

All risk management should be conducted in **consultation** with workers and the Manual Handling Risk Assessment form should be completed ([page 12 - Manual Handling \(Hazardous Manual Tasks\), SWSLHD_PROC2021_013](#)).

When assessing a risk we also need to take into account other factors that impact the risk. For Hazardous Manual Tasks, these are specified in *SWSLHD Manual Handling (Hazardous Manual Tasks), SWSLHD_PROC2021_013*, and are listed below:

- **The application of high force** – a worker describes as very physically demanding and/or requiring assistance.
- **Moving a heavy weight** - a worker describes as very physically demanding and/or requiring assistance.
- **Awkward posture/s** – where the body is in an uncomfortable or unnatural position, exposure to vibration – when vibration is transmitted through the whole body, sudden force – jerky or unexpected movements while handling the load.
- **Frequency and intensity** – how often is the task done, how much load or concentration is involved.
- **Repetitive actions/movements** – using the same body part to repeat similar movements Sustained posture/force – where the body is kept in the same position for a prolonged period.
- **Work environmental issues** – for example, insufficient room to complete the task or harsh temperatures, uneven or slippery floor surfaces and poor lighting.

We also need to take into account the following factors as they all impact on the task:



Controlling the Risk

Control strategies should be developed, implemented and documented once hazards have been identified and a risk assessment completed. The strategies also need to be correctly used, maintained and training should be provided where necessary. The Manual Handling Equipment List form, located in the *Manual Handling Hazardous Manual Tasks SWSLHD_PROC2021_013* should be completed. This list serves as a record for equipment's, which is available within department.

The NSW WHS Regulation 2017, clause 35 Managing risks to health and safety states:

A duty holder, in managing risks to health and safety, must:

- a) *Eliminate risks to health and safety so far as is reasonably practicable, and*
- b) *If it is not reasonably practicable to eliminate risks to health and safety, all measures should be taken to minimise those risks so far as is reasonably practicable.*

Hierarchy of Hazard Control

When controlling risks, the hierarchy of risk control must always be followed. Managers should try to eliminate the risk. If this is not possible, they should move down the hierarchy.

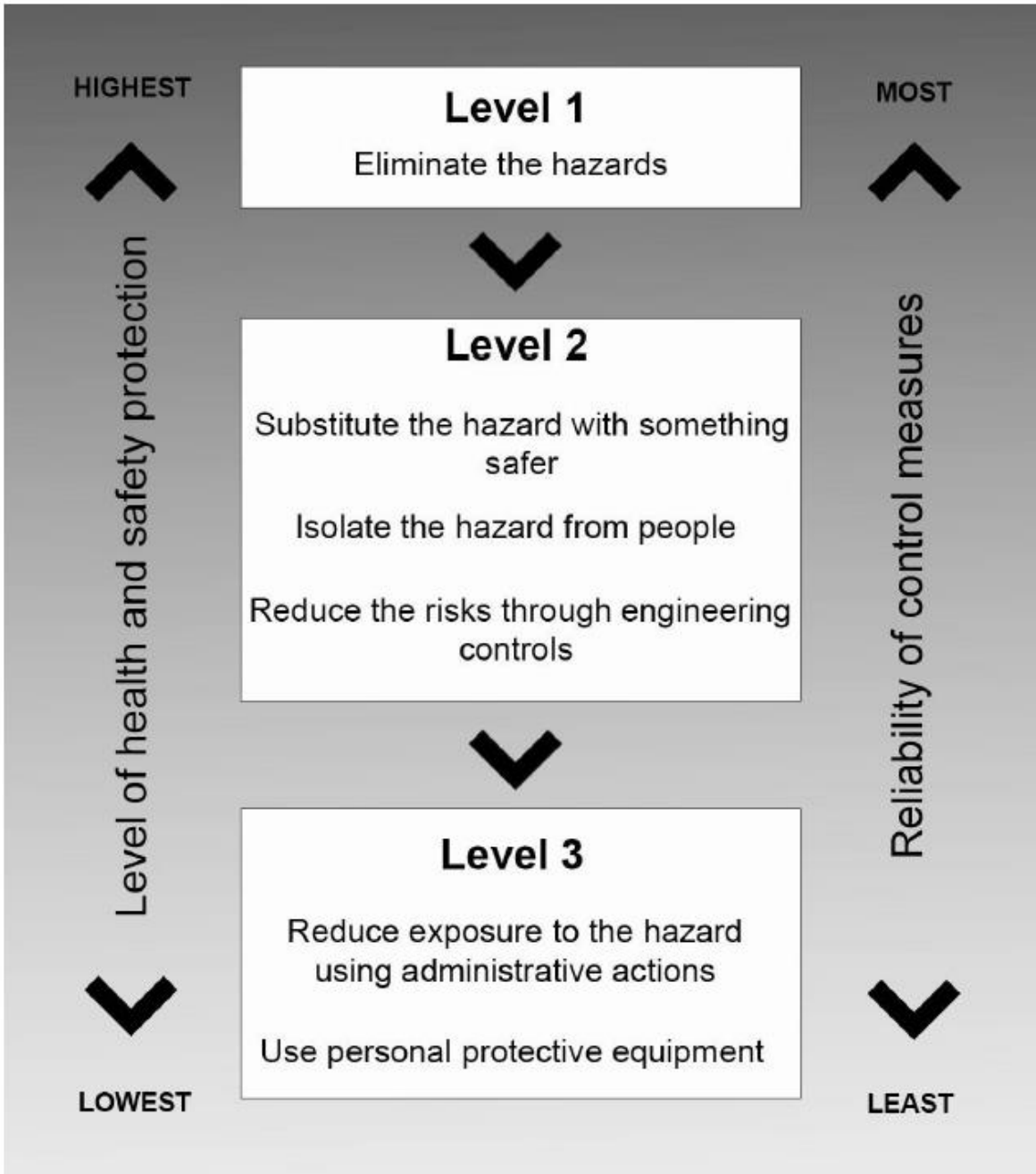


Figure 2: The hierarchy of risk

(Code of Practice – How to Manage Work Health and Safety Risks, 2011)

Examples of how to apply the Hierarchy of control are detailed in the table below:

Hierarchy of control		Examples of control measures
Level 1	Elimination	Deliver goods directly to the point of use to eliminate multiple handling Automate the manual task
Level 2	Substitution	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
	Isolation	Isolate vibrating machinery from the user, for example by providing fully independent seating on mobile plant
	Engineering	Use mechanical lifting aids Install ramp / alter space / workplace design Provide adjustable / ergonomic workstation equipment
Level 3	Administrative	Rotate workers between different tasks Train workers to comply with SWP
	Personal protective equipment	Heat resistant gloves for handling hot item, Fatigue mats for work on hard concrete floors

(South Western Sydney Local Health District, 2021: SWSLHD_PROC2021_013, pg.4.)

If no single control is appropriate, a combination of the above controls needs to be taken to minimise the risk to the lowest level that is reasonably practical.

Under the *Manual Tasks (Hazardous Manual Tasks) Policy Compliance Procedure*, roles and responsibilities are as follows:

Managers and Supervisors will:

- Conduct a needs analysis of the department's Hazardous Manual Tasks risk management program to identify performance gaps and opportunities for injury reduction improvements in their department.
- Ensure there are sufficient numbers of MHWPT allocated for their department/service.
- Ensure all their workers have completed practical (in department/service) and theory (corporate mandatory – online or face to face) training as required by the SWSLHD.
- Ensure workers (including new workers) are informed of all manual task hazards and the associated risk controls.
- Ensure appropriate Safe Work Procedures (SWPs) are developed; implemented and all relevant workers are trained.
- Ensure the department equipment preventative maintenance is in place.
- Ensure all the department hazardous manual task risk management processes are documented and auditable (hazard register, risk assessments).

Workers must take reasonable care for the safety of themselves and others in the work place. They must:

- Follow hazardous manual tasks and ergonomic safe work practices including using equipment provided and taking rest breaks.

- Report hazardous manual hazards, incidents, near misses or problems promptly to their manager/supervisor.
- Participate in risk management of hazardous manual tasks.
- Consult and co-operate with managers and supervisors in risk management processes.
- Attend Manual Handling training as required to achieve competency in performing tasks involving hazardous manual tasks.

(South Western Sydney Local Health District, 2021, SWSLHD_PROC2021_013, page 6).

Monitor and Review

Further monitoring and review should be conducted to ensure continuing applicability and to encourage continual improvement. It helps to make sure the risks are eliminated and reduced, and that no other hazards have been introduced and encourage re-evaluation of controls in light of new technology, equipment and information. Timeframe for monitoring and reviewing should be at least annually or if changes or injuries occur. Depending on your facility, one of your monthly environmental checklists will focus on manual handling. This is a good opportunity to review manual handling in your department.

Applying Hazardous Manual Tasks Risk Management

All of these tasks should be done in consultation with the workers carrying out the Hazardous Manual Tasks. It is the department/ward managers' responsibility to ensure these steps occur, but they may enlist the help of other workers to coordinate and complete the activities.

1. In consultation with workers identify hazardous manual tasks performed in your department / work area – this would go on the Hazardous Manual Tasks List form for the department. Use information from accident and incident reports, compensation claims, hazardous manual tasks risk assessments, workers consultation etc.
2. Prioritise these risks using the NSW Health Severity Risk Assessment Matrix – all workers should contribute to this process and complete the Manual Handling Risk Assessment form for each of the at risk tasks. Workers must be involved in this process. Identify the parts of the task causing the hazard.
3. The department/ward manager needs to develop and document control measures to eliminate or reduce the risks for these tasks (again in consultation with workers). Any equipment used to control the risk should be listed on the Manual Handling Equipment List form.
4. Put in place a plan to monitor and review each of these.

Activity Six: Identifying Hazardous Manual Tasks

This activity focuses on using the Hazardous Manual Task forms, located in the Manual Tasks: ([SWSLHD_PROC2021_013](#)).

Scenario

Bob is an Administration Officer who works on a ward in a Hospital. He has been asked by the Nurse Unit Manager (NUM) to go into the store room and find a box of discharge forms and to bring them up so the Doctors can discharge the day's patients. The NUM tells Bob to be quick as the patients and doctors are waiting.

Bob goes to the storeroom, when entering the storeroom, he finds that the storeroom is cluttered and there are boxes everywhere. He has to be careful where he steps to avoid tripping. Bob searches frantically for the box of discharge forms. He finally finds them right at the back of the storeroom, on the top shelf, which is above shoulder height. The discharge form boxes weigh 10 kilos. Bob can just reach the box if he stands on the tip of his toes. As he is lifting the box down, Bob feels a sudden sharp pain in his lower back. Bob ends up being off for two weeks with a back injury.

Steps:

1. Use the Hazardous Manual Tasks List form ([SWSLHD PROC2021_013](#)) to list hazardous manual tasks you identified in this scenario.
2. Use the Manual Handling Risk Assessment form ([SWSLHD PROC2021_013](#)) to conduct a risk assessment on one of the tasks identified in the task list. When completing consider using the steps in the Hierarchy of Hazard Control and the SAC Matrix.
3. List any equipment that may be used as a control identified on the risk assessment form on the Manual Handling Equipment List form ([SWSLHD PROC2021_013](#)).
4. Report your findings back to the group.

*Note - the templates are on the following pages of this manual.

HAZARDOUS MANUAL TASK LIST



Department	Facility	Page				
Instructions for completion 1. The Department Manager and/ or Supervisor(s), in consultation with staff, must identify and compile a list of ALL manual handling tasks performed in their area. 2. Add tasks to the Hazardous Manual Task List when a new manual handling hazard is identified, and prior to new equipment, or work procedures being implemented. 3. Use the Risk Matrix located in the Manual Handling Risk Assessment Form to prioritise it and record the Risk Matrix Score. 4. Assign a date and person(s) responsible for conducting the risk assessment. 5. Risks assess the task using the Manual Handling Risk Assessment Form and document control measures. 6. Date and sign when the task has been assessed. 7. Keep this Manual Handling Task List with your department's register/folder of Manual Handling Risk Assessments and review/update annually.						
Hazardous Manual Task	Date identified	Risk Matrix Score	Date to be assessed by / /	Who's responsible	Date Risk Assessment completed	Initials



MANUAL HANDLING RISK ASSESSMENT FORM

SECTION 1: What is the Manual Handling Task?		Staff Completing Form – Name & Position:	Frequency of task performed: <input type="checkbox"/> Once daily <input type="checkbox"/> More than once hourly <input type="checkbox"/> Less than four times per shift.	
Ward/Department:		Staff Consulted who perform task:	Date:	
SECTION 2: Tick (☐) Yes or No to find the risk factors for the above task – A 'Yes' tick identifies a risk.				
Actions & Movements	Workplace & Workstation Layout	Working Posture & Position	Duration & Frequency of Manual Handling task	Location of Loads & Distances Moved
Does the task involve, require or cause: sudden or jerky movements? <input type="checkbox"/> Yes <input type="checkbox"/> No -a pulling technique <input type="checkbox"/> Yes <input type="checkbox"/> No -extreme ranges of movement/ over stretching? <input type="checkbox"/> Yes <input type="checkbox"/> No -twisting and/or bending of the back or neck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the workplace or workstation: Too small, cluttered or awkward for the task? <input type="checkbox"/> Yes <input type="checkbox"/> No -poorly organized? <input type="checkbox"/> Yes <input type="checkbox"/> No -obscuring your vision when carrying out the task? <input type="checkbox"/> Yes <input type="checkbox"/> No -not allowing for easy access to equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the task require: An awkward posture? <input type="checkbox"/> Yes <input type="checkbox"/> No -reaching and bending forwards? <input type="checkbox"/> Yes <input type="checkbox"/> No -bending below knee height or lifting above shoulder height? <input type="checkbox"/> Yes <input type="checkbox"/> No -maintaining the same posture or position for long periods (> 30mins)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the task involve: Prolonged or repetitive movements (> 30 min. or > 2 hours over shift)? <input type="checkbox"/> Yes <input type="checkbox"/> No -being repeated often within a short time (within 5 mins)? <input type="checkbox"/> Yes <input type="checkbox"/> No -an inability to take regular breaks? <input type="checkbox"/> Yes <input type="checkbox"/> No -monotonous periods or lead to boredom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the object or person being moved: over a long distance (> 100 metres)? <input type="checkbox"/> Yes <input type="checkbox"/> No -unable to be kept close to your body? <input type="checkbox"/> Yes <input type="checkbox"/> No -required to be lifted or moved up stairs or up or down slopes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Organisation	Work Environment	Weights & Forces	Characteristics of Load and Equipment	Other relevant factors
Is the task affected by: -changes, delays or deadlines? <input type="checkbox"/> Yes <input type="checkbox"/> No -lack of task rotation ? <input type="checkbox"/> Yes <input type="checkbox"/> No -unavailability/ lack of SWP? <input type="checkbox"/> Yes <input type="checkbox"/> No -staff availability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the working environment have: -wet, slippery or uneven flooring? <input type="checkbox"/> Yes <input type="checkbox"/> No -very hot, cold or wet conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No -poor lighting or excessive noise? <input type="checkbox"/> Yes <input type="checkbox"/> No -unsuitable seat height? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is/does the task, object /person: -too heavy to move or position by one person? <input type="checkbox"/> Yes <input type="checkbox"/> No -require significant force to be exerted? <input type="checkbox"/> Yes <input type="checkbox"/> No -require sharing of the load unevenly either between hands or between people? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the load/equipment: -an awkward shape, large or unbalanced? <input type="checkbox"/> Yes <input type="checkbox"/> No -difficult to hold or grip? <input type="checkbox"/> Yes <input type="checkbox"/> No -difficult to handle because of vibration? <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="background-color: #e6e6ff; padding: 2px; text-align: center;">Patient Handling Only</div> Is the patient: bariatric (>110Kg or BMI > 30, or exc. tall or short, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No -uncooperative, aggressive or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: All Yes ticks that can be controlled must have control measures listed and implemented in the Risk Control Summary section. This risk should be entered in your Department/Ward Hazardous Manual Tasks List and be available to staff on the Ward/Department				

SECTION 3: RISK ANALYSIS					
Risk Assessment: refers to the likelihood of a hazard causing an injury and the severity or consequence of that injury. When considering SAC score use Likelihood and Consequence Tables (Circle one number only)			Likelihood Table Frequent – Is expected to occur again either immediately or within a short- period of time (likely to occur most weeks or months). Likely – Will probably occur in most circumstances (several times a year). Possible – Possibly will recur, might occur at some time (may happen every 1 to 2 years). Unlikely – Possibly will recur, could occur at some time in 2 to 5 years. Rare – Unlikely to recur, may occur only in exceptional circumstances (may happen every 5 to 30 years).		Consequence Table Serious – Death of staff member related to work incident or suicide, or hospitalization of 3 or more staff. Major – Permanent injury to staff member, hospitalization of 2 staff, or lost time or restricted duty or illness for 2 or more staff. Moderate – Medical expenses, lost time or restricted duties or injury/illness for 1 or more staff Minor – First aid treatment only with no lost time or restricted duties. Minimum – no injury or review required
SAC MATRIX	CONSEQUENCE				
LIKELIHOOD	Serious	Major	Moderate	Minor	Minimum
Frequent	1	1	2	3	3
Likely	1	1	2	3	4
Possible	1	2	2	3	4
Unlikely	1	2	3	4	4
Rare	2	3	3	4	4
SECTION 4: CURRENT CONTROL MEASURES (Tick Appropriate)					
<input type="checkbox"/> Manual Handling Equipment		<input type="checkbox"/> Manual Handling Training		<input type="checkbox"/> Reduce Size/Weight Of Load	
<input type="checkbox"/> Redesign of Work Area		<input type="checkbox"/> Staff Assistance		<input type="checkbox"/> Staff Supervision	
<input type="checkbox"/> Any additional Controls (list)		<input type="checkbox"/> Task Rotation		<input type="checkbox"/> Safe Work Practice	
				<input type="checkbox"/> Regular Stretches/Exercises	
				<input type="checkbox"/> PPE	
SECTION 5: RISK CONTROL SUMMARY (To Be Implemented)					
Risk Controls	Priority (High/ Medium /Low)	Person Responsible	Target Completion Date	Completion Date	Manager Sign Off
Place Yes or No in each section - for Yes responses place control measure(s) in space provided and complete details. Follow hierarchy of Controls - Eliminate: Substitute: Isolate: Engineering: Administrative: Personal Protective Equipment:					
Are there other hazards related to the task that require further assessment e.g. Workstation, Noise, Hazardous Substances & Dangerous Goods, Infection Control etc: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please Specify:					
SECTION 6: REVIEW OF RISK ASSESSMENT					
Tasks should be reviewed at a minimum of 3 years. A review should also occur when there is evidence the control measures are no longer effective e.g. when an injury occurs performing the task, when a change is likely to give rise to a new or different risk that the control measures may not effectively control, if a new hazard or risk is identified, if consultation indicates a review is necessary or if a HS Representative at the workplace requests a review.			First Review Date: _____		Second Review Date: _____
			Manager Signature on completion: _____		Manager Signature on completion: _____



MANUAL HANDLING EQUIPMENT LIST

Department	Facility	Page
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Instructions for completion

1. Compile a list of ALL manual handling equipment in your department in consultation with staff and management.
2. Once identified, discuss availability of items and training needs with department/unit staff.
3. Keep this Manual Handling Equipment List with your department’s register/folder of Manual Handling Risk Assessments.
4. Review/update annually ensuring all new equipment is added to the list and discarded equipment removed.

Equipment Type <small>(Insert Equipment Name, Brand & Model Number If Available)</small>	Number	Brief Description/Purpose <small>(Insert Photo If Available)</small>	Safe Working Load <small>(Swl In Kgs)</small>	Dimensions <small>(Width, Height, Depth In Cms)</small>	Location <small>(Where Stored/Located)</small>	Age <small>(If Known)</small>	Maintenance Required/ Frequency

Part Eight: Workstation Set Up

Workstation Setup Principles

It is common for workers to predominantly sit at a desk for majority of the working day. It is essential that workplace trainers have an understanding of workstation set up principles; this [quick reference sheet](#) can be used when helping workers to set up their workstation. Workers must use the [Workstation Self-Assessment Checklist](#) to check their own workstations. Any issues identified by the worker must be escalated to their line manager.

Workstation set up quick reference sheet

It's really important to adjust your workstation so you are comfortable and reduce the risk of injury.

Ensure you adjust/check the settings below in the order presented; otherwise you will have difficulty achieving the best setting for you.

Step 1: Move chair away from workstation. Adjust your chair seat pan to level, or slightly tilted downwards.

Step 2: Adjust the back support angle so that it fits into the curve of your lower back where it gives you the best support.

Step 3: Move your chair into your workstation. Adjust the height of the chair so that your forearms are at right angles when at the keyboard and parallel to the floor without having to lift your upper arms or shoulders. The underside of your forearm and point of your elbow should be approximately level with or 10-20mm above the desk surface.

Step 4: Adjust and angle your screen height so your eye level is looking into the top third of the screen when you are looking straight ahead with your head relaxed.

Step 5: Adjust the distance of the screen from your face/eyes so that it is at the end of your fingertips when you reach out to the screen. Everyone's eyesight is different so the exact distance is the one that you find most comfortable.

Step 6: The screen should be directly in front of you, not to the side. If using twin screens, the dominant screen should be more to your body centre. If screens are used equally, the split should be centred to your body.

Step 7: Your thighs should be parallel (or slightly downhill) with the floor. If they are not (usually because your feet are raised off the floor) you may need a footrest.

Step 8: Nothing, including the mouse, should require you to have to reach far. Move commonly used items close to you. Your telephone should be on the opposite side to your dominant hand (on the left if you are right-handed and vice versa). Check the angle of your wrists when using the keyboard and mouse. They should be straight, not bending in any direction. Your keyboard should be directly in front of you. Document holders (if necessary) should be positioned as close to, and at the same height as, the monitor.

Where do I go for further information?

- Talk to your supervisor/manager
- [Officewise – A guide to health and safety in the office](#) Worksafe Vic, 2006
- [Computer Workstation Ergonomics](#) University of Western Australia



Activity Seven: Workstation Self-Assessment

Use the workstation self-assessment checklist to help guide you through the in-class demonstration.



WORKSTATION SELF-ASSESSMENT CHECKLIST

Worker Name: _____ Manager/Supervisor: _____ Date self-assessment conducted: _____

This workstation self-assessment checklist is used to assist you to adjust your workstation and identify hazards and assess any risks present. If you answer “NO” to any item, please follow the suggestions/controls listed for ways to rectify the issue. Please contact WHS Manager for further advice/assistance if you have any special needs or experience symptoms whilst performing your work tasks.
Other supporting tools: Workstation set up and Stretch Exercisers that can be found on the WHS Intranet site.

No.	Item	Yes	No	N/A	Suggestion / Control
CHAIR					
1.	Is the backrest correctly positioned so that it provides support to the lumbar region of the back? For this to be effective you should sit back as far as comfortable on the seat. Is the backrest angle adjusted so that you are sitting comfortably upright when operating the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the height of the backrest up / down by loosening wind up mechanism or lifting the ratchet back upwards (depending on your chair design) Adjust chair backrest angle using the lever
2.	Is the seat angle approximately horizontal? This may not be adjustable on all chairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust by pulling up lever to unlock, hold onto front edge of chair (between thighs) with other hand and rock backwards. Lock in position by pushing lever back down with other hand.
3.	Is there enough room to place 2-3 fingers between the back of the calf and the front edge of the seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, the chair may not be suitable for your stature (too big or too small). Discuss with your manager that you may require a new chair
4.	Is the chair height adjusted so that your elbows are slightly higher (2 - 3cm) than the workstation (arms are bent approx. 90°) with the shoulders relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust chair height by using the appropriate adjustment lever
5.	Are your feet resting flat on the floor, with the thighs parallel to the ground, at this chair height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, you may require a footrest, see Footrest section for details
6.	Does the chair have adequate padding and the fabric covering intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss with your manager that you may require a new chair
7.	Are you able to sit in close to the edge of the desk without obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the armrests on your chair impede access, consider removing them from the chair
8.	Does the chair move easily over the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check if the castors are rolling freely, you may need a chair mat, you may have lockable castors if you are on vinyl or hard flooring which is acceptable
MONITOR					
9.	When sitting tall and looking straight ahead, are your eyes approximately 40-50 mm below the top of the display? (tip this is tool bar height on MS word)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The optimal height may vary depending on the size of your monitor or if you wear bifocals / graduated lenses. Adjust the height of the monitor by sliding it up / down (this adjustment may not be available on some monitors use monitor stand or ream of paper to correct height.
10.	Is the screen approximately just past your outstretched arm/fingers away from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This distance may vary if you wear prescription glasses
11.	Is the screen free of reflections from overhead lights or windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change the screen tilt angle or adjust the blinds, etc.
12.	Are you free from sources of glare issue when viewing your screen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider adjusting blinds or relocating your screen on the desk
13.	If you have more than one screen, do you predominantly use one screen or both simultaneously? (This will assist in determining the layout of your monitors on the desk).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The primary screen should be positioned directly in front with the secondary screen on one side. If using two screens simultaneously, position yourself centrally between the two or position the main one used more square on to you
KEYBOARD					
14.	Is the keyboard positioned parallel to the front edge of the desk and the monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This will assist in keeping you in to the correct alignment and reduce twisting of the trunk.
15.	If you rest your forearms on the desk when typing, keep the keyboard angle as low as possible. This will reduce the angle of wrist extension when typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do not use a gel wrist support UNLESS you have been advised by a Doctor or Health Professional to do so.
16.	Are the keys easy to operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not, you may need a new keyboard, discuss with your manager
17.	Do you use keyboard shortcuts? Using these can greatly reduce your reliance on the mouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check out the keyboard shortcuts from the WHS intranet.
MOUSE					
18.	Is the mouse at the same level as the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keyboard tray should be in full upright position (level desk surface)
19.	Is the mouse immediately adjacent to the end of the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reposition mouse as close as possible and same level to reduce shoulder injury



WORKSTATION RISK MANAGEMENT CHECKLIST

No.	Item	Yes	No	N/A	Suggestion / Control
20.	Is your elbow bent and shoulder relaxed when using the mouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Check your seat is at the correct height
21.	Is your elbow comfortably by your side when operating the mouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Reposition mouse as close as possible
22.	Is the positioning of the mouse dictated by the desk surface? (ie, uneven surfaces, gaps, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	You may benefit from using a mouse mat, you can laminate a photo or picture (tip is to make sure it is the same size as a mouse pad, and have not lumps/bumps)
TELEPHONE					
23.	Do you use your hand set to make or receive calls? Do you hold the handset between shoulder and cheek? Is the handset located on the non dominant side?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Depending on the number and duration of calls, it may be advisable to use a head set, not all phones have speak functions or can be used in open plan spaces. Locate phone to non dominant side to avoid cradling phone.
FOOTREST (if required)					
24.	Is the footrest of a sturdy design and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Discuss with your manager you may require a new footrest
25.	Is the footrest height and angle adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	This is preferable
26.	Does the footrest stay in position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Discuss with your manager you may require a new footrest
27.	Adjust the footrest so that when your feet are supported, your knees and hips are level (thighs parallel to the ground)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Ideally we are looking for an 85 to 90 degree angle
DESK LAYOUT					
28.	Are frequently used items within easy reach? Keyboard, mouse, phone, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Reposition items as required
29.	If required, is there sufficient desk space for reading and writing tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Look at using a document holder that you can use over your keyboard
30.	Is there sufficient storage space to avoid desk clutter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Look at what you can reducing bring in to work, or using other storage areas
31.	Are you able to access the telephone without stretching or twisting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Relocate it closer to the body
32.	If you are frequently referring to hardcopy documents when typing, have you been provided with a document holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Document holders are usually placed between the keyboard and monitor and should not obscure any part of the screen.
33.	Do you complete data entry tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documents should be placed between the monitor and keyboard to reduce injury
ENVIRONMENTAL HAZARD IDENTIFICATION					
34.	Is the lighting adequate for office tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Utilise under hutch lighting, if appropriate or set up desk / task lighting
35.	Is the work area free from excessive noise and disruptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Discuss further with your manager
36.	Is the temperature and air flow in the area comfortable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Lodge a BIEMS to review – if facility based, ensure that you drink water to rehydrate
37.	Are electrical cords tidy and out of the way, so as not to pose a trip hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Utilise extension cords or request additional GPO's to be installed
38.	Are items (folders, files or books) easy to reach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Stand up to reach items that above your shoulder height to reduce injury
WORK ORGANISATION					
38.	Do you regularly change your posture between sitting / standing / walking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Alter your position at least once every 60 minutes.
39.	Is your workload manageable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Discuss any concerns with your line manager.
LAPTOP COMPUTER or TABLET DEVICE (if applicable)					
40.	Do you use an external keyboard and mouse with your laptop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	This is strongly recommended with frequent use of a laptop.
41.	Are you only using your laptop for short periods at a time (not more than 60 minutes at a time)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If operating for more than 60 minutes at any one time, it is recommended you use an external keyboard and mouse and raise the height of the screen.
42.	Are you able to easily carry your laptop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If carrying over long distances or for extended periods of time, consider using a suitable trolley bag or similar.
WORKING AWAY FROM THE OFFICE (if applicable) with a laptop or tablet device					
43.	Be aware of the environmental limitations of your work set up when working away from the office, i.e., hot desking, clients home or vehicle, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	When posture is not ideal due to environmental limitations, limit work periods to 30 minutes at a time with at least a 15 minute break in between.
44.	Do you occasionally travel using a laptop or tablet device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If travelling frequently to and from work, consider having a fold up laptop/tablet device raiser to easily raise the screen in addition to your external keyboard and mouse
OTHER FACTORS					
45.	Does the task/workstation have any other factors that may affect worker, clients/patients or visitors safety? Is the worker new, or new to the workstation? Does the worker have an injury that inhibits there workstation tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comments:

Once you have completed this risk management check list, discuss outcomes with your manager / supervisor to implement corrective actions where required.

Part Nine: Object Handling

The aim of this section is to familiarise yourself with the different checklists which will be used in the workplace to assess workers regarding different hazardous manual tasks. After each demonstration, divide into groups and practice the general lifting and carrying and push/pull activities. Once you are comfortable with these techniques use the trainer checklist to assess your group. Your assessor will come around and assess you teaching the activity. Refer to checklists for:

- General lifting and carrying
- General push/pull general principles e.g. trolley

Part Ten: Patient Hoist and Hovermatt Safety Principles and Demonstration

**Note this section is only relevant for clinical workers.*

Patient Hoist Safety Principles:

- Ensure there is a minimum of two workers to assist
- Ensure the lifter is charged and lifter is safe for use
- Assess patient mobility. Ensure the lifter is the most appropriate means of transferring. Try to reassure the patient to minimise patient apprehension.
- Ensure the correct size of the sling is available (small, medium, large or extra-large, amputee or banana slings).
- Check that the drains, drips, lines and oxygen bottles are safely positioned and secured.
- When other workers are required, plan the lift together and ensure good communication.
- Never leave the patient unattended in the lifter.
(Bankstown-Lidcombe Hospital, SWP Use of a Viking Lifter)

View the in-class demonstration on how to use a patient hoist. Be mindful that patient hoists differ between facilities.

Hovermatt Safety Principles:

- Ensure bed brakes are on at all times.
- Ensure patient does not exceed safe work limit (544kgs).
- Ensure patient has had a mobility risk assessment completed.
- Ensure the hose from the motor is free and easily moved.
- Hovermatt to be transferred with patient to other departments for use with the patient.
(Bankstown-Lidcombe Hospital, SWP Use of a Hovermatt to move a patient)

View the in-class demonstration on how to use a hovermatt, be mindful that hovermatts differ between facilities.

Part Eleven: Patient Handling

**Note this section is only relevant for clinical workers.*

The aim of this section is to familiarise yourself with the different checklists which will be used in the workplace to assess workers regarding different hazardous manual tasks. After each demonstration, divide into groups and practice the sit to stand, hip and shoulder roll, lateral transfer with slide sheet/s and lateral transfer with slide sheet/s and pat slide. Once you are comfortable with these techniques use the trainer checklist to assess your group. Your assessor will come around and assess you teaching the activity.

Refer to checklists for:

- Sit to stand
- Hip and shoulder roll
- Moving a patient in a bed with slide sheet/s
- Lateral transfer with slide sheet/s and pat slide

**Note for parts 9 and 11:*

- Trainer checklists are for the MHWPT to use in the workplace when assessing workers in their workplace.
- Assessor checklist is for the Facilitators to assess the MH Workplace Trainers. The MHWPT is to keep these as a record of their competence in different hazardous manual tasks.

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- South Western Sydney Local Health District, 2021: Manual Handling (Hazardous Manual Tasks) SWSLHD_PROC2021_013 http://swwslhd-intranet.sswahs.nsw.gov.au/Policies/PPG/GenerateWaterMark?param=SWSLHD,SWSLHD_PROC2021_013
- Work Health and Safety Act 2011 No 10 (NSW), <https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010>
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