Manual handling

Introduction

Work-related musculoskeletal disorders (MSDs), including manual handling injuries, are the most common type of occupational ill health in the UK. Back pain and other MSDs account for approximately 40 per cent of all sickness absence in the NHS, resulting in a cost in the region of £400 million each year.

The Health and Safety Executive (HSE) defines manual handling as the transporting or supporting of a load, including lifting, putting down, pushing, pulling, carrying or moving. For some members of staff, manual handling accidents can result in long periods of sick leave and for others it can even lead to the end of their career.

In the past, the accepted response to back pain was bed rest. Evidence now shows that it is much better to keep as ‘normally active’ as possible. Trying to reduce the pain by avoiding movement slows recovery and can lead to long-term back pain. Manipulation can sometimes help to ease the pain and aid recovery.

Research also shows that the longer someone stays off work because of back pain, the less likely they are to ever go back. See the chapter on managing sickness absence.

Steps should be taken to reduce the risk of manual handling injury MSDs, encourage early reporting of the symptoms, ensure access to proper treatment and offer suitable rehabilitation.

This chapter should be read in conjunction with the NHS Employers’ Back Pack (www.nhsemployers.org/HealthyWorkplaces/POSHH/Pages/Backinwork-backpack.aspx) information from the HSE, the National Back Exchange and other resources listed at the end of the chapter.

The legal position

All employers have a legal responsibility to ensure the health and safety at work of their staff, and this includes the prevention of accidents and work-related ill health such as MSDs, back pain and upper limb disorders (ULDs). The Health and Safety at Work etc Act 1974 places general duties on employers and others.

There are also other regulations that impose specific requirements including:

- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
• Manual Handling Operations Regulations 1992
• Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

As well as making good sense, consulting employees on health and safety matters is a legal requirement. If there are known safety representatives appointed by trade unions, the law requires employers to consult with them. If there is no one in the organisation representing employees at risk from undertaking manual handling, employers should consult the employees themselves or any representative they have elected for health and safety.

**Employer responsibilities**

To reduce manual handling accidents, employers should:

- avoid the need for hazardous manual handling, as far as is reasonably practicable
- assess the risk of injury from any unavoidable hazardous manual handling
- reduce risks to the lowest level that is reasonably practicable
- ensure that assessments and action plans are written, and are available to all
- develop, implement and communicate a policy and local codes of practice relating to manual handling in the workplace
- employ a competent person such as a back care adviser
- monitor policy and codes of practice, and take action if they are not properly applied.

**Employee responsibilities**

Employees also have duties. They should:

- follow appropriate systems laid down for their safety
- be aware of and understand their organisation’s manual handling policy
- make proper use of equipment provided for their safety
- co-operate with their employer on health and safety matters
- inform their employer if they identify hazardous handling activities or any dangerous defects in equipment
- take care to ensure that their activities do not put others at risk.

**Safer handling policy**

Employers should do all they can to make working practices as safe as possible. Planning and introducing a safer handling policy for the organisation will help with this.
Employers should help employees to change their working practices and understand the benefits of protecting themselves at work. Through this process, the employer will:

- comply with legislation
- avoid the associated costs of non-compliance
- ensure the quality of patient care.

No one working in a hospital, nursing home or community setting should need to put their safety at risk when lifting patients manually. Hoists, sliding aids and other specialised equipment mean that staff should no longer have to risk injury while doing their job.

Patients can often do a lot for themselves if encouraged, or shown, and this will benefit them too. With a safer handling policy, staff must continue to assess the capabilities and rehabilitation needs of the patient in order to determine which methods and/or handling aids should be used. In all cases, the handler’s physical effort should be minimal and well within their skills and capacity. Adequate resources should be made available for the purchase of equipment needed for risk reduction, following a risk assessment, and also for the maintenance of equipment.

Training

A large number of employers will already have programmes in place that can deliver continuing manual handling instruction to their staff. Training should take place regularly to refresh, update and re- emphasise the information received on earlier training courses.

Employers should have access to competent help in applying the provisions of health and safety law, including that relating to manual handling. They should consider appointing one or more people, usually a back care adviser or manual handling expert, to provide this help.

Manual handling is a core competency for staff caring for patients. Clinical managers are the first in the frontline level of management with responsibility for ensuring safe manual handling. A named supervisor/manager/key worker should also have responsibility for the supervision of manual handling in their area and must have all the necessary competencies to fulfil this role and adhere to the standards set. The chart on page 5 shows the levels of roles and responsibilities.

Back care advisers

Whoever is responsible for managing manual handling within an NHS organisation should have access to competent advice and the expertise of a back care adviser (BCA), or manual handling expert, who should also arrange the necessary training. Risk managers, ergonomists, occupational health advisers and health and safety advisers can also contribute advice if they are appropriately qualified.
The BCA, working with others involved in the management of risk, should advise the employer on the application of health and safety legislation, especially the law related to manual handling.

The role of the BCA is mainly advisory and should include ensuring a holistic approach to safer patient handling and manual handling in the organisation. They should also collaborate with other risk management colleagues in formulating strategy.

**Competencies**

The Royal College of Nursing published a set of competencies for back care advisers and manual handling supervisors in its guidance, *Safer staff, better care*, as part of the ‘working well’ initiative in February 2003.

The competencies fit into three areas of practice development needs:

- management of risk
- creation of safe systems of work
- professional effectiveness and the maintenance of standards.
Each area contains written competencies to be achieved by staff. The guidance also specifies both the competency required and the performance criteria necessary to demonstrate it.

The competencies should be used to:

- underpin education plans and supervisory sessions
- identify educational needs or skills gaps and to assess competence
- establish the curriculum and learning outcomes for formal and informal education or training sessions.
They can also be used to:

- record achievements and reflect on their practice development needs
- develop standards for audit.

**Barriers to compliance**

A survey carried out by the Royal College of Nursing in July 2002 found that 95 per cent of respondents had a safer patient-handling policy, although in many organisations it is called by a different name.

32 per cent of those responding said that they had full compliance within their trust, although this response was not tested further. Of the 68 per cent who did not claim full compliance, the reasons given were:

- lack of enforcement of policy - 78.6 per cent
- lack of resources – low staffing levels/quick turnover - 78.6 per cent
- peer pressure - 64.3 per cent
- lack of training - 35.7 per cent
- lack of equipment - 35.7 per cent
- lack of knowledge - 35.7 per cent.

The main reasons for non-compliance were lack of supervision or enforcement and a perception that it is quicker to handle patients manually when there are low staffing levels, or time pressures. It is essential that these issues are addressed in any training and that monitoring is done as part of the overall policy framework.

**Occupational MSDs**

Specific tasks that particular health professionals undertake can mean that they are at an increased risk of MSDs. Risk reduction measures that can prevent MSDs unique to their profession should be considered.

Sonographers, for instance, experience a high level of musculoskeletal symptoms, with 20 per cent of this group leaving the profession or taking premature retirement options because of persistent pain problems.

With a collaborative effort, the prevalence of these complaints among sonographers can be reduced and, in turn, personal, social and financial losses are also significantly reduced.

Three components of prevention have been identified:

- primary – stop the problems developing in the first place

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1. *Industry standards for the prevention of work-related musculoskeletal disorders in sonography, The Society of Diagnostic Medical Sonography*
• secondary – when problems develop, what action can be taken to treat the complaint and reduce the likelihood of long-term morbidity or chronicity developing?

• tertiary – when the complaint has been effectively dealt with, what can be done to reduce the chance of a relapse occurring?

Adjustable equipment used at the correct height and in the correct manner, adequate rest breaks and early intervention, all form the basis for the prevention of musculoskeletal disorders for this group of professionals.

Recommendations can be found in industry standards for the prevention of work-related musculoskeletal disorders in sonography at www.sdms.org

The “Back Pack”

In August 2009, as part of its continuing support for the service, NHS Employers, working with the Partnership for Occupational Safety and Health in Healthcare (POSHH), published a new “Back Pack” as part of the Back in Work programme.

The pack was produced in partnership with staff side colleagues and consists of six documents covering the following issues:

• Introduction and key messages
• The Staff Guide
• The Safety Representatives Guide
• The Workplace and Individual Assessment tool
• The Line Managers’ Guide
• Further Information and Quick Links.

Copies of the documents may be downloaded from the NHS Employers/POSHH website.

More information

NHS Employers – www.nhsemployers.org/backinwork

National Back Exchange – www.nationalbackexchange.org

Health and Safety Executive – www.hse.gov.uk/msd

Backcare charity website – www.backcare.org.uk

Society of Diagnostic Medical Sonography – www.sdms.org/msi

Royal College of Nursing – www.rcn.org.uk