



Backs in Action



A guide for the
healthcare sector

hseni
CONTROLLING RISK TOGETHER



CONTENTS

Introduction	3
Section 1 How the Back Works	6
Section 2 Prevention and Management of Manual Handling Risk	9
Section 2a Patient/Client Handling	11
Section 2b Inanimate Load Handling	16
Section 3 Risk Assessment	19
Section 4 Summary & References	24

Backs in Action

INTRODUCTION



This booklet is a joint initiative between The Health and Safety Executive for Northern Ireland (HSENI) and members of the Northern Ireland Back Exchange. The NI Back Exchange is a multidisciplinary group for those with an interest in back care and prevention of work related musculoskeletal problems.

“Backs in Action” is intended to be used as a practical resource for those who work in the healthcare sector and whose work involves the moving and handling of people or objects. It is hoped this resource will be used to complement formal training.

Cost to employees, employers and the community

Fatal manual handling incidents are rare as are incidents which result in major injuries. Temporary sprains and strains of the back are very common and evidence based findings estimate that approx 10% of these could be described as ‘limiting long-term illness’. The cost of such injury to the employer will include loss of production, additional training and salary for replacement staff, compensation and at least temporary loss of experienced workers. The cost to the individual extends to loss of income and possible job opportunities, living with pain and discomfort, as well as the mental burden of being away from work for a prolonged time or permanently. In the long term it can result in employees having to leave the job they love and suffer physically

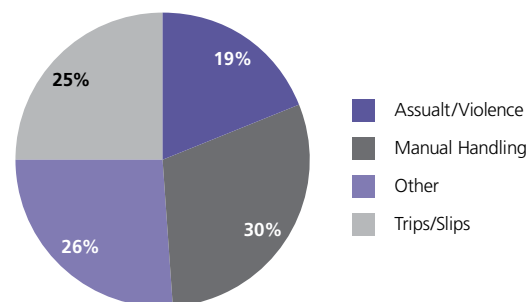
and economically, and can prevent them from leading a full active life away from the workplace.

Scale of the problem

It is estimated that between 60% and 90% of people will suffer some type of lower back disorder during their working life with workers in the healthcare sector particularly prone to injury.

Analysis of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) statistics received by HSENI between April 2006 and February 2010 (see figure below), show that approximately one third of all ‘over-three-day’ and major injuries reported each year to HSENI by health sector employers are of a sprain/strain nature. This does not take into account those employees who suffer for prolonged periods silently or return to work within three days and do not fit into a statistical group.

2006 - 2010 RIDDOR STATISTICS



The most recent Labour Force Survey carried out in Northern Ireland (2003-2007) shows that an estimated 31,000 persons reported that they had suffered from a work related illness at some time during the previous 12 months. When asked about the type of illness that they were suffering from, respondents indicated that back pain was the most common illness accounting for 29% of those suffering from a work related illness.

Other muscle/joint pain accounted for another 24% of respondents.

Legal duties

Employers

There is a legal obligation for employers to ensure that risks are reduced in the workplace to as low a level as is reasonably practicable.

Employers can meet their legal obligation through:

- Use of risk assessment in the establishment of safer systems of work
- Provision of safe systems of work
- Provision of manual handling training
- Establishment and use of health and safety policies
- A system in place for the reporting of incidents
- A system in place for the follow-up and investigation of incidents and near misses

- Cooperation amongst teams within the organisation.

Manual handling is defined as the transporting or supporting of a load by hand or some other part of the body, including the lifting, putting down, pushing, pulling, carrying, moving or intentionally dropping or throwing a load.

The Manual Handling Operations Regulations (N. Ireland) came into operation in 1992 and implement European Directive 90/269/EEC on the Manual Handling of Loads.

These Regulations should not be considered in isolation. Regulation 3 of the Management of Health and Safety at Work Regulations (N. Ireland) 2000, requires employers to make suitable and sufficient assessments of the risks to the health and safety of their employees while at work. Where this general risk assessment indicates a possibility of risks to employees from the manual handling of loads, the requirements of the Manual Handling Operations Regulations should be followed. Under these regulations an employer is required to follow a hierarchy of measures which should be used to reduce the risks from manual handling as follows:

- Avoid hazardous manual handling operations so far as is reasonably practicable
- Assess any hazardous manual handling operations that cannot be avoided
- Reduce the risk of injury so far as is reasonably practicable.

Employees

Employees are also legally obliged to ensure that they adhere to any guidance, instruction or training provided by their employer. They should always use any equipment that has been provided in a safe and appropriate way and report any accidents, incidents or near misses to the appropriate person. They should also bring to their employer's attention any difficulties caused by:

- The size and shape of the load
- How often loads are handled
- The order in which tasks are carried out
- The environment in which handling operations are carried out.

Risk factors

Manual handling can pose a risk if:

the load is:

- too heavy
- too big
- difficult to grasp
- located too far from the body,
- or if you have to twist your body to reach it

the effort needed:

- is excessive
- requires a twisting of the body
- unbalances the load
- requires you to adopt an unstable position

the work environment is inadequate:

- the floor surface is uneven or slippery
- there is insufficient space
- there are unfavourable climatic conditions

the operation imposes other demands like:

- adopting stooped or awkward postures
- prolonged activity without the opportunity to rest
- carrying objects excessively long distances
- excessive repetition of the operation.

It is hoped that this booklet will help explain how your back works and then go on to help you identify safe methods and equipment that can be used to move and handle people or objects in your place of work.

Section 1

HOW THE BACK WORKS



A. What can cause back disorders?

Lower back pain is rarely the result of a single factor; rather it is usually due to a combination of factors that can increase the overall risk of low back pain. These include:

- Age
- Gender
- Smoking
- Inactive lifestyle
- Manual carrying / handling of loads
- Frequent bending and twisting of the torso
- Prolonged static positions

It is important to recognise that each of these risk factors is different for each individual and should be assessed as such.

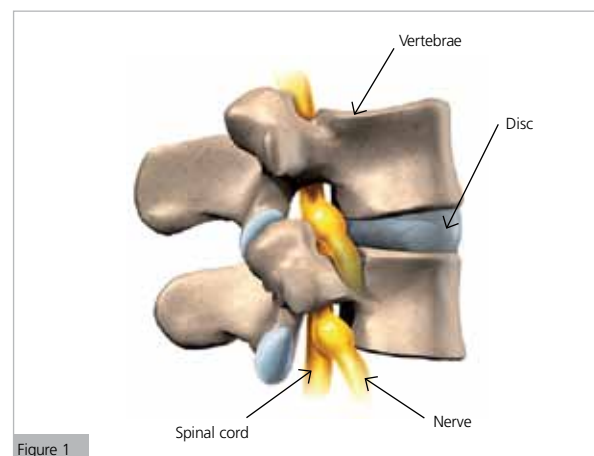
B. What is the back made of?

The spine:

The spine consists of 33 bones called vertebrae, between which lie the intervertebral discs (Figure 1). The strength and stability of the spinal column relies upon a series of muscles and ligaments which overlay the bones and discs. Nerve roots from the spinal cord travel from the vertebral column to supply the whole body.

The functions of the vertebral column include:

- Protection of the spinal cord
- Support to the head and trunk and transmission of forces
- Movement



Intervertebral discs

Intervertebral discs are very important; they act as shock absorbers while allowing adequate movement of the spine. A normal disc is composed of a softer gel-like centre (nucleus pulposus) and a stronger exterior (annulus fibrosus). The adult disc has few (if any) blood vessels, they rely on regular movement to provide them with necessary nutrients.

C. Risk factors for low back disorders

When standing with a natural upright posture the discs and ligaments (of the spine) are in a position where they are under least stress. Positions that increase stress on the back or joints include:

a. Bending forwards with a rounded back

Excessive repetitions of these movements can lead to increased pressure on the discs and stretching of the ligaments (Figures 2 and 3).

Reduce risk: Adopt good posture and hold the load close to the trunk (Figure 4).



Figure 2



Figure 3



Figure 4

b. Turning to the side while bending forwards

This position places the greatest amount of stress on the back particularly on the discs (Figure 5).

Reduce risk: Get in close to the load; keep your 'spine in line'. Adopt a stable base and use leg muscles avoiding over bending of knees (Figure 6).



Figure 5



Figure 6



c. Grasping a load while leaning backwards

This position places a lot of pressure/compression on the back part of the disc and joint between the vertebrae (Figure 7).

Reduce risk: Avoid lifting above shoulder level if possible. Ideally store loads at waist height or provide suitable means of access to facilitate good posture (Figure 8).



Figure 7



Figure 8

d. Prolonged sitting

As highlighted earlier the disc requires movement to keep it healthy. Sitting for long periods reduces this and increases the pressure on the discs (Figure 9).

Reduce risk: Adjust the chair to a suitable height and position the backrest to provide the user with maximum comfort and support (Figure 10). Change your position regularly by rising from the chair.



Figure 9



Figure 10

e. Kneeling or squatting for long periods of time

Prolonged periods of time in a kneeling or squatting position are not good for your joints. When lifting an object from the ground it is best to avoid bending your knees beyond 90 degrees (Figure 11).

Reduce risk: Avoid handling loads at floor level if possible, but if required, get in close to the load, keep your 'spine in line'. Adopt a stable base and use leg muscles avoiding over bending of knees (Figure 12).



Figure 11



Figure 12

Section 2

PREVENTION AND MANAGEMENT OF MANUAL HANDLING RISK



It is important to work in a systematic manner and to structure the approach to the prevention and management of risk.

The implementation of a manual handling policy will clarify the agreed organisational measures. This will include the completion of risk assessments, the implementation of safer systems of work and the provision of manual handling training for staff to enable them to work safely.

In the healthcare sector, risk assessments will need to be completed for patient/client and inanimate load handling activities. Whilst most assessments will be completed on handling activities that are routinely performed, there will also be a requirement to risk assess activities that are foreseeable, though occur less commonly, for example cardiac arrest and road traffic accidents.

Action is required once the risks have been identified, by eliminating or reducing them.

Elimination of risk

One of the best approaches to injury prevention is to eliminate the risk, by totally avoiding the manual handling activity or totally automating the activity.

Reduction of the risk

Where the activity cannot be avoided or totally automated, measures must be put in place to reduce the risk of injury so far as is reasonably practicable.

In the first instance the focus must always be on measures which permit elimination of the risks.

Guidelines for lifting and lowering loads

As defined earlier, manual handling is the transporting or supporting of a load by hand or some other part of the body, including the lifting, putting down, pushing, pulling, carrying, moving or intentionally dropping or throwing a load.

Lifting

An individual is most capable of lifting a load when the load is close to the body and its position is between knuckle and waist height (Figure 13). Below are the HSE numerical guidelines for the lifting and lowering of loads. The guideline weights shown here are for infrequent operations. Where the pace of work is not forced, there are adequate pauses to rest, use of different muscles is possible, and the load is not supported by the handler for any length of time.

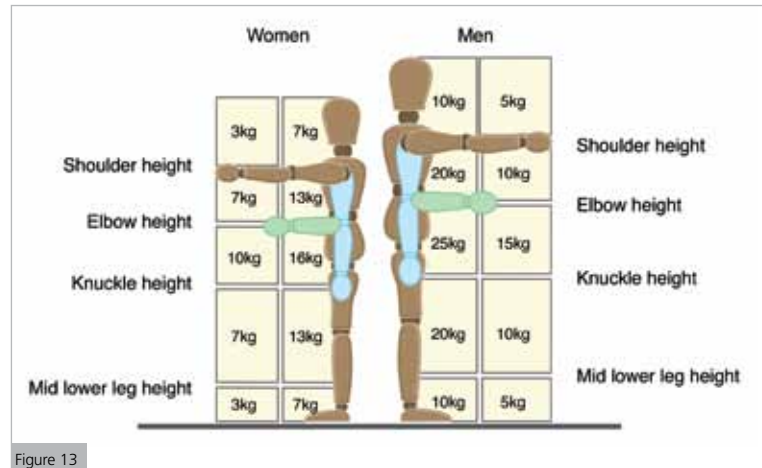


Figure 13

These guideline weights set out an approximate boundary within which the load is unlikely to create a risk of injury sufficient to warrant a detailed assessment.

Twisting

The guideline weights should be reduced if the handler twists to the side during the operation. As a rough guide, reduce them by 10% if the handler twists beyond 45°, and by 20% if the handler twists beyond 90°.

Pushing and pulling

When pushing or pulling a load, a force is required. The estimated force required to move a load by pushing or pulling, can be calculated as 2% of the load weight. For example, a hospital bed weighs approximately 200kg so the force required to push or pull it along a smooth, level surface would be 4kg. Further information can be obtained on pushing and pulling in the HSE publication “Getting to Grips with Manual Handling”.

A pushing or pulling task is within the guidelines if the following figures are not exceeded:

Reasonable pushing and pulling forces	Men	Women
Force to stop or start the load	20 kg	15 kg
Forces required to keep the load in motion	10 kg	7 kg



Section 2a

PATIENT/CLIENT HANDLING



While the best approach to injury prevention is to eliminate the risk by avoiding the manual handling activity or automating it, handling of patients/clients makes this difficult to implement. Risk reduction measures therefore need to be identified taking into account the dignity of the patient/client.

All patients/clients who require assistance to move must have a suitable and sufficient individual risk assessment completed. Reduction of risk can often be achieved by the use of manual handling aids.

Manual handling aids

Mechanical aids such as hoists, height adjustable beds, trolleys and non-mechanical aids such as transfer boards can make the handling task easier. Before using equipment for moving patients/clients always check the safe working load.

Hoists



Figure 14

A mobile hoist for lifting an immobile person (Figure 14).



Figure 15

A ceiling or gantry hoist will further reduce manual handling risks particularly where space is limited or where the patient/client is very heavy (Figure 15).

Adjustable height equipment

Height adjustable beds and baths (Figures 16 and 17) enable carers to avoid postures which might result in back pain caused particularly by bending forwards. They also make manual handling easier when transferring patients/clients.



Figure 16



Figure 17

In paediatrics, staff often complain of back ache in relation to the height of the equipment that they are working at, as opposed to the weight of the load that they are trying to move. Working with adjustable height equipment will enable staff to adopt better working postures. See Figure 18, an adjustable height incubator and Figure 19, an adjustable height cot.



Figure 18



Figure 19

Chair lifts

In some locations, access to upper floors is only possible via stairs because lifts are absent or too narrow. Chair lifts (Figure 20) make it possible for people with disabilities to move up and down stairs.



Figure 20

Handling belt

This can be worn by the patient/client to ensure the carer has a secure grip during transfers or whilst walking. The belt (Figure 21) prevents the need for the carer to grasp the patients clothing. The belt should never be used as a lifting aid.



Figure 21

Stand aids

These can be mechanical or non-mechanical and should be chosen according to the dependency of the patient/client. Figure 22 shows a non-mechanical standing aid and Figure 23 shows a mechanical aid.



Figure 22



Figure 23



Slide sheets

Slide sheets are made of sturdy low-friction material and are primarily used for the repositioning of a patient/client on their bed, (see Figures 24 and 25).



Figure 24



Figure 25

Transfer boards

Transfer boards enable patients to be transferred from chair/wheelchair to bed (Figure 26) or from one bed to another (Figure 27) by sliding rather than lifting.

There are a variety of small handling aids available that will allow the patient/client to remain as independent as possible or enable the carer to offer minimal assistance (Figure 28).



Figure 26



Figure 27



Figure 28

Adjustable chairs

A height adjustable chair will suit a greater range of patients. A chair with drop down arms (Figure 29a) will facilitate use of transfer boards and promote independence of the patient/client. A riser recliner (Figure 29b) assists the patient to stand.



Figure 29a



Figure 29b

Emergency handling

Slide sheets can also be used to slide patients/clients who have fallen in a confined space to an area of safety (Figure 30). Emergency Manual Handling Packs (Figure 31) contain slide sheets with long handles to enable the carer to move a patient/client along the floor.



Figure 30



Figure 31

The pack also contains a lifting sheet for use in life threatening situations.

Emergency lifting cushions

It is inevitable that some patients/clients will fall, without sustaining serious injury. When it is not possible to use a hoist to raise them, for example a person falling at home or outside, an emergency lifting cushion (Figure 32) can be of use. These are portable and can be taken to the fallen person. Once the cushion has been placed under the person, it is inflated to raise them into a sitting position, avoiding the need to manually lift.



Figure 32



Section 2b

INANIMATE LOAD HANDLING



A lot of the work carried out by healthcare workers involves the moving and handling of inanimate loads such as boxes, bags, bundles, foodstuffs and equipment. Whilst it is favourable to eliminate the need to carry out such tasks many of them must be done and therefore require a risk assessment and control measures to reduce the risks associated with the tasks. The Health and Safety Executive has developed a tool (MAC Tool) to help the user identify high risk workplace manual handling activities. This can be used as part of the risk assessment process to assess the risks posed by lifting, carrying and team manual handling activities. It is designed to help you understand, interpret and categorise the level of risk of the various known risk factors associated with manual handling activities. The MAC incorporates a numerical and a colour coding score system to highlight high risk manual handling tasks. It can be obtained from

<http://www.hse.gov.uk/msd/mac/>

Consider some of the following practical solutions in the reduction of risks associated with manual handling:

Mechanical lift/hoist



Figure 33

A hoist can be used to reduce the risks associated with moving equipment or inanimate loads, see Figure 33.

Stair trolley

In some locations, accessibility to upper floors is often only possible via stairs. Trolleys make it possible to move loads up and down stairs, (Figures 34 and 35) with less risk.



Figure 34



Figure 35

Images are courtesy of lift-n-shift, Moira, Co. Armagh

Transport grips

Smooth surfaces make it difficult to securely carry large pieces of material, especially through narrow passages or across uneven grounds. Transport grips will self-adjust to the width of the material and securely hold it in place without damaging its surface. Transport grips are used in pairs and are suitable for moving a wide variety of materials (Figure 36).



Figure 36

Images are courtesy of Carrymate® Dr. Gold & Co. KG, Germany

Managing liquid loads

A liquid load has a tendency to be unstable during movement. As a guide 1 litre = 1kg in weight and a mop bucket that contains 5 litres of water weighs approximately 8.5kg. When the mop squeezer is added to the bucket the load becomes significantly heavier (Figure 37). Consider having a drain at floor level for emptying the container, or Decant using a smaller container.



Figure 37

Improved load storage

Distribute loads safely in storage areas to reduce the risk of injury. Ideally items should be stored at waist height. Realistically it will be necessary to store items on higher or lower shelving also. Store heavier items at waist height and lighter items on the higher and lower shelves (Figure 38). Make sure the shelving is capable of taking the weight of the load.



Figure 38



Figure 39

Use of suitable access equipment will enable staff to reach higher shelving (Figure 39). Remember that there is a risk that someone will fall off a ladder so make sure that the equipment is suitable, in good working order, properly maintained and that staff are trained to use it safely.

Height of worktop

The height of a worktop can impact on the user's posture. If the worktop is too low the user may go into a forward leaning posture. If it's not possible to adjust the height of the worktop, the user should consider using a prop, for example a sloped board (Figure 40). Alternatively, when sitting, an adjustable height chair will enable the user to adopt an improved posture by correctly adjusting the chair.



Figure 40

Section 3

RISK ASSESSMENT



If you are an employer, the Management of Health and Safety at Work Regulations (Northern Ireland) 2000, require you to carry out a suitable and sufficient assessment of the risks arising out of your work activities, in other words a risk assessment. This assessment should cover not only the risks to your own employees, but also anyone else that may be affected by your undertaking.

If you are an employee who will be carrying out tasks you should be involved in the completion of risk assessments to ensure they are suitable and sufficient to reduce the risk involved and enable you to carry out a task safely. Where an employer has five or more employees the significant findings of any risk assessment must be recorded and made available for employees to read.

Risk assessment is basically a five-stage process which consists of the following steps:

1. Divide your work into manageable categories
2. Look for the hazards
3. Evaluate the risks
4. Prepare a plan for controlling the risks
5. Review and revise the assessment.

Where a risk assessment identifies the possibility of risks to employees from the manual handling of loads, the requirements of the Manual Handling Operations Regulations (N. Ireland) 1992 should be complied with. These regulations set out a hierarchy of measures which should be followed to reduce the risks from manual handling. These include:

- Avoid hazardous manual handling operations so far as is reasonably practicable
- Assess any hazardous manual handling operations that cannot be avoided
- Reduce the risk of injury so far as is reasonably practicable.

The use of a risk matrix will help you evaluate the different hazards you identify and enable you to prioritise which tasks require you to implement control measures to reduce the risk. After these have been implemented the risk can be reassessed to see how it has been reduced.

Risk assessments should be reviewed on a regular basis and particularly if any aspect of the task has changed or new employees are involved.

An example of a completed manual handling risk assessment which can be used as guidance can be found on the following pages.

Generic Manual Handling Risk Assessment Form

Ref No. 2	Activity being Assessed	
	Lifting and carrying of podiatry domiciliary cases	
Section A – Administration Details		
Site:	Alpha Trust	
Ward/Dept/Unit	Podiatry Services	
Precise Location:	Anywhere throughout community	
Name of Assessors /	Bee White & Al Smith	
Designation:	Podiatrist & Manager of Service	
Name of Manager:	Al Smith	Initial Assessment Date: 01.06.09
Date of review	Signature	Outcome
01.12.09	<i>Al Smith</i>	Wheeled cases provided – safer system in place. Drills yet to be replaced.
Section B Manual Handling Activity		
<p>Description Of Activity: <i>(record details of the activity for which the assessment applies eg. moving people/heavy equipment etc. Include issues eg. challenging behaviour)</i></p> <p>Transport of domiciliary case between clinics / clients' homes and the boot of the car. These cases contain podiatrist's equipment, tools and dressings. They are carried to and from the car and lowered to and lifted from floor level and boot level. Cases are rigid with a handle on the top and weigh approximately 16kg when full.</p>		
<p>Current Control Measures & Equipment currently in use: <i>(list control measures currently in use eg. staff training/written information/protocols/ Rollbord available)</i></p> <ul style="list-style-type: none"> • Health and safety policy, manual handling policy • Manual handling training programme • Criteria as to when home visits are appropriate 		
<p>List people affected by activity:</p> <p>All podiatrists and anyone else involved with the activity working in community</p>		
Signature of Assessor: <i>Bee White</i>		Date: 01.06.09

Section C: Manual Handling Risk Level

In each of the sections, **Task, Individual Capabilities, Load, Environment/Equipment** – tick the appropriate 'yes' or 'no' box. A 'yes' response indicates that further action may be required to reduce the risk.

Initial assessment:		Task	Initial assessment:		Patient/load
Does the activity involve;			Is the patient/load;		
Holding the load away from the trunk (lifting case in and out of car boot)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Heavy - indicate weight if possible 16 kgs		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Twisting (lifting case in and out of car boot)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Bulky/unwieldy – one side heavier/ >75 cms in diameter		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Stooping (lifting case from floor level, some car boots quite deep)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Difficult to grasp eg. no handles		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Reaching upwards above shoulder		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unsteady/unpredictable		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Large vertical movements eg. from floor (lifting case off floor)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Harmful eg. sharp/hot/contaminated patient behaviour		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Long carrying distance > 10 metres (carrying case from clinic to car, car to client's home and back again etc.)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Initial Assessment:		Environment
Work rate imposed by a process		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Are there;		
Repetitive handling > 30 times/hr or 3 times/min		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Constraints on posture eg. poor space/low work surfaces (moving outdoors)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Strenuous pushing or pulling		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Poor floors eg. slippery/unstable/ uneven (depending on the weather outdoors)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prolonged stationary holding of the load		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Variations in levels eg. steps/stairs (going up and down stairs, also outdoors)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Team handling		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Strong air movements (moving outdoors)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Poor lighting conditions (outdoors)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Hot/cold/humid conditions (outdoors)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Initial Assessment:		Individual	Initial Assessment:		Equipment
Does the activity;		Capability	Equipment is;		
Require unusual capability eg. strength, height, age (<18 >55)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unavailable		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Constitute a hazard to those who are pregnant (would need a specific risk assessment for the pregnant worker)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Unsuitable (have to carry case rather than move on wheels, hand drills quite heavy to use)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Constitute a hazard to those with health problems (potential to exacerbate an existing health problem)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	In poor working order		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Require special information and or training (all staff should receive manual handling training)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Insufficient quantity		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Require personal protective clothing/equipment		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Specify: as above		
Other factors, staffing levels/uniform/ Patient specific information etc.					
If the car boot is cluttered, staff tend to adopt poorer postures including reaching and stretching. Some car boots have quite a large drop which can result in the worker adopting a more bent posture.					
Signature of Assessor: <i>Bee White</i>			Date: <i>01.06.09</i>		

Section D: Initial Risk Rating Figure

Initial Risk Rating (to calculate, see Trust Risk Rating Matrix) **Moderate Risk**

Probable likelihood rating 2 X Consequence (potential impact) 3 = Risk Rating figure 6

Section E: Additional Risk Reduction Measures Recommended

No.	Risk Reduction Measures
1	Review all clients against home visit criteria and identify who should attend clinic.
2	Use of a lighter weight, wheeled case with handle for transporting equipment / dressings etc.
3	Replace heavy drill with a lighter model.
4	Instruments / dressings should be removed from large case and placed in smaller container for taking to client's home.
5	Only transport what equipment is required. Supplementary dressing etc could be kept in a lightweight container in the workers car and the case 'topped up' at intervals for multiple visits.
6	Minimise clutter in car boot to allow adequate space for manoeuvring equipment.
7	Ensure that manual handling equipment provided is suitable and properly maintained (staff should also check equipment daily to ensure that it is in good working order).
8	Faulty equipment should be removed from use.
9	Ensure that the safe working load of the equipment is not exceeded (check safe working load of carry case)
10	Ensure staff are aware of potential risks associated with outdoor work ie. suitable clothing and footwear / wet ground / uneven ground levels etc.
11	Encourage staff to use lifts, rather than stairs where available.
12	Ensure that staff attend manual handling training.
13	Remind staff to report any incidents associated with the activity including faulty equipment.
14	Complete individual risk assessments where a pregnant worker or someone with a disability is involved in performing the activity.

Section F: Action Plan agreed with Manager

No.	Action Plan	Responsible person	Projected completion date	Date completed/ signature
1	Initiate review of all client's against criteria	Al Smith Podiatry manager	Ongoing – at every client visit	Ongoing <i>Al Smith</i>
2	Identify and requisition suitable wheeled cases	Al Smith Podiatry manager	01.08.09	13.09.09 <i>Al Smith</i>
3	Replace drills with lighter models on rolling programme	Al Smith Podiatry manager	Ongoing when existing drills breakdown	Ongoing <i>Al Smith</i>
4	Requisition suitable small, sterilisable, containers	Al Smith Podiatry manager	01.08.09	12.09.09 <i>Al Smith</i>
5	Arrange staff meeting to agree new, safer system of work	Al Smith Podiatry manager	02.07.07	02.07.09 Al Smith
6	Check manual handling training records and update as needed	Al Smith Podiatry manager	Ongoing	Ongoing Al Smith

Section G: Additional Comments

Some of the drills still need to be replaced.

Signature of Assessor: *Bee White* Date: *01.06.09*

Signature of Manager: *Al Smith* Date: *01.06.09*

Once the actions are implemented, calculate the final Risk Rating Figure **Moderate Risk**

2

2

4

Probable likelihood rating X Consequence (*potential impact*) = Risk Rating figure

Signature: *Bee White*

Date: *13.09.09*

Section 4

SUMMARY & REFERENCES

Summary

Back pain costs more in terms of time off and lost production than any other health issue in the workplace. It is one of the most common ailments to strike people and it is estimated that 80% of adults will experience some back pain at some stage in their life. In the UK back pain accounts for 4.1 million lost working days each year and adds up to a £5 billion bill for the economy through sick pay, lost revenue, healthcare and benefits. Evidence shows that good industrial relations, job satisfaction and partnership between employers and employees are key elements in the successful management of back pain problems. Everyone – workers and employers alike – should take the problem of back pain seriously.

Remember:

- Know how your back works and know how to look after it
- Familiarise yourself with manual handling risk assessments
- Follow safe systems of work
- Attend manual handling training
- Use the techniques you have been trained to use
- Use appropriate manual handling equipment properly
- Refresh your training regularly
- Report incidents and near misses.

References

Simple guide to the Lifting Operations and Lifting Equipment Regulations 1998, HSE, INDG 290.

Simple guide to Provision and Use of Work Equipment Regulations 1998, HSE, INDG 291.

Getting to grips with manual handling HSE, INDG 143.

Guidance for safer handling during resuscitation in healthcare setting, Resuscitation Council (UK) November 2009. INDG 143 rev 2 (Getting to Grips with Manual Handling).

The Guide to the Handling of People, 5th Edition, published by Backcare in collaboration with the Royal College of Nursing and the national back exchange. 2005 ISBN 0-9530582-9-8.

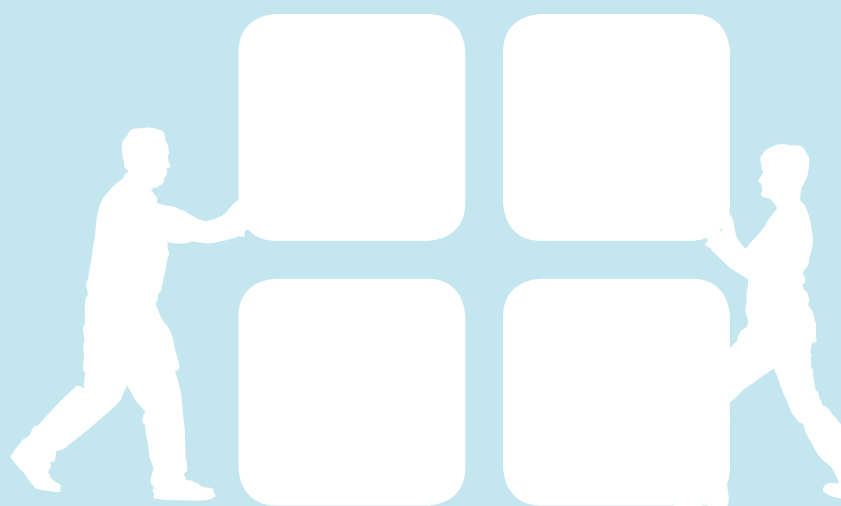
Code of practice for the Handling of Patients, Royal College of Nursing, 1996.

Manual Handling Assessment Charts (MAC) tool, INDG 383, HSE.

Manual Handling. L23 HSE Guidance on the Manual Handling Operations Regulations, 1992 (as amended).

Risk Assessment Simplified – 2009 HSENI.

HSENI would like to thank those individuals who participated in the photographs and also those suppliers who gave permission for their images to be used.





In association with NI Back Exchange

Health and Safety Executive for Northern Ireland
83 Ladas Drive, Belfast BT6 9FR, Northern Ireland
Telephone: 028 9024 3249 Facsimile: 028 9023 5383
Email: hсени@detini.gov.uk Web: www.hсени.gov.uk