



POLICY	
Manual Tasks	
Scope (Staff):	All
Scope (Area):	CAHS (Valid for PCH)

Aim

To recognise the significance of manual task hazards in the workplace and to reduce the risks associated with manual task injuries.

Risk

Breach of legislative requirements including Duty of Care responsibilities under [the WA Occupational Safety and Health Act 1984](#) and [WA OSH Regulations 1996](#). There is an increased risk of staff injury and illness if manual tasks are not risk managed.

Definitions

Manual Tasks: refers to any activity or sequence of activities that requires a person to use their physical body (musculoskeletal system) to perform work including:

- manual handling (use of force in lifting, lowering, pushing, pulling, carrying or otherwise moving, holding or restraining any person, animal or thing)
- performing repetitive actions
- adopting awkward or sustained postures
- using plan, tools or equipment that exposes employees to vibration.

Activity: refers to the movements or postures adopted at any given time in order to perform a manual task.

Hazard: anything that may result in injury or harm to the health of a person.

- Those manual tasks that have the potential to cause injury or disease are referred to in this code of practice as hazardous manual tasks.

Hazardous manual tasks:

- Manual tasks having any of the following characteristics:
 - forces exerted by the worker (e.g. lifting, lowering or carrying) or on the worker by an item, person or animal (e.g. restraining a dog)
 - awkward postures (e.g. bending forwards, twisting or reaching)
 - sustained postures (e.g. prolonged sitting or standing)
 - repetitive movements (e.g. repeating an action frequently, without breaks)
 - vibration – whole-body (e.g. sitting in certain vehicles) and hand-arm (e.g. using certain powered tools)

- manual tasks involving the handling of a person or an animal
- manual tasks involving the handling of unstable or unbalanced loads or loads difficult to grasp or hold.

Musculoskeletal disorder: an injury or disease of the musculoskeletal system.

Risk: in relation to any injury or harm, means the probability of that injury or harm occurring.

Principles

- CAHS requires employees to apply a 'minimal lift' approach, whereby all manual tasks are to be identified, evaluated and modified wherever practicable, to eliminate or reduce the need for manual tasks.
- In consultation with employees, managers and safety and health representatives and manual task assessors; manual task hazards are to be identified, assessed (consider the load, size and shape of load being moved, stability of load, environment distance to move, floor surface, personal capacity) and have control measures implemented.
- Evaluation is required to gauge the effectiveness of the risk reduction. This should be done in accordance with the [Worksafe WA Code of Practice: Manual Tasks \(2010\)](#).
- Manage manual tasks hazards/incidents by:
 - Primary intervention: prevention, risk management
 - Secondary intervention: responding to incidents, injuries
 - Tertiary intervention: injury management.

Roles and Responsibilities

Employee

- All CAHS employees are responsible for:
 - following safe work practices, giving due consideration for the safety of themselves, fellow employees, patients and / or visitors and all equipment entrusted to their care
 - completing mandatory manual task training
 - complying with manual task policies and procedures including use of correct equipment
 - reporting all manual task risks to your supervisor/manager
 - applying risk assessment approach to all manual tasks.

Manager / Supervisor

- All Managers and Supervisors are responsible for the following:
 - provide leadership on safety

- implement and maintain safe work practices, environment and hazard management
- ensure employees have completed mandatory manual tasks training
- implement control measures to eliminate and or reduce the risk of manual task injuries as per the Manual Tasks Code of Practice
- ensure endorsed manual task practices are carried out by employees
- adopt the best practice standards for manual tasks within CAHS and promote the CAHS 'minimal lift' approach
- ensure suitable manual task equipment is available (e.g. patient hoists) and maintained for safe use
- ensure evaluation and trial of new equipment before purchase, as per product evaluation procedures to ensure manual tasks and other OSH risks are assessed.
 - Refer to [Product Evaluation and Complaints Policy](#)
- consult with OSH before purchase of manual task equipment
- keep current records of manual task risk assessments and controls including employee's manual task training attendances and competencies.

OSH Department

- The OSH Department is responsible for:
 - providing assistance and advice on OSH Management
 - promotion of understanding of OSH within CAHS through various training method mediums
 - internal auditing and review of OSH practices and procedures.

Risk Identification, Assessment and Control

Risk Identification

- Hazardous tasks may be identified through:
 - review of incident/ injury statistics, and/or informal reporting. Injuries arising from manual tasks in NMHS have most frequently included:
 - repositioning/transferring patients
 - pushing/pulling loads
 - lifting/carrying loads
 - static holding of patient limbs/head
 - assisting a person who has fallen
 - attempting to assist a falling patient

- consulting with workers, supervisors, safety and health representatives, WHS / OSH departments and manual task coordinators where available regarding any manual tasks that:
 - may lead to physical strain or are associated with discomfort, pain, numbness or tingling
 - are difficult or problematic when performed
 - are physically demanding (e.g. require more than one person or a strong person to do the task)
 - are of long duration and high intensity (e.g. data entry with short deadlines);
 - require workers to work with equipment that does not work properly
- collecting information and identify any trends such as occupations, certain jobs, workgroups or locations, types of injuries and worker characteristics
- observing work being performed and
- undertaking workplace inspection.

Risk Assessment

- This process should be completed in accordance with the [Code of Practice: Manual Tasks \(Worksafe WA, 2010\)](#) and the National Code of Practice for Hazardous Manual Tasks (2010).
- Consider:
 - the load – e.g. weight, size, shape and stability of the load being moved;
 - environment – e.g. access to the load, sufficient space to perform the task safely, distance to move the load and, quality of ground surface
 - personal capacity – e.g. physical capability and own skills for handling the load
 - systems of work, work organisation and practices and available equipment.
- Risk assessment should involve consultation between employees who perform the task, their managers, safety and health representatives and manual tasks assessors.
- Members of the OSH Department may also assist, depending on the extent of the task and severity of risk.

Risk Control

- Once manual tasks risks have been assessed, it is necessary to eliminate or reduce the risk by eliminating the task or altering the source of the risk.
 - Complete elimination of manual handling task may not be possible.
- Managers and supervisors may need to use control measures that reduce risk by:
 - plan and prepare to perform the task safely before commencing.

- use appropriate equipment to assist the task e.g.. trolleys, slide sheets, Hover Matt, Hover Jack and mechanical hoists for general loads and patient handling
- obtain assistance of another person if needed
- application of safe techniques and postures in association with manual tasks coordinator advice and instruction; and/or
- define who is to lead the task if more than one person is involved
- communicate well with all others involved in the task
- maintenance of competency
- determining training and education needs of employees with regard to the hazards and/or appropriate techniques to reduce the risk of injury
 - ensure relevant training is provided to all staff to ensure they are able to apply safe techniques and postures
- redesign or alteration of the workplace, plant, equipment or containers used, systems of work or where possible, environmental conditions (e.g. temperature, ventilation, glare, lighting, noise)
- OSH Department Consultants are available to support selection/ review of equipment.

Evaluation

- Monitoring controls ensures that any further hazards that arise are identified and can be managed appropriately.
- Evaluation may be undertaken in a variety of ways:
 - risk controls should be reviewed and evaluated to ensure they are effective and working appropriately
 - regular reviews should be undertaken to identify any new hazardous manual tasks introduced into the workplace and to assess whether there have been any changes to the way current tasks are carried out
 - where an incident has occurred, an investigation must be undertaken, risks identified, assessed and appropriately controlled to prevent further recurrence
 - following implementation of new equipment or procedures and / or as part of any quality improvement initiative.

Frequent manual task risks and controls

Source of Risk	Tasks	Suggested Control
Patient Handling	<ul style="list-style-type: none"> • Repetitive/Sustained/Awkward Tasks • Transfers/Mobilise Patient • Lateral Transfers • Reposition Patient • Falling patient • Fallen patient • Sudden movement • Lifting child 	<ul style="list-style-type: none"> • Use assistive equipment, e.g. slide sheets, hoists, Hover Jack/Matt • Obtain assistance of another person • Apply safe techniques and postures
General Handling	<ul style="list-style-type: none"> • Lift/lower/carry load • Push/pull • Repetitive/sustained/awkward 	<ul style="list-style-type: none"> • Use trolleys • Push rather than pull them • Rotate tasks and people between different tasks
Computer Ergonomics	<ul style="list-style-type: none"> • Sustained postures 	<ul style="list-style-type: none"> • Correct workstation set up • Alternate between sitting and standing tasks • Frequent pause breaks • Education on workstation and office safety • Workstation assessments

Staff Education and Training

- All CAHS staff who perform manual tasks as part of their job are required to complete the Manual Tasks Theory Education through the CAHS Learning Management System (LMS).
- Practical training relevant to occupations and positions will be provided through CAHS Corporate Induction and additional training modules through the LMS.
- Ongoing training and competency assessment must be relevant to work duties and undertaken annually according to workplace duties.
- All clinical staff are required to complete Manual Tasks Practical training annually (role specific).
- Patient Support staff are required to complete Manual Tasks Practical training (role specific) annually.

Compliance Monitoring

- Compliance monitoring methods includes:
 - Staff accident/ incident data and hazard reports.
 - Audits of manual task equipment available at sites

Performance Measures

- Record of Manual Task incidences resulting in Workers Compensation claims (WCC) and lost time injuries (LTI's).
- Record of the level of incidents/ accidents relating to manual tasks not resulting in WCC and LTI's.

Legislative Obligations

- There are legislative obligations in relation to this policy and non-compliance may result in penalties being applied.
- [Occupational Safety and Health Act 1984](#), Part III, Division 2, Sections 19, 20 and 22 list a range of offences for employers and employees across four levels:
 - Employee - First offence – a fine of \$5000
 - Employer – First offence - \$25000.
 - Non-compliance is to be reported to the relevant line manager.

Related internal policies, procedures and guidelines
Occupational Safety and Health (CAHS Policy)
Incident/Hazard Reporting (CAHS Policy)
Bariatric Patient Care Location, Transport and Equipment (PCH Operational Manual)
Bariatric Management (NMHS Policy)
Mandatory Training (CAHS Policy)
Personal Protective Clothing and Equipment (PPE) Management (CAHS Policy)

References
1. WA Occupational Safety and Health Act 1984
2. WA Occupational Safety and Health Regulations 1996
3. Code of Practice: Manual Tasks (Worksafe WA, 2010)
4. Code of Practice – How to manage Work Health and Safety Risks (Safe Work Australia, 2011)

Useful resources (including related forms)
CAHS Employee Incident Hazard Form
National Standard for Manual Tasks 2007 Archived
National Standard for Manual Handling NOHSC:1001(1990) Archived
National Code of Practice for the prevention of musculoskeletal disorders from performing manual tasks at work (2007) Archived

This document can be made available in alternative formats on request for a person with a disability.

File Path:	W:\Safety & Quality\CAHS\Policy\POLICY MANAGEMENT - Area Health Service\CAHS Policy_Word\CAHS.OSH.ManualTasks.docx				
Document Owner:	Executive Director Corporate Services				
Reviewer / Team:	CAHS Workforce Services - OSH				
Date First Issued:	September 2012	Last Reviewed:	January 2018	Review Date:	January 2021
Approved by:	Corporate Governance Committee			Date:	January 2018
Endorsed by:	Executive Director, Corporate Services			Date:	January 2018
Standards Applicable:	NSQHS Standards:  NSMHS: 2,8				
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