

3 A - MANUAL HANDLING

Updated July 2015

INTRODUCTION

As a precaution, please note that the instructions within this manual are generic, as not all possible situations can be accommodated in a work book of this nature.

As you will see from the information in this manual, and this is reinforced throughout our face- to-face training, the individual's ability to manage a manual handling task very much depends on a wide range of factors – what is the load to be moved, what does it look like, where am I moving it from and to, ie below knee or above shoulder height, how heavy it is , how strong am I feeling today, how far do I have to move it, what obstacles are there to me completing this successfully etc.

While there are general principles of manual handling discussed here, always assess the risks in your individual circumstances, know what you can and can't do to manage the risks that you identify, and if in any doubt about your capacity to carry out the activity, then don't do it.

We do have a “no lift” policy, but this relates only to lifting people, not objects. The Hazardous Manual Tasks 2012 , and the Manual Tasks Involving People 2001 Codes of Practice clearly state “No worker should fully lift a person, other than a small infant unaided (That is without assistance from, for example, mechanical aids, assistive devices or other worker/s.)”

However, under the Codes of Practice for Hazardous Manual Tasks and Manual tasks involving the handling of People, both the worker and the employer have an obligation as follows :

In order to manage risk, under the WHS Regulations, a duty holder must:

- identify reasonably foreseeable hazards that could give rise to the risk
- eliminate the risk so far as is reasonably practicable
- if it is not reasonably practicable to eliminate the risk – minimise the risk so far as is reasonably practicable by implementing control measures in accordance with the hierarchy of control
- maintain the implemented control measure so that it remains effective
- review, and if necessary revise, risk control measures so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health and safety.

There is no prescriptive weight limit on lifting tasks, but each worker needs to assess the hazards and relative risk of an activity based on their strength and fitness level, the mechanics of the lift, and whether or not the activity can be conducted without injury to the worker or client, perhaps by adapting how they do the task.

This same principle applies to *any manual task* – whether it is lifting a bag of groceries or an esky, putting on a load of washing or hanging it out, moving a vacuum cleaner, or putting a walker or wheelchair into the boot or back of a car or a bus.

In our organisation, the best person to do this is the worker. It should be a matter of the worker's common sense as to whether or not they are fit for a particular task, and how they can adapt the task to eliminate any hazards, or reduce the risk to a level within their capabilities. If fitness to carry out assigned tasks is an issue, the worker should discuss this with their supervisor before carrying out any manual task.

As you will see in the guidebook, so many factors affect a person's ability to carry out an activity, and there are so many variations between individuals, that what works for one may not work for another.

While management of the organisation has the responsibility to ensure that you work in a safe work environment, with proper equipment and safety materials, ultimately it is up to you personally to decide if you are able to do the task safely or not. As a staff member / volunteer, you also have an obligation to follow safe work policies and procedures, safety directions and to not put your own safety or that of others at risk.

If you are in any doubt about any activity you are asked to do, and your capacity to do it, please talk to your supervisor or Supervisor in the first instance.

The information in this workbook is based on resources available from the WH&S website, and the Hazardous Manual Tasks Code of Practice 2011, and is regularly updated.

ABOUT MANUAL TASKS

What are manual tasks?

Manual tasks are those workplace activities requiring the use of force exerted by a person to grasp, manipulate, strike, throw, carry, move (lift, lower, push, pull), hold or restrain an object, load, person or body part.

Manual tasks therefore cover a wide range of activities including carrying meals to a client, loading an esky into the trailer, stacking shelves, cleaning a floor, entering data into a computer and loading shopping into a trolley, from the trolley to the car and into the home. Hazardous Manual Tasks Involving the Handling of People commonly include assisting people into and out of vehicles, chairs and wheelchairs, assisting with toileting, dressing or showering, and assisted support to walk.

Musculoskeletal disorders and manual tasks

Manual tasks can contribute to a number of musculoskeletal disorders including:

- sprains and strains of muscles ;
- injuries to muscles, ligaments, intervertebral discs and other structures, especially in the lower back, and upper limbs; and
- injuries to soft tissues such as nerves, ligaments and tendons in the wrists, arms and shoulders.

(For the purposes of the standard, injuries such as abrasions, fractures, burns, amputations etc resulting from acute trauma or accidents are not covered.)

Musculoskeletal disorders occur in two ways:

- **gradual wear and tear** caused by frequent or prolonged periods of muscular effort associated with repeated or continuous use of the same body parts, including static body positions; and
- **sudden damage** caused by intense or strenuous activity, or unexpected movements such as when materials being handled move or change position suddenly.

Most disorders are due to wear and tear in daily tasks. Although an injury could appear to be the result of an overload situation, the event that triggered the injury may have been the 'last straw' on already damaged tissues.

What activities contribute to musculoskeletal disorders?

The back, shoulder and wrist are the most frequently injured parts of the body. The following table summarises the major work-related contributors to injury to different areas of the body:

Back

- Load handling – frequent and repetitive lifting with a bent and/or twisted back (even for relatively light loads), lifting at a fast pace, or pushing/pulling activities.
- Static working positions with the back bent or continuous and sustained sitting or standing.
- Driving vehicles for prolonged periods (whole body vibration). Driving followed by manual handling of loads is particularly hazardous.

Upper limbs

- Repeated or sustained exertions, including gripping, with or without high force.

- Static postures involving the neck, shoulders and arms while using tools or word processor, or when lifting/carrying heavy loads.
- Repetitive or sustained overhead activity, particularly with just one arm
- Repeated use of vibrating tools and equipment especially while working in cold conditions.

The upper limbs includes the hand, wrist, elbow, arm, shoulder, and (for purposes of this code of practice) the neck.

Lower limbs

- Prolonged squatting or kneeling.
- Twisting on a fixed foot
- Using the knee to hit a tool (as in carpet laying).
- Jumping eg jumping down from a height ie bus step rather than stepping down, particularly if twisting at the same time or carrying a load.

Risk factors

Risk factors are a key focus of manual handling principles. They are defined as factors associated with the demands of a task that can contribute to or aggravate musculoskeletal disorders. Risk factors are used to analyse manual tasks.

Manual tasks involve a complex interaction between:

- an operator, and
- the task demands - eg the tools and equipment used, the layout of the work area, and work organisation.

What are the risk factors?

Risk factors associated with manual tasks fall into three different categories:

1. **Direct stressors** directly stress the body. They include factors such as the level of muscular force exerted, working postures, repetition of actions, the vibration absorbed from equipment and the duration of time these conditions are sustained.
2. **Contributing risk factors** directly influence the task demands. They include the work area layout, use of tools, nature of loads and load handling. If these components are redesigned, the impact of the direct stressors can be reduced.
3. **Modifying risk factors** can contribute to a further change in the impact of other risk factors.(eg individual capacity to carry out a task)
 - Individual factors such as an operator's physical capacity or previous injury can modify the effects of the direct stressors on the body. This can mean that a task may have adverse health effects for one operator, but not another.
 - Work organisation can modify the exposure to risk factors. Such elements as job rotation, the speed at which paced work is set or maintenance of equipment can increase or decrease exposure time or exposure level e.g. a blunt tool can increase the muscular effort needed to use it.

Controlling Risk Factors

If it is not possible to eliminate the risk completely – eg by using a mechanical device, then the risks must be managed to ensure that the task is carried out safely.

The following guidelines on specific tasks cover the most commonly performed tasks in our workloads. Please read these and follow the guidelines, always remembering that if you are in any doubt about your ability to perform a task, speak to your Supervisor.

SPECIFIC TASK GUIDELINES

VACUUMING

VACUUMING TASKS	RISKS	RISK CONTROL	BY WHOM
Accessing cleaner from storage	Lifting, carrying, reaching	Ensure storage is close to work area and easily accessible	Staff
Design and condition of cleaner	Poor design or maintenance may mean difficult/ unsafe to use – lifting, posture, forceful exertion	Assess vacuum cleaner for weight, safety ease of use, power supply. If unsuitable ask client to provide suitable cleaner	Support worker Supervisor
Duration	Repetitive movement/ vibration/ forceful exertion over extended time – up to 30 mins	Limit time to 20 – 30 mins, shorter bursts in hot weather.	Staff
		Rotate to other un-similar tasks for a break. If necessary discuss with Supervisor who may reschedule tasks.	Staff
Vacuuming technique	Bending, force through shoulder, arms, back and legs; twisting	Work forward with vacuum on hose behind worker – pull cleaner with one hand and vacuum with the other. Walk with the cleaner do not over-reach. Position cleaner and cord to avoid tripping.	Staff
		Swap hands for these activities intermittently	
		Use full length of the pipe and keep hands high on the pipe	
		Adjust length of pipe for worker's height if possible	
		Maintain an upright position with spine neutral	
		Move backwards and forwards in a stable lunging position (Not working across the body) with short push/ pull actions on vacuum head,	
		Do not use excessive force – let the suction do the work	
Uneven surfaces or thick carpet	Bending, force through shoulder, arms, back and legs; twisting	Open head of vacuum to reduce drag	Staff
		Operate suction relief valve on pipe	
		When vacuuming stairs operate from top, middle or bottom landing	
		Always vacuum facing upwards	
		Disassemble cleaner to move from room to room or upstairs if heavy.	
		Use portable dustbuster for difficult to access stairs	
Power supply	Electrical Shock	WH&S safety check includes vacuum and attachments, power points, cords and cut out switch	Support Worker
		Worker checks cord and power points before use	Staff
		Do not overload power point	Staff
		Use LIBERTY provided safety switch	HSW
		Worker to wear closed rubber soled shoes	Staff
Noise	Annoyance noise	If excessive, use earplugs. If overly noisy, ask client to replace	Supervisor
Emptying cleaner	Dust inhalation	Use gloves and mask, dispose of bag when full	Staff

MOPPING

MOPPING TASKS	RISKS	RISK CONTROL	BY WHOM
Accessing mop and bucket from storage	Lifting, carrying, reaching	Ensure storage is close to work area and easily accessible	Staff
Design and condition of cleaner	Poor design or maintenance may mean difficult/unsafe to use – lifting, posture, forceful exertion	Assess mop and bucket for weight, safety, height, wringing device and ease of use. If unsuitable ask client to provide suitable cleaning equipment	staff Supervisor
Duration	Repetitive movement / forceful exertion over extended time – up to 30 mins	Limit time to 20 – 30 mins, shorter bursts in hot weather or if doing a large area.	Staff
		Rotate to other un-similar tasks for a break. If necessary discuss with Supervisor who may reschedule tasks	Staff
Sweeping technique	Bending, force through shoulder, arms, back and legs; twisting	Work backward from the further most corner of the room towards a doorway.	Staff
		Swap hands for these activities intermittently if possible	
		Use full length of the handle and keep hands high on the handle	
		Adjust length of handle for worker's height if possible	
		Maintain an upright position with spine neutral	
		Move backwards and forwards in a stable lunging position (Not working across the body) with short push/ pull actions on mop head,	
		Do not use excessive force – let the detergent do the work	
Wringing / squeezing technique	Application of force through hands, wrists, neck and shoulders	Do not hand wring mops. If possible use buckets that allow for a push and turn action or squeeze sponge by lever action	Staff
		Ensure stable posture when using any foot operated squeezing device	
Carrying mop bucket	Heavy lifting, carrying, posture and twisting	Use lightweight buckets or buckets on wheels	Staff
		Fill the bucket as close as possible to the area to be cleaned – do not carry full buckets up stairs	
		Fill to minimum level practicable	
		Use safe lifting techniques, bending knees, maintain neutral spine	
Risk of slipping on wet floor	Slips, trips and falls	Worker to wear closed rubber soled shoes	Staff
		Plan tasks so that mopping done early in visit so that floors can be checked before leaving	
		Alert clients / occupants about wet areas – block off till dry (eg chair)	
		Use only recommended amount of cleaner to reduce residue	
Chemical usage	Exposure to hazardous chemicals	Use only LIBERTY approved cleaners and follow directions for usage. Do not mix cleaner	Staff
		Use PPE as per MSDS - eg gloves	

SWEEPING

SWEEPING	RISKS	RISK CONTROL	BY WHOM
Accessing broom from storage	Lifting, carrying, reaching	Ensure storage is close to work area and easily accessible	Staff
Design and condition of broom	Poor design or maintenance may mean difficult/unsafe to use – lifting, posture, forceful exertion	Assess broom for weight, safety, height, and ease of use. If unsuitable ask client to provide suitable cleaning equipment	staff Supervisor
Duration	Repetitive movement / forceful exertion over extended time – up to 30 mins	Limit time to 20 – 30 mins, shorter bursts in hot weather if doing a large area.	Staff
		Rotate to other un-similar tasks for a break. If necessary discuss with Supervisor who may reschedule tasks	Staff
Sweeping technique	Bending, force through shoulder, arms, back and legs; twisting	Work backward from the further most corner of the room towards a doorway. Position dust tray to avoid tripping.	Staff
		Swap hands for these activities intermittently	
		Use full length of the handle and keep hands high on the handle	
		Adjust length of handle for worker's height if possible	
		Maintain an upright position with spine neutral	
		Move backwards and forwards in a stable lunging position (Not working across the body) with short push/ pull actions on broom head, Use walk behind technique where possible.	
		Do not use excessive force – let the bristles do the work	
		Use PPE as per MSDS - eg gloves Worker to wear closed rubber soled shoes	
Emptying dust pan	Dust inhalation	Use gloves and mask, dispose of dust regularly into a waste bag or plastic / paper disposable bag in an environment protected from wind. Use long handled dust pan where possible.	Staff

MOVING LIGHT FURNITURE AND MATS

MOVING LIGHT FURNITURE AND MATS	RISKS	RISK CONTROL	BY WHOM
Movement of furniture and mats	Heavy lifting, carrying, excessive force Handling loads that are difficult to grasp or hold	DO NOT move heavy furniture	Staff
		To test ease of movement of furniture, use the 'nudge test' – nudge the furniture with the knee or thigh – if it does not move easily, do not move it.	
		DO NOT lift furniture. Push rather than pull where practicable	
		Minimise the number of items to be moved	
		Only move furniture on castors if they move smoothly across the floor. For larger objects, move one end and then the other	
		DO NOT lift large mats - roll them up and leave on the floor – vacuum, mop or sweep, then replace by rolling out with the foot	
		Maintain a neutral spine position when moving furniture – avoid twisting and lunge with the legs.	
Insufficient workspace or awkward placement of furniture	Trips and falls, striking and being struck by objects	Plan any movement of furniture – ensure that the area where movement is occurring is clear of obstacles	Staff
		Ensure any furniture moved is placed back in original position	

CLEANING BATHS AND SHOWERS

CLEANING BATHS AND, SHOWERS	RISKS	RISK CONTROL	BY WHOM
Cleaning posture and body positioning	Reaching, bending, twisting, kneeling, repetitive movement	Use correct cleaning technique:	Staff
		Kneel or lunge rather than bend or squat. Use a folded towel or kneepad when kneeling	
		If you need to clean tiles on far side of bath / shower, get into the bath / shower to do so – ensure there is a non-slip mat available	
		Use one hand on bath to support weight when cleaning and when rising from a kneeling position. Minimise kneeling time.	
		Do not over- reach – use a long handled squeegee or a mop to reach difficult areas if required	
Scrubbing surfaces – cleaning technique	Bending, force through shoulder, arms, back and legs; twisting	Do not use excessive force – let the cleaning agent do the work. This may mean that you apply the product and then leave for a few minutes before returning to remove it	Staff
		Keep an open palm by using a larger pad, sponge or scrubbing brush	
		Use only LIBERTY approved cleaners, and where possible rinse off using a hand held shower	
Use of cleaning agents	Irritation / allergies to eyes, throat, skin	Use only LIBERTY approved cleaners, and as per instructions on the original container	Staff
		Ventilate the work area by opening windows and doors, and turning on exhaust fan	
		Use PPE as required by the MSDS – eg gloves, mask, waterproof apron	
Slipping on wet floor	Slips, trips and falls	Use non-slip mats inside and outside bath / shower	Staff
		Worker to wear closed rubber soled shoes	
		Dry mop floor after cleaning, working from further most corner to doorway and block access to bathroom until floor is dry	
Using hot water	Burns or scalds	During initial WH&S check, ensure that water temperature can be reliably adjusted	Staff
		Worker to mix appropriate levels of hot water to cold	

CLEANING TOILETS

CLEANING TOILETS	RISKS	RISK CONTROL	BY WHOM
Cleaning posture and body positioning	Reaching, bending, twisting, kneeling, repetitive movement	Use correct cleaning technique:	Staff
		Kneel or lunge rather than bend or squat. Use a folded towel or kneepad when kneeling	
		Brace body by resting hand on wall or cistern to maintain neutral body posture. Position feet securely for a forward and backward movement eg lunge position.	
		Use one hand on cistern to support weight when rising from a kneeling position. Minimise kneeling time.	
		Do not over- reach – use a long handled toilet brush for the toilet and a mop to reach floor areas behind toilet if required	
Scrubbing surfaces – cleaning technique	Bending, force through shoulder, arms, back and legs; twisting	Do not use excessive force – let the cleaning agent do the work. This may mean that you apply the product and then leave for a few minutes before returning to complete the task	Staff
		Keep an open palm by using a larger pad, sponge or scrubbing brush	
		Use only LIBERTY approved cleaners, and rinse off by flushing	
Use of cleaning agent	Irritation / allergies to eyes, throat, skin	Use only LIBERTY approved cleaners, and as per instructions on the original container	Staff
		Ventilate the work area by opening windows and doors, and turning on exhaust fan	
		Use PPE as required by the MSDS – eg gloves, mask, waterproof apron	
Slipping on wet floor	Slips, trips and falls	Use non-slip mats inside and outside bath / shower	Staff
		Worker to wear closed rubber soled shoes	
		Dry mop floor after cleaning, working from further most corner to doorway and block access to toilet until floor is dry	
Cleaning unhygienic area	Exposure to biological hazards	Use PPE as required by the MSDS– eg gloves, mask, apron	Staff
		Wash / disinfect hands after removing gloves when cleaning finished	

MAKING BEDS

MAKING BEDS	RISKS	RISK CONTROL	BY WHOM
Moving bed into position	Heavy lifting, excessive force	During initial WH&S check, if bed is against the wall, see if bed can be moved out from wall permanently. If this is not possible, ensure bed is fitted with castors and castor anti-slip cups.	Supervisor
		Only move bed if on castors and castors run smoothly across the floor	Staff
		If moving bed on castors, move one end and then the other.	Staff
Turning the mattress	Heavy lifting, excessive force	Home care workers should not lift or turn the mattress by themselves	Staff
		If needed, do this task with at least two workers – Use kneel, lunge, squat or 3 point support position as options in the tasks as a lot of older workers will be unable to kneel on one or both knees.	Supervisor
Work posture and body positioning	Reaching, bending, twisting, kneeling, repetitive movement	Restrict tucking in bed linen to the ends of the bed only; leaves sides untucked where appropriate.	Staff
		Kneel or lunge to remove / tuck in sheets – preferred method is to kneel, lunge, squat or 3 point support position to tuck / remove, stand to move to next section of mattress and repeat. Use bed as a support when rising from kneeling	
		Do not simultaneously bend and lift mattress and tuck Do not flick sheets out if folded tightly. Open the sheet out as much as possible before laying it on the bed.	
Bed positioning	Reaching, bending, twisting, kneeling, repetitive movement	If bed is very low (and positioned out from the wall), bed blocks can be used to raise bed to more appropriate height, but adjust only in line with client preference and ability. Use kneel, lunge, squat or 3 point support position when moving around bed, placing pillow, blankets etc Client safety must be assessed by a competent person eg OT.	Staff
			Supervisor
Handling soiled bed linen	Exposure to biological hazards	Use PPE – gloves (and masks if considered necessary), apron	Staff
		Soiled linen to be bundled carefully, use kneel, lunge, squat or 3 point support position when removing sheets. No flapping or shaking sheets etc, and take directly to laundry for washing in hot water and appropriate washing detergent to sanitise and disinfect	
Making beds with electric blankets	Electric shock	Unplug electric blanket before making bed if practicable. Use, kneel, lunge, squat or 3 point support position to reach plugs / switches.	Staff
		Encourage client to get an annual safety check for electric blanket	Staff / Supervisor

REMOVING COBWEBS

REMOVING COBWEBS	RISKS	RISK CONTROL	BY WHOM
Working above shoulder height	Reaching, twisting, hyperextending back and neck, falls	During initial WH&S check, assess if this task is required. For In Home staff, unless these can be easily reached with a duster during normal cleaning activities, (eg behind a chair or within easy reach in a corner) refer back to Supervisor for referral to St Vincent de Paul Home Maintenance services for a more thorough clean up. If necessary, allocate two staff to task if cobwebs are at any reachable height in the Centre. As for In Home, if they are not easily reached during normal cleaning, refer to Supervisor for a professional service to do this task.	staff Supervisor
		Do not climb on to furniture or ladders to clean cobwebs	Staff
		Use long handled duster or cobweb brush or lightweight broom only – do not over reach and keep hands on the handle below shoulder height	Staff
		DO NOT use vacuum cleaner to remove cobwebs	
		Keep both feet on the floor in a stable posture, in a lunge stance in the direction that force will be applied to the brush	
		Do small sections and then rotate to other tasks using different actions and movements	
Exposure to airborne dust and falling cobwebs	Allergies, irritation caused by dust	Keep eyes and head down and forwards when removing cobwebs	Staff
		Wear PPE as required eg eye protection, dust mask, dust coat or apron	Staff

CLEANING INDOOR WINDOWS AND MIRRORS

CLEANING INDOOR WINDOWS AND MIRRORS	RISKS	RISK CONTROL	BY WHOM
Working above shoulder height	Reaching, twisting, hyperextending back and neck, falls	During initial WH&S check, assess if this task is required, If necessary allocate two staff to task	staff
		Do not climb on to furniture or ladders to clean windows or mirrors	Supervisor
		Use long handled squeegee – do not over reach and keep hands on the handle below shoulder height	Staff
		Keep both feet on the floor in a stable posture, in a lunge stance in the direction that force will be applied to the squeegee	Staff
Cleaning low windows / glass / mirrors	Bending kneeling	Maintain neutral spine when cleaning low glass	Staff
		Kneel rather than bend to access lowest point of the window / mirror	
		Use a folded towel or kneepad to protect knees. When rising from a kneeling position, ensure there is something stable to hold onto for support.	
		Use short handled squeegee or cloth	
Long duration	Repetitive movement of arms	Do small section then rotate to other non-similar tasks	Staff
		Undertake extensive cleaning only with assistance from other staff	Supervisor
Exposure to airborne contaminants	Allergies, irritation caused by dust / chemicals	Only use LIBERTY approved cleaners.	Staff / Supervisor
		Wear PPE as required eg eye protection, dust mask, dust coat or apron	

WASHING CLOTHES AND HANGING ON LINE

WASHING CLOTHES & HANGING OUT	RISKS	RISK CONTROL	BY WHOM
Handling soiled bed linen	Exposure to biological hazards	Use PPE – gloves (and masks if considered necessary), apron	Staff
		Soiled clothing to be bundled carefully, no flapping or shaking, and taken to laundry for washing in appropriate washing detergent to sanitise and disinfect	
Removing clothes from washing machine	Bending, lifting, reaching; twisting	Remove clothes from washing machine one at a time or in small handfuls	Staff
		Disentangle items before placing in wash basket	
		Stand as close as possible to machine when removing items - When reaching in to remove the final items, brace on the machine with the other hand. Use lunge position with body up against the machine so you can bend from the hips	
		Only half fill the washing basket with wet washing to minimise load strain.	
Carrying washing to the line	Lifting carrying, gripping	Where available, use a trolley to carry washing to the clothes line.	Staff
		Carry a few small loads to the line rather than one big one	
		Plan the move – ensure the path is clear, if carrying basket through a door, make sure the door is wedged open before moving through. Ensure no objects or pets are in the way.	
Hanging washing	Reaching and repetitive work above shoulder height	Ensure that pathways to clothesline are not obstructed (Refer to Supervisor for referral to home maintenance if this is the case)	Staff
		Adjust clothesline height to suit worker where possible. Do not hang clothes if the line is too high to reach comfortably with both feet on the ground	
		Hang half a basket at a time then return for the next load – this provides a rotation of activities.	
		If no clothes line available, place washing in dryer on appropriate setting or hang on clothes airer, taking care not to place clothes in front of heaters /naked flames.	
Use of washing detergents / other products	Irritation / allergies to eyes, throat, skin	Use only LIBERTY approved cleaners, and as per instructions on the container	Staff
		Ventilate the work area by opening windows and doors	
		Use PPE as required by the MSDS – eg gloves, mask, waterproof apron	
Slipping on wet floor	Slips, trips and falls	Use non-slip mats on floor of laundry	Staff
		Workers wear closed rubber soled shoes	
		Dry mop floor after cleaning and block access to laundry until floor is dry	
Using hot water	Burns or scalds	At WH&S check, ensure that water temperature can be reliably adjusted to mix appropriate levels of hot water to cold	Staff

IRONING AND FOLDING CLOTHES

IRONING AND FOLDING CLOTHES	RISKS	RISK CONTROL	BY WHOM
Accessing iron and ironing board from storage	Lifting, carrying, reaching	Ensure storage is close to work area and easily accessible	Staff
Design and condition of equipment	Poor design or maintenance may mean difficult/unsafe to use – lifting, posture, forceful exertion, electric shock, scalds / burns / intermittent bending	Assess ironing board for weight, height (adjustable), safety, ease of use, power supply. Assess iron for safety, functionality and intact power cord. If unsuitable ask client to provide suitable equipment	Supervisor
		Use ironing board at correct height – so that the elbow is level with the top of the iron handle when the iron is resting on its face on the ironing surface	Staff
		Maintain a neutral posture and if possible put a low block on the floor for one foot to rest on	Staff
		Put clothes at an appropriate height off the floor to minimise bending	Staff
Duration	Repetitive movement / vibration / forceful exertion over extended time – up to 30 mins	Limit time to 20 – 30 mins, shorter bursts in hot weather.	Staff
		Rotate to other un-similar tasks for a break. If necessary discuss with Supervisor who may reschedule tasks	Staff Supervisor
Steam, hot water, hot irons	Scalds, burns	Do not overfill the iron	Staff
		If possible place iron in iron holder on the board when not in use	
		Do not leave iron face down on board	
Power supply	Electrical Shock	WH&S safety check includes iron and attachments, power points, cords and cut out switch	Staff
		Worker checks cord and power points before use	Staff
		Do not overload power point	Staff
		In Home Support Worker to use safety cut out switch provided	HSW
		When refilling the water for steam, turn off iron and disconnect power supply.	Staff
		Worker to wear closed, rubber soled shoes	Staff

SHOPPING

SHOPPING	RISKS	RISK CONTROL	BY WHOM
Moving shopping from shop to car	Lifting, carrying	Do not lift heavy shopping bags – ask supermarket staff to place items in a number of bags (eg. up to 2 – 3 kg per bag)	Staff
		Even weight in both hands	
		For very heavy items (eg. pet food or potting mix), organise for home delivery	
		Use shopping trolley to take bags to the car. Push using good posture, maintaining a neutral spine.	
Moving shopping from car to house / building	Lifting, carrying	Park car as close as possible to the house / centre	Staff
		Only carry small bags of groceries at a time – make several trips as required	
		If available, use shopping trolley or laundry basket	
Carrying items outside	Trips and falls	Plan the move – ensure that path is clear; if carrying shopping through a door, ensure door is held open before attempting to move through	Staff
		Ensure that pathway between car and building is not obstructed. Refer to Supervisor for referral to home maintenance if long term hazard	Staff Supervisor
Putting shopping away	Reaching, bending, lifting, twisting	Unload shopping bags on a table or bench. Where possible, place heavy or glass items at waist height, making them easily accessible	Staff
		All items must be placed within easy reach with both feet on the floor. Do not stand on chairs or ladders to reach cupboards	
		Use good posture, maintaining a neutral spine	

CLIENT TRANSFERS

In the table below some different methods for transferring clients are shown. These methods illustrate there are options that can be considered in different situations. These methods should be chosen in light of a risk assessment that considers mobility assistance, client need and the availability of assistance from staff or In Home Support Worker/s (HSW), who need to be trained in the appropriate use of these methods.

This table shows a range of methods that will vary with the circumstances and in particular with the level of mobility assistance. Methods such as hook arm lifts, top and tail lifts, shoulder lifts, cradle lift and other forms of manual lifting are considered high risk and likely to cause injury.

Transfer ON Bed	Transfer Methods		
1. Move up/down the bed	Client moves self up/down with verbal prompting from HSW - - ABLE TO ASSIST	One slide sheet – client moves self on slide sheet while HSW stabilises client's ankle/foot - ABLE TO ASSIST	Two HSWs slide the client up the bed using two slide sheets
2. Sit up / lie down	Electrically operated back rest used to sit client up in bed.	Client sits themselves up using a bed rope/ladder-ABLE TO ASSIST	Client sits self up with verbal prompting from HSW - ABLE TO ASSIST
3. Roll the client	Client uses body mechanics to roll over with verbal prompting from HSW - ABLE TO ASSIST	Two HSWs stand on opposite sides of bed and position client's limbs to facilitate roll	Roll the client using two slide sheets
4. Turn - re-position in bed	Two HSW use slide sheet(s) to reposition the client		
5. Sit on side of bed	Client transfers self from lying to sitting using a bed stick - ABLE TO ASSIST	Client positions self using body mechanics - ABLE TO ASSIST	Electric operated back rest
Transfer OFF Bed	Transfer Methods		
1. Move from bed to chair or chair to bed	Client pivots self or uses slide board - ABLE TO ASSIST	Electric standing hoist used by two HSW - ABLE TO ASSIST	Electric sling hoist or overhead tracking used by two HSW
2. Transfer legs onto bed	HSW assists to transfer legs using a towel or other aid - ABLE TO ASSIST	Electric sling hoist used to transfer legs onto bed	
3. Chair to chair or toilet	Client pivots self or uses aid such as slide board - ABLE TO ASSIST	Two HSW use Electric standing hoist - ABLE TO ASSIST	Two HSW use Electric sling hoist or overhead tracking
4. Move client off floor	Client transfers self or uses aid such as chair - ABLE TO ASSIST	Two HSW use electric sling hoist	

SHOWERING OR BATHING

SHOWERING OR BATHING	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling	Lifting, supporting, high force, awkward postures	Assess mobility requirements, eg. client able to assist - can stand safely in shower with use of grab-rails, or can safely transfer in/out of bath with minimal assistance. Client not able to assist - needs handling equipment for showering/bathing (eg shower chair, commode)	HSW
		Ensure bathroom environment is assessed as suitable for showering/bathing, eg. shower door or lip into shower does not impede easy access for client; bath suitable to client to get in/out and for HSW to access client; adequate workspace to undertake tasks	
		Ensure appropriate equipment is available as required by client, eg. grab rails, shower chair, hand held shower, bath-seat	
		Prepare shower/bath before bringing client to bathroom – place soap, towels, shampoo etc. within easy reach	
		If client unable to manage a shower/bath on a particular day, check care plan and/or contact Supervisor for advice	
		Stand as close as possible to client when assisting with shower/bath. Encourage client to assist as far as practicable	
Working with water	Burns, slips and falls	During initial OHS assessment, ensure that water temperature can be reliably adjusted	Supervisor
		Run water and modify temperature before client placed in shower/bath	HSW
		Use non slip mat both inside and outside the shower/bath	HSW
		HSW to wear closed, non slip footwear. In some situations, water resistant gum boots and aprons may be required	HSW

SPONGING

SPONGING	RISKS	RISK CONTROL STRATEGIES	BY WHOM
Body fluids	Exposure to biological hazards	Use personal protective equipment – eg. gloves, waterproof apron.	HSW
Wearing jewellery	Cuts to client or HSW	Remove or cover any item of jewellery (eg. rings, watches) that may cause cuts if in contact with bare skin.	HSW
		Keep fingernails short and filed	

ASSISTING WITH TOILETING

ASSISTING WITH TOILETING	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling Refer to Client Transfer Methods Table	Lifting, supporting, high force, awkward postures	Assess mobility requirements, eg. client is able to assist and can transfer on/off toilet with use of appropriate equipment and minimal assistance; or client not able to assist and needs handling equipment for toileting (eg. commode chair)	Staff
		Ensure bathroom environment is assessed as suitable for toileting, eg. grab rails in place where required; adequate workspace for equipment and support worker	Staff
		Discuss with Supervisor if not in place to arrange referral to home modifications	Supervisor
		Ensure appropriate equipment is available as required by client, eg. grab rails, commode chair, over toilet seat	Staff
		If client unable to manage toileting on a particular day check care plan and/or contact Supervisor/ General Manager	Staff / Supervisor
		Encourage client to assist as far as practicable	
Slippery floor, cluttered environment	Slips and falls	Prepare toilet area before bringing client to bathroom – ensure floor is dry and that there are no loose mats or obstructions. Always wear non-slip soled shoes.	Staff

ASSISTING WITH DRESSING AND UNDRESSING

ASSISTING WITH DRESSING AND UNDRESSING	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling Refer to Client Transfer Methods Table	Lifting, supporting, high force, awkward postures	Assess mobility requirements, eg. client able to assist and has suitable trunk control for chair; client can support self in standing for adequate time; or client unable to assist and requires two staff and/or handling equipment for dressing	HSW
		Ensure environment is assessed as suitable for dressing, eg. Adequate workspace for equipment and HSW	
		Ensure appropriate equipment is available as required by client, eg. walking frame, grab rails, commode chair, chair	
		Ensure appropriate clothing and clothing aids are available as required by client to maximise independence, eg. Velcro tabs, stretchy fabric, stocking/sock aids, long handled shoe horn	
		If client unable to manage dressing on a particular day check care plan and/or contact manger/Supervisor	
		Encourage client to assist as far as practicable	
Inadequate workspace	Slips, trips and falls, awkward postures including reaching & twisting.	Prepare area for dressing– ensure floor is dry and that there are no loose mats or obstructions	HSW
		Ensure all clothing and toiletries are prepared and within easy reach before commencing task	
		Ensure that the area is private and warm	
Wearing jewellery	Cuts to client or HSW	Remove or cover any item of jewellery (eg. rings, watches) that may cause cuts if in contact with bare skin	HSW

ASSISTING CLIENT TO SIT UP IN BED

Assisting client to sit up in bed	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling Refer to Client Transfer Methods Table	Lifting, supporting, high force, awkward postures	Assess mobility requirements, eg. client able to assist with appropriate equipment (eg. bed stick, monkey bars, bed rope ladder). Client not able to assist and needs handling equipment to sit up in bed (eg. Electric bed with adjustable backrest)	HSW
		Ensure environment is assessed as suitable for assisting to sit in bed, e.g. access on both sides of bed, bed at a suitable height	
		Ensure appropriate equipment is available as required by client, e.g. bed stick, monkey bars, bed rope ladder, electric bed	
		HSW should direct the client in the correct technique to assist ease of movement – e.g. client grasps bed rope ladder and bends knees slightly – client then lifts up into a sitting position by walking their hands up the rope. The HSW may guide the client but must never attempt to lift them into sitting position	
		HSW may then arrange pillows to support the client in the sitting position	

CLIENT TRANSFERS

Client Transfers – in /out of bed /to or from chair, wheelchair, commode chair etc)	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling hazards associated with transferring clients from bed to chair, wheelchair, commode chair etc Refer to Client Transfer Methods Table	Lifting, supporting, high force, awkward postures	Assess mobility requirements, eg. client able to assist and can transfer self with appropriate aid with appropriate equipment (eg. bed stick, walking frame, slide board). Client not able to assist and needs handling equipment to undertake transfer (eg. Ceiling hoist / sling hoist / standing hoist)	Staff
		Ensure environment is assessed as suitable for transferring – eg adequate workspace for equipment and HSW; floor surfaces suitable for pushing wheeled equipment.	
		Ensure appropriate equipment is available as required by client, e.g. bed at appropriate height, (blocks can be used to raise bed to appropriate height), bed stick, walking frame, slide board, appropriate hoist (eg. Ceiling hoist / sling hoist / standing hoist), appropriate chair / wheelchair	
		Ensure appropriate staffing is available to undertake transfer eg for 'not able to assist' clients, two persons or more are essential	
		If client unable to manage a safe transfer on a particular day, check the care plan and refer back to Supervisor.	Supervisor
		Encourage client to assist as far as practicable.	
Inadequate workspace	Slips, trips and falls, high forces, awkward postures including reaching and twisting	Prepare area for transfer- ensure floor is dry and that there are no loose mats of obstructions	HSW
		Ensure appropriate chair / bed is available for transferring client into	
		Minimise the distance the client is being transferred eg do not carry in hoist for any distance – transfer to appropriate commode or wheelchair to assist movement from room to room.	

CLIENT TRANSFERS FROM SIT TO STAND

Client Transfers – from sit to stand	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling Refer to Client Transfer Methods Table	Lifting, supporting, high force, awkward postures	Assess mobility requirements, eg. client able to assist and can transfer self with appropriate furniture and equipment (eg. Good height chair with arms, walking frame, spring lift seats). Client not able to assist and needs handling equipment to undertake sit to stand transfer (eg. standing hoist)	Staff
		Ensure environment is assessed as suitable for sit to stand transferring – eg adequate workspace for equipment and staff; floor surfaces suitable for moving wheeled equipment.	
		Ensure appropriate equipment is available as required by client, e.g. chair with arms at appropriate height, (chair blocks can be used to raise chair height if appropriate), spring lift seats, walking frame standing hoist	
		Ensure appropriate staffing is available to undertake transfer eg for 'not able to assist' clients, two persons or more are essential	
		If client unable to manage a safe transfer on a particular day, check the care plan and refer back to Supervisor.	
		Encourage client to assist as far as practicable.	
Inadequate workspace	Slips, trips and falls, high forces, awkward postures including reaching and twisting	Prepare area for transfer- ensure floor is dry and that there are no loose mats or obstructions	Staff
		Ensure appropriate chair / bed is available for transferring client into	
		Minimise the distance the client is being transferred eg do not carry in hoist for any distance – transfer to appropriate commode or wheelchair to assist movement from room to room.	

MOVING CLIENT OFF THE FLOOR

Moving Client off the floor	RISKS	RISK CONTROL STRATEGIES	BY WHOM
People handling Refer to Client Transfer Methods Table	Lifting, supporting, high force, awkward postures	If the worker notices that the client is starting to fall, they should use safe handling techniques to help guide and control the client gently to the floor. The worker should avoid 'catching' a falling client, or supporting them to stand if falling down.	Staff
		After a fall, check the client's condition and strength. If client unconscious, bleeding or in pain, call ambulance and contact relevant Supervisor or General Manager immediately.	Staff Supervisor / General Manager
		If the client is conscious, reassure and phone Supervisor / General Manager for direction.	Staff / Supervisor / General Manager
		If the client is assessed as 'able to assist', the staff member verbally instructs the client to transfer himself or herself off the floor using an aid such as a chair. Place chair next to client and instruct the client to roll onto their side. Client then pushes him/herself up into a sitting position, then a kneeling position. Worker then places chair in front of client and instructs him / her to pull up into a standing position.	Staff
		If client unable to manage a safe transfer after the fall, do not proceed – make them comfortable on the floor and contact Supervisor / General Manager for direction..	Staff Supervisor / General Manager
Inadequate workspace	Slips, trips and falls, high forces, awkward postures including reaching and twisting	Prepare area for transfer- ensure floor is dry and that there are no loose mats or obstructions	Staff
		Ensure appropriate chair / bed is available for transferring client into	

PUSHING A CLIENT IN A WHEELCHAIR

Pushing a client in a wheelchair	RISKS	RISK CONTROL STRATEGIES	BY WHOM
Using inappropriately designed or poorly maintained wheelchairs	High push / pull forces, awkward postures	Assess wheelchair for weight, ease of use, brakes, tyres, footplates, arm rests and manoeuvrability. Ensure tyres are properly inflated to optimise ease of movement. Ask client to provide suitable wheelchair or use LIBERTY equipment.	Staff
Movement of wheeled equipment	Pushing, pulling forces, client or worker falls	Assess and ensure the floor or ground surfaces around the home, building or area (eg footpaths) are in good repair and suitable for the pushing of wheeled equipment. Avoid gravel paths wherever possible Avoid steep inclines – take another path even if this means a longer route. In shopping centres, use lifts in preference to ramps wherever possible. Take suitable precautions in extreme weather conditions eg wet, very windy or hot Ensure client has seatbelt (if fitted) on when in wheelchair	Staff
Wheelchair pushing techniques and body positioning	Bending, force through shoulder, arms and back, twisting.	Use the correct technique : Stand in upright position with a neutral spine Stand as close to the wheelchair as is comfortable when pushing Walk with the chair, do not reach Do not use excessive force – let the wheels do the work.	Staff
Going over kerbs	Falls, push / pull forces, heavy lifting	Where possible, avoid going over a kerb. Use a driveway or wheelchair access point further along the path. To go down over a kerb – Always go down backwards to prevent client falling out – the large rear wheels will reduce the forces required, Ensure wheelchair is square to footpath – do not attempt to move on an angle Roll large rear wheels over the kerb, and then gently use the foot tilt bar to gently lower the front wheels off and away from the kerb. To go up over a kerb - Always go up over a kerb forwards to prevent the client falling out Use the foot tilt bar to move the small front wheels up over the kerb, then use the large back wheels to roll up onto the kerb, lifting the wheelchair as you roll up	Staff

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TRANSFERRING A WHEELCHAIR INTO A CAR

Transferring a wheelchair into a car	RISKS	RISK CONTROL STRATEGIES	BY WHOM
Design and condition of wheelchair	Inappropriately designed or poorly maintained equipment will mean high push / pull forces, awkward postures	Assess wheelchair for weight, ease of use, brakes, tyres, footplates, arm rests, manoeuvrability. The wheelchair must be able to be easily dismantled. It should also be lightweight.	Staff
		Ask client to provide suitable wheelchair	
		Where available (eg at shopping centres) use a hire wheelchair to avoid car transfers	
Handling an awkward object	Lifting, awkward postures	Remove footrests from the wheelchair: Some chairs also have easily removable wheels, armrests and backrests – remove these if possible as this will reduce the weight and size of the object being lifted / moved.	Staff
		To fold wheelchair, ensure brakes are off and conduct procedures on smooth surface	
Design of car boot	Lifting a weight away from the body, reaching	Consider the suitability of cars used in transporting wheelchairs – station wagons or hatchbacks where wheelchair can be slid straight in are preferred.	Supervisor / Staff
		There are increased risks with sedan boots or trailers because of the need to lift the wheelchair over the lip of the vehicle.	
Lifting Wheelchair into / out of car boot; posture and technique	Heavy lifting	Where possible, avoid heavy lifting. Instead place a folded towel, blanket or piece of carpet over the lip / edge of the boot and roll and slide the folded wheelchair into place.	Staff
		Use safe handling techniques, keeping spine neutral.	
		Avoid twisting and keep the load as close as possible. Use your knee as a brace to guide the wheelchair as you slide it into the car boot	
Handling moveable objects	Squeezing injury to fingers	Do not grip the wheelchair by placing fingers in the spoke of the wheel – grip the frame of the wheelchair instead.	Staff

LOADING AND DELIVERING EQUIPMENT / MEALS OUT OF THE CENTRE

Loading and delivering meals	RISKS	RISK CONTROL STRATEGIES	BY WHOM
Handling an awkward object	Lifting, awkward postures	2 person lift for larger eskies / containers Consider the size and weight in the eskies – eg could smaller eskies be handled more easily , or could weight be distributed more evenly between containers.	Staff
Using inappropriately designed or poorly maintained trolleys	High push/pull forces, awkward postures	Provide sufficient number of suitably designed trolleys. Assess trolley for weight, ease of use, brakes, castors/ wheels. The trolley must be easily manoeuvred and suitable for the purpose of transporting eskies and other equipment safely Ensure environment is assessed as suitable for transfer – eg adequate workspace for trolley; level, even dry ground; Use disability parking bays wherever possible to allow room to move freely.	Staff/ Supervisors
Design of car boot / trailer	Lifting a weight away from the body, reaching	Consider the suitability of cars used in transporting eskies and equipment – station wagons or hatchbacks where these can be slid straight in are preferred. There are increased risks with loading eskies and equipment into / out of sedan boots and trailers because of the need to lift them over the lip of the vehicle.	Supervisor / Staff
Lifting eskies and equipment into / out of car boot; posture and technique	Heavy lifting	Supervisor to ensure that the staff member is fit for the task on the day and trained in safe manual handling of the relevant equipment. Competent assistance for a two person lift should be available Where possible, avoid heavy lifting. Instead place a folded towel, blanket or piece of carpet over the lip / edge of the boot and slide the equipment into place. Use safe handling techniques, keeping spine neutral. Avoid twisting and keep the load as close as possible. Use your knee as a brace to guide the esky as you slide it into the car boot.	Staff
Adequate space to perform the task	Awkward postures, bending, twisting	Vehicles to be loaded in area designated for the task Level, even ground, ease of access for trolley, room to manoeuvre trolley and equipment Preferably loading area should be roofed for weather / sun protection	Staff / Supervisor

LOADING AND DELIVERING EQUIPMENT / MEALS OUT OF THE CENTRE (cont'd)

Trolley pushing technique and body positioning	Bending, force through shoulder, arms and back, twisting	Use the correct technique : Avoid steep inclines – take another path even if this means a longer route. Stand in upright position with a neutral spine Stand as close to the trolley as is comfortable when pushing Walk with the trolley, do not reach Do not use excessive force – let the wheels do the work. Avoid pulling trolleys where possible	Staff
Going up and down gutters	Falls, push / pull forces, heavy lifting	Where possible, avoid gutters, use a driveway or wheelchair access point further along the road / pathway.	Staff
Pace and flow of work: time pressure to perform task.	Sprains, strains, slips, trips and falls Vehicle / pedestrian Accidents	Traffic management system required. In public areas put out traffic cones to mark off loading area	Staff