

# CARING WITH MINIMAL LIFTING



HEALTH AND SAFETY  
AUTHORITY



**SAFE  
MANUAL  
HANDLING**

**A safety and health  
guide for those who  
care for patients**

**€1.50**

# CARE WITH MINIMAL LIFTING

This guideline is intended to assist those involved with, and responsible for, patient handling in the health care sector. The guideline is not intended as a legal interpretation.

Published in 1998, revised in November 2007 by the Health and Safety Authority, the Metropolitan Building, James Joyce Street, Dublin 1.

© Health and Safety Authority. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the Health and Safety Authority.



## The size of the problem

The accident statistics for 2006 show that injuries due to manual handling accounted for 38% of all accident types in the Healthcare sector reported to the Health and Safety Authority. Recent evidenced based research has confirmed that interventions predominantly based on technique training have no impact on injury rates (Hignett 2003). The Manual Handling of Loads Regulation sets out a framework for employers to avoid or reduce the risk of injury from manual handling activity. The Health and Safety Authority guidance document titled “Management of Manual Handling in the Workplace (2005) underlines the need for management commitment to implement a manual/patient handling management programme which takes account of the following:

- the need to develop a policy statement of manual/patient handling
- the need to implement a manual/patient handling risk assessment process
- the need to consult with staff at all levels as part of this process
- the need to assign lead roles to competent staff in the development of patient/manual handling training and risk assessment programmes.

There is a duty to complete an Accident Report Form (IR1) and send it to the Health and Safety Authority for all accidents which result in a person being unable to carry out their normal duties for a period of more than three consecutive days, excluding the day on which the accident occurred, following an accident at work. It is recommended that patient handling accidents should be recorded internally in a manner which will allow analysis of problem areas.

## Who is at risk?

Anyone whose work involves handling patients with temporary or permanent mobility problems. In the context of this document this means all health care workers who may be involved in handling patients whether in hospitals, nursing homes, day care centres, in transit or the patient's own home.



## What can be done?

- All those who handle patients are covered by the Manual Handling Provisions of the Safety, Health and Welfare at Work (General Application) Regulations.
- Patient handling hazards and risks must be identified and assessed and controlled and the conclusion on each of these items written into the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act, 2005
- Patient care staff must be consulted about the arrangements made to protect them from injury due to unsafe patient handling in accordance with Sections 20 and 26 of the 2005 Act. Such consultation should involve the Safety Representatives, First Line Managers and others as appropriate.

## Avoiding and minimising

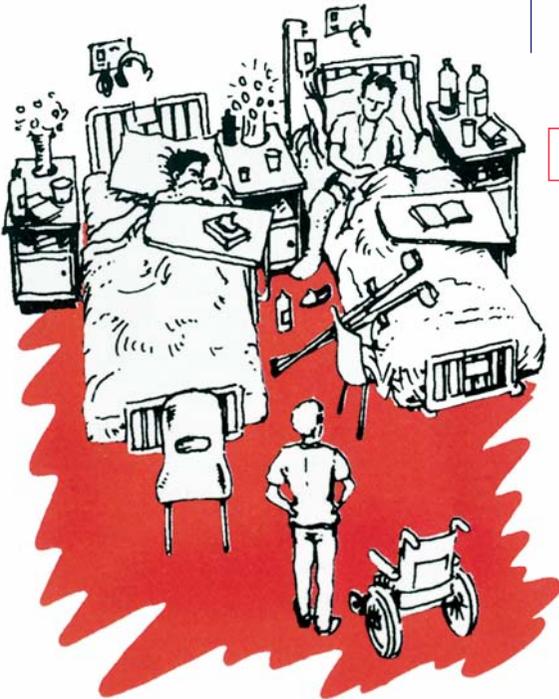
- Employers should have in place a minimal handling policy which requires that full body lifting should be avoided except in life threatening situations. Employers should have a patient/manual handling risk assessment programme in place
- Where appropriate, patients should be encouraged to move themselves and work systems designed so as to accommodate this. This often helps with their rehabilitation. Patients can also be shown how to assist the carers in their own handling manoeuvres.
- Supporting, pushing and pulling should be minimised by using rolling and sliding devices.

## Characteristics of the working environment

The “characteristics of the load” (as defined in the Regulations) cannot be modified when the load is a patient. Factors that can be modified in the patient caring situation are the “characteristics of the working environment”.

These include:

- The condition of the floor in the ward or other room;
- The beds and trolleys, for example, should be at a safe height – ideally they should be adjustable;
- Adequate lighting for any handling operations;
- Adequate space for safe patient handling.



## Assessing the handling

Despite efforts to minimise the manual handling, where there continues to be hazardous patient handling, you should assess the following:

- Practices which involve working in an awkward, unstable or crouched position, including bending forward, sideways, or twisting the body;
- The wearing of loose comfortable clothing, for example trouser uniforms and suitable shoes;
- Lifting at arms length (for example in childrens' units);
- Handling manoeuvres which have a starting position near the floor, overhead or at arms length;
- Situations which may involve handling an uncooperative or falling patient;
- The presence of patient attachments, such as drips, catheters or other devices which may restrict movement or access.

## Patient assessment details

Name

---

Mobility details

---

Level of cooperation  
(if any)

---

## Who should assess?

- Site (i.e. hospital) assessments should be carried out by the Safety Manager/Back Care Manager of the hospital or nursing home advised by the patient handling trainer or other competent person. Records of the site assessments should be part of the overall Safety Statement.
- Unit assessments should be carried out by the first line manager (all of whom should be trained as operatives) advised by the patient handling trainer or other competent person.
- Individual patient assessments should be done on each patient in hospital and in the community. These are done by patient carers providing they have been trained in this area. With difficult cases they should seek help from the patient handling trainer or other appropriate person.

Where appropriate, for example, in the nursing plan in hospitals, documented patient assessments should be regularly updated and available to everyone who handles the patient and should include the following:

Special lifting needs

---

Number of handlers  
Equipment required

---

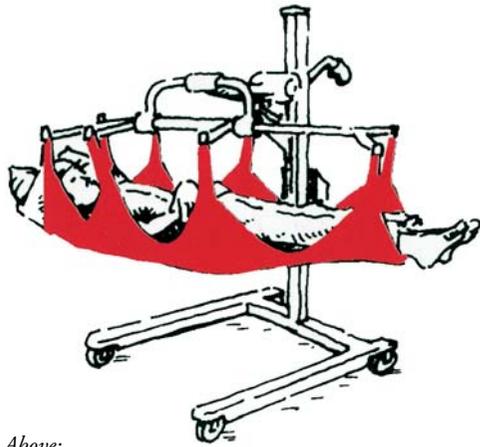
Special needs (joints, wounds)



## Employers must...

Have a policy on manual handling which must be included in their Safety Statement, which must address the following:  
The need to carry out patient/manual handling risk assessments

- The minimisation to the greatest extent possible of manual handling;
- Designate appropriate finance, time and staff for safe patient handling;
- Ensure that employees are not exposed to risks as a result of patient handling;
- Designate and, where necessary, train patient handling trainers;
- Ensure regular training of staff and re-assessment of patient handling policies;
- Where necessary call on outside expertise for training and assessments.



*Above:  
stretcher-boist*

*Below: turntable*



## **Appropriate equipment**

Employers must ensure that adequate numbers of well maintained handling aids are available and that these are used by the employees.

They would typically include:

- Wheelchairs;
- Hoists (mechanical and electric);
- Sliding equipment (boards, bags, etc);
- Turntables;
- Handling slings.



## **Selection of staff**

Staff whose duties may involve working with patients with impaired mobility, in accordance with the Safety, Health and Welfare at Work (General Application) Regulations, should be:

- Physically suited to carry out the task in question. In the health care setting this will usually be assured by a pre employment medical examination, followed by appropriate training, monitoring and supervision of staff.



## **Training of staff**

1. Training should be tailored to the needs of the departments or areas where the patient handlers will be working.
2. Classes should be small enough to allow for individual demonstrations and practice. The ratio should be 1 trainer to 8 students for practical skills development.
3. Delays in training should be avoided and, where required, employees should be individually trained at induction rather than waiting for a suitable class.
4. Training should include classroom tuition, practical demonstrations and workplace supervision. Workplace supervision is to ensure that the lessons learned are being applied by both staff and management.



## Content of training

1. The law as it relates to patient handling.
2. Basic information on the anatomy and biomechanics of the spine and muscles and how injuries take place from manual handling.
3. Instruction on personal fitness for patient handling, including practical exercises for fitness, flexibility and muscle toning.
4. An introduction to the practical handling policy as reflected in the Safety Statement.
5. An ability to carry out assessments on particular patient's handling problems as they arise.
6. Information on the practical application of a minimal handling policy.
7. Demonstration of the use of all types of lifting aid and instruction on the frequency of maintenance as required by the Safety Statement.
8. The wearing of suitable clothing and footwear.
9. Instruction on ensuring passageways, floors and lighting allow safe patient handling.
10. Problem solving in patient handling situations.



## Effective implementation of training programmes

Training must be implemented using a top down approach:

- Policy makers must themselves appreciate the significance of safe patient handling;

- Middle management and senior operational staff must themselves be trained in patient handling;
- Newly trained personnel must be supervised to ensure that practices taught in training are implemented in the workplace;
- Records of staff trained must be kept.



## Some specific problems

- Pregnant patient-handlers are especially at risk. The ligaments supporting the vertebral joints are weakened due to hormonal action, especially in the latter half of pregnancy and as a result the back is substantially more vulnerable to injury. Pregnant women generally have 30% of the lifting capacity of non-pregnant women. A pregnant patient-handler's size limits her capacity to lift safely.
- Coping with patients who refuse to be handled with lifting aids may cause difficulty. Staff faced with such patients, or their relatives, should call in senior management and a trainer or other competent person.
- Staff should be encouraged to adopt a positive attitude towards minimal handling and reassure patients that this is necessary for their own safety and that of the patient-handler. To do otherwise could mean injury and disability for themselves or one of their colleagues. Under the Safety, Health and Welfare at Work Act and the General Application Regulations staff are required to co-operate in relation to occupational health and safety matters.

# Caring with Minimal Lifting

*Working to  
create a  
National Culture  
of  
Excellence  
in Workplace Safety,  
Health and Welfare  
for Ireland*

**HEALTH AND SAFETY  
AUTHORITY**

**Tel. 1890 289 389**

Callers outside  
Republic of Ireland  
00353 1 6147000  
Fax. (01) 6147020

website: [www.hsa.ie](http://www.hsa.ie)



---

**HEALTH AND SAFETY  
AUTHORITY**

---

ISBN 1-84496-085-4

HSA0169