



CASS Group- Disability Services

Policy Code: 1120

MANUAL HANDLING

Policy Statement

CASS Disability Services aims to promote and maintain the highest degree of physical, mental and social well-being of all individuals in the workplace. The work health and safety (WHS) of all workers within this service, including employees, volunteers, contractors, participants, family members and visitors are considered to be of utmost importance. When staff goes to a participant's home, on duty at group home or day program settings, these settings are "workplaces" for the staff and/or contractor person. CASS Disability Services will work with participants to ensure their home is a safe working environment for all individual.

CASS Disability Services will ensure staff and volunteer to carry out any manual handling activities in a safe manner using standard practice and appropriate equipment where necessary.

Definition

Manual handling is any task in which a person lifts pushes, pulls, carries, lowers or otherwise moves, holds or restrains any person or object.

Examples of common manual tasks include:

- Assisting with transferring, bathing and dressing participants;
- Assisting participants to stand;
- Pushing shower chairs and wheelchairs;
- Loading and unloading from vehicles;
- Moving furniture;
- Gardening and maintenance tasks; &
- Cleaning and other domestic tasks.

Identifying risk

The risk of injury related to manual tasks is increased when the physical aspect of the work requires:

- Lifting and transferring the participant inappropriately or not using the equipment provided correctly;
- Twisting, stooping or using unsafe postures while moving participants or carrying loads;
- Doing more lifts/transfers than necessary;
- Repetitive movements e.g. in massage or exercise routines;
- Lack of experience or skill in routines required;
- Unpredictable movements due to spasms etc.; and
- Lack of communication between participant and carer during transfers.

Problems identified when working in a home environment:

- Working in isolation without assistance for team handling.
- The home not designed for health or personal care (for example low bed heights)
- Working in restricted workspaces such as small bathrooms
- The home being laid out to suit the participant's preferences
- A change in the participant's physical and mental condition between visits



- Workers from other agencies also providing assistance for the participant

Not all manual tasks are a hazard. Hazardous manual tasks can be identified:

- by walk through observations
- by discussions with the participants
- with mobility assessments
- by noting known high-risk manual tasks identified by injury/incident data
- when making a change
- after an incident has occurred.

Risk Factors

Forceful exertion – where the body has to generate significant force to perform the task (e.g. moving furniture).

Working posture _ the following postures can strain body tissue, affect the amount of effort required to complete the task and quicken muscle fatigue:

- awkward postures such as twisting, bending, or overreaching of the body (e.g. making a low bed)
- static positions where part of the worker's body is held in one position for prolonged periods (e.g. prolonged squatting when showering participant)

Repetition/duration – performing a similar task over a prolonged period without a break, not allowing that part of the body to recover (e.g. mopping a large house)

Controls and Procedures

1. Eliminate (for example use a wheelchair accessible taxi to transport participants in their wheelchairs instead of loading and unloading the wheelchairs into/out car boot) provide:
 - mechanical aids or assistive devices (for example using hoists in a minimum lift approach for people handling)
 - smaller carry cases, boxes or cartons for taking items into the home
 - mobile and portable equipment supplied with dedicated trolleys or transfer/handling equipment
2. Modify the workplace layout, process or equipment. Some modifications to the workplace layout and equipment may require negotiations with the building owner and/or participant. Examples include:
 - installing grab rails and a shower hose in the shower
 - raising the height of the bed to minimise prolonged bending, (for example use purpose-built blocks under the legs of the bed to raise the height of the bed)
 - relocating furniture to allow enough space for the worker and the participant to turn and carry out a task in a comfortable posture, or to move equipment such as a commode or wheelchair
 - storing equipment and/or objects within easy reach and storing heavy or frequently used items between knee and shoulder height
 - providing clear access through the home
3. Develop a 'minimum lift' approach where all people handling tasks are evaluated and controlled so that workers are not handling all or most of a participant's weight;



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4. Plan work to alternate between heavy and light activities;
5. Ensure work/rest schedules are adequate for the work being done; &
6. Ensure relevant information about the participant is communicated during handovers or is conveyed to the supervisor or shift manager (i.e. changes in ability to transfer, behavioural changes);
7. Conduct regular audits to ensure controls are effective and being used;
8. Review of the participant's condition and the work environment should be planned and occur regularly;
9. Encourage reporting of hazards, incidents and early symptoms; & consult with staff and follow-up on issues raised. It is the staff member's responsibility to report to their coordinator any instance where participants are refusing to be assessed for risk or are expecting staff to work outside of safe manual handling practices;
10. Manual handling aids and equipment may be used on the advice and recommendations of allied health professionals.
11. Ensure that the equipment provided is in good order and well maintained;
12. All staff will receive training in manual handling and will be assessed for competence in manual handling regularly, this include regular training in safe work procedures, work methods and use of mechanical aids and equipment; and
13. Counselling or disciplinary action will be initiated with any member of staff who does not adhere to all manual handling policies, procedures and practises.

Documents related to this policy	
Related Policies	<ul style="list-style-type: none"> • Work Health and Safety • Duty of Care • Incident Management • Participant Risk Management
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> • Manual Handling training record • Incident Report Form

Reviewing and approving this policy		
Frequency	Person responsible	Approval



CASS Group- Disability Services

3 years	Unit Head	HAS & DS Committee
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Policy review and version tracking			
Review	Date Approved	Approved by	Next Review due
Version 1	1 June 2014	HAS & DS Committee	31 May 2017
Version 2	29 May 2017	HAS & DS Committee	28 May 2020
Version 3	November 2020	HAS & DS Committee	November 2023