

AUSTRALIAN NURSING FEDERATION (VIC BRANCH) POLICY

NO LIFTING

(Adopted March 1998)

(Reviewed April 2000)

(Reviewed August 2003)

(Reviewed April 2006)

1. Preamble

- Prior to the adoption of the No Lifting Policy by the ANF (Vic Branch) in March 1998, Victorian WorkCover statistics showed that nurses accounted for more than half the number of WorkCover claims in the Health Industry, at a cost to the industry of \$26M per year.
- Most injuries sustained by nurses were manual handling injuries, particularly back injuries. Overexertion/stress due to the constant lifting and handling of patients, was the most common cause of these injuries.
- Following initiatives by the ANF (Vic Branch), no lifting programs have now been implemented in all public hospitals through the DHS Nurses Back Injury Prevention Project, as well as in other sectors including private hospitals and private aged care facilities.
- The policy has had a significant impact in reducing nurses' injuries and associated workers compensation costs, in facilities where proper no lifting programs have been implemented in accordance with the principles and criteria of ANF (Vic Branch) No Lifting Policy and Implementation Guidelines. Independent university evaluations of the DHS Victorian Nurses Back Injury Prevention Project (VNBIPP) conducted in 2002 and 2004 found that facilities which had implemented such programs experienced significant reductions in WorkCover claims, days lost due to injury and claims costs. Several facilities have also reported significant reductions in WorkCover premiums within 3 years of implementation.

While enormous gains have been achieved, a number of critical factors have been identified which will require ongoing attention and vigilance if the results are to be sustained long term. These include the need for adequately resourced no lifting co-ordinator positions to be maintained, the provision of ongoing regular refresher training for all nurses and adequate equipment in all areas to ensure that nurses can access and will use equipment when needed, as well as design of facilities to facilitate safe patient handling and the use and storage of equipment.

- Based on the success of the VNBIPP, the Victorian Minister for Health is keen to extend the program to other occupational groups in Victoria's health services including allied health staff and other staff involved in patient handling, while at the same time, maintaining the focus on nurses' back injury prevention programs and ensuring their sustainability into the future.

2. Policy

Given the evidence above, the Australian Nursing Federation (Victorian Branch) remains strongly committed to maintaining and extending the No Lifting Policy throughout all healthcare sectors and clinical settings including acute, aged care, disability, rehabilitation and the community setting. The ANF supports the integration of no lifting programs into all occupational groups in health care services provided it is not at the expense of nurses' back injury prevention programs and nurses' programs continue to be adequately resourced, including equipment and training. The policy is based on the following principles:

- “That the manual lifting of patients is to be eliminated in all but exceptional or life threatening situations. Patients are encouraged to assist in their own transfers and mechanical handling aids must be used whenever they can help to reduce risk.* Methods and handling aids to move or transfer patients must provide the highest level of protection to nurses, patients and others in accordance with the Occupational Health and Safety Act 2004.
* Based on the royal College of Nursing (UK)

This incorporates the following key elements:

- 2.1 Manual handling of patients should be eliminated or minimised wherever possible.
- 2.2 Mechanical lifting aids and other handling equipment should be used whenever they can help to reduce the risk. Such equipment may range from mechanical lifting machines and hoists, to rigid or fabric sliding devices which can assist with transfers onto bed or trolley, bed to chair, and with moves up, down and around the bed, or to assist with any other patient handling task. Ceiling hoists should be installed over beds in all new or refurbished facilities and, wherever possible, in existing facilities.
- 2.3 The handling needs of the patient should be assessed and documented prior to the admission of the patient (or if this is not practicable, as soon as possible after admission) to the health care facility, including community settings, and should be monitored and reviewed on a regular basis. Ideally assessment should be carried out by the nursing staff who are to be involved in the care of that patient, in conjunction with a physiotherapist when necessary, and should ensure that the handler's physical effort will be minimal and well within their skills and capacity.
- 2.4 Assessment should include risk factors such as sustained awkward postures, bending and twisting, and measures to eliminate or minimise these risk factors wherever possible, including the use of aids and equipment.
- 2.5 Maintenance of a patient's independence by encouraging mobility is paramount. Patients should be encouraged to assist in their own transfers, including bearing their own weight, as much as possible.

- 2.6 Nurses should receive continuing education and training in the correct use of handling aids and equipment and in techniques for moving/transferring patients which involve minimal force and exertion of the body.
- 2.7 Nurses and their representatives should be consulted in the selection of aids and equipment.
- 2.8 Equipment should be trialed before purchase to ensure that it meets the requirements of staff and patients and that it is appropriate for the use for which it is intended.
- 2.9 Equipment should be adequate and easily accessible when needed.
- 2.10 All equipment should be maintained in good working order, in accordance with the manufacturer's instructions. Equipment should be replaced and updated at appropriate intervals or as necessary.
- 2.11 Staffing levels should be adequate to reflect the dependency levels and handling needs of the patient, and to ensure the safe use of aids and equipment.

3. The Environment

- 3.1 The physical environment of the workplace should provide sufficient, clear space in which to safely move or transfer patients. Work areas should be uncluttered and the general layout of the workplace should be conducive to the safe handling of patients and the safe use of aids and equipment. This includes the provision of adequate and safe storage space for equipment. Floor surfaces should be smooth and even and push pull forces when using wheeled equipment should be such that risks of manual handling injury are reduced as far as is reasonably practicable.
- 3.2 Modifications to the workplace should be carried out where necessary to ensure a safe working environment.
- 3.3 Duties on designers under the Occupation Health & Safety Act 2004 require designers to ensure that buildings or structures used as a workplace are designed to be safe and without risks to health.

4. Manual Handling Risk Identification, Assessment and Control

Employers are required by regulation to identify, assess and control risks associated with *all* manual handling tasks in the workplace, including lifting and handling of objects, moving trolleys and other equipment. Such risk identification, assessment and control must be carried out in consultation with nursing staff and the health and safety representative concerned.

5. Instruction, Education & Training

Nurses should be provided with continuing instruction, education and training in the identification, assessment and control of manual handling hazards, and should be encouraged to report all manual handling incidents.

6. Employee Duties and Responsibilities

Nurses should co-operate and comply with preventative policies, programs and procedures when put into place by the employer in consultation with staff and their representatives in order to reduce health and safety risks associated with manual handling tasks.

7. ANF (Vic Branch) Commitment

The Australian Nursing Federation (Victorian Branch) will continue to promote and conduct research and to develop and implement preventative strategies to reduce manual handling injuries amongst nurses. The ANF (Vic Branch) will continue to support members to prevent and reduce manual handling injuries at the workplace level.

Footnotes:

This policy should be read in conjunction with the ANF (Vic Branch) No Lifting Policy and Implementation Guide and Checklist.

Reference should also be made to the Occupational Health and Safety Act 2004 and the Manual Handling Regulations 1999 and Code of Practice 2000.

Other References:

- Transferring People Safely: A Practical Guide for Managing Risk – Handling Patients, Residents and Clients in Health, Aged Care, Rehabilitation and Disability Services – WorkSafe Victoria June 2002.
- Designing Workplaces for Safer Handling of Patients/Residents – Guidelines for the Design of Health and Aged Care Facilities – WorkSafe Victoria April 2002.
- VHIA Design Advisory Service - Solution Sheet 1: Overhead Tracking for Safe People Handling.
- VHIA Design Advisory Service - Solution Sheet 2: En-suite Design for Dependent and Semi-dependent Persons.
- VHIA Design Advisory Service - Solution Sheet 3: Choosing Safe Floor Coverings for Workplaces in Health and Aged Care.
- Implementation Framework for the Introduction / Maintenance / Extension of Nurse Back Injury Prevention Programs, Department of Human Services, Melbourne, Victoria, 2004.
- Victorian Nurses Back Injury Prevention Project Evaluation Report, 2002, Department of Human Services, Melbourne, Victoria, 2002.
- Victorian Nurses Back Injury Prevention Project Evaluation Report, 2004, Department of Human Services, Melbourne, Victoria, 2004.
- Private Aged Care No Lifting Project Evaluation Report, Australian Nursing Federation in Partnership with VHIA and the Aged Care Association of Victoria, May 2003.
- ANF (Vic Branch) Zero Tolerance (Occupational Violence and Aggression) Policy and Interim Guidelines, 2006.
- ANF (Vic Branch) Occupational Health & Safety Policy, 2006.

NB *The word “patient” in this policy is interchangeable with the words “client” and “resident” as the case may be.*

