

**Industry Summary Report
Executive Summary**

**Design 4 Health
National Manual Handling Campaign 2004
Health and Community Services Industry**

September 2005

Executive Summary

The Design 4 Health, National Manual Handling Campaign 2004 was an initiative of the Heads of Workplace Safety Authorities (HWSA), a group made up of senior executives from Australian State and Territory occupational health and safety agencies. This project was one of the first collaborative campaigns conducted by the Australian occupational health and safety agencies, and was aligned to the national occupational health and safety strategy.

This industry report provides a summary of the performance of the health and community services industry in relation to issues identified during the Design 4 Health campaign. This report is a summary of the campaign evaluation performed by Dr Robin Burgess-Limerick, Burgess-Limerick and Associates and was compiled by the Design 4 Health campaign project manager and project adviser, Workplace Health and Safety Queensland (WHSQ).

The campaign model consisted of workplace audits conducted before and after a period of intensive communication about the campaign and also involved providing information and education to the industry. The workplace audits were conducted during 2004.

Evaluation

The evaluation of industry performance included analysis of the:

- audit data obtained during the audits of 643 randomly selected workplaces (171 hospitals and 472 aged care facilities)
- information obtained from a total of eight focus groups involving 62 workplace health and safety inspectors and other relevant occupational health and safety staff.

Major findings

- Data from the audit and from focus group interviews provided consistent information. Dramatic improvements have occurred in the standard of manual handling risk management within the industry sector over the last five years. These improvements are likely to be a result of accreditation agency requirements, as well as the activities of the various occupational health and safety agencies and the widespread promotion of “no-lift” policies.
- The presence and implementation of a systematic, manual handling management system varied between the industry sub-sectors (hospitals, nursing homes and accommodation for the aged). Overall, the industry sub sectors met the minimum criteria for manual handling management systems.
- Metropolitan areas were more likely than regional and country areas to have manual handling management systems and to follow them.
- In the area of management systems, risk assessment and control was identified as having the most room for improvement.

- One aspect of an effective OHS management system for manual handling is the presence of a person in the organisation or workplace whose responsibilities include occupational health and safety. Most workplaces in all jurisdictions were able to identify a person at the workplace or within the organisation who was responsible for OHS.
- Aged care (nursing homes and accommodation for the aged) workplaces were more likely to have controlled their manual handling risks and their workers generally reported higher levels of safety culture and participation in manual handling related safety activities than hospitals. There was strong evidence that workplace-based manual handling safety culture, demonstrated by safety activity, does reduce the level of manual handling task risk at a workplace.
- Workplaces appeared to have controlled patient-handling risks reasonably well. However, risks remain uncontrolled in other general manual handling areas such as kitchens, food services and laundries. It was identified that task risk assessments are less frequently undertaken in a systematic manner in non-clinical areas. Risk assessments in these areas tend to be performed on an ad hoc basis or not at all.
- Design issues relating to the design of buildings, furniture, and equipment which impacted on the uncontrolled manual handling risks were also identified during the task inspections. The design of wheeled equipment such as trolleys was identified as the most common design issue impacting on uncontrolled manual handling risk. Issues related to access and space was the second most common design issue, particularly problems relating to storage, space available within rooms, and the width of doors and corridors.

Emerging Issues

Inspectors identified a number of major emerging issues. These issues will require careful consideration and future planning by the industry. They included:

- residents/patients getting older, heavier and more disabled
- “aging in place” without facilities to deal with increasing dependencies
- increasing number of special needs patients e.g. Downs syndrome, drug and alcohol affected patients, dementia patients
- client related violence
- an aging workforce
- greater use of relatively unskilled aides, personal carers
- increasing use of agency staff.