

HWWSA PROJECT CONCEPT

Manual Handling, Slips and Trips in
Hospitals –
National Intervention and Compliance
Campaign.

Version:	10.0
Print Date:	16/01/2008 8:40 AM
Release Date:	9/11/2007
Release State:	Final
Approval State:	Approved
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Path Name:	
File Name:	
Circulation List:	Project Working Group
Confidentiality Category:	Confidential

DOCUMENT CHANGE CONTROL

Version	Date	Authors	Summary of Changes

DOCUMENT SIGN-OFF

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	Approved / Not Approved (circle)	

If not approved return document to Project Sponsor.

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1 INTRODUCTION

The Heads of Workplace Safety Authorities (HWSA) is a group comprising the General Managers (or their representatives) of the peak bodies responsible for the regulation and administration of occupational health and safety in Australia and New Zealand.

HWSA initiates national campaigns targeted at specific industries across all jurisdictions. These campaign initiatives support the *National OHS Strategy 2002 – 2012*, and facilitate the development of consistent approaches to nationally recognised priorities.

HWSA's national campaigns are established with the aim of minimising health and safety risks and, where possible, identifying causal factors for non-compliance by industry. **The intention of this approach is to educate industry through a balance of information, assistance and enforcement activity.**

The *National OHS Strategy* identifies health and community services among its seven priority industries as well as body stressing as an injury mechanism for national attention. Manual handling, in the health and community services industry sector, was the focus of the 'Design 4 Health, National Manual Handling Campaign 2004'. In June, 2007 HWSA decided once again to focus on manual handling in the health services sector with an additional focal area of slips and trips.

Workplace Standards Tasmania was nominated by HWSA to co-ordinate this National Intervention and Compliance Campaign for Manual Handling, Slips and Trips in Hospitals (NCC MHH-ST), branded as '*to be determined*'.

2 ISSUE

In 2004-05, 17400 national claims for compensation were made by employees in the Health and community services industry, accounting for 12% of all workers' compensation claims where the employee was off work for one or more weeks. Incidence rates in this industry have fallen only slightly since 1996-97, from 20 claims per 1000 employees to 19 claims per 1000 employees in 2003-04. This rate is slightly above the rate for Australia of 17 claims per 1000 employees.

The most common causes of compensated injury and disease in the Health and community services industry in 2004-05 were:

- Muscular stress (due to manual handling or repetitive movement) which accounted for 51% of claims
- Falls and trips, which accounted for 16% of claims, and
- Being hit by a moving object, which accounted for 11% of claims¹

Manual handling is any activity involving the use of muscular force to lift, move, push, pull, carry, hold or restrain any object, including a person. Injuries often occur due to accumulated wear and tear from a manual handling activity that stresses the body, such as repetitive work or heavy lifting. The consequence of a slip or trip may also be a musculoskeletal injury.

¹ Information Sheet: Health and Community Services (ASCC)

In determining the direction of this project reference was made to the Design 4 Health National Manual Handling Campaign 2004 conducted in the Health and Community Services Industry which listed the following major findings:

- Dramatic improvements had occurred in the standard of manual handling risk management within the industry sector (hospitals, nursing homes and accommodation for the aged) in the five years prior to the 2004 campaign.
- Industry sub-sectors, including hospitals, met the minimum criteria for manual handling management systems.
- In the area of management systems, risk assessment and control was identified as the area having the most room for improvement, particularly in non-clinical areas.
- 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.
- Design issues relating to the design of buildings, furniture and equipment were identified as common sources of uncontrolled manual handling risks.

The Design 4 Health National Campaign 2004 identified opportunities for improvement within the health care sector, some of which will be examined in this hospitals project which will work towards achieving the National OHS Strategy targets of:-

- at least a 20% reduction in the incidence of work-related fatalities by 2012
- at least a 40% reduction in the incidence of workplace injuries by 2012.

The areas examined in the project will also align with National Priority 1 – Reduce high incidence/severity risks in the priority sector of health care. This strategy identifies manual handling as a priority hazard area. This project will also address National Priority 3 – Prevent occupational disease more effectively in respect to muscular-skeletal disorders.

The Strategic Imperatives to be considered and addressed are:

- the national strategy includes as a priority the need to reduce high incidence/severity risks associated with manual handling and slips/trips
- healthcare services industry is a key contributor to manual handling injuries in Australia – accounting for 51% of claims and slips, trips for 16% of claims within this industry sector
- an audit tool is to be developed to facilitate a uniform risk assessment process, highlighting the new *National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work (2007)* and relevant state guidance material
- reduction in injuries from manual handling and slips/trips in this industry - this project will seek to increase awareness of manual handling and slip, trip hazards, the new national Code of Practice and relevant state guidance material to improve control of risks relating to manual handling practices
- opportunity for jurisdictions to better understand the issues surrounding manual handling and slips/trip issues associated with nominated hospital work areas.

Implications of not performing this campaign:

- missed opportunity to better characterise the reasons for the continuing social and economic burden of body stressing injuries within the Health Services industry sector
- high risk of not meeting National OHS performance targets, especially in relation to reducing injuries associated with manual handling and slips/trips.

Business risks associated with the project:

Appendix 2 provides a risk register, which sets out the risks associated with the project and how to control and mitigate the risks.

3 PURPOSE OF PROJECT

The purpose of this project is to educate the hospital sector through a balance of information, assistance and enforcement activity. The project will generate information that can be used by HWSA members, each jurisdiction and by hospitals to reduce high incidence/severity manual handling and slips and trips risks in this priority sector, and assess the capacity of targeted areas in hospitals to control risks.

To achieve this purpose, the project will

- assess the level of compliance and the control of manual handling and slips/trips risk control in specific areas of targeted hospitals and compare this level of risk control against relevant state standards
- improve awareness and knowledge of manual handling and slips/trips in specific areas of targeted hospitals through the provision of an information kit which highlights the new *National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work 2007* and relevant state standards
- identify opportunities for improvement that lead to 'better practice' approaches to manual handling and slips/trips in specific areas of targeted hospitals.

The project will include:

- Hospitals (excluding psychiatric hospitals)
- Workplaces with 20 or more workers
- Workplaces in both the public and private sectors
- Workplaces in regional and metropolitan areas.

Specifically the project will focus on:

- **manual tasks in non-clinical work areas (nominated tasks in kitchen, laundrette and clinical sterilisation department (CSD) areas)**
- **slips, trips – audit of environment in nominated high risk work areas**
- **barriers and enablers to use of control measures in non-clinical areas (kitchen, laundrette and clinical sterilisation department (CSD) areas)**
- **bariatric care (data from survey only - not to be incorporated into audit)**

Anticipated outcomes of the project are outlined in Section 5 of this document.

4 PROJECT APPROACH

The project approach includes the following key components:

- Audit to assess the level of compliance and control of manual handling, slips/ trips risk
- Delivery of information kit to promote ‘ better practice’ approaches to reduce risks associated with manual handling and slips/trips
- Survey conducted pre and post workplace audit/information kits to evaluate the level of knowledge and compliance before and after audit and the delivery of information kits. This survey will be funded by the ASCC and conducted in conjunction with the participating OHS Authorities.
- Report of findings of audit and survey to stakeholders with recommendations for any actions or further research if required.

An outline of the intervention and evaluation strategy is provided at Appendix 1.

PHASE	STATUS
<p>Phase 1 – Development (July 2007 – December 2007)</p> <p>Phase 1 to include the following activities:</p> <ul style="list-style-type: none"> • Initial meeting with national reference group – third week of July 2007. • Jurisdictions to identify manual handling, slips and trips products available that can be used or modified for the project’s implementation. • Development of terms of reference for national reference group. • Identification and agreement of campaign scope. • Finalisation and endorsement of :- <ul style="list-style-type: none"> ○ detailed project concept paper ○ endorsement of the project framework plan ○ the evaluation strategy. • Identification of campaign sample to be targeted during the intervention phase of the project. • Development of a audit tool and methodology including trialling the audit tool • Development of Communications plan. • Develop data management strategy • Development of pilot audit strategy to trial the audit tool. 	<p>Completed</p> <p>2nd meeting – 12/10/07</p> <p>Draft circulated</p> <p>Completed</p> <p>2nd meeting - 12/10/07</p> <p>Drafts circulated</p> <p>2nd meeting – 12/10/07</p> <p>2nd meeting – 12/10/07</p> <p>October/November 2007 (tabled at 2nd meeting)</p> <p>November 2007</p>

<p>Phase 2 – Consultation (January /March 2008)</p> <ul style="list-style-type: none"> • Consult with national stakeholders. • Implement Pilot audits to trial the audit tool. • Stakeholder consultation – identification of relevant stakeholders and letters sent to stakeholders informing them of the project. • Marketing – distribution of a media release. • Letter sent to target group to be audited. • Development of information kit for audit activities • Develop, pilot and administer a pre audit survey 	On-going development
<p>Phase 3 – Auditing/Intervention /Compliance Activities (April-June 2008)</p> <ul style="list-style-type: none"> • Develop inspector training package • Inspector training to use the audit tool. • Education/ information materials to be delivered and instruction of completion of ASCC Internet survey. • Field audits conducted. • Compliance notices issued and implementation reviewed. • Completed Inspector training to use the audit tool 	On-going development
<p>Phase 4 – Evaluation (July –December 2008)</p> <ul style="list-style-type: none"> • Compliance data and survey data collated and analysed. • Prepare report for Working Group and HWSA. • Communicate summary of outcomes to project stakeholders. • Post intervention survey administered and analysed • Develop framework for post-intervention study for 2009-2010. 	On-going development

5 PROJECT OUTCOMES

- Improvement in the level of manual handling and slips/trips risk control in specific areas of targeted hospitals receiving intervention
- Identification of barriers and enablers to the use of control measures for manual handling tasks and slips/trips in specific areas of targeted hospitals
- Greater knowledge regarding the issues impacting on bariatric care
- In the longer term this intervention will contribute to a reduction in injuries and deaths resulting from unsafe manual handling practices and slips/trips in hospitals.

A report outlining the audit and survey findings, recommendations for further action as well as an evaluation of the campaign process will be prepared and provided to HWSA, industry stakeholders and the OHS authorities as appropriate.

6 CONSULTATION

A project Working Group, consisting of jurisdictional representatives was formed and first convened on the 20th July 2007.

Management within each jurisdiction will be kept informed of the project's development and milestones achieved.

Significant issues for internal stakeholders include:

- allocation of human resources and other budgetary considerations
- timing of the project with other business commitments
- ensuring effective communication between all jurisdictions throughout the life of the project
- differences in the jurisdictions in regards to workers compensation statistics collected for manual handling and
- differences in approaches to regulatory compliance/enforcement strategies in regards to manual handling and slips/trips

7 STAKEHOLDER RELATIONSHIP MANAGEMENT

The project aligns with:

- stakeholder relationship management developed for the Design 4 Health National Project undertaken in the health sector in 2004/2005 and
- current jurisdictional hospital strategies/programs.

Key Internal and External stakeholders to be involved in the project are as follows:

Primary Stakeholders	
Stakeholder and Key Issues	Consultation Approach
<p>HWSA</p> <p>Want the outcomes and benefits associated with the project.</p>	<p>Keep informed on project progress using HWSA meeting schedule and through each jurisdiction's HWSA delegate.</p> <p>Seek sign off at appropriate project stages</p>
<p>National Working Group</p> <p>Want to ensure outputs are feasible and workable and partly responsible for delivering outputs.</p>	<p>Bi-monthly meetings (teleconference out of session) for duration of the project (no more than 3 face-to-face meetings).</p> <p>Project updates from Project Manager.</p>
<p>Safety Authority Inspectors</p> <p>Want to ensure outputs are deliverable and partly responsible for delivering outputs.</p>	<p>Representative on National Reference Group to brief and consult with relevant Safety Authority Inspectors as appropriate.</p>
<p>Project Team</p> <p>Responsible for delivering outputs of the project.</p>	<p>Regular project team planning meetings.</p>
<p>Office of the ASCC</p> <p>Office of the ASCC, in line with the request from the HWSA members, have agreed to provide evaluation support to HWSA campaigns. It is envisaged that, over time, this data will provide HWSA and ASCC members with useful information on intervention effectiveness.</p> <p>The office of the ASCC has provided advice on the development of an overall evaluation methodology and program logic. Subject to HWSA members agreement, the Office of the ASCC will develop a pre and post audit survey to provide additional information to support the evaluation of this compliance campaign.</p>	<p>Involve in the Reference Group to ensure that any audit tool is as robust as possible and collects national data in a consistent format.</p>

Secondary Stakeholders	
Stakeholder and Key Issues	Consultation Approach
<p>Unions, Medical Associations, Employer Groups</p> <p>Want the outcomes and benefits associated with the project.</p>	<p>Keep informed on project progress through regular project newsletter.</p> <p>Project media releases if appropriate.</p>
<p>WorkCover Tasmania Board (joint project sponsor)</p> <p>Want the outcomes and benefits associated with the project.</p>	<p>Keep informed on project progress through regular reports to the Board.</p> <p>Project media releases when appropriate.</p>
<p>Hospitals</p> <p>Interested in the outcomes of the project and impact on operations.</p>	<p>One off communication about the intention of the project.</p> <p>Keep informed on project progress through regular project newsletter.</p>
<p>Workers</p> <p>Want the outcomes associated with creating a safer workplace.</p>	<p>Project media releases when appropriate.</p>
<p>Hospital Accreditation agencies</p> <p>Interested in the outcomes of the project.</p>	<p>Keep informed on project progress through regular project newsletter.</p>
<p>Nursing Organisations including Nursing Registration Boards</p> <p>Want the outcomes and benefits associated with the project.</p>	<p>Keep informed on project progress through regular project newsletter.</p> <p>Project media releases if appropriate.</p>

A communication strategy is to be developed and will detail external stakeholder relationship management and provide timeframes and guidance for a coordinated national approach. The framework for this strategy has already been provided to the project Working Group for consideration and comment.

8. Linkages with other projects / business initiatives

The project aligns with:

- Design 4 Health and other national initiatives for manual handling
- state derived initiatives to reduce MSD in the hospital sector
- the recent release of the *National Code of Practice for the Prevention of Musculoskeletal Disorders (MSD) from Performing Manual Tasks at Work Report (2007)* and
- prevention of occupational disease, with musculo-skeletal disorders being one of the priorities.

9. RESOURCE IMPLICATIONS

The following resource implications have been identified:

- access to adequate expertise for:
 - developing audit tool
 - supporting reference material development and
 - undertaking audits
- time required to implement and deliver the project in conjunction with existing jurisdictional commitments; participation in national meetings; undertake audits including recording of results; develop methods for gathering intervention results; collate and analyse data for final report; conduct evaluation
- cost of participation of national meetings; data analysis; conduct of survey, venue hire; publication of campaign components (letters and promotion); implementation of evaluation and
- jurisdictional human resources available for delivery of the campaign.
- Conduct of survey (development, administration and analysis) will be funded by the Office of the ASCC

Project management and coordination resources to be provided by WorkCover Tasmania and Workplace Standards Tasmania. Resources associated with the delivery of the intervention in targeted industries will be provided by the relevant jurisdiction.

Where possible, the resources expended during the campaign will be reported in the final report.

Each Jurisdiction will arrange Inspector resources to accommodate the likely number of workplaces to be audited.

Resources for the project management and coordination are to be provided by Workplace Standards Tasmania (WST) and WorkCover Tasmania (WCT). The allocated resources are intended to cover:

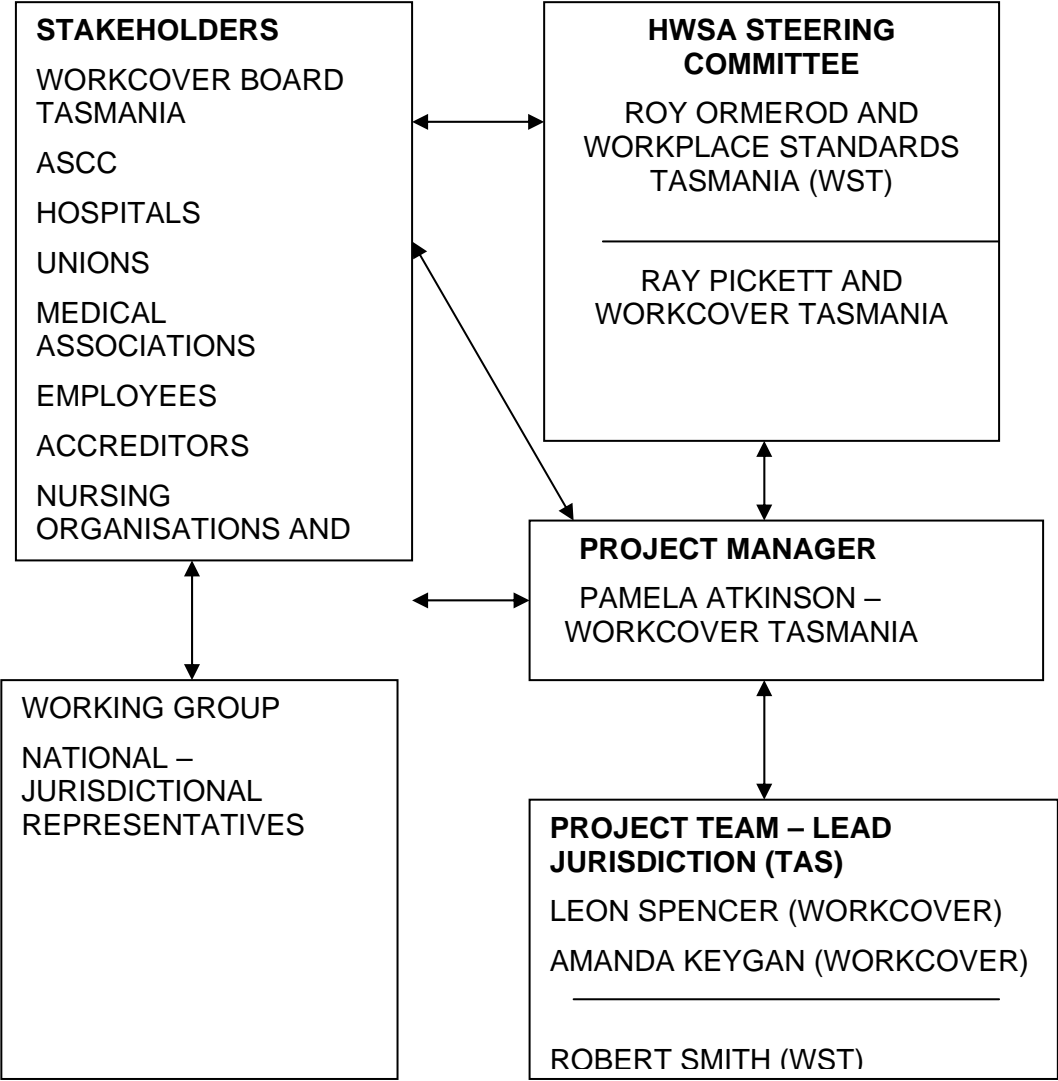
- project coordination
- meeting venue costs
- incidental travel expenses of the project coordinator
- teleconference costs if arranged by WST/WCT
- data analysis/statistical assistance if necessary.

Jurisdictions will undertake fieldwork including audits and monitoring (if participating) using existing resources. Each jurisdiction will also cover their own costs associated with information sessions and surveys conducted.

Resources to be monitored and tracked during project duration.

10. PROJECT ORGANISATION

10.1 Project Governance Structure



10.2 Project Working Group

A project Working Group has been formed to inform the development and implementation of the campaign. Details relating to the Working Group are provided below:

Name of Working Group: National Manual Handling and Slips and Trips in Hospitals Working Group

Working Group members

Jurisdiction	Representative/s	Contact details
Tas	Ray Pickett Manager Scheme Improvement WorkCover Tasmania	Tel: 03 62332655 Fax: 03 62338338 Mobile: 0418 124 528 Email: ray.pickett@justice.tas.gov.au
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NSW	Deborah Morris Team Manager Health and Community Services Team WorkCover New South Wales	Tel: 02 4321 5218 Fax: 02 9287 5218 Mobile: 0423780434 Email:Deborah.morris@workcover.nsw.gov.au

11. NEXT STEPS

HWSA approval of Project Concept Plan at November Meeting in Hobart.
Communications Plan document to be finalised and distributed to Working Group.

Implement Phases 1 - 4 of the campaign.

12. COMMUNICATION OF RESULTS

The project will operate under a cross-jurisdictional Committee and will report to HWSA with administration and reporting support provided by the lead agency, WST/WCT.

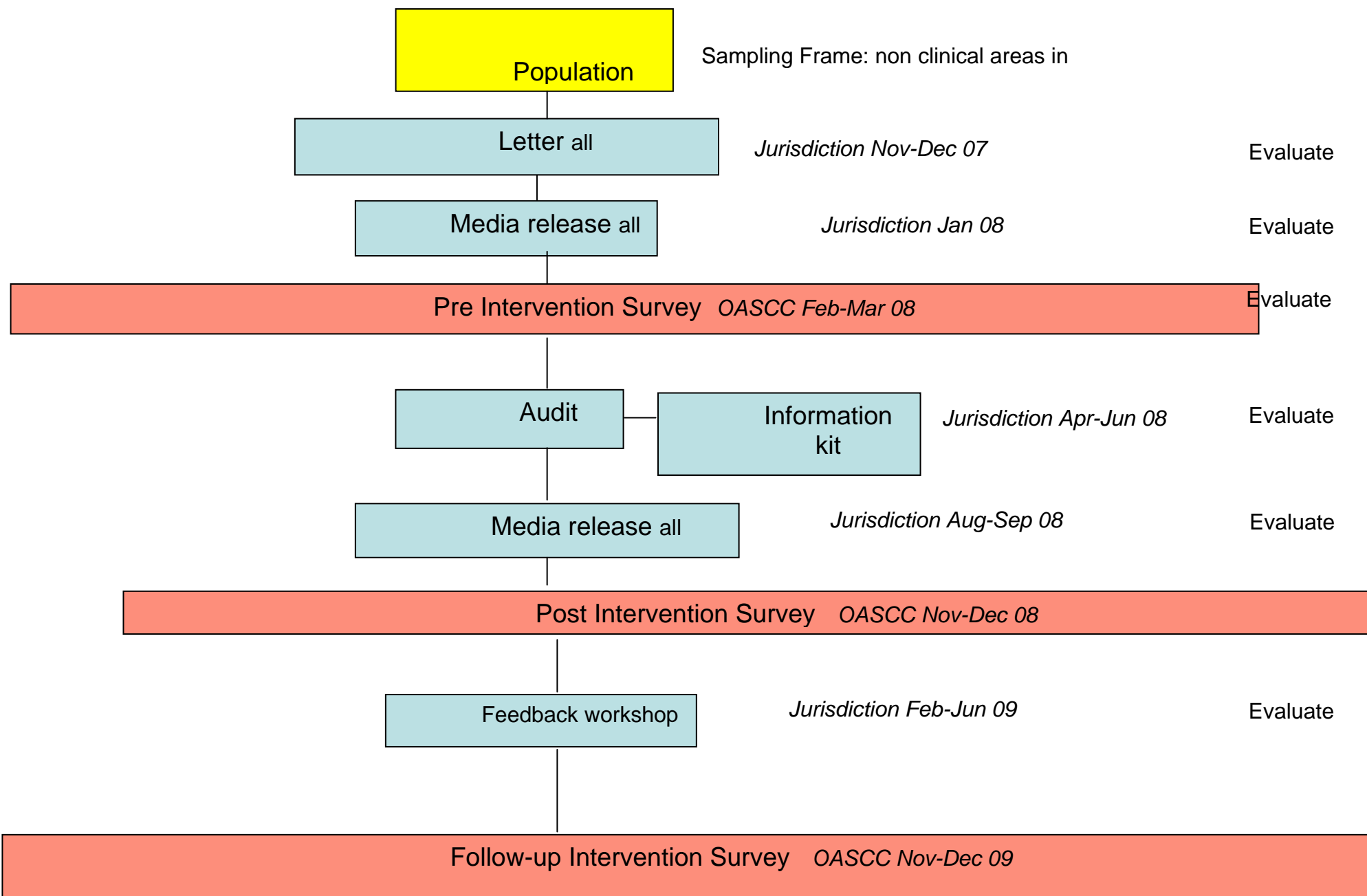
Data gathered during the course of the project should be entered at a local level within given timeframes and the completed data set forwarded to the lead agency.

A final report will be prepared upon analysis of the results. It is anticipated that the final report will be available in December, 2008.

A generic media release and information kit will be prepared for use by all participating jurisdictions prior to the implementation phase.

The Working Group and its participants will be responsible for internal communications and assessment of internal communication needs. The Working Group will be advised of the scope and timing of the project.

Intervention & Evaluation Design



Appendix 2

RISK REGISTER - National Compliance Campaign– Manual Handling Slips and Trips in Hospitals

Risk identification (events/happenings)	Risk level	Risk mitigation
Jurisdictions unable to select adequate sample size - depending on specific areas to be targeted.	Low	Process for selection of targets to be considered jointly by reference group.
Jurisdictional member unable to deliver resources committed to at first & second meetings	Low	Project team has been formed in Tasmania to manage project.
Project Manager unable to obtain sufficient support when required at crucial times	Medium	Project team has been formed in Tasmania to assist with project implementation. Consider extending timeframe of campaign activity or phase if insufficient support available.
Budget insufficient to carry out certain necessary activities	Low	Project team to identify costings involved in the project and seek management approval of budget allocation. Costs of the project to be tracked during project duration.
Some stakeholders not motivated to participate	Low	Consult further with them and discuss benefits of participation. Engage them in the process.
Targeted group not inclined to change “existing culture” for manual handling practices.	Medium	Undertake further consultation with them. Provide more guidance material and assistance. Use further enforcement action where necessary
Target group not sustaining manual handling changes after initial audit period.	High	Educational forums, information products provided during project implementation. Post audit survey and re-audit 2 years time.
Legislative changes occur during project duration and project not modified accordingly.	Low	Project team to keep track of legislative changes that could impact on project. In particular, the draft <i>National Code of Practice for the Prevention of Musculoskeletal Disorders from Manual Handling at Work</i> .