

1. Practice

In a hospital or aged care facility, the focus must be on the care of the patient and the use of appropriate equipment for each client, taking into account the risk factors identified in the assessment, the client's condition and the wishes of the client/family.

2. 'NO LIFT' PROGRAM CHECKLIST

1	ASSESSMENT OF PATIENT/CLIENT	⇒ has an assessment of the Patient/client been undertaken, including consultation with the physiotherapist, client/family and carers?
2	ASSESSMENT OF ENVIRONMENT	⇒ has an assessment been made of the living environment and modifications been made as deemed appropriate?
3	ENCOURAGEMENT	⇒ is the client being encouraged to manage (or increase) their mobility and independence?
4	MANUAL HANDLING AIDS	⇒ is their identification and provision of lifting aids and equipment necessary to assist the carers to move/transfer the client?
5	STAFF TRAINING AND COMPETENCY	⇒ have staff been trained (and observed for competency) in the correct use of aids and equipment and in manual handling techniques (incl. ongoing assessment of staff manual handling skills)?
6	MONITORING AND ASSESSMENT REVIEWS	⇒ are residents continuously monitored and periodically re-assessed to ensure the program is appropriate to their ongoing needs?

3. MANUAL HANDLING STANDARDS

Any manual handling mechanism, whether it be a person or a mechanical device, will be damaged if the load exceeds the safe strength of the weakest part.

In the case of lifting machines it is possible for engineers to define a 'safe load' which is marked on the machine. Where manual handling is undertaken by a person, attempts to define a 'safe load' have proved difficult. People vary so much in weight, size, awkwardness and ability to help in the manual handling process. Carers vary in size, strength and skill.

The carer's safeguard lies in his or her ability to judge the 'load' they will have to bear. If it is in excess of his or her strength, extra assistance from staff (team lifting), or the use of a mechanical aid, can prevent such undue strain.

Guidelines for load capacity standards

3.1 Load Capacity - general

No worker should manually handle, move, lower or carry loads above one third (1/3) of their body weight, to a maximum of 25 Kg, unless mechanical assistance or team handling arrangements are provided to lower the risk of injury

3.2 Load Capacity - seated

Loads above 2.0 Kg should not be manually handled whilst seated.

3.3 Load Capacity - age

Young workers under the age of eighteen (18) should avoid manual handling or carrying objects greater than 16 Kgs.

3.4 Training and Competency

As a minimum employees (at commencement of employment) should be provided with a minimum of three (3) hours training in manual handling incorporating practical experience and observation, and should be assessed for competency at the completion of the training.

4. MANUAL HANDLING - TEAMWORK

Team handling involves the handling, lowering or moving of clients (or loads) by two or more people at the same time.

Team handling may be needed when:

- mechanical aids cannot fit into the area
- mechanical aids are otherwise not appropriate
- it is impossible to redesign the task so that manual handling is not necessary

Whenever team handling is used, it is essential to co-ordinate and carefully plan the movement. Make sure;

- an adequate number of carers are chosen to help in the team,
- team members are of similar sizes to each other,
- one person leads the operation,
- there is sufficient space for the handlers to manoeuvre as a team,
- carers know their responsibility during the move, and
- plans are in place in case of an emergency.

4.1.1 FITNESS

General physical fitness, not abnormal strength, is necessary for manual handling of clients.

Daily exercise will ensure all joints and muscles are well flexed and stretched through their full range.

Particular emphasis should be placed on exercises which will strengthen the muscles which are used to brace the spine.

4.1.2 TIPS ON MOVEMENT OF RESIDENTS
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Good communication between carer/s and client will help to ensure the client's comfort and safety. At the same time the carer can encourage the cooperative client to assist with the move, not only making the load lighter but also reducing the dangers to the carer of long term immobility.

The carer, having knowledge of the client's condition, can ensure the move is carried out with the minimum of pain:

- Extra support can be given to weak or broken limbs.
- Care can be taken in handling bruised or injured areas.
- The resident suffering from weakness, pain, dizziness or nausea can be moved slowly to minimise discomfort.
- The resident with one sided weakness will feel more secure if transferred out of bed on the stronger side.
- The resident with speech difficulty can communicate with sign language.

The semi-conscious or the confused client will be easier to lift if their cooperation is sought by instruction throughout the lifting process.

AVOID INJURY

Many residents are unable to move themselves, and most be assisted to a greater or lesser extent. In doing this, carers may injure themselves. Usually the most serious injuries are those to the spinal column, which may result in prolonged disability with chronic pain. Injury of this type limits ability to perform daily tasks, and to take recreation. To the community there is a loss of available skills, as well as the cost of possible Work Cover claim.

Experience suggests that avoidance of injury depends mostly on the skill and alertness of the carers and to a Competency involves not taking risks. Even experienced carers sometimes injure themselves, usually when they try to do too much. So the terms 'competence' and 'alertness' includes knowing when it is desirable to obtain help, and how to work as a team with other carers.

A 'no lifting' policy is one where staff are not asked to physically support the weight of those that they are assisting to transfer or move. Mechanical and other aids, such as sliding boards, are used instead. In an aged care facility or hospital, a no-lifting policy means that alternative methods for resident movement must be established.