"The HCA Way"

Manual Handling

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Manual Handling

Healthcare Australia endorses a no lift policy and bases its training on the ANMF ‘No lift, no injury’ method (Bonner & Pockock 2004). Following successful completion of this theoretical package and multi-choice assessment quiz you must attend a 1.5 hour practical assessment or supply valid evidence of completion from elsewhere.
Manual Handling

MANUAL HANDLING is an activity that is simply part of everyday life; it cannot be avoided so we must do our best to make sure that we are using the safest techniques possible to avoid injury. It is defined as any activity that requires an individual to exert a force to push, pull, lift, carry, lower, restrain any person, animal or thing. As a nurse or a personal care worker, this means that Manual Handling is more than just moving and assisting our clients. The majority of tasks we complete in our day include some form of manual handling.

Manual Handling is described as any activity, which requires a person to exert force in order to...

- Lift
- Lower
- Push
- Pull
- Carry
- Move
- Hold, or
- Restrain

Manual Handling Injuries

Using unsafe manual handling techniques (e.g. incorrect lifting techniques, incorrect posture and moving items that are too heavy for a single person) can cause a variety of musculoskeletal injuries which can impact upon the person's ability to work and their quality of life. Musculoskeletal injuries that may occur from manual handling injuries can include:

- Muscle sprains and strains;
- Ligament or tendon damage;
- Prolapsed intervertebral disks;
- Tendonitis of the shoulders/elbows;
- Abdominal hernias;
- Nerve damage.
Legislative Framework

The Act:
- The National Work Health and Safety (WH&S) Act was introduced in 2012.
- WH&S Regulations are specific to their State. Links to these different Acts can be found through www.australia.gov.au. However, they all share common elements focusing on Hazard Identification, Risk Assessment and Risk Control.
- These Regulations provide legislative guidelines for Manual Handling compliance within workplaces. They provide the framework of design, consultation, assessment, control and training to be implemented in the workplace.

Code of Practice (Manual Handling)
- A guide towards assisting the implementation of the manual handling regulations

‘The HCA Way’ Manual Handling

By incorporating the ANMF ‘No Lift No Injury’ approach, the ‘HCA WAY’ aims to reduce the risk of injury by:
- Eliminating manual lifting of people in all situations apart from those which are life threatening or exceptional circumstances;
- Maintaining and promoting client independence;
- Providing assistance if it doesn’t involve lifting most or all of a client’s weight; and,
- Providing support to clients unable to lift themselves, by using lifting aids including mechanical lifting machines, hoists and rigid or fabric sliding devices.
Industry Guidelines (Manual Handling)

- Some industries that have been identified as being particularly at risk in particular sectors have guidelines or competencies developed in that sector. In aged care, there are Manual Competencies for Nurses.

Employee’s Responsibilities in Manual Handling

As an employee you have a legal responsibility to ensure the safety of yourself and others in the workplace. According to the 2011 Work Health & Safety (WH&S) Act, a worker should:

- Take reasonable care to ensure the health and safety of yourself and others including clients and other workers;
- Report any and all incidents or hazards associated with manual handling immediately to the shift supervisor (including any changes to patient care plans);
- ALWAYS follow safe manual handling practices and techniques and use equipment according to the workplace training that you have received; and
- Be free from the influence of drugs and/or alcohol whilst at work.
Understanding Hazard and Risk

HAZARDS are factors in the workplace that have the potential to cause injury or ill-health and can apply to the methods being used to perform a task, the use, storage or transit of substances, general workplace practices and procedures and use of machinery.

RISK is the likelihood of a particular hazard causing an injury. Where possible, the focus should be on minimizing the risk of injury, if not eliminating the risk completely.

Hazard Management

1) Hazard Identification: Possible hazards are identified through consultation with employees, direct observation, client assessments and review of injury records.

2) Risk Assessment: Once potential hazards are identified, the evaluation process begins to assess the likelihood and the consequence of injury or illness as a result of exposure to the hazard. Assessments include actions and movements, working posture and position, characteristics of loads and equipment.

3) Risk Control: After the Risk Assessment, the workplace must consider how the hazard can be eliminated or minimize the risk of injury or illness (where elimination is not possible).
The Hierarchy of Risk Control

1) Eliminate the task: Remove the hazardous work process/task from use completely.

2) Substitute the task: Substitute the hazardous work process/task to one that is safer for both the workers and clients.

3) Isolate the task: Separate the people at risk from the hazard by isolating it.

4) Engineer controls: Use engineering controls to reduce risk by making physical changes to the equipment used.

5) Administrative controls: Use administration controls to reduce risk e.g. increase job variety and rotation, provide training in the safe use of equipment and techniques, regular maintenance of equipment.

6) Personal Protective Equipment: Implement the use of personal protective equipment (PPE) whilst completing hazardous work processes/tasks.

Note: The use of PPE to control hazards should only be used as a last resort.
The Importance of Correct Spine Alignment

The spine is central to our whole body’s function, providing a stable base for our limbs and head and protecting our nervous system from harm. Correct spine alignment is the best way of maintaining spinal health.

By using correct spine alignment during your daily activities, whether you are sitting, standing, lifting or bending, you are minimising the risk of injury to your back. It also allows our muscles to work with minimal effort and places the spine in its most efficient and powerful position.

Ongoing deviations from correct spinal alignment (or the natural ‘S’ curvature of the spine), such as prolonged slouching or arching of the back, result in headaches, chronic neck and back pain, pinched nerves, muscle imbalances and degeneration of the spinal discs.

Establishing Correct Spine Alignment

To achieve correct spine alignment whilst standing you need to imagine a straight line running down through your body. Imagine there is a string attached to the crown of your head stretching you tall. Remember to tuck your chin slightly. The string should then travel down through the crown of your head, the ear, the tip of the shoulder, the hip joint, the back of the knee cap and in front of the ankle bone. Finally, gently activate your core muscles to maintain the posture. You should now feel strong and balanced.

If your spine is not correctly aligned, you will have muscle imbalances resulting in poor posture and increased levels of stress on your joints. To realign your posture, you should
consciously practice correct spine alignment in all of your daily activities and consider using a stretching and/or strength-building program recommended by a physiotherapist or personal trainer which focuses on alleviating tightness and strengthening the weak muscles in your body.

**Best Practice Manual Handling**

The diagrams on the following pages show how to avoid injury at home and at work by using the best practice manual handling. Back strain and other injuries related to manual handling can occur at any time and any place. Manual handling is not confined to the workplace therefore these principles can be applied to daily living to ensure a healthy back.

**Lifting**

If performed poorly, lifting can place significant strain on many parts of our body. It is important to plan your lift well and execute the movement with correct technique, even with light objects.

When we do need to lift, the semi-squat position places our body in its strongest position for lifting from low levels. In this position your legs are at their strongest and your spine is stable and strong.

When lifting, the dominant force used should come from the **lower limbs**.

- Feet comfortably apart, evenly placed either side of the load if possible;
- Knees bent to 90°;
- Spine in the natural curves, with the forward bend from the hip joints;
- Load as close to the mid-point of your ankles as possible; and
- Brace abdominal muscles.
lifting an Object from the Floor

Workers must assess the safety of the area and the weight of the object prior to attempting to lift it from the floor. Use your foot to push the object to determine its weight. If it is too heavy to lift by yourself, recruit another person to assist you or, if you can, divide up the load and move it in manageable sized parts.

- Place yourself in the ‘semi-squat’ position;
- Place one hand on one end of the top side of the box to tilt it enough to allow the second hand to be positioned underneath the raised side of the object; then bring the hand which is tilting the box down to under the bottom of the box to lift. This will be demonstrated in the practical session;
- With knees bent, lift the object up keeping it as close to your body as possible; and
- Place both hands underneath the box to protect Carpal Tunnels.

Storage of Objects

It is important to minimise risk when storing items in the workplace. To reduce the risk of manual handling hazards:

- Store any frequently used items at bench height;
- Store only infrequently used, heavy items below bench height; and
- Store only infrequently used, light objects above shoulder height.

Pushing

Whenever you need to push a load, remember to use a wide base of support. Use your body weight to initiate the movement and try to keep your elbows close to your body to avoid injury. Pushing is always safer than trying to pull when moving a heavy object.
Pulling

If you do need to pull an object, face the object and use both arms to pull. Place your feet so that your weight is distributed equally and use your body weight to initiate the movement. Preparation of the work area is important to minimise risk. Ensure your path is clear as you may need to walk backwards with the load.

Team Transfers

Good communication is the key for safe team transfers. Most injuries that occur during team transfers are due to one person moving or dropping the load when the other person is not prepared.

To facilitate a successful team transfer:

- Discuss the move with your work colleague and notify them if anything doesn’t feel right whilst completing the move;
- Synchronise the movement using ‘Ready, Set, GO’ or ‘One, Two, THREE’; and,
- Maintain eye contact throughout the move.
Common Manual Handling Positions

**Weightlifters Position / Semi-Squat**
- Feet placed evenly apart (either side of the object where possible)
- Hips and knees bent (knees approximately 90°)
- Bending of the knee is at its greatest when the load is being lifted from the floor
- Spine in neutral curve
- Object close to body
- Abdominal muscles braced

**Side-to-Side Lunge**
- Feet slightly wider than shoulder width
- Weight through leg closest to head of the bed
- Spine in neutral curve
- Object close to body
- Brace arms against the body
- Smoothly transfer body weight horizontally (from side to side) to the leg closest to the foot of the bed.
Backwards-Forwards Lunge

- Feet flat, pointing forward
- Weight through rear leg
- Back foot will receive the weight of the load
- Spine in neutral curve
- Object close to body
- Brace arms against the body
- Smoothly transfer body weight forward

Knights Position

- Kneeling on one knee
- Toes of rear foot curled forward
- Maintain the neutral spinal curve;
- Rest your knee on a soft surface if available.

Pivot

- Feet shoulder width apart
- Brace if possible
- Pivot on ball of foot
- Maintain the neutral spinal curve
- Avoid trunk rotation
Walking Clients  
*(Reliably Weight Bearing Clients)*

- Always walk with a reliably weight-bearing client close to hand rail where possible (on client’s strong side if only one worker);

- The worker should walk to the side and slightly behind client. Their near hand positioned in the middle of client’s back (belt-line). The worker should position their front hand in ‘Duckbill’ position for client to hold;

- While walking the client take frequent breaks (if required);

**Please Note:** The ‘Duckbill’ hand position is with fingers held together and the thumb tucked underneath. This allows the worker to withdraw their hand easily when/if necessary and prevents potential injury.

**KEY POINTS**

- Correct position of client and worker;
- Communication with both parties;
- Walk at a comfortable pace for the client.
Sit to Stand Transfer: One-Person Assist
(Reliably Weight Bearing Clients)

- The client is positioned appropriately on the chair or on side of the bed, with their feet under knees and approximately shoulder width apart;
- The worker stands beside the client, in a side to side lunge their forward foot blocking client’s foot (if needed) and their back foot at side of chair/bed;
- Encourage client to move forward in chair;
- The worker places their near hand on the centre of the client’s lower back with their other hand placed gently on top of client’s closest shoulder to worker for support;
- The client places their hands on the chair/bed and uses their arms to push themselves off the chair/bed assisting them to stand if able (not using walking frame, etc.);
- The worker’s hand applies very slight pressure in an lower back to assist move,
- The worker transfers their body weight from side to side lunge TO the neutral forward/backward lunge move;
- The worker holds the hand that is NOT in the middle of the clients back as a ‘Duckbill’ grip for client as support when standing and walking.

KEY POINTS
- Client and worker positioned correctly;
- Communication with both parties;
- Weight transfer.
Sit to Stand Transfer: Two-Person Assist
(Reliably Weight Bearing Clients)

- The client is positioned appropriately on the chair or on side of the bed, feet under knees and approximately shoulder width apart;
- Both workers’ stand facing the client, one worker either side of the client with their forward foot blocking client’s foot (if needed), or to the side, parallel to the client with back foot at side of chair;
- Each worker places their near hand in a neutral rest on the client’s shoulder but not applying pressure;
- The workers’ then place their second hand overlapping in client’s lower back;
- The client places their hands on the chair and pushes up to assist to stand as able;
- The workers’ force is provided by the hand in the lower back, NOT from under the arm; The workers’ front feet move from side to side lunge to a forward/backward lunge; and

**KEY POINTS**

- Client and worker positioned correctly;
- Support – from the back of the client;
- Communication with all parties.
Lie to Sit and Stand Transfer:
One-Person Assist (*Semi-Independent Clients*)

Place a *folded slide sheet* under the client’s buttocks and legs while they are lying flat on the bed (*The slide sheet must not cover either the edges or sides of the mattress otherwise the client is in danger of sliding out of the bed onto the floor. The slide sheet helps the client turn in the bed without creating friction to buttocks and legs which may cause skin damage*) *THEN* raise the back rest and adjust the bed height.

- The client can assist by placing their hands next to their thighs on the mattress and pushing down onto the bed;
- Ask the client to push onto the bed with both hands and move/slide their legs over the side of the bed while turning their upper body with the aid of the slippery sheet under their buttocks. Assist lightly with hand under lower shoulder as needed for support; and
- Worker must position front foot in direction of movement and transfer weight with move from back foot to front.

**Note:** To transfer client to stand from sitting on the side of the bed, to standing is the same procedure as from the chair.

Having the client’s feet slightly off the floor allows the client to step onto their feet rather than pushing up on to their feet. Walking aids should not be placed in front of clients until the client is standing.
Lie to Sit and Stand Transfer (Pivot Method):
One or Two Person Assist
(Semi-Independent Clients)

Place a folded slide sheet under the client’s buttocks while they are lying flat on the bed (The slide sheet must not cover either the edges or sides of the mattress otherwise the client is in danger of sliding out of the bed onto the floor. The slide sheet helps the client turn in the bed without creating friction to buttocks and legs which may cause skin damage) THEN raise the back rest and adjust the bed height.

- The client assists by placing their hands next to their thighs on the mattress and pushing down onto the bed;
- Ask the client to push their hands into the mattress with both hands either on the count of three or using ‘Ready, Set, Go’ to coordinate the move;
- Worker places a slide sheet around the client’s lower legs. The worker must hold the slide sheet taut and with hands at the end of the slide sheet. On the designated count, the worker holds the sheet taut and either walks backwards towards the head of the bed, or lunges back thereby promoting the pivot turning of the client;
- Client may keep hands on bed to assist with move and for support;
- Depending on the ability of the client, a second worker may support the client’s back during the pivot motion by placing hands on the client’s upper back while lunging to the side;
- Once on the side of the bed with legs over the side, the client can then stand up;
- Two workers can assist to stand client where needed, or use stand aid hoist for weight bearing clients.
Lie to Sit and Stand Transfer: Two Person Assist with Hoist (Dependent Clients)

PLEASE NOTE: When lifting or lowering a client in a hoist the brakes MUST NOT be applied otherwise the hoist may overbalance and injure the client.

With the use of the correct sling and hoist, a worker is able to transfer client from one piece of equipment to another:

- Position and ensure correct height for shortest worker (e.g. bed height);
- Roll client side to side to fit hoist sling ensure optimum client involvement. Do not pull forward. Workers’ to be positioned i.e. bent knee, reach arm across body on each side to roll the client;
- Workers’ maintain safe body position, stepping and moving body as needed;
- Position hoist ensuring that brakes are NOT applied throughout procedure;
- Attach sling. Ensure safe practice is applied attaching sling;
- For sitting position choose short attachment on top of sling, long at bottom;
- Raise client with hoist and position in chair or on bed.
- When turning hoist, 2nd person to push hoist leg with foot from side to straighten and prevent twisting the body;
- Ensure sling is pulled back away from the sensitive groin area, towards the knees, all creases and kinks eliminated.

KEY POINTS
- Correct bed height;
- Hoist in the correct position;
- NO LIFT and NO BENDING!
- Sling positioned;
- Communication with all parties
- Brakes should not be applied to the litter when lifting or lowering a client.
Slide Sheet Transfer: Rolling Side to Side

- This is a two person manoeuvre. Ensure the bed height is adjusted correctly, hip height of the shortest person;
- The client is place on their side by ensuring one knee is bent a doubled slide sheet is placed under them;
- Worker 1 (doing the turn) will have the two edges of the slide sheet facing them;
- Worker 1 will grab the top slide sheet palms up and, in a backward lunge with arms kept bent and taut, will do a backward lunge and maintain/hold that position;
- At the same time, Worker 2 will have both hands placed on the client, to stabilize them
- Together as a team, Worker 1 will lunge back with the slide sheet gripped firmly and Worker 2 will push slightly with their hands and position client on side of the bed;
- As Worker 1 is maintaining the position with arms taut close to their chest and in the backward lunge, Worker 2 will push excess slide sheet under the client for easy removal;
- When both Workers’ are ready, Worker 1 will step forward in the lunge movement with sheet firmly gripped and with both arms bent and taut. This manoeuvre will roll the client onto the desired side in the middle of the bed. Worker 2 will place their hands on client’s hip and behind shoulder to support the client whilst the slide sheet is removed and pillows are placed behind them; and
- The slide sheet is removed using the double tucking under method. Worker 1 will pass the top sheet to Worker 2 (with hands palm up) Worker 1 will hold the slide sheet under the clients and lunge backwards removing the sheet from under the client. This may take more than one attempt.

KEY POINTS

- Force – leg strength and weight transfer (backwards and forwards);
- Communication with co-worker and client;
- Fold position of slide sheet (if using single slide sheet folded).
Slide Sheet Transfer: Moving up the Bed (Self Propelled)

This is a one-person move to assist clients with leg strength move up the bed.

*Please Note: All slide sheet moves should be performed with the worker’s knuckles sliding across the bed during the transfer – this prevents lifting which can result in shoulder injuries.*

- The bed height is adjusted to suit the shortest worker’s hip height;
- Slide sheet is placed under client in the same way as for the previous transfer, except that the open ends of the folded slide sheet face towards the bedhead with open ends visible above the client’s shoulders. Use 2 slide sheets for taller clients. Bend client’s legs with their knees up and feet flat on bed. Use a non-slip foot mat if available. Ask the client to place arms across chest;
- Worker 1 holds client’s feet firmly on the bed and asks the client to look at the foot of the bed and then push through their feet to facilitate the move up the bed;
- Ensure an extra pillow is placed at the bed head to protect the semi-independent client from hurting themselves;
- Use a 2nd Worker to assist if need; and

### KEY POINTS

- Bed height adjusted;
- Communication between worker and client;
- Move on command (not earlier);
- Utilise tilt action of bed to facilitate move if needed for Bariatric clients.
Slide Sheet Transfer:
Moving up the Bed (*Dependent Client*)

This is a two-person assist using the forward-backward lunge

*Please Note: All slide sheet moves should be performed with the worker’s knuckles sliding across the bed during the move–this prevents lifting which can result in shoulder injuries.*

- The bed height is adjusted to suit the shorter of the two workers’
- Slide sheet is placed under client in the same way as for the previous transfer. Use 2 slide sheets for taller clients. Bend client’s legs with knees up and feet flat on the bed (prevents dragging heels). Place client’s arms across chest;
- Both workers’ position themselves at the top of the bed, behind the client, and face the foot of the bed in a backward forward lunge (*see next page for the side-to-side lunge alternative*);
- Both workers’ lunge forward and grip the top layer of the slide sheet with palms up and wrists locked. Both hands positioned at top of client’s shoulder;
- The two workers’ stand in a forward lunge position; (Ready)
- Client lifts their head forward. (Set);
- The two workers transfer their weight from front leg to back leg as they move client towards them.(Go)

**KEY POINTS**

- Adjust bed;
- Communication between two workers and client;
- Move on command (not earlier;
- Transfer weight from front leg to back leg.
* Although it is preferable to use the backward-forward lunge where possible, the client can also be moved up the bed by performing a side-to-side lunge in the case that the worker cannot place themselves at the head of the bed due to furniture placement, etc. The steps would change as follows:

- Both workers position themselves at the top of the bed, behind the client, and face the client in a side-to-side lunge. The worker’s feet should be aligned evenly, slightly wider than shoulder width;
- Both workers grip the top layer of the slide sheet with palms up and wrists locked. Starting with the weight through one leg, smoothly transfer the weight to the other leg;
- The two workers stand in a side-to-side lunge position (Ready);
- Client lifts their head forward (Set);
- The two workers transfer their weight from front leg to back leg, keeping their knuckles on the bed, as they move the client towards them (Go).

**Moving a Client Bed-to-Bed with a Board Slide**

- Ensure the bed brakes are on, the area is clear and bed is at the correct height;
- Position slide sheet lengthwise under client using rolling method, hands across chest;
- Move receiving bed parallel and close as possible to occupied bed;
- Worker 1 near occupied bed turns client toward them slightly using a slide sheet;
- Worker 2 on receiving side position the pat slide under the slide sheet and client;
- Pat slide should be under slightly greater than half of the client and covering the join of the beds. Client is carefully released onto their back;
- Palms up, Worker 2 commences to lunge backwards to move client across on the slide sheet and Worker 1 supports the client with their hands, fingers down;
- Both the board slide and slide sheet are removed using client roll method.

**KEY POINTS**

- Communication with colleagues, client and their cooperation;
- Correct positioning of beds and use of breaks;
- Correct positioning of pat slide and slide sheet;
- Correct and safe positioning of the worker/s.
Assisting a Client off the Floor

INDEPENDENT, NON-INJURED CLIENT

- Client must be assessed by an RN, a Doctor or person in charge to assess for injuries;
- Once assessed and deemed safe to move, use 2 slide sheets to move the client to a suitable area;
- Instruct client to bend knees and roll onto their side;
- Client places their hands flat on the floor, pushes up with their arms to a semi-sitting position and then rolls onto their knees into a crawl position;
- Place one chair directly in front of the client and have the client place their hands on the chair. Place 2nd chair behind client, let them feel the chair against their bottom; and
- Instruct the client to place one foot flat on the floor (half kneeling) and then to push their buttock up and back onto the chair behind them. Instruct client to slide back onto chair.

DEPENDENT CLIENT

- Client must be assessed by an RN, a Doctor or person in charge to assess for injuries. If the client has a suspected hip injury, make them comfortable on the floor and await the ambulance.
- Once assessed and deemed safe to move, use 2 slide sheets to move the client to a suitable area;
- Encourage client independence, get them to roll side to side to fit hoist sling. Workers to be positioned on either side of client;
- Maintain safe posture during moves work from kneeling to squatting position and move body and feet to eliminate any twisting.
- Ensure that the lifter will lower sufficiently to lift from the floor;
- Full body sling should be used to lift from the floor to give maximum support;
- Position hoist from client’s side and instruct the client to bend knees (if possible) and roll/position hoist legs (1) under the clients knees and(1) behind their head, on an angle. DO NOT use brakes on hoist.
- Raise client with hoist and position in chair or on bed.
Please note: To move a client to a safe, clear area in order to raise them from the floor, position two slide sheets under the client lengthwise together. Pull the top slide sheet. This move is done in stages allowing the worker to reposition their body to eliminate overstretching, crowding and twisting.

### Positioning the Sling

When using a lifter it is important to make sure that the sling is positioned correctly to:

- Explain what you are about to do to the client
- You may need to put a pillow under the clients head for reassurance and comfort during the procedure
- Roll the client onto their side
- Place wider part of sling under the clients along torso and seat of sling under clients hips
- Roll the patient back onto their other side and pull sling through
- Pull the leg lengths forward and under the thighs
- Attach the loops to the lifter ensuring that all the same colour loops are being used to maintain equal distribution of weight,
- Different colour straps may be used to position the client but this must be supervised by permanent carer or staff that are familiar with lifter and patient
- Ensure the client is secured correctly and is not fearful of falling out;
- To prevent injury and skin tears; and to prevent the client from getting scared when being lifted and transferred to the bed.
Using a Sling Lifter

- Position and ensure correct height for shortest worker (e.g. bed height);
- Roll client side to side to fit hoist sling (do not pull forward). Workers’ to be positioned on each side in case the client rolls;
- Workers’ maintain safe body position, stepping and moving body as needed;
- Position hoist, **DO NOT apply brakes**;
- Attach sling;
- For sitting position choose short attachment on top of sling, long at bottom;
- Raise client with hoist and position in chair or on bed.
- When turning hoist, 2nd person to push hoist leg with foot from side to straighten and prevent twisting the body;
- **DO NOT put brake on** when lowering client into chair or bed (allows hoist to move back rather than tipping the chair);
- The only time the brakes are used/on, is when the lifter is being used on a slope and during storing of the lifter.

**KEY POINTS**
- Communication with client and their cooperation;
- **NO MANUAL LIFT!**
- Worker’s safe body positioning
Summary of Safe Manual Handling Rules

- Always place or store infrequently used heavy objects below waist level;
- Warm up – simple exercise, or do the smaller jobs first;
- Use good manual handling techniques;
- Watch where you are going when carrying or guiding a load;
- Move your feet to turn – avoid twisting the back – rotate trunk using hips to turn the whole body;
- Make sure you have a good grip of the load – and that it will not fall apart;
- Have the right equipment available – know when and how to use mechanical aids;
- Prepare for the moving of the load – use the momentum of the load (especially patients/clients) to assist movement;
- Get close to the load;
- Better to push than to pull;
- Call for HELP if you feel you cannot comfortably handle the load safely;
- Stop physical work if you are tired or fatigued;
- Look for a better way of doing things to avoid manual handling risks.
Congratulations

You have now completed the reading for this part of the course. You should now complete the multiple-choice assessment quiz to successfully complete the Manual Handling Program online component.

After successfully completing the quiz you must arrange to attend a 1.5 hour practical session to demonstrate the knowledge and skills acquired.


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Advisory Panel (June 2015)

Fiona Bell RN, MHN, Cert IV TAA, Dip. Management
Phil Jeffs RN, Cert A & E, Cert IV TAA, Dip App Sc, BA
Elisa Kriegler Dip. EN, Cert IV TAA, Cert IV Aged Care
Sharon Lymburn-Fraser RN, Grad Dip Midwifery, Cert IV TAA, Dip App Science- Nursing,
Lisa Moten EN, Cert IV TAE

References:


Theoretical and practical programs based on the ANMF ‘No Lift, no injury’ protocol.