# FACT SHEET

manual handling of students

## Risk management process for manual handling of students – A step by step guide

**The stages of the risk management process are discussed in detail using a manual handling focus:**

1. **Identification**
2. **Assessing risks**
3. **Implementing controls**
4. **Monitor and Review**

## 1. Identification

The identification phase has two parts;

a) identifying people handling tasks to be assessed

b) identifying components and risk factors within these tasks (task analysis)

### a) Identifying tasks to be assessed

The *People Handling Advisory Standard* states that a risk management process should be undertaken for all people handling tasks. This task may be extensive dependent on the number of students requiring assistance and/or the complexity of their handling needs. A prioritisation of tasks is required. Higher priority tasks can be initially identified by:

- Injury history – e.g. past injuries, warning signs of future injury. This can be local information or data gathered from similar sites,
- Staff experience – e.g. level of difficulty with the task,
- Student status – e.g. new enrolment, significant change in student ability.

### b) Task Analysis

1. Break the task down into small parts so each component can be considered in a logical and simple sequence. The level of detail that the task is "broken down into" is dependent on the complexity of the task. *The People Handling Advisory Standard* labels these parts 'tasks' and 'actions'. To simplify the process the term 'components' is used for all levels.

| Activity | Task = component | Action = component |
|---|---|---|
| Assisting with toileting | a) position wheelchair close to toilet | i) manoeuvre wheelchair<br>ii) lock brakes and move footplates away |
| | b) assist student to stand | i) assist student to lean forward<br>ii) transfer student to standing position |
| | c) support student while lowering students clothes | i) assist student to move close to grab rails<br>ii) lower clothes while providing support to student |
| | d) lower student onto toilet | i) assist student to move close to toilet<br>ii) lower student onto toilet |

2. Look at each component and identify if any **direct** risk factors* are evident. Checklists can assist to identify these risk factors. Checklists are available on the Creating Healthier Workplaces Website – Manual Handling of Students Resource Page at: http://education.qld.gov.au/health/pdfs/healthsafety/mh-risk-checklist.pdf

**Direct Risk Factors -** These directly stress or injure the worker's body and therefore increase the risk of an injury occurring. These factors often exist in combination and this can further increase the risk of injury. The direct risk factors are:

- Forceful exertion
- Working postures (awkward, static)
- Repetition and duration

*It is important to note that if none of the direct risk factors are found to be associated with the task then there is likely to be minimal risk of injury and a formal risk assessment may not be needed.*

3. Determine why these direct risk factors are present. You will find that the direct risk factors are caused by other factors in the environment or procedure. These can be categorised as **contributing*** or **modifying** risk factors*.

**Contributing Risk Factors -** cause the direct risk factors. For example, undertaking a manual handling task in a work area that is small and cramped (work area design is the contributing risk factor) results in the workers adopting awkward postures (direct risk factor).

The contributing risk factors are:

- Work area design
- Work environment
- Handling procedure
- Characteristics of the person being handled

**Modifying Risk Factors** - influence the way the task is performed. These can either decrease or increase the overall level of risk associated with the task. The modifying risk factors are:

- Characteristics of the worker
- Work organisation

4. Note the contributing and modifying risk factors that relate to the direct risk factors. This is an important step as these contributing and modifying risk factors are targeted when developing controls.

## 2. Assessment

Estimate the level of risk associated with each action. Assessing risk involves considering the likelihood* and consequences* of an incident occurring.

**Liklihood -** Considers the overall *possibility* of an incident occurring. Factors that affect likelihood include;

- How often the task is undertaken
- The number of workers performing the task
- Duration of the activity
- Distractions or time pressures
- Efficiency of existing control measures
- Availability and use of appropriate equipment

**Consequences -** Considers the *severity* of a potential injury or illness that could result from a people handling action.

The estimate may be informed by a variety of information including discussions with staff, assessment tools or a ranking scale. The Risk Priority Chart is one way to assign a risk score to each component. This score can then be used to prioritise the components that require control measures.

**Risk Priority Chart** - *From the People Handling Advisory Standard – Appendix 8*

*1= Highest Priority and 7 = Lowest priority*

| Likelihood | Consequences | | | |
|---|---|---|---|---|
| | Extreme | Major | Moderate | Minor |
| Very likely | 1 | 2 | 3 | 4 |
| Likely | 2 | 3 | 4 | 5 |
| Unlikely | 3 | 4 | 5 | 6 |
| Very unlikely | 4 | 5 | 6 | 7 |

## 3. Determine and Implement Controls

**Design Controls are the preferred option** for the management of risk related to manual handling of students.

Design controls are preferred as they can eliminate or minimise the actual risk factors and are relatively permanent.

Design controls involve the arrangement or alteration of physical aspects of the work or the work process for example; redesign of the work area, alteration of the work processes or use of mechanical aids and equipment. For more information see:
A Guide for Student Handling:
http://education.qld.gov.au/health/pdfs/healthsafety/mh-guide-matrix.pdf

Equipment Options & Suppliers Fact Sheet:
http://education.qld.gov.au/health/pdfs/healthsafety/mh-equip-factsheet.pdf

Administrative controls do not reduce the basic cause of the risk. Administrative controls primarily modify personnel arrangements and often only reduce a person's *exposure* to the risk.

As many administrative controls rely on human behaviour, for example using a particular lifting technique, they can be forgotten or not followed under stressful conditions or if there are time pressures.

Examples of administrative controls include rotating staff through different tasks, task specific training on methods of work and maintenance of equipment

Administrative controls are often used as short term measures while planning and budgeting for more expensive design controls is undertaken.

Although design controls are the preferred option, a combination of different risk control measures may be required to minimise the overall risk of injury. For example, if a hoist is identified as an appropriate control measure (design control), training in the use of the hoist is required (administrative control).

**Training in "correct manual handling techniques" alone is not sufficient as a control measure. Other control measures should be implemented to minimise risks associated with the manual handling of students.**

**Control measures** should be **targeted** at the **contributing and modifying** risk factors. This assists in removing the cause of the risk and helps to focus attention on possible design controls.

If attempts are made to "control" the direct risk factors, it is likely that the option will be based on changing the behaviour of the worker - for example, training in a different technique. This will fail to address or minimise the actual cause of the problem.

For example;

Awkward postures are identified as a direct risk factor and the solution offered is training (an administrative control) to "correct" the poor postures.

*Skills learnt in training can be forgotten or not followed under stressful or busy conditions. This control option has not reliably reduced the risk of injury for the worker.*

If the cause of the awkward postures is identified (e.g. cramped work area which is a contributing risk factor) then this issue can be addressed.

*Targeting the contributing risk factor leads to controls that aim to eliminate or reduce the cause of the risk.*

The control measure chosen ensures the task is undertaken in a more spacious area. If there is more room to work the person is not "forced" into adopting awkward postures. The person also does not have to "remember" to adopt a more preferable posture.

*Implementation of this control measure provides a more reliable and permanent way to minimise risk rather than training alone to prevent awkward postures*.

If possible, trial the control measures first to see if they are appropriate and do minimise the risks identified.

Ensure that controls are implemented according to risks actually identified.

## 4. Review

Review of the control measures should be performed shortly after implementation and then at regular intervals. For example;

- Within one or two weeks of implementation
- After 3 months or a term
- If any changes in the student's ability or program occur
- At the review of an IEP or health plan
- Yearly

Review is performed to ensure risks are being managed and that no new risks have been created. The review phase is essential to ensure the control measure has been accepted and implemented by the staff.

Review can be performed a variety of ways in the school environment, for example:

- Discussion with staff
- Observing normal daily routines
- A review of documentation
- Video activities for staff to view and discuss

Risk Management templates and other information is available under "Resources" – Manual handling of Students Resource Package at:

**http://education.qld.gov.au/health/healthsafety/hs-mod-manual.html**