

To use the checklist, answer each question with a yes or no. If the box with your response is shaded, you may need to implement a control measure to manage this risk factor.

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## DIRECT RISK FACTORS

### WORKING POSTURE

**1. Back** - does the people handling action require repetitive movement or prolonged static positions with the back -

- a) bent forward?  yes  no
- b) twisted?  yes  no
- c) bent sideways?  yes  no
- d) a combination of the above?  yes  no

**2. Neck** - does the people handling action require repetitive movement or prolonged static positions with the neck -

- a) bent backwards?  yes  no
- b) twisted?  yes  no
- c) bent forward?  yes  no
- d) a combination of the above positions?  yes  no

**3. Arms and shoulders** - does the people handling action require repetitive movement or prolonged static positions with -

- a) extended reach in front?  yes  no
- b) reaching above the shoulders?  yes  no

**4. Hand and wrist** – does the people handling action require repetitive and/or prolonged forceful exertions while gripping equipment?  yes  no

**5. Legs** – is repetitive or sustained squatting or kneeling performed?  yes  no

**6. Other postures** – is a standing posture without walking sustained for long periods?  yes  no

### REPETITION & DURATION

**1.** Do people handling activities undertaken throughout the shift require frequent or prolonged actions involving the transfer, holding, supporting or restraining of the person?  yes  no

**2.** Does the worker perform the same or similar people handling actions throughout the shift?  yes  no

**3.** Is a physically demanding people handling task/action performed frequently during a shift?  yes  no

**4.** Is one posture required to be maintained for long periods?  yes  no

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## CONTRIBUTING RISK FACTORS

### WORK AREA DESIGN

1. Are items of furniture, fittings and equipment on which people are positioned
  - a) at a height, or adjustable to a height, so that workers do not have to bend while handling people? yes  no
  - b) of a width that allows easy access without reaching? yes  no
2. Are items of furniture and fittings -
  - a) positioned to allow easy access to people and give workers sufficient space for leg and feet movements and to turn their body when necessary? yes  no
  - b) easy to move if necessary to allow space? yes  no
  - c) designed so that workers can get their feet underneath? yes  no
  - d) too wide for easy access to a person (a trolley or positioning equipment)? yes  no
3. Have all items and fittings, which allow people to assist themselves, been provided? yes  no
4. Facilities – with regard to the design of areas where people are handled -
  - a) is there adequate space in areas where handling aids or wheelchairs are used for easy movement? yes  no
  - b) is the space around the toilets large enough for two workers to assist a person? yes  no
  - c) are all doors (e.g. bedroom, bathroom, toilet), corridors and corners wide enough for handling equipment or staff to stand beside students to assist? yes  no
  - d) is there sufficient room so that equipment can be used as intended? yes  no
  - e) do all floor levels allow for the easy manoeuvring of mobile furniture and equipment? yes  no
5. Is handling equipment -
  - a) designed for safe use (e.g. trolleys and wheelchairs with locking mechanisms etc)? yes  no
  - b) easy to manoeuvre? yes  no
  - c) stored close to where they are used and in an area with good access? yes  no
  - d) able to fit into/through all necessary spaces? yes  no
6. Does the vehicle design allow workers assisting people in vehicles -
  - a) access from both sides? yes  no
  - b) internal headroom? yes  no
  - c) easy access for wheelchairs? yes  no

### WORKPLACE ENVIRONMENT

1. Do people have to be handled over surfaces which are -
  - a) uneven underfoot? yes  no
  - b) slippery or wet? yes  no
  - c) protected from the weather? yes  no
2. Does flooring on routes over which wheeled equipment and furniture will be pushed/pulled allow easy movement? yes  no
3. Is the area in which a people handling task is to be performed cluttered or untidy? yes  no

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## CONTRIBUTING RISK FACTORS

### WORKPLACE ENVIRONMENT cont.

- |  |     |    |
|--|-----|----|
| 4. Is the workplace outdoors and requiring people to be carried over difficult terrain?        | yes | no |
| 5. Are there extremes of heat, cold, wind or humidity?   | yes | no |
| 6. Do workers have to walk long distances or search for appropriate mechanical aids/equipment? | yes | no |
| 7. Does noise interfere with communication?  | yes | no |
| 8. Is lighting adequate to perform handling actions or tasks?                                  | yes | no |

### THE HANDLING PROCEDURE

- |   |     |    |
|---|-----|----|
| 1. Is manual lifting or carrying a person required during a transfer procedure?     | yes | no |
| 2. Can the person be held close to the worker's body?                               | yes | no |
| 3. Is a worker required to support all/most of the body weight of a person unaided? | yes | no |
| 4. Is the person located –  |     |    |
| a) on the floor or below knuckle height?  | yes | no |
| b) above the worker's shoulder?   | yes | no |
| 5. Does the worker need to bend over to one side to assist a person?                | yes | no |
| 6. Is the person supported by one hand only?  | yes | no |
| 7. Is the person located where access or movements are restricted?                  | yes | no |
| 8. Is the person pushed, pulled or slid across the front of the worker's body?      | yes | no |
| 9. Are there excess transfers in a task?  | yes | no |
| 10. Are situations possible where people can fall or collapse to the floor?         | yes | no |

### CHARACTERISTICS OF THE PERSON BEING HANDLED

- |   |     |    |
|---|-----|----|
| 1. Is the person - a) awkward to handle?  | yes | no |
| b) bulky or blocking the view of handlers?  | yes | no |
| c) difficult to grip (slippery or wet)?   | yes | no |
| 2. Is the person limited physically, for example - a) unconscious?  | yes | no |
| b) conscious but unable to assist?  | yes | no |
| c) unable to bear weight?   | yes | no |
| d) has reduced postural control/balance?  | yes | no |
| 3. Does the person have conditions which require special handling, for example, fractures, skin conditions, impaired motor control? | yes | no |
| 4. Is the person -  |     |    |
| a) uncooperative through cognitive or behavioural problems or medication and likely to move around or go rigid?                     | yes | no |
| b) unable to communicate and understand when told what is to happen?  | yes | no |
| c) unpredictable, likely to make sudden movements or lose their balance?  | yes | no |
| 5. Is the person -  |     |    |
| a) attached to medical equipment?   | yes | no |
| b) positioned on handling equipment (such as a stretcher or wheelchair) which needs to be moved with them?                          | yes | no |

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## MODIFYING RISK FACTORS

### INDIVIDUAL CHARACTERISTICS OF THE WORKER

1. Does the worker/s have the necessary competency to -
  - a) perform heavy people handling tasks/actions? yes  no
  - b) make decisions about how to handle people with specific problems, for example, people unable to help or who are unpredictable? yes  no
  - c) set up and use mechanical devices? yes  no
  - d) assist with team handling in the tasks/actions within their work unit where this might be required? yes  no
2. Do the workers have any ongoing or temporary physical characteristics that indicate a limited capacity to perform the task/action? yes  no
3. While performing people handling tasks, are workers wearing -
  - a) clothing which restricts the worker in using the best working postures? yes  no
  - b) footwear offering inadequate stability, support and traction with the walking surface? yes  no
4. Does the required personal protective equipment increase the demands of the action eg -
  - a) gloves interfering with type of grip used? yes  no
  - b) foot-covers affecting traction with floor? yes  no
  - c) heavy or cumbersome protective clothing, restricting movement? yes  no

### WORK ORGANISATION

1. Is the work load affected by -
  - a) unexpected work load increases? yes  no
  - b) people handling tasks occurring frequently in one part of a shift? yes  no
  - c) insufficient workers to assist when peak workloads occur, or to assist other staff with handling people? yes  no
2. Is organised team handling available where no other alternative is possible? yes  no
3. Are people handling tasks performed without planned rest breaks or the worker being able to take a short break when necessary? yes  no
4. Are long shifts (over 8 hours) or overtime undertaken where work involves frequent people handling? yes  no
5. Are handling aids -
  - a) sufficient in number for the volume of people handling tasks/actions done in the work unit? yes  no
  - b) available for all the different tasks/actions done in the work unit? yes  no
  - c) used on all occasions they should be? yes  no
  - d) which need to be shared, accompanied by a procedure on their location and movement which suits all workers concerned? yes  no
  - e) accompanied by adequate procedures on their safe use and introduced with training and supervision for casual as well as regular staff? yes  no
  - f) not working well, or out of action due to needing maintenance? yes  no
  - g) purchased only after consideration of their health and safety effect on workers during use? yes  no
6. Are there adequate policies and procedures for -
  - a) workers to report or fix unsafe equipment or environmental conditions? yes  no
  - b) handling people as safely as possible during emergency evacuation? yes  no