



Manual Handling Competencies for Nurses

September 1998



Manual Handling Competencies for Nurses

NSW Nurses' Association and WorkCover NSW

September 1998

Manual Handling Competencies for Nurses

Published by the NSW Nurses' Association
PO Box 40, Camperdown NSW 1450

Published September 1998

Developed by Lois Meyer, Learning Paradigms Consultancy,
PO Box 311, Bondi Junction NSW 2022

Edited by Trish Butrej and Gerry Kirshenbaum

Designed and typeset by John Thrift Publishing

Printed by Agency Printing (Australia) Pty Ltd

Copyright ©1998 WorkCover NSW

This publication may be reproduced for educational purposes but not for sale.

This work is funded under the WorkCover NSW Injury Prevention Education and Research Grants Scheme. The competencies and any views expressed are not necessarily those of WorkCover NSW.

Contents

| | |
|--|----|
| Acknowledgements | v |
| Project Background | 1 |
| Introduction | 2 |
| Background | 2 |
| Purpose | 2 |
| Aims | 3 |
| Key Approach in these Competency Standards | 4 |
| About the Standards | 4 |
| Industry Trends and Values Affecting Manual Handling Capabilities of Nurses | 5 |
| Methodology Background | 8 |
| Key Terms | 9 |
| What the Competency Standards Look Like | 13 |
| Manual Handling Competencies for Nurses | 14 |
| Overview of the Levels of Competencies | 14 |
| Level A Competencies Summary Table | 15 |
| Level B Competencies Summary Table | 16 |
| Level C Competencies Summary Table | 17 |
| Level A Units of Competency | 18 |
| Unit 1 Level A | 18 |
| Unit 2 Level A | 22 |
| Unit 3 Level A | 26 |
| Level B Units of Competency | 31 |
| Unit 1 Level B | 31 |
| Unit 2 Level B | 36 |
| Unit 3 Level B | 40 |
| Level C Units of Competency | 44 |
| Unit 1 Level C | 44 |
| Unit 2 Level C | 50 |

Acknowledgements

The development of these competencies was funded by the WorkCover NSW Injury Prevention Education and Research Grants Scheme, and coordinated by Trish Butrej, NSW Nurses' Association.

We would like to acknowledge the support and assistance of the following.

- The management and staff of the following organisations who hosted the project.
 - Sydney Home Nursing Service, Croydon Centre
 - Mayflower Nursing Home, Westmead
 - Westmead Hospital, Westmead
 - Southern Highlands Private Hospital, Bowral
- Members of the project Advisory Committee for their dedication and commitment to the project.
- The educational facilities and others who provided input into development of the competencies and participated in the focus group.
- Mary McLeod, Project Manager, Tina Ford from the Grants Secretariat, John Flint, Donna Lee and others on the BackWatch team, and members of the Health BackWatch Action Committee for their support and encouragement.
- Lois Meyer who consulted widely with nurses in developing the competencies.

Project Background

To assist nurses to integrate manual handling principles into nursing practice, the NSW Nurses' Association was successful in obtaining WorkCover NSW Injury Prevention Education and Research Grants Scheme funds to develop manual handling resources specific to the nursing profession. These competencies are one outcome of the grant.

The Project was coordinated by Trish Butrej, NSW Nurses' Association with the advice and support of the Advisory Committee whose members are listed below.

- Kerry Russell, NSW Health Department
- Anne O'Donoghue, NSW Health Department
- Donna Lee, WorkCover NSW
- Mary McInerney, Sydney Home Nursing Service
- Rosemary Heaton, Sydney Home Nursing Service
- June Connolly, Westmead Hospital
- Gail Riley, Mayflower Nursing Home
- Jenny Harper, Southern Highlands Private Hospital
- Gerry Carr, Private Hospitals Association

Introduction

Background

Manual handling represents approximately one third of all workplace compensable injuries in NSW. Over \$54 million was paid out in 1993/94 for back injuries in the health industry. Nurses sustained 53 per cent of all back injuries in hospitals and nursing homes (WorkCover BackWatch Bulletin, June 1996), making it the single most important occupational health and safety (OHS) problem facing the nursing profession.

In September 1991 the NSW Government adopted the Worksafe *National Standard for Manual Handling* (February 1990) as a Regulation under the *Occupational Health and Safety Act 1983*. The Worksafe *National Code of Practice for Manual Handling* was also adopted as an approved industry code of practice under Section 44A of the *Occupational and Health Safety Act 1983*.

The Regulation and Code of Practice require employers, supervisors and employees to be trained in their responsibilities in relation to manual handling. Under the *Occupational and Health Safety (Committees in Workplaces) Regulation 1984* workplace health and safety committees are also expected to have training in specific hazards such as manual handling.

Purpose

Manual Handling Competencies for Nurses provides standards that nurses can use within their professional practice. They describe the knowledge, skills and attitudes that need to be applied by nurses within their range of activities to minimise manual handling risks to themselves and others.

The standards are not a curriculum for a nursing course. They seek to answer the following types of questions.

- What capabilities are expected of nurses in relation to manual handling?
- What, if any, differences are expected in the manual handling capabilities of nurses working in different areas of nursing?
- What, if any, differences are expected of a novice nurse compared to that of an experienced nurse or nurse manager?

It is hoped that the standards will be used as a reference point for curriculum development in undergraduate and postgraduate education as well as workplace training for nurses, whatever the area and level of nursing. These standards may also form a useful reference for related health professionals and ancillary staff in the health sector.

Aims

The competency standards aim to provide:

- clear and consistent standards for what nurses should be able to do within their professional practice in relation to manual handling
- an approach in developing manual handling capabilities for nurses that moves beyond separate skills training in lifting and/or transferring patients to an integrated ergonomic approach to all nursing activities
- an integrated risk management approach to manual handling for nurses that will inform education and training curricula and learning resources.

The project seeks to provide standards that are:

- **relevant:** they describe what is required in the workplace for nursing practice in relation to manual handling
- **clear:** they are easily understood and useable by nurses, educators and the health sector in general.

The standards assume that all registered and enrolled nurses are familiar with and meet the National Competency Standards for Registered Nurses and Enrolled Nurses in Recommended Domains (ANCI 1993) for beginning practice. The standards do not seek to describe all the functions and performance domains of a nurse. The approach focuses on the specific activities, responsibilities, knowledge, skills and attributes of nurses in relation to manual handling.

The format used is the one required by the Australian National Training Authority (ANTA) for nationally endorsed competency standards. This approach has been used because:

- these draft standards may inform and be incorporated within national competency standards in the community services and health industry
- the national format is being increasingly used in professional as well as vocational training as the basis for describing workplace performance for education and training
- the format provides a useful structure for describing expected underpinning knowledge, skills and attitudes for nurses in performing competently in relation to manual handling. This should assist curriculum developers and trainers in designing relevant manual handling learning opportunities and resources.

Key Approach in these Competency Standards

About the Standards

Manual handling is more than lifting and transferring patients

Traditionally, in nursing, manual handling has been thought of as lifting and transferring patients. A key approach in these standards is to acknowledge that manual handling includes much more than activities involving direct patient care. The standards seek to promote an approach where manual handling issues are considered and integrated into all nursing activities.

The standards do not specify lifting and transferring methods

No particular method of lifting is put forward as correct or appropriate in all situations. There is no agreement within the profession on the appropriateness of particular lifting techniques and there is increasing evidence that direct patient lifting should be eliminated in favour of manual handling devices. The approach used in the standards is that safe manual handling should be based on a set of principles adaptable to a variety of situations, and that where a manual handling activity cannot be eliminated, lifting aids are recognised as the first option.

The standards promote a systematic risk management approach to manual handling

The standards seek to promote an approach where organisations put in place comprehensive and systematic risk management processes, policies and procedures in relation to manual handling. In practice this means that the nurse makes decisions and practises safe manual handling within a clear framework of standards and procedures for their health-care facility.

Manual handling competencies for nurses are common to different areas of nursing practice

These standards also adopt the approach that competence in manual handling is not a matter of different skills in different areas of nursing, but rather understanding and applying a set of core abilities whatever the context. The community nurse needs to understand how to identify and minimise manual handling risks in a patient's home, just as the theatre nurse does in a large hospital. Using this approach, the competencies are based on nurses applying core principles of risk management in relation to manual handling, whatever their workplace environment and area of nursing practice. In this way the competencies are intended to be generic for all areas of nursing and able to be applied in any nursing context.

The competencies describe workplace performance

The competencies are written so that they describe what a nurse should be able to do within a workplace. They do not seek to describe competent nurse performance in all areas of nursing practice. They simply seek to describe competent workplace performance for nurses in relation to manual handling.

The competencies are intended for educationalists and workplace trainers

The competencies have been designed to inform nurse education and training wherever it may occur, including the workplace. It is assumed that those using the competencies are involved in nurse education and training and have a professional understanding of nursing competencies in general and of manual handling principles and their relevance to nursing practice within a health-care facility.

Industry trends and values affecting manual handling capabilities of nurses

Culture and tradition in nursing role and values

Traditional values and existing professional competencies for enrolled and registered nurses tend to focus on the care of the patient, with limited attention to care of the nurse.

Extension of the boundaries of professional nursing practice

The increased use of unregulated workers in the aged-care sector raises issues of levels of supervision and delegation in nursing care. This may lead to the blurring of roles and difficulties in clearly defining competencies and levels in manual handling responsibilities against recognised nursing titles.

Restructuring of NSW health services, hospitals and funding arrangements

Within this environment of restructure and limited funding there may be a challenge in obtaining support and funding for manual handling risk management strategies—the redesign of environment, work practices, and purchases of equipment.

NSW Health Department Policy and Guidelines for Prevention of Manual Handling Incidents in NSW Public Health Care Facilities

The policy aims to ensure health services can meet the requirements of the *Occupational Health and Safety (Manual Handling) Regulation 1991*, which applies to all places of work in NSW. It states that the *National Code of Practice for Manual Handling (1990)* and the *National Code of Practice for the Prevention of Occupational Overuse Syndrome (1994)* provide advice on conducting risk identification and assessment and on implementing control measures, and should be the key documents for implementing the policy.

The approach being promoted is the introduction of risk prevention strategies. It stresses the importance of planning the work environment and activity design, the design and purchase of equipment, as well as the use of identification, assessment and control of manual handling risks. The emphasis is on eliminating lifting by staff, specifically patient lifting, and, where lifting does occur, using the risk assessment process to minimise the dangers.

The hierarchy of controls means that strategies for dealing with manual handling by nurses will change. If applied, it means solutions for manual handling become integrated into the work environment, activities and processes and that a problem solving and consultative approach is needed.

No particular method of lifting is put forward as correct or appropriate in all situations. Rather, safe manual handling should be based on a set of principles adaptable to a variety of situations and lifting aids should be recognised as the first option when considering a manual handling activity.

The policy states the following lifting practices should not be used by employees:

1. the underarm drag or axilla lift for patients
2. pressing foreheads together when lifting patients
3. lifting without assistance to save time
4. lifting with significantly different height partners
5. jerky uncoordinated lifts
6. unplanned lifts.

The policy notes that a recent study in patient lifting indicates:

- the draw sheet lift is less hazardous than the shoulder lift for moving a patient on a bed
- the shoulder lift is hazardous but less hazardous than the top-and-tail lift for removing patients from armchairs. Use of a hoist is preferred
- there need to be clearer guidelines on the assessment of patients for handling. The person who makes the decision about the lifting technique should have adequate information on the diagnosis and current status of the patient to make an informed decision.

The following key issues in the NSW Health Department Policy have been considered in the development of the draft competencies.

Effectiveness of back-care programs and safe lifting policies that incorporate training and education are questioned

Research indicates that training in lifting to reduce back injuries to nurses is unlikely to be successful by itself. It is now generally recognised that training in lifting will not help if the environment and systems of work don't support safe patient handling.

Research findings/controversy over lifting techniques

There is increasing emphasis in the literature on using manual handling devices and seeking to eliminate direct patient lifting. There is no clear agreement on the appropriateness of particular lifting techniques within the profession. Most injuries tend to develop over time as a result of the accumulation of small incidents rather than one major accident.

Greater demand for home health care services with the introduction of waiting lists in hospitals for elective surgery and deferred admissions to some community nursing and home care agencies

There is now a greater need for nurses to understand the demands of working safely in less standardised, predictable and controlled environments. In addition, funding to the health sector is shrinking, there are faster throughputs of patients in hospitals and there is an increasing demand for health care outside hospital settings. This means that nurses working in hospital settings are likely to be dealing with more patients in a critical or dependent state than in the past.

Similarly, nurses providing care in the home are likely to be required to conduct nursing activities that may have been undertaken in a more supportive hospital/nursing home environment in the past. Collectively, nurses are likely to have increasing manual handling demands made on them, whatever their workplace context.

Within nursing homes and home nursing there is increasing chronicity, acuity, dementia and frailty of patients

This emphasises the importance of nursing manual handling techniques that are not reliant on rehabilitation and patient strength or assistance.

Methodology background

Literature research and review: key documents informing the competencies

- *National Standard for Manual Handling*, National Occupational Health and Safety Commission, NOHSC: 1001 (1990); and
National Code of Practice for Manual Handling, National Occupational Health and Safety Commission, NOHSC: 2005 (1990)
- *National Guidelines for Integrating Occupational Health and Safety Competencies into National Industry Competency Standards*, National Occupational Health and Safety Commission, NOHSC: 7025 (1994)
- *Core Training Elements for the National Standard for Manual Handling*, National Occupational Health and Safety Commission (1995)
- *National Competencies for the Registered and Enrolled Nurse in Recommended Domains*, Australian Nursing Council Inc. (1993)
- *Policy and Guidelines for the Prevention of Manual Handling Incidents in NSW Public Health Care Facilities*, Circular 97/35, NSW Health Department, (April 1997)
- *BackWatch Industry Profile: Health*, WorkCover NSW (1995)
- *Health Industry Back Pain Prevention Package*, Worksafe Australia and Queensland Nurses Union, Voluntary Care Association of Queensland and the Nursing Homes Association of Queensland (1991)
- *National Competency Standards—Policy and Guidelines*, National Training Board (1991)

Informing documents

A Guide to Development of Competency Standards for Professionals, 1992, NOOSR Research Paper No. 7

Aickin, C. *Part 4: Manual Handling in Nursing Project—Evaluation of Stages 1 & 2*, Draft Report, June 1997, NSW Nurses' Association (unpublished)

Jannings, W. and Armitage, S. *The Community Nursing Environment: Back Care Considerations*, *Journal of Occupational Health and Safety*, 1996, 12(4)

Lusted, M. and Carrasco, C. *Part 1: Manual Handling in Nursing Project—The Ward Unit Model*, April 1997 (early draft), NSW Nurses' Association

National Competency Standards for Workers Providing Direct Care in Aged Care Services, National Community Services and Health ITAB, 1997

Patient Handling Standards, Royal College of Nursing, UK, *A Manual of Handling People*, 1994

Key interviews and consultations

- NSW Nurses' Association
- Advisory Committee representatives and staff from a range of the participating organisations in the Nursing Manual Handling Project.
 - Sydney Home Nursing Service
 - Mayflower Nursing Home
 - Southern Highlands Private Hospital
 - Westmead Hospital
- WorkCover NSW and other states' OHS authorities
- NSW College of Nursing
- National Community Service and Health ITAB
- NSW Health Department

Key terms

Some key terms used in these competency standards for manual handling for nurses are listed below. Their meaning and an indication of the range of nursing contexts in which they apply is provided.

Consultation

Consultation involves the sharing of information and exchange of views between managers, workers and/or their representatives on health and safety issues. It includes the opportunity to contribute to decision making in a timely fashion to resolve manual handling issues.

Ergonomics

The application of knowledge from the human and physical sciences to enhance the safety, comfort and performance of people by designing or arranging workplaces, products and systems so that they fit the people who use them.

Hazard

Something with the potential to cause injury or disease to people, damage to property or disruption to productivity. Hazards arise from the workplace environment, use of plant and equipment, poor work design, inappropriate systems and procedures, and human behaviour.

Hazard identification

In this document the term has been replaced by risk identification to remain consistent with the National Code of Practice.

Health-care organisation

Within this document the term health-care facility has been used to refer to any organisation employing nurses and providing health care, or residential aged-care related services.

Hierarchy of Controls

The ranking of risk control measures from the most effective to the least. Depending upon the organisation and context, not all will be practicable. Generally the order of ranking for manual handling risk controls measures will move from:

1. eliminating the manual handling activity
2. redesigning or modifying the work environment, equipment, furniture, work processes and/or work organisation
3. using manual handling equipment/aids
4. training.

Health-care facility

An organisation that employs nurses. It may include organisations that directly treat health-related problems or those that employ nurses but where health care is not their primary service. May include community care, private and public hospitals, home and day-care services, and residential aged-care facilities.

Incident

Any undesired event that could or does result in harm to people, loss of or damage to property, interruption to process, environmental impairment or loss of containment.

Manual handling

Any activity requiring the use of force exerted by a person/nurse to lift, lower, push, pull, carry, move, hold or restrain a person or object.

Manual handling risks

The significance of a manual handling hazard in terms of the likelihood of harm and the severity of the injury or illness that results.

Mechanical handling equipment/aids

Any piece of equipment that assists in the moving of an object or person by decreasing the manual force needing to be exerted by an operator. Examples include mobile patient lifters (electrically or mechanically operated), Jordan frames, fixed bath-hoists, Arjo hygiene chairs, mechanical lifter with thoracic belt, shower trolleys, adjustable height baths, swivel seats, bath aids, raised toilet seats, bed aids, monkey bars, ropes, rope ladders, bedrails, bed sticks, pat slides, patient transfer slings and belts, drawsheets and kylies, patient-handling slings, lifting belts, Rota seats and turntables, sliding and transfer boards, sheets, trolleys and rollers.

Nurse

Registered and enrolled nurses (licensed nurses), assistants in nursing and residential care nurse classifications.

Nursing activities

The range of responsibilities and specific activities that embrace a nurse's job.

Patient

A person receiving health care services. A patient may be in any health care setting including private or public sector, community based, residential setting or short-term acute care in hospital.

Patient assessment

A systematic assessment of all factors contributing to a patient's health and well-being, for example physical, emotional, occupational and environmental factors.

Patient handling

Any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain another person. May include nursing activities such as dressing a patient, transferring patient from bed, transferring patient from chair, assisting in raising patient from floor, transferring patient between bed (including theatre beds) and trolley or stretcher, transferring patient on or off toilet, repositioning patient in bed, chair or stretcher, bathing a patient, applying a dressing.

Risk identification

Processes for identifying manual handling activities likely to be a risk to the health and safety of those in the workplace, including staff and patients/clients.

The term 'risk identification' is used throughout the document to refer to manual handling risks, and to include identifying a potential for harm that may exist without quantifying that potential.

Risk identification may include formal systematic identification strategies such as analysis of workplace injury records, consultation, safety audits and workplace inspections and observations. It also includes analysis at a specific activity level, where individuals try to identify risks in undertaking their own nursing activities.

Risk assessment

Risk assessment is used throughout the document to refer to manual handling only. Risk assessment considers the degree of risk and relative contribution to that risk of the various specific risk factors. Assessment needs to occur for identified risks at a facility level as well as for nurses within their own range of activities.

In assessing risk, consider:

- actions and movements
- workplace layout
- posture and position
- duration and frequency of manual handling
- location of loads and distances moved

- weights and forces
- characteristics of load and equipment used in patient handling. This includes assessing characteristics/health of the patient
- work organisation
- work environment
- skills and experience
- age and level of fitness
- clothing
- special needs
- any other factors considered relevant.

Risk control

Risk control is used throughout the document in reference to manual handling.

Risk control is the process of eliminating or reducing assessed risk factors by using appropriate measures. After manual handling risks have been assessed and prioritised, control options should be investigated and determined. Risk control means applying the hierarchy of controls from the most effective to the least effective strategy to achieve the most effective result in the circumstances. Risks should be controlled in order of priority, but controls should be devised for all risks.

Risk factor

A factor that contributes to the increased risk of manual handling injury.

Risk management

Risk management is used throughout the document in relation to manual handling.

Risk management is the overall process for managing manual handling risks. It includes risk identification, assessment and control.

Static loading

Holding or supporting a load in a fixed position; maintenance of constrained or awkward postures.

Supervision

The responsibility and authority over nurses, whether direct or indirect for the work performed. This includes providing support to supervised nurses and ensuring standards of care and legislative and organisational requirements are met.

Workable

This encompasses the meaning of 'reasonably practicable'. It relates to achieving practicable solutions to manual handling risks taking into consideration issues such as the severity of the risks, suitability and cost of removing or minimising the risks.

Work area

Specific part of the workplace where nursing activities are being performed.

Work environment

Relates to the local environment where nursing activities are conducted and may include temperature, workplace layout, design of fixtures and fittings, housekeeping (clutter), space, light, underfoot surfaces.

Workplace

Any place where a nurse performs the nursing activities for which they were employed (e.g. the home of a home-care patient, a hostel or a residential care facility, ward corridor or theatre in public hospital).

What the competency standards look like

The competency standards are formatted as follows.

- The **Unit of Competency** or broad area of performance in relation to manual handling.
- The **Elements of Competency** or specific skills that make up the competency.
- The **Performance Criteria** that specify the outcome one would expect to be demonstrated for competent performance for each element.
- The **Range of Variables** that describe the variations in context or range of situations and circumstances in which a competency may be performed.
- The **Evidence Guide** that describes the key underpinning knowledge, skills and attitudes needed to perform the unit of competency effectively.

Manual Handling Competencies for Nurses

Overview of the levels of competencies

The competencies have been packaged into three levels of nursing practice in relation to manual handling. Each level encompasses a broad range of nursing practice and is related to the complexity of work, decision making, autonomy, responsibility and accountability, rather than any specific classification, job title or area of nursing.

It is assumed Level C nurses already have the knowledge, skills and attributes of Levels A and B. It is assumed Level B nurses already have the knowledge, skills and attributes of Level A.

Level A describes the manual handling competencies for the nurse new to the particular workplace environment who is given direct or indirect supervision in caring for patients. Examples are an assistant in nursing (AIN), a trainee enrolled nurse (TEN), a newly registered nurse, or a nurse returning after a period of absence from nursing.

The competencies assume nursing activities are undertaken in a supervised environment where instructions in patient care/risk assessment and plans-of-care may be written or verbal. Manual handling competence at this level embraces nursing activities within one's level of responsibility and is greater than simply direct patient-care activities.

Nurses at this level of competence have not yet achieved the competencies for Levels B or C.

Level B describes the manual handling competencies for the more experienced nurse who undertakes nursing activities with minimal or no supervision and who may perform nursing supervisory responsibilities. Competencies at this level embrace the ability to participate in as well as make clinical decisions, formulate, facilitate and coordinate a plan-of-care to meet patient needs as well as delegate or supervise nursing activities where appropriate.

Level C describes manual handling competencies for the nurse manager who is responsible for ensuring manual handling legislation is implemented, and leading and implementing change in the workplace. The competencies at this level are intended for the senior nurse accountable for a service, unit or ward within a health-care facility. Competencies at this level are for those who are in a position to determine or influence policy and workplace practices, staffing levels, purchasing of equipment, and the broader risk management strategies for providing a safer and healthier work environment.

Level A Competencies Summary Table

| Units of Competency | Elements of Competency |
|--|--|
| <p>Unit 1 Comply with and contribute to manual handling policies and procedures to ensure compliance with legislative requirements and to protect self and others</p> | <p>1.1 Apply health-care policies and procedures for identifying, assessing and controlling manual handling risks</p> <p>1.2 Contribute to the participative arrangements and communication strategies for managing manual handling risks in the health-care facility</p> <p>1.3 Participate in and apply manual handling training for meeting own responsibilities within the organisation</p> |
| <p>Unit 2 Manage own nursing activities for safe manual handling within scope of responsibilities</p> | <p>2.1 Practice within the limitations of own role</p> <p>2.2 Apply ergonomic principles and capabilities in nursing activities to prevent or minimise injury to self and others</p> <p>2.3 Consistently self-monitor own capacities and state of fitness for undertaking nursing activities requiring manual handling</p> <p>2.4 Seek assistance from others as necessary in order to undertake manual handling activities safely</p> <p>2.5 Participate in ongoing personal and professional development on manual handling issues</p> |
| <p>Unit 3 Use appropriate manual handling techniques and equipment to meet nursing and patient needs within own scope of responsibility</p> | <p>3.1 Prepare for undertaking nursing activities involving the use of manual handling techniques and equipment</p> <p>3.2 Use patient plan-of-care to identify patient status for undertaking patient-handling procedures</p> <p>3.3 Plan and communicate requirements for undertaking patient-handling activities</p> <p>3.4 Apply correct manual handling techniques and equipment to nursing activities according to facility policies and procedures</p> |

Level B Competencies Summary Table

| Units of Competency | Elements of Competency |
|--|--|
| <p>Unit 1 Practice and support manual handling policies and procedures to ensure compliance with legislative requirements and the safety of those within area of responsibility</p> | <p>1.1 Practice and support health-care facility policies and procedures for identifying and assessing manual handling risks in own area of responsibility</p> <p>1.2 Practice and support health-care facility policies and procedures for controlling manual handling risks in own area of responsibility</p> <p>1.3 Promote and support participative arrangements and communication strategies for managing manual handling risks</p> <p>1.4 Identify and support learning strategies and training for manual handling where and when required</p> |
| <p>Unit 2 Coordinate nursing activities and resources in area of responsibility in keeping with effective manual handling risk management</p> | <p>2.1 Delegate and facilitate nursing activities to maximise the safety and well-being of patients and staff within own area of managerial responsibility</p> <p>2.2 Facilitate optimal staff resources to meet requirements for safe manual handling in area of responsibility</p> <p>2.3 Facilitate optimal physical resources and work environment for the safety and well-being of staff and patients within own area of managerial responsibility</p> |
| <p>Unit 3 Practice, monitor and support others in using appropriate manual handling techniques and equipment to maintain safety standards within own area of responsibility</p> | <p>3.1 Practice and promote appropriate manual handling techniques and standards within own area of responsibility</p> <p>3.2 Formulate and monitor patient plan-of-care detailing patient-handling requirements to meet health and safety needs of patient and health-care team</p> <p>3.3 Implement and support others in meeting the patient plan-of-care incorporating patient-handling requirements and standards</p> |

Level C Competencies Summary Table

| Units of Competency | Elements of Competency |
|---|--|
| <p>Unit 1 Establish, maintain and evaluate risk management of manual handling within managerial area of responsibility</p> | <p>1.1 Establish and communicate the framework for risk management of manual handling within managerial area of responsibility</p> <p>1.2 Implement and maintain policies and procedures for identifying, assessing and controlling manual handling risks</p> <p>1.3 Evaluate the risk management system for manual handling</p> |
| <p>Unit 2 Establish and continuously improve manual handling standards within managerial area of responsibility</p> | <p>2.1 Determine and establish manual handling techniques and standards within area of responsibility</p> <p>2.2 Develop and implement processes and documentation specifically to support patient-handling policies and standards to ensure the safety of patients and staff</p> <p>2.3 Manage staff and resources to meet manual handling policy and standards</p> <p>2.4 Monitor and continuously improve manual handling techniques and standards for the safety of patients and staff</p> |

Level A Units of Competency

Level A describes the manual handling competencies for the nurse new to the particular workplace environment who is given direct or indirect supervision in caring for patients. Examples are an assistant in nursing (AIN), a trainee enrolled nurse a newly registered nurse or a nurse returning after a period of absence from nursing.

The competencies assume nursing activities are undertaken in a supervised environment where instructions in patient care/risk assessment and plans of care may be written or verbal. Manual handling competence at this level embraces nursing activities within one's level of responsibility and is greater than simply direct patient-care activities.

Unit 1 Level A

Comply with and contribute to manual handling policies and procedures to ensure compliance with legislative requirements and to protect self and others

Descriptor

The nurse is responsible for complying with the organisation's application of its legislative requirements through correctly applying the facility's safety policies, procedures and instructions; cooperating in the risk identification, assessment and control processes; and correctly using manual handling techniques and equipment. The need for manual handling training and some supervision to meet these obligations is expected of the level A nurse.

Element 1.1

Apply health-care facility policies and procedures for identifying, assessing and controlling manual handling risks

Performance criteria

- a. Understanding legislative requirements and facility policy, procedures and instructions in relation to manual handling is demonstrated.
- b. Own responsibility and those of others in the workplace in relation to manual handling are clearly identified.
- c. Understanding potential risk factors in own range of nursing activities is demonstrated in undertaking nursing activities in routine and non-routine activities.
- d. Compliance with policies and procedures for identifying and assessing manual handling risks is demonstrated.
- e. Compliance with facility procedures and techniques for undertaking manual handling activities, including use of equipment, is demonstrated.

- f. Risks are controlled within own established limits of responsibility and decision making and according to facility procedures.
- g. Accidents, incidents and inadequacies in existing risk control measures are reported according to policies and procedures.

Element 1.2

Contribute to the participative arrangements and communication strategies for managing manual handling risks in the health-care facility

Performance criteria

- a. Manual handling issues are raised with designated personnel in accordance with organisational procedures and relevant OHS legislation.
- b. Active participation in consultative processes for managing manual handling risks is demonstrated.
- c. Communication strategies that seek improvements in manual handling practices within the facility are used.
- d. The location and purpose of manual handling documentation are known and contributed to where appropriate.
- e. Decisions on the use, appropriateness and purchase of new mechanical equipment/aids are contributed to as appropriate.

Element 1.3

Participate in and apply manual handling training for meeting own responsibilities within the organisation

Performance criteria

- a. Information and educational strategies in relation to manual handling are accessed.
- b. Training in the application of ergonomic principles for safe manual handling in the workplace and area of nursing are applied to own nursing practice.
- c. Training in manual handling risk identification, assessment and control policies and procedures used within the facility is undertaken and applied in own area of nursing practice.
- d. Training in safe manual handling techniques used within the health-care facility is undertaken and practised under supervision as required.
- e. Training in the use of mechanical handling equipment/aids within the health-care facility are understood and their correct use practised under supervision as required.

Range of variables

Legislative requirements

This includes the *Occupational Health and Safety Act 1983* specifying employer and employee responsibilities; as well as the application of the following regulations and codes of practice within the organisational context: *Occupational Health and Safety (Manual Handling) Regulation 1991*; *National Standard for Manual Handling* [NOHSC:1001 (1990)]; *National Code of Practice for Manual Handling* [NOHSC:2005 (1990)]; *National Code of Practice for the Prevention of Occupational Overuse Syndrome* [NOHSC:2013 (1994)].

Health-care facility policies and procedures

These include policies, procedures and guidelines at an organisational level as well as their application/customisation at a local level within a particular part of an organisation. It may include staff manuals, industry guidelines and standards used in the organisation, hazard and incident reporting documentation, specific instructions included in patient-care plans, instructions for moving and transporting equipment.

Manual handling training

This includes induction training on manual handling for new nurse employees and casual staff within the health-care facility, as well as refresher training for returning nurse staff or nurses needing competency development in particular aspects of manual handling policy and safe manual handling practice. Content of the manual handling training will vary depending upon the target group, health-care facility context and specific risk management strategies used within it.

Identify manual handling risks

This includes participating in systematic strategies within the facility for risk identification such as completing injury and illness records, cooperating in safety audits and workplace inspections as well as ongoing individual observation and identification of risks in own specific work area and activities being undertaken.

Routine and non-routine activities

Risk management considerations are applied across daily routine nursing activities as well as non-routine, emergency activities such as dealing with a fallen or violent patient, or evacuation of patients in a fire.

Participative arrangements and communication strategies

These include participation in OHS Committees, staff meetings with manual handling agenda items, participating in facility strategies for discussion and consultation on implementing effective risk management such as staff surveys, contributing to documentation for managing risks in the workplace, completing suggestion boxes for improvements.

Evidence guide

Knowledge of:

- aetiology of manual handling injuries
- *NSW Occupational Health and Safety (Manual Handling) Regulation, National Code of Practice for Manual Handling and National Code of Practice for Occupational Overuse Syndrome*
- responsibilities of employers and employees in relation to manual handling
- manual handling risk management principles and strategy in specific health-care facility
- specific facility policies and procedures in relation to manual handling
- manual handling risk factors in nursing that contribute to chronic and acute injuries
- risk control procedures in relation to manual handling for own health-care facility and local work area
- control measures in relation to manual handling suitable for selection within own nursing activities
- reporting mechanisms for manual handling risks.

Skills in:

- communicating and participating in consultative processes
- identifying manual handling risks within own nursing activities and responsibility
- assessing manual handling risks within own nursing activities and responsibility
- using basic control mechanisms within own range of activities and responsibility
- communicating and reporting manual handling risks, accidents and incidents in own organisation
- using, under supervision, equipment/aids provided within the workplace
- safe manual handling techniques used within the facility and undertaken under supervision.

Values/attributes:

- appreciates the potential harm to self, peers and patients of not following manual handling principles
- appreciates the overall benefits of consistent risk management strategies in performing nursing activities
- understands that most manual handling injuries tend to develop over time as a result of the accumulation of small incidents rather than one major accident
- appreciates the value of effective communication in minimising manual handling hazards for self and others
- able to cooperate and contribute to the work group
- values and consistently applies decisions and behaviour that promote a safe and healthy workplace.

Unit 2 Level A

Manage own nursing activities for safe manual handling within scope of responsibilities

Descriptor

The nurse is responsible for managing their own performance in relation to safe manual handling by performing within the limits of their own capability and responsibility, applying risk management principles to their own nursing activities and seeking assistance, supervision and development as required.

Element 2.1

Practice within the limitations of own role

Performance criteria

- a. Care is provided as part of a health-care team, recognising own level of responsibility and capability.
- b. Nursing care is performed in accordance with assigned activities to achieve safe outcomes for self and others.
- c. Nursing activities are carried out in a planned and organised way to minimise strain and fatigue.

Element 2.2

Apply ergonomic principles and capabilities in nursing activities to prevent or minimise injury to self and others

Performance criteria

- a. Consideration of own capabilities, the work environment and specific activities to be undertaken are part of the routine approach to all nursing activities.
- b. Ergonomic principles and understanding are consistently applied to determine the optimal way to carry out nursing activities to minimise harm to self and others.
- c. Critical self reflection and review are used to improve ergonomic approach to own nursing practice.
- d. Experienced nurses are sought and consulted in order to integrate ergonomic principles into the full range of nursing activities.

Element 2.3

Consistently self-monitor own capacities and state of fitness for undertaking nursing activities requiring manual handling

Performance criteria

- a. Appropriate level of fitness for undertaking normal nursing activities is recognised.
- b. Techniques to consistently monitor own state of health and level of fatigue are used.
- c. Appropriate organisational strategies are used for addressing health, stress and fitness needs in carrying out assigned nursing activities.

Element 2.4

Seek assistance from others as necessary in order to undertake manual handling activities safely

Performance criteria

- a. Guidance and supervision is sought when uncertain of appropriate actions for safe manual handling.
- b. Assistance is sought from supervising nurse when a potential risk is recognised for self and others when undertaking nursing activities.
- c. Physical assistance is sought from others when necessary to maintain safety.

Element 2.5

Participate in ongoing personal and professional development on manual handling issues

Performance criteria

- a. The need for enhancing capabilities in relation to manual handling and risk management is regularly self-assessed.
- b. Personal strategies for maintaining health and fitness to reduce the risk of manual handling injury are used.
- c. Organisational opportunities and resources for enhancing own capabilities in relation to manual handling are sought.
- d. Guidance and direction from supervising staff and other members of the health team are sought in enhancing manual handling related capabilities.
- e. Participation in ongoing training opportunities in developing manual handling and risk management capabilities is undertaken.

Range of variables

Health care team

This includes wards people, other nurses and health professionals such as medical practitioners, physiotherapists, occupational therapists and diversional therapists.

Minimise strain and fatigue

This includes management of nursing activities to ensure that actions involving lifting, stretching, bending and twisting, repetitive pulling or pushing or fixed or awkward postures are alternated with light activities; static and awkward postures are kept to minimum periods; assistance is sought if required; the environment is modified where practicable.

Organisational strategies are used for addressing health, stress and fitness

This includes seeking shift rotation, break times, job rotation, accessing programs for “a healthy back”, seeking support and debriefing after stressful incidents.

Physical assistance is sought from others

This includes other health workers, family, friends and volunteers, depending upon the workplace context in which the nursing activities are being undertaken.

Ergonomic principles are consistently applied

This covers the application of understanding and judgement to oneself, the environment and activities to ensure safe manual handling in the full range of nursing activities, and not just lifting and patient handling. Examples are pushing a bed trolley, driving to and from a community patient’s home, stacking medical supplies on shelves.

Personal and professional development

This includes maintaining fitness through an exercise program, learning from others, attending meetings, asking for demonstrations of equipment and patient-handling techniques, attending internal and external training programs on manual handling related matters.

Evidence guide

Knowledge and understanding of:

- the scope of practice and duty of care of present nursing position
- limits, level of personal responsibility and accountability in nursing activities
- organisational lines of responsibility, accountability, structures and processes
- relationship between anatomy and physiology issues and work organisation and environment
- factors causing fatigue and strain
- significance of health and fitness in minimising manual handling injuries
- weights, forces, loads and posture
- ergonomic principles
- personal attributes that impact on manual handling ability including height, weight, strength, fitness, health, gender, experience, skills, clothing, attitude.

Skills in:

- assessing self, environment and nursing activities for safe manual handling
- maintaining awareness and responding to own levels of fitness and well-being
- applying ergonomic principles to own activities
- using equipment or aids available within the workplace and appropriate to the context
- performing individual and team-lifting techniques appropriate to the context.

Values/attributes:

- appreciates the significance of own health, fitness and well-being in carrying out nursing activities safely and on long term nursing career
- readiness to seek assistance and guidance for safe working practice
- readiness to participate in training and learning opportunities for developing manual handling capabilities
- commitment to the principles and strategies for preventing manual handling injuries to self and others.

Unit 3 Level A

Use appropriate manual handling techniques and equipment to meet nursing and patient needs within own scope of responsibility

Descriptor

The nurse has a key role in using safe manual handling techniques and equipment, whether it involves patient handling or other nursing activities. This competency applies consistent and correct use of manual handling techniques in patient care and other nursing activities under direct or indirect supervision. Depending upon the context and abilities, the level A nurse may be involved in providing information and/or helping to formulate the patient plan-of-care for specifying patient-handling requirements.

Element 3.1

Prepare for undertaking nursing activities involving the use of manual handling techniques and equipment

Performance criteria

- a. Purpose and scope of manual handling within required nursing activities are identified.
- b. Nursing activities that involve patient handling are identified so that specific procedures for ensuring safety of patient and nurse can be applied.
- c. Scope, frequency and duration within which the nursing activities should take place are understood.
- d. Specific manual handling risks for undertaking required nursing activities are identified.
- e. Anticipated resources and equipment for carrying out the activities safely and efficiently are identified.
- f. Work space within which manual handling is to be undertaken is assessed for obstacles or limitations on movement.
- g. Level of stability and ease of movement to undertake the procedure is assessed.
- h. Changes to the environment that can be undertaken for minimising or eliminating manual handling risks are identified and actions taken to manipulate or modify the space for manual handling activities.

Element 3.2

Use patient plan-of-care to identify patient status for undertaking patient-handling procedures

Performance criteria

- a. Patient plan-of-care is checked to ensure patient handling is undertaken according to current status of the patient and specific plan requirements for patient handling.
- b. Any difficulties or changes in patient's condition are noted and reported.
- c. Weight and shape of the patient are identified.
- d. Behaviour and understanding of the patient are identified and considered.
- e. Levels of disability, weakness and dependence are identified and considered.
- f. Medical condition of the patient is identified and considered.
- g. Patient-handling constraints that may affect patient-handling technique are identified and considered.
- h. Existing patient capabilities for mobility and use of support equipment are identified and considered.
- i. Own capabilities and needs for specific patient-handling activity are analysed.

Element 3.3

Plan and communicate requirements for undertaking patient-handling activities

Performance criteria

- a. Care plan is read and any manual handling instructions noted.
- b. Any manual handling instructions noted on the care plan are considered.
- c. Own level of experience in using required patient-handling techniques and equipment is assessed.
- d. Need to undertake the patient-handling activity with others is identified.
- e. Own familiarity of working with others in the patient lift/transfer is considered.
- f. Need for patient-handling process is communicated respectfully and appropriately to the patient.
- g. Where possible permission and participation of the patient is sought.
- h. Comfort and readiness of the patient is checked.

Element 3.4

Apply correct manual handling techniques and equipment to nursing activities according to facility policies and procedures

Performance criteria

- a. Where manual handling involves others, precise processes and responsibilities are checked prior to lifting/transferring.
- b. Manual handling technique is implemented safely using correct methods specified by facility policy and procedures.
- c. Mechanical aids are used appropriately and where necessary under supervision.
- d. Well-being of patient, self and others consistently informs application of manual handling techniques and use of equipment.
- e. Where appropriate, participate in reviewing patient-handling techniques specified in patient plan-of-care.
- f. Significant changes to minimise manual handling risks and maximise use of techniques and equipment are communicated to relevant personnel.

Range of variables

Manual handling risks

This includes factors such as newness to work, patient status, static loading in performing the nursing activities, availability of equipment and knowledge of its use, availability of others to assist and guide, environment and work space.

Plan-of-care requirements for patient handling

This includes the number of nurses required when handling the patient, the method or equipment to be used, what the patient can be expected to do, specific reminders/issues for patient handling with a specific patient such as the patient who is prone to fall.

Patient-handling constraints

Includes aspects such as pain, deformity, skin lesions, infusions, monitors, traction.

Patient capabilities

Includes ability and level of dependence in walking, standing, toileting, moving to and from bed, movement in bed, mobility of limbs.

Equipment

Includes any mechanical or handling aid used to assist manual handling and minimise harm to the patient, nurse and others assisting in health care. Equipment will be selected and used depending upon the needs of the nursing activity, patient, availability of equipment within the health facility and specific workplace area, experience and skill of the nurse/care team.

Manipulate or modify the space

This involves eliminating temporary obstacles, such as removing clutter, tidying up, moving light furniture such as a chair or stool, moving a bed or trolley to allow more space, and increasing comfort by improving light or air flow.

Scope of responsibility

The scope of responsibility for nurses will vary, depending upon qualifications, experience and context, but at this level will be within the limitations of direct or indirect supervision.

Significant changes to minimise manual handling risks

This includes risks beyond simple individual manipulation and modification, such as situations where redesign of work practices, layout, design or equipment is required and needs the involvement of those who can deliver resources and effect change.

Relevant personnel

Includes supervising nurse, home-care patient and/or carer, occupational therapist.

Evidence guide

Knowledge and understanding of:

- risk factors in manual handling and patient handling in particular
- complexity of characteristics of the load in patient handling
- patient plan-of-care features and requirements
- factors affecting work environment for safe manual handling
- hierarchy of controls and organisational procedures for changing the work environment
- approved lifting and transferring techniques used in the health facility
- the role of patient assessment in consistent safe patient-handling practices.

Skills in:

- manual handling techniques used within the health-care facility
- using mechanical aids and equipment provided within the health-care facility
- checking and communicating with supervising nurse and health care team on manual handling requirements
- interacting with a range of patients and responding to specific needs and context for patient handling.

Values/attributes:

- appreciates the importance of using correct manual handling techniques and equipment
- appreciates the importance of using required patient-handling techniques and equipment for the safety of self, patients and others in the workplace
- commitment to integrating risk management principles to all manual handling activities.

Level B Units of Competency

Level B describes the manual handling competencies for the more experienced nurse who undertakes nursing activities with minimal or no supervision and may perform nursing supervisory responsibilities. Competencies at this level embrace the ability to participate in as well as make clinical decisions; formulate, facilitate and coordinate a plan-of-care to meet patient needs; as well as delegate or supervise nursing activities where appropriate.

Unit 1 Level B

Practice and support manual handling policies and procedures to ensure compliance with legislative requirements and the safety of those within area of responsibility

Descriptor

The experienced/supervising nurse is responsible for consistently demonstrating and supporting others in the use of correct policies and procedures for risk identification, assessment and control processes within own area of responsibility.

Element 1.1

Practice and support health-care facility policies and procedures for identifying and assessing manual handling risks in own area of responsibility

Performance criteria

- a. Legislative and facility requirements and responsibilities in relation to manual handling are understood and clearly explained as required.
- b. Policies, procedures and workplace instructions for managing manual handling risks are provided and are accessible.
- c. Relationships with other health team members, OHS specialists and networks are accessed and maintained to support effective implementation of manual handling requirements.
- d. Requirements for systematically identifying and reporting manual handling risks in the workplace are explained and correctly used within area of responsibility.
- e. Procedures and guidelines for assessing risk are explained and correctly used within area of responsibility.
- f. Consistent positive behaviour and methods for functioning in accordance with manual handling policies and procedures are demonstrated.

Element 1.2

Practice and support health-care facility policies and procedures for controlling manual handling risks in own area of responsibility

Performance criteria

- a. The approach, principles and priorities for applying the hierarchy of controls within the health facility are used and promoted.
- b. Local work procedures, guidelines and instructions for adhering to risk control measures are implemented to meet specific needs of those within own area of responsibility.
- c. Existing risk control measures for manual handling are monitored and results reported to those within own area of responsibility.
- d. Resource implications for effective control of manual handling risks are reported to management.

Element 1.3

Promote and support participative arrangements and communication strategies for managing manual handling risks

Performance criteria

- a. Manual handling issues raised within area of responsibility are listened to, documented, dealt with promptly and referred to appropriate personnel within the health facility.
- b. Local procedures for consultation are used, implemented and monitored.
- c. Nursing strategies for effective communication and consultation on manual handling issues are valued and supported.
- d. Local procedures, work instructions and job aids for safe manual handling are developed and formulated through consultation and to meet the particular needs of those within area of responsibility.
- e. Information about identified risks, outcomes of risk assessment and control measures are regularly provided to staff within area of responsibility to ensure continued awareness and understanding of manual handling issues and outcomes.
- f. Feedback and support is provided to nursing staff on functioning in accordance with manual handling policies and procedures.

Element 1.4

Identify and support learning strategies and training for manual handling where and when required

Performance criteria

- a. Consistent application of ergonomic principles and understanding to nursing activities is demonstrated and fostered in others.
- b. Self-reflection and review to improve the ergonomic approach to nursing practice are encouraged in nursing staff in area of responsibility.
- c. A supportive, collaborative environment for learning and integrating ergonomic principles into the full range of nursing activities is fostered.
- d. Manual handling and risk management capabilities of self and nursing staff are regularly monitored and needs identified.
- e. Guidance and direction to new nursing staff on correct manual handling are provided.
- f. Training needs resulting from changes to equipment, policy and procedures and risk control measures are identified and appropriate steps taken to provide effective training.
- g. Informal learning opportunities and formal training programs for manual handling are promoted and supported to meet learning needs within area of responsibility.

Range of variables

Practice and support

This embraces professional nursing practice and supervision for ensuring implementation of risk management within area of accountability and responsibility. Nurses at this level demonstrate professional practice; facilitate flow of information and use of procedures; and support others in meeting manual handling requirements, including providing on-the-job training and learning opportunities.

Within area of responsibility

This includes responsibility for self as well as others if in a team leader/supervisory nursing role. It may include moving between different levels of responsibility/supervision for the same nurse, depending upon nursing activities and rostering.

Systematically identifying and reporting manual handling risks

This includes:

- routine supervision/observation
- hazard registers
- systematic inspections and compilation of work activities, organisation and environment
- safety inspections/audits
- analysis of injury and incident records.

Procedures and documentation

Includes hazard register, safety inspection checklist, procedures for reporting incidents, incident register, incident reports.

Identified risks

Includes:

- work activity factors such as actions and movements, postures involved, duration, frequency, distance and weight, forces and characteristics of load
- work environment factors such as layout/design of the work area, workplace conditions, clothing
- work organisation factors such as work flow, work loads and breaks
- nurse capabilities such as skills and experience, and special needs including pregnancy.

Local procedures, work instructions and job aids

Includes guidelines, notices, instructions, checklists, posters on appropriate postures and techniques to use for patient handling, use of equipment, patient care plans detailing manual handling requirements.

Evidence guide

Knowledge of:

- legislative and facility requirements, policies and procedures
- health facility approach, priorities and strategies for manual handling risk management
- local processes, instructions and methods for implementing manual handling risk identification, assessment and control.

Skills in:

- consulting on and using documentation for risk identification and assessment
- communicating and demonstrating use of risk identification and assessment strategies and documentation
- facilitating processes, communication and resources within area of responsibility
- modelling professional practice and self-monitoring own behaviour in relation to manual handling issues
- supervision, supporting and providing feedback on nursing performance in relation to manual handling issues
- communicating and supporting use of risk control mechanisms in daily nursing activities and broader work systems and methods.

Values/attributes:

- commitment to modelling and promoting risk management strategies and procedures
- appreciation of the value in consistent application of manual handling risk management strategies and procedures to the safety and well-being of nurses and patients
- appreciation of the need to participate in specialist manual handling training for supervisory responsibilities
- appreciation of the role of staff consultation and communication in safe manual handling practice.

Unit 2 Level B

Coordinate nursing activities and resources in area of responsibility in keeping with effective manual handling risk management

Descriptor

A key role for the experienced nurse/supervisor is to ensure a safe workplace environment in own area of responsibility by coordinating nursing activities and physical and human resources.

Element 2.1

Delegate and facilitate nurse activities to maximise the safety and well-being of staff and patients within own area of responsibility

Performance criteria

- a. Work load of individual nurse is organised, coordinated and monitored.
- b. Priorities for nursing activities to meet patient needs are determined and re-evaluated.
- c. Role capabilities and learning needs of nurses within area of responsibility are identified and supervised as required for safety and well-being of staff and patients.
- d. Flow of information for facilitating meaningful nursing activities, safe manual handling and continuity of care is provided.

Element 2.2

Facilitate optimal staff resources to meet requirements for safe manual handling in area of responsibility

Performance criteria

- a. Actual and potential alterations to level of patient numbers and health status within area of responsibility are identified and communicated to appropriate personnel.
- b. Contribution to decisions for staff rosters to minimise manual handling risks to staff and patients is made.
- c. Impact of staffing levels and mix of staff on management of manual handling are discussed and negotiated with management to minimise risks.

Element 2.3

Facilitate optimal physical resources and work environment for the safety and well-being of staff and patients within own area of managerial responsibility

Performance criteria

- a. Input from staff on ways of optimising physical resources and the work environment are sought, using participative arrangements and communication strategies.
- b. Manual handling activities within own area are redesigned where practicable to eliminate unnecessary activities.
- c. Workplace layout, furniture and equipment are modified where practicable, to minimise manual handling activities and risk of injury.
- d. Procedures and standards for housekeeping within area of responsibility are implemented.
- e. Preventative maintenance for equipment within area of responsibility is regularly scheduled.
- f. Need for new and additional mechanical lifting equipment and other manual handling aids within own area is identified and communicated to relevant personnel.
- g. Priorities and clinically based rationale for additional resources are communicated and negotiated with management.

Range of variables

Coordinate nursing activities and resources

This embraces professional nursing practice and supervision for ensuring nursing activities and all physical and human resources within an area of accountability and responsibility are effectively coordinated. Coordination may include delegating, facilitating the flow of information and resource needs amongst nursing staff as well as between staff and management.

Impact of staffing levels and mix

This includes:

- number of staff to safely perform all nursing activities required at a point of time for the health service being provided
- the staff/skills mix of nursing staff needed to meet existing and potential patient needs. These will vary depending upon the flow of patient/health-care activity, the type of nursing service provided by the health facility and size of the working unit.

Optimal physical resources and work environment

Includes equipment, furniture, storage, fittings, mechanical lifting equipment and aids. These will vary depending upon the size and type of health-care facility and the nature of the health-care service being provided. For example, a surgical ward in a large hospital compared to community nursing in a home.

Workplace layout, furniture and equipment are modified

This includes simple physical modifications such as adding castors to furniture, adding handles to an object, redesigning the layout of equipment and furniture, repositioning storage areas, or undertaking a modification of a bathroom in a patient's home.

Housekeeping

Includes minimising clutter, returning equipment and materials to correct storage, reporting any hazards.

Evidence guide

Knowledge and understanding of:

- scope of practice, duty of care and responsibilities and accountabilities for self and nursing staff within own area of responsibility
- scheduling an appropriate skills mix to meet clinical and nursing staff needs
- basic principles of cost-benefit analysis in redesigning work activities and environment
- current research findings and information on mechanical lifting equipment and other aids for health care settings
- useful features and benefits of manual handling risk management documentation and procedures.

Skills in:

- organising, determining and supervising nurse activities and interventions
- scheduling and determining nurse/skill-mix levels to meet patient and staff needs
- basic cost benefit analysis for manual handling related issues
- advocating, influencing and negotiating for resources
- developing and evaluating appropriate documentation for managing manual handling.

Values/attributes:

- commitment to maximising available resources for positive clinical and staff outcomes
- appreciates the significance and benefits of redesigning the environment and activities in own area to maximise health and safety
- appreciates the research findings on use of mechanical and other lifting aids in minimising manual handling injuries
- appreciation of the need to participate in specialist manual handling training for supervisory responsibilities
- appreciation of the role of staff consultation and communication in safe manual handling practice.

Unit 3 Level B

Practice, monitor and support others in using appropriate manual handling techniques and equipment to maintain safety standards within own area of responsibility

Descriptor

A key role for the experienced nurse/supervisor is to ensure safe manual handling within own area of responsibility. This is to be undertaken by promoting safe manual handling techniques and standards as well as using clinical expertise to develop a patient plan-of-care and support others in using it for safe patient handling.

Element 3.1

Practice and promote appropriate manual handling techniques and standards within own area of responsibility

Performance criteria

- a. Latest research-based approved methods for manual handling inform policy, standards and guidelines used.
- b. Written manual handling policy, standards and guidelines for area of responsibility are in place, communicated and updated.
- c. Positive behaviour and techniques for manual handling in accordance with policy, standards and guidelines are consistently demonstrated in own nursing practice.
- d. Relationships with other health team members, OHS specialists and networks are accessed and maintained to support ongoing improvement in manual handling techniques and standards.
- e. Mechanical equipment and resources needed to optimise use of manual handling standards are advocated and negotiated with management.
- f. Guidance and supervision are provided to nursing staff uncertain of appropriate actions for safe manual handling.
- g. Assistance is provided in response to identification of potential risks by others undertaking nursing activities.

Element 3.2

Formulate and monitor patient plan-of-care detailing patient-handling requirements to meet health and safety needs of patient and health-care team

Performance criteria

- a. Patient plans-of-care incorporating requirements for patient handling are appropriate, useable and available.
- b. Patient health and functional status are assessed and findings interpreted.
- c. Patient-handling requirements and priorities to meet the specific needs, status and context of the patient are determined.
- d. Plan-of-care documenting nursing care and specific patient-handling activities, techniques, manual handling equipment and resources are provided to ensure safe outcomes.
- e. Plan-of-care and specific patient-handling requirements are monitored and updated to meet changes in patient status and context.

Element 3.3

Implement and support others in meeting the patient plan-of-care incorporating patient-handling requirements and standards

Performance criteria

- a. Plan-of-care is checked to ensure patient handling is undertaken according to current status of the patient and specific care-plan requirements are modified where necessary.
- b. Work environment is assessed for implementing required patient-handling activities.
- c. Own capabilities and capabilities of members of the patient-handling team are considered before undertaking specific patient-handling activity.
- d. Purpose, precise process and responsibilities are checked with work team if patient handling involves others.
- e. Need for patient-handling process is communicated respectfully and appropriately to the patient and where possible permission and participation of the patient is sought.
- f. Mechanical aids are used appropriately and supervision provided if needed for patient handling.

Range of variables

Practice, monitor and support use of manual handling techniques and equipment

This embraces professional nursing practice and supervision for ensuring implementation of manual handling standards within an area of accountability and responsibility.

Nurses at this level:

- conduct themselves as professionals using manual handling techniques based on current research findings and best practice
- facilitate use of manual handling standards and techniques
- support, monitor and guide others in meeting manual handling standards
- support, monitor and guide others in correctly using equipment for manual handling within area of responsibility.

Appropriate patient handling techniques and standards

Appropriate techniques and standards need to be based upon current research findings and best practice in the health field.

However, the range of techniques used will vary depending upon:

- status and context of the patient
- type of health service provided
- resources and equipment available.

Patient-handling standards may vary and be customised to the context, health service provision and resources within the area of the health-care facility.

Evidence guide

Knowledge and understanding of:

- risk factors and control measures for manual handling, including patient handling
- complexity of issues and variables for determining patient-handling techniques and standards
- plan-of-care features and requirements
- limitations and possible consequences of different lifting and transferring techniques
- research findings and best practice on manual handling techniques
- types of manual handling equipment available.

Skills in:

- developing and updating manual handling standards and documentation to meet specific health care context
- approved manual handling techniques used within the health-care facility
- using manual handling aids and equipment available within the health-care facility
- supervising health-care team on patient-handling requirements and standards
- interacting with the range of patients and responding to specific needs and context for patient handling
- formulating, implementing and monitoring plan-of-care incorporating patient-handling requirements.

Values/attributes:

- appreciates the importance of using and modelling approved manual handling techniques, including patient-handling techniques
- commitment to integrating risk management principles to patient-handling policy, standards and nursing activities
- appreciation of the need to participate in specialist manual handling training for supervisory responsibilities in patient-handling techniques and standards
- appreciation of the role of staff consultation and communication in safe patient-handling practice
- appreciation of the special manual handling considerations required when moving patients, especially those related to patient characteristics.

Level C Units of Competency

Level C describes manual handling competencies for the nurse manager, who is responsible for ensuring manual handling legislation is implemented and for leading and implementing change in the workplace. The competencies at this level are intended for the senior nurse accountable for a ward, unit or service within a health-care facility. Competencies at this level are for those who are in a position to determine or influence policy and workplace practices, staffing levels, purchasing of equipment, and the broader risk management strategies for providing a safer and healthier work environment.

Unit 1 Level C

Establish, maintain and evaluate risk management of manual handling within managerial area of responsibility

Descriptor

The nurse manager is responsible for the effective establishment, implementation and evaluation of risk management policies, procedures and systems for manual handling within their area of responsibility in the health-care facility.

Element 1.1

Establish and communicate the framework for risk management of manual handling within managerial area of responsibility

Performance criteria

- a. Costs of manual handling injuries in the health-care facility are understood and communicated to stakeholders.
- b. All existing and potential manual handling activities and strategies are assessed using an ergonomic approach and findings used to inform development and implementation of the framework.
- c. Policies and systems for manual handling risk management are developed through high level participation of staff and complement the organisation's values, systems and needs.
- d. Positions, responsibilities and duties that allow for implementation of the framework are determined and included in job descriptions.
- e. Policies and procedures for addressing the risk implications of any change within the area of managerial responsibility are established.
- f. Features and requirements for manual handling risk management are communicated to those within area of managerial responsibility.

Element 1.2

Implement and maintain policies and procedures for identifying, assessing and controlling manual handling risks

Performance criteria

- a. Existing procedures, assumptions and values for identifying, assessing and controlling manual handling risks are evaluated against organisational needs and priorities.
- b. Strategies for identifying and assessing potential and existing manual handling risks are undertaken.
- c. Procedures for timely and appropriate consultation with staff on the manual handling risk management system are implemented.
- d. Control measures and procedures for controlling risks are developed using participative processes and consultation, and implemented using the hierarchy of control for manual handling.
- e. Interim solutions are implemented until a permanent control is provided when measures that control the risk at source are not immediately practicable.
- f. Specific procedures and documentation for continued risk identification and assessment to meet organisational requirements are developed in consultation with staff and relevant OHS personnel.
- g. Continued opportunities for information and training for risk identification, assessment and control procedures are provided to meet staff needs.
- h. Activities for manual handling risk identification, assessment and control are monitored and strategies for continued improvement integrated into work processes.

Element 1.3

Evaluate the risk management system for manual handling

Performance criteria

- a. Commitment and strategies for evaluating the effectiveness of the manual handling risk management system are provided.
- b. Structured audits for systematic checking of the system are arranged.
- c. The effectiveness of the manual handling risk management system with its related policies, procedures, documentation and processes are assessed according to organisational aims, performance indicators, legislative requirements and industry benchmarks.
- d. Implications, priorities and resources for improving the management of manual handling are determined.
- e. Improvements to the system are developed and implemented through consultation and continued monitoring and refinements to policies, procedures, documentation and processes.
- f. Improvements are evaluated to ensure new risks are not introduced.
- g. Ongoing training and development of manual handling competencies of self and staff is promoted and resourced.

Range of variables

Establish, maintain and evaluate risk management for manual handling

This embraces nursing managerial practice for effectively implementing the risk management system for manual handling within the health-care facility and ensuring appropriate policies and procedures within own area of managerial responsibility. Depending upon the health-care facility and organisational structure and levels of accountability, the level of managerial responsibility and involvement in developing and implementing the system will vary. In a residential aged-care facility the Director of Nursing (DON) may also be the CEO while in other contexts the nurse manager may report and be accountable to senior managers as well as the CEO and Health Service Board.

Framework for the risk management system

The framework will include policies, systems and organisational methods used to identify, assess and control manual handling risks. Features of the framework will vary depending upon such factors as:

- the size and type of health-care facility
- the existing policies, systems, methods and priorities
- the resources available in the facility to effectively manage manual handling risks
- the profile of past manual handling injuries and potential risks in the future.

Costs of manual handling injuries

Costs will vary depending upon the size and type of health-care facility and the type and severity of manual handling injuries and will generally include: compensation costs, lost time, time and administration of completing paperwork, time spent adjusting rosters, time spent orienting new staff, loss of experienced nurses' skills; lower staff morale, personal cost, pain and possibility of disrupting or ending nursing career, flow-on costs to patients and the community.

Policies and systems for the risk management framework

Policies and systems will vary depending upon the health-care facility but may include manual handling policies and systems to be used in relation to:

- the structures, responsibilities and accountabilities for manual handling risk management
- consultative arrangements and requirements
- reporting of incidents and record keeping
- purchase and maintenance of equipment
- training.

Procedures and documentation

Includes hazard register, safety inspection checklist, procedures for reporting incidents, incident register, incident reports and risk assessments.

Strategies for identifying and assessing potential and existing manual handling risks

Strategies using and analysing data from:

- observation and documentation to record issues
- hazard registers
- safety inspections and audits
- injury and incident records.

Resources

Resources for establishing policies and documentation will vary depending upon the size and type of health-care facility but may include:

- number and expertise of staff to conduct a safety audit or inspection
- number and skills of staff to effectively observe and record manual handling risks
- number and skills of staff to analyse and interpret data from risk identification
- staff numbers and mix for undertaking nursing activities
- time and initial costs in developing and integrating risk identification and assessment and control strategies into work methods and systems
- available budget to establish risk identification and assessment, and control strategies.

Information and training

Includes circulars, staff meetings, OHS consultative processes, guidelines, staff manuals, on-the-job training and feedback, off-the-job training programs on site or external to the health-care facility.

Evidence guide

Knowledge of:

- legislative and organisational requirements, policies and procedures
- direct and indirect costs of manual handling injuries
- cost-benefit analysis of risk management system for manual handling
- health-facility approach, priorities and strategies for manual handling risk management
- effective management strategies for organisational change involving new responsibilities, work processes, values and procedures
- continuous improvement concepts and strategies
- understanding of performance indicators and benchmarking for OHS issues.

Skills in:

- change management
- introducing policies and procedures
- advocating/negotiating resources
- influencing and communicating
- cost-benefit analysis
- communicating and supporting use of risk control framework in nursing activities, work systems and methods
- implementing strategies for evaluating manual handling risk management.

Values/attributes:

- leadership and resilience in facilitating effective change for a safer and healthier workplace
- commitment to promoting risk management strategies and procedures
- appreciation of the value of consistent application of manual handling risk management strategies and procedures to the safety and well-being of nurses and patients
- appreciation of the need to participate in specialist manual handling training for managerial responsibilities.

Unit 2 Level C

Establish and continuously improve manual handling standards within managerial area of responsibility

Descriptor

The nurse manager has a key role in ensuring the effective implementation, promotion and resource support for manual handling policies and standards, including patient-handling standards and the use of manual handling aids and equipment within own area of responsibility.

Element 2.1

Determine and establish manual handling techniques and standards within area of responsibility

Performance criteria

- a. Staff needs and requirements for using policies and standards are identified and incorporated into processes and documentation format.
- b. Evidence-based manual handling methods and industry standards inform facility manual handling policy and standards.
- c. Relationships with other health team members, OHS specialists and networks are accessed and used to develop manual handling techniques and standards.
- d. Manual handling techniques and standards established within area of managerial responsibility are developed in consultation with staff.
- e. Written manual handling policies and standards and specific performance indicators that complement the organisational approach and risk management system are developed.
- f. Responsibilities and accountabilities for implementing manual handling policy and standards are clearly defined and communicated.

Element 2.2

Develop and implement processes and documentation specifically to support patient-handling policies and standards to ensure the safety of patients and staff

Performance criteria

- a. Staff needs and requirement for using policies and standards are identified and incorporated into processes and documentation format.
- b. Staff are trained and supported in correctly using patient-handling assessment documentation and methods as well as patient-handling techniques and use of equipment.

- c. Patient plan-of-care format and other documentation for assessing, recording and informing health care team on patient requiring assistance with movement are implemented.
- d. Approved patient-handling techniques and guidelines for decision making and use are developed and clearly communicated.
- e. Record system and methods for analysing patient-handling outcomes for staff and patients are developed and implemented.
- f. Approved patient-handling equipment is available, in good working order and manufacturers' instructions are accessible.

Element 2.3

Manage staff and resources to meet manual handling policy and standards

Performance criteria

- a. Alterations to patient numbers and health status, funding and health care service provision within area of responsibility are identified and implications considered for manual handling.
- b. Impact of staffing levels on manual handling risks are considered in managerial planning and decision making.
- c. Manual handling equipment and resources needed to optimise use of manual handling standards are advocated and negotiated with senior management if required.
- d. Processes for identifying and supporting learning needs of nursing staff to meet manual handling standards are provided.
- e. Systems and documentation for facilitating flow of information on manual handling requirements and outcomes are effectively managed.
- f. Data from risk identification are analysed and findings are used to inform management decisions including staffing and resource allocation.
- g. Physical resources and work environment are planned and managed to minimise manual handling risks effectively.

Element 2.4

Monitor and continuously improve manual handling techniques and standards for the safety of patients and staff

Performance criteria

- a. Manual handling standards with their performance indicators are used as the basis for monitoring and evaluation.
- b. Structured audits and agreed additional strategies for systematic monitoring of manual handling effectiveness are used.
- c. Findings from monitoring of manual handling activities are communicated and discussed with relevant personnel.
- d. Implications, priorities and resources for improving the management of manual handling techniques and standards are determined.
- e. Manual handling equipment, aids and resources needed to minimise manual handling and patient handling in particular are provided as far as practicable.
- f. Additional control measures for improved manual handling are determined, communicated and implemented.
- g. Improvements are evaluated to ensure new risks are not introduced.
- h. Ongoing training and development of patient-handling competencies of self and staff are promoted and resourced.
- i. Disciplinary measures and strategies for non-compliance with manual handling standards are established and communicated.

Range of variables

Manual handling standards

These will vary depending upon the health-care facility. In general, manual handling standards will include clear statements of expected levels of outcomes and the performance measures or indicators for determining whether these have been achieved within a health-care facility.

Evidence-based manual handling methods

Appropriate manual handling methods as demonstrated in scientific research. That is, manual handling standards using lifting and transferring techniques based on evidence in the field, rather than tradition or personal preference.

Industry standards

Involves a health-care facility using best practice health industry benchmarks for manual handling standards and their performance indicators.

Evidence guide

Knowledge and understanding of:

- risk factors and control measures for patient handling
- research findings and best practice on patient-handling techniques
- complexity of issues and variables for determining patient-handling methods
- patient plan-of-care features and requirements
- limitations and possible consequences of different lifting and transferring techniques
- types of manual handling equipment and aids available
- introduction and management of change in the workplace
- performance indicators and benchmarks for manual handling and patient handling in particular
- planning, designing and monitoring the work environment and its implications for safe manual handling
- relationship between manual handling risk management and broader OHS strategies, organisational systems, resources and policies
- safety audits and monitoring methods for manual handling
- continuous improvement concepts and strategies.

Skills in:

- interacting with key OHS personnel, staff, senior management and colleagues
- developing and updating manual handling standards and documentation to meet specific health care context
- consultation, seeking expert advice and decision making
- working with others to determine manual handling techniques for area of responsibility in health-care facility
- purchasing and implementing use of manual handling equipment and aids within the health-care facility
- communicating with and managing health-care team on manual handling requirements and standards
- integrating manual handling issues into managerial planning and decision making
- implementing strategies for monitoring and improving patient handling.

Values/attributes:

- leadership and resilience in facilitating effective change for a safer and healthier workplace
- commitment to promoting and integrating risk management strategies and procedures in manual handling and patient handling in particular
- appreciation of the value of consistent application of manual handling standards to the safety and well-being of nurses and patients
- appreciation of the need to participate in specialist manual handling training for managerial responsibilities.

