

Introduction

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1.1 Need for revision of the Guidelines

The first version of the *New Zealand Patient Handling Guidelines* was published in 2003. Since then there have been numerous developments in moving and handling across the world. Within New Zealand, there have been changes in workplaces, demographic patterns (an ageing population, an ageing workforce, the increasing weight of clients in healthcare services) and development of organisational policies and practices. In the process of carrying out the revision of the Guidelines, now titled *Moving and Handling People: The New Zealand Guidelines*, the revision panel has taken these changes into account.

BOX 1.1

Developments in moving and handling people since 2000

The developments include:

- More than 20 manuals on moving and handling people available from websites
- An increase in evidence-based research literature relevant to practice
- Development of specialist websites
- Increasing evidence showing the cost-effectiveness of moving and handling programmes
- More extensive implementation of moving and handling programmes in healthcare settings.

In the past 10 years, there has been a dramatic increase in moving and handling manuals and guides published in countries such as Australia, Canada, the United States and the United Kingdom. As well, there are many websites that provide resources for moving and handling people and numerous papers published in research journals. Research provides convincing evidence supporting the cost effectiveness of moving and handling programmes in reducing injury rates and absenteeism among healthcare staff, as well as enhancing the quality of client¹ care.

Research and technology influence the way that healthcare facilities and educational institutions approach various aspects of workplace safety. In New Zealand healthcare, the *Health and Safety in Employment Act (1992)* states that it is responsibility of both employers and employees to ensure workplaces provide a safe work environment through hazard identification and controls. There is a growing body of evidence that the moving and handling of people is a 'significant hazard'.² Musculoskeletal injuries, pain and loss of function can lead to absenteeism, burnout, staff turnover and early retirement. The implementation of moving and handling programmes³ is a major injury prevention initiative intended to enhance the wellbeing of both staff and clients. Moving and handling programmes can also address rising health costs and budget constraints. With every injury, there are substantial costs

1. The generic term 'client' is used throughout the Guidelines to make clear the distinction between the person being moved (the 'client') and the person doing the moving (the 'carer'). We use the term 'client' instead of 'patient' as the Guidelines are also intended to be applicable to non-healthcare organisations that do not use the term 'patients'.
2. For example; Pompeii, et al (2008) and Waters, et al (2006).
3. The term 'moving and handling' is used throughout these Guidelines. The more specific term 'patient handling' is also commonly used in New Zealand and other countries.

to the employer and the employee, in addition to the costs of claims. There are also added costs should clients or other people be injured while being lifted, transferred or repositioned. Clients who are not moved enough, or who are moved incorrectly, can experience health complications resulting in longer inpatient stays, potential disabilities and increased risk of morbidity. The effective moving and handling of people is part of quality and safety of care for clients.

The purpose of this revised version is to develop a New Zealand standard that reflects current evidence-informed practice for moving and handling people in New Zealand, consistent with international standards. Evidence-based practice is applicable across a range of occupational roles, and can create and sustain an environment that is safe for both people receiving care and their carers. It is about implementing a system or programme that encourages a culture of health and safety within organisations, regardless of size, where risks to clients and carers are identified and eliminated or minimised. These Guidelines provide information from which organisations and groups are encouraged to develop their moving and handling people programmes. The Guidelines provide standards for training that can be adapted to suit the needs of specific organisations in relation to clients, work environments, resources and staff.

1.2 Overview of the Guidelines

Each of the Guidelines sections has been written so that it can be read independently of the other sections. For that reason, there is a small amount of overlap in the text between some sections. Of the 14 sections in the Guidelines, 13 are included in four general topics relevant to moving and handling programmes. The final part of the Guidelines has been labelled Emerging Topics in Moving and Handling. A section on working with bariatric or obese clients has been included as this area because it has emerged as an important topic in moving and handling. The four main parts of the Guidelines are described next.

● **Part A: Introduction (Sections 1–2)**

This first section provides an overview of the Guidelines and the revision process. It includes a description of audiences for specific sections, international developments in moving and handling people, and relevant legislation and government agencies in New Zealand. The second section describes the need for moving and handling programmes and presents information about the extent of injuries resulting from client moving and handling in New Zealand, the costs of these injuries and the need to develop more effective client moving and handling systems.

● **Part B: Core skills and competencies (Sections 3–6)**

Part B Core skills and competencies covers the skills and competencies required by carers who move and handle people. These include risk assessment, specific moving and handling techniques and the training needed to learn these techniques. The section on organising training has been put into a separate section from the description of training for moving and handling, as these topics are likely to have somewhat different audiences. Core Skills and Competencies is intended for practitioners such as moving and handling coordinators, trainers, health and safety managers and others involved in developing moving and handling programmes.

● **Part C: Physical resources (Sections 7–9)**

The three sections in Part C provide information on equipment and equipment maintenance, facility design and the upgrading of facilities. Part C will be of interest to moving and handling coordinators, trainers, health and safety managers, architects and others involved in developing moving and handling programmes. There are two sections on equipment: the first includes descriptions of the types of equipment and the second covers management systems for equipment. The two equipment topics are presented in separate sections as they are likely to have somewhat different audiences, and to avoid having a very long section on equipment.

● Part D: Organisational systems for moving and handling (Sections 10–13)

Part D outlines the multiple components needed for moving and handling programmes. It includes sections on: policy and programme planning, workplace culture, monitoring and evaluation and audits. The topic of audits has been included as a separate section to avoid the section on monitoring and evaluation being overly long. These sections will be useful to managers and other decision-makers for developing and upgrading moving and handling programmes.

1.3 Who should read the Guidelines?

If you manage an organisation or work in a setting that requires the moving and handling of people, you should be familiar with most of the sections in this document. Table 1.1 shows the sections with which specific occupational groups should become familiar. Some organisations where the moving and handling of people is common are: DHBs (hospitals); residential care facilities and hospitals for aged care, private hospitals, clinics and surgeries; schools with disabled children; community care services for elderly people and those with disabilities.

The key groups of audiences for the Guidelines are:

Managers: including ward and unit managers, occupational health and safety managers and advisers, moving and handling coordinators and trainers

People who handle people: (whom we refer to in the Guidelines as ‘carers’) including nurses, health aides, doctors and medical specialists, teachers and ambulance staff

Senior management and facility owners: including directors and decision-makers, and owners and operators of private and non-profit-making facilities

People involved in facility design: including project managers, planners, architects and tradespeople

Education and training institutions: lecturers, tutors, trainers and students.

TABLE 1.1 GUIDELINES SECTIONS RELEVANT TO SPECIFIC AUDIENCES

Guidelines section	Ward or unit managers, occupational health and safety managers, trainers	Carers – people who move and handle people or clients	Senior management, directors and policy-makers	Facility design managers, planners, tradespeople
1. Introduction		▲	●	▲
2. Why moving and handling programmes are needed	●	●	●	▲
Part B: Skills and competencies				
3. Risk assessment	●	●		▲
4. Techniques for moving and handling people	●	●		
5. Training for moving and handling people	●	●	▲	
6. Organising training	●	●		
Part C: Physical resources				
7. Equipment for moving and handling people	●	●	▲	●
8. Equipment management	●	▲	●	●
9. Facility design and upgrading	●	▲	●	●
● = Very relevant ▲ = Relevant				

Continued ...

Guidelines section	Ward or unit managers, occupational health and safety managers, trainers	Carers – people who move and handle people or clients	Senior management, directors and policy-makers	Facility design managers, planners, tradespeople
Part D: Organisational systems for moving and handling				
10. Policy and programme planning	●	▲	●	▲
11. Workplace culture	●	●	●	
12. Monitoring & evaluation	●	●	▲	
13. Audits	●	●		
Emerging topics				
14. Bariatric clients	●	●	▲	▲
Glossary, Index				
● = Very relevant ▲ = Relevant				

1.4 International developments in moving and handling people

Since 2000, there has been a series of developments in Australia, the UK, and the USA, in the moving and handling of people. Most of the developments in Australia have been focused at state level, with Queensland, New South Wales and Victoria having produced guidelines and other resources intended to reduce moving and handling injuries. National nursing organisations in both Australia and the UK have identified specific competencies relating to the moving and handling of people. Some of the developments in legislation, standards and practice in the UK, the USA and Australia are summarised below.

United Kingdom

In the UK, the legislation covering client handling are the *Manual Handling Operations Regulations (MHOR)* 1992 and subsequent amendments (to 2004). The regulations require employers to:

1. Avoid hazardous manual handling operations as far as is reasonably practicable
2. Assess any hazardous manual handling operations that cannot be avoided, for example by using an assessment checklist
3. Reduce the risk of injury so far as is reasonably practicable
4. Review risk assessments.

Other areas covered in the UK regulations include the task, the load, the working environment, individual capabilities and employers' duties.

In the UK, moving and handling has become a specialist occupation, and moving and handling practices and programmes that reduce risks for carers are widespread. There is a national guide for the handling of people that is updated periodically.⁴ Specific health authorities and regions in the UK have published guides and manuals related to client handling.

BOX 1.2

UK policy and legislation

The *Royal College of Nursing* in the UK has had a directive since 1992 regarding the manual handling of patients. Its position is, 'There is rarely conflict between the needs of the patient and the safety of the nurse'.

The *Manual Handling Operations Regulations (1992)* permit manual lifting only where it is 'unavoidable'. The regulations require an employer to avoid the need for employees to carry out manual lifts 'so far as is reasonably practicable'.

4. The most recent edition is Smith, 2011.

United States of America

The USA has a two-tiered legislative system (federal and state). At the federal level, a patient handling bill, the *Nurse and Patient Safety and Protection Act of 2006*, was still working its way through the system as at August 2010. At state level, between 2005 and 2009, nine states enacted safe patient handling legislation (Illinois, Maryland, Minnesota, New Jersey, New York, Ohio, Rhode Island, Texas and Washington, with a resolution to do so from Hawaii). Seven states require a comprehensive programme in healthcare facilities, and the legislation outlines expectations of employers and employees, reporting requirements and financial incentives for implementing patient programmes, including tax relief for capital costs.⁵

Australia

In Australia, national (federal) requirements for client handling are set by the Australian Safety and Compensation Council (ASCC), also known as Safe Work Australia. Two standards cover client handling: the *National Standard for Manual Tasks (2007)* and the *National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work (2007)*. The aim of the standards and code of practice is to prevent injuries caused by performing manual tasks at work by setting out ways to identify and manage risks. Several states have legislation on health and safety in workplaces, which cover people handling.

In Victoria, client handling is covered by the *Occupational Health and Safety Regulations (2007)*. Two manuals provide detailed information:

- *Transferring People Safely: A guide to handling patients, residents and clients in health, aged care, rehabilitation and disability services (3rd ed, 2009)*
- *A Guide to Designing Workplaces for Safer Handling of People: For health, aged care, rehabilitation and disability facilities (2007)*.

In New South Wales, manual handling is covered by the *Occupational Health and Safety Act (2000)*, and is administered by WorkCover Authority of NSW. WorkCover has published multiple resources related to manual handling and patient handling including *Implementing a Safer Patient Handling Program 2005*, *Manual Handling for Nurses: Guide (2005)*.

In Queensland, manual handling is covered by the *Workplace Health and Safety Regulation (2000)*. This regulation describes what must be done to prevent or control certain hazards that might cause injury, illness or death. Information on procedures for handling people is included in *Manual Tasks Involving the Handling of People Code of Practice (2001)*. Queensland Health published the second edition of its patient handling guidelines in 2010.⁶

5. From: *Nursing World*, 2010.

6. See Queensland Health, 2010.

1.5 Legislation in New Zealand

Manual handling and patient or client handling are covered by health and safety legislation in New Zealand. The law or Act that is applicable to workplace health and safety is the *Health and Safety in Employment Act (1992)* (with 2002 amendments).

The Health and Safety in Employment Act requires employers to take all practicable steps to ensure the health and safety of employees and others at work. Adopting a client handling policy and implementing a programme (see Section 10 in these Guidelines) will assist in helping employers to meet their legal responsibilities.⁷ In general, these responsibilities include:

- Proactively preventing harm to employees
- Identifying, assessing and controlling or eliminating significant hazards that can cause harm, including harm later on
- Monitoring health if a significant hazard cannot be eliminated
- Educating employees about the risks and how to avoid them
- Providing training and supervision to prevent employees harming themselves or others (including clients).

BOX 1.3

Key terms for health and safety in New Zealand

Harm – illness, injury or both, and includes physical or mental harm caused by work-related stress.

Serious harm – permanent loss of bodily function, or the temporary severe loss of bodily function, or musculoskeletal disease.

Hazard – an activity, arrangement, circumstance, event, occurrence, phenomenon, process, situation, or substance that is an actual or potential cause or source of harm.

Significant hazard – a cause, or potential cause of serious harm or non-trivial harm whose effects on any person may depend on the extent or frequency of the person's exposure to the hazard.

Source: Department of Labour, *Keeping Work Safe*, 2009

7. Further information is available in: Department of Labour, 2009.

Employer responsibilities⁸

The Act noted above makes it clear that employers have a duty to ensure people are not harmed at their workplaces. To do this they must establish health and safety systems with employees to:

- Identify hazards in the workplace, then
- Ensure those hazards are eliminated, isolated or minimised.

In providing a safe working environment employers must also ensure that employees are properly trained and supervised, so they can work safely. If a hazard in the workplace can reasonably be eliminated, it should be. That depends on how much harm it might cause, and how difficult and expensive it would be to eliminate the risk.

When a hazard cannot be eliminated, employees have a right to know about the hazard, the level of risk, and what they need to do (or not do) in order to work safely. The aim is to do things better in order to achieve a safe and healthy workplace, not just because that is what the law says, but because it's better for everyone.

Employers must:

- Provide employees with information about any hazards and how to protect themselves from them. For example, they should be told how to deal with any risks in their work, any effects they could have on themselves or others, and how to get help easily if there are problems
- Ensure that employees have and use the right protective equipment or clothing. They can choose to provide their own protective clothing, but if they make that decision the employer must ensure it is good enough for the job
- Record and investigate any accidents or 'near misses' to employees and visitors to the workplace. When a person suffers serious harm, the Department of Labour must be advised.⁹

Employee responsibilities

Employees can make their workplaces safer by:

- Being involved in processes to improve health and safety
- Complying with correct procedures and using the right equipment
- Wearing appropriate clothing
- Helping new employees, trainees and visitors to the workplace to understand the right safety practices and why the practices exist
- Communicating incidents and concerns to their employer.

8. Adapted from Department of Labour, 2010.

9. For further information on the definition of a serious harm injury, visit the website: www.osh.dol.govt.nz/law/hse-harm.shtml.

1.6 Government agencies

Four agencies have responsibilities for and interests in preventing workplace injuries in healthcare services. These are:

- ACC – the Accident Compensation Corporation
- Department of Labour
- Ministry of Health
- DHBs.

ACC

ACC has led the development of client moving and handling in New Zealand through the publication of the *New Zealand Patient Handling Guidelines*, its emphasis on injury prevention, and a specific focus on the prevention of injuries in the healthcare industry. ACC has published nearly all the current information relating to moving and handling clients in New Zealand. A recent initiative in the field has been the development of the *Preventing and Managing Discomfort Pain and Injury Programme* (the DPI Programme) for workplaces. Other roles have included providing tools relating to training programmes for DHBs and other training providers, and funding evaluations of new programmes, such as the pilot implementation in Auckland hospitals of the Guidelines, and the evaluation of a pilot training programme at a DHB.

Department of Labour

The Department of Labour administers the legislation relevant to health and safety in workplaces. It provides copies of legislation, guides and health and safety pamphlets, many of which are available on its web pages. The Department implemented the *Workplace Health and Safety Strategy* (WHSS) in 2005. In 2001, ACC and the Department published the *Code of Practice for Manual Handling*. The Department of Labour also investigates serious workplace accidents.

Ministry of Health

The Ministry of Health works as a policy adviser, regulator, funder and service provider. Some of the responsibilities of the Ministry potentially related to client and patient handling are:

- Strategy, policy and system performance – providing advice on improving health outcomes, reducing inequalities and increasing participation, nationwide planning, coordination and collaboration across the sectors
- Monitoring and improving the performance of health sector Crown entities and DHBs, which are responsible for the health of their local communities

- Funding and purchasing health and disability support services on behalf of the Crown, including the maintenance of service agreements, particularly for public health, disability support services and other services that are retained centrally
- Administration of legislation and regulations, and meeting legislative requirements.¹⁰
(Source: www.moh.govt.nz/moh.nsf/indexmh/aboutmoh-what).

DHBs

The DHBs are fundamental drivers of change across the health sector. For example, in 2009 a joint working group from the DHBs and the New Zealand Nurses Organisation produced a report entitled *Safe Staffing, Healthy Workplaces: DHB Sector Analysis of Progress*. The purpose of this report was to provide an overview of the status of the DHB sector with regard to the development of safe staffing and healthy workplaces, and to consider the implications of this for the sector agenda. Staff working for DHBs move and handle large numbers of people on a daily basis.

Since the publication in 2003 of *The New Zealand Patient Handling Guidelines*, some of the 20 DHBs in New Zealand have implemented moving and handling initiatives. These include the appointment of moving and handling coordinators and facilitators, implementing moving and handling programmes and providing training for carers. DHBs have an important role in providing models for moving and handling people for community services and residential care.

¹⁰. At the time of writing (June 2011), the Ministry of Health had not been actively involved in promoting programmes for moving and handling people, unlike health authorities in many other developed countries.

1.7 Processes used in the revision of the Guidelines

In 2009 preliminary work for the Guidelines' revision was carried out by a review panel that identified sections of the Guidelines that needed revision, and scoped the revision generally. A literature review on safe patient handling was completed as part of the 2009 review. A taxonomy of injuries in residential care that resulted in claims to ACC was also used during the preliminary review.¹¹ Three reports from the preliminary work are listed in the references at the end of this section.¹²

ResearchWorks NZ Ltd was contracted by ACC to revise the 2003 *New Zealand Patient Handling Guidelines* in 2010. The revision process included the following tasks and consultation activities:

- A national survey of 50 users of the Guidelines – the survey was publicised in various ACC newsletters, and through direct contact with DHBs and residential care facilities over several months
- Convening a panel to review the original document
- Inviting speakers from DHBs, ACC and universities to speak to the panel
- Drafting the new Guidelines
- Arranging for panel members to provide feedback on the drafts
- Arranging for national and international reviews
- Incorporating changes arising from the reviews where appropriate.

In the early stages of the revision an email network was formed. The network comprised people who completed the survey and anyone who requested inclusion. News about the revision, and requests for comments on specific points, were sent to this network and to people in the ACC DPI Programme.

11. Ludcke & Kahler, 2009.

12. Thomas et al, 2009a, 2009b, 2010.

References and resources

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- WorkSafe Victoria. (2009). *Transferring People Safely: A guide to handling patients, residents and clients in health, aged care, rehabilitation and disability services* (3rd ed.). Melbourne.

New Zealand web addresses

ACC – www.acc.co.nz

Department of Labour – www.dol.govt.nz and www.osh.dol.govt.nz

District Health Boards New Zealand (DHBNZ) – www.dhbnz.org.nz

Ministry of Health – www.moh.govt.nz

International web addresses related to moving and handling people*

Safe Lifting Portal

www.safeliftingportal.com

Healthcare site designed to support safe lifting and caregiver injury prevention programmes

American Nurses Association, Nursing World website

www.nursingworld.org

See section on *Ergonomics/Handle with Care*

Department of Veterans Affairs, USA, *Safe Patient Handling and Movement* page

www.visn8.va.gov/patientsafetycenter/safePtHandling/default.asp

European Agency for Safety and Health at Work

osha.europa.eu/en/sector/healthcare

See *Publications for healthcare*

National Back Exchange UK

www.nationalbackexchange.org

NIOSH - The National Institute for Occupational Safety and Health, CDC, USA

www.cdc.gov/niosh/topics/healthcare/

See section on *Ergonomics and Musculoskeletal Disorders*

The Safety Library (USA and several other countries)

www.thesafetylibrary.com/lib/healthcaresafety/patienthandling.php

(requires paid membership for access to resources)

WorkSafeBC, Canada

www2.worksafebc.com/Portals/HealthCare/PatientHandling.asp

* Note these web addresses (URLs) were operating in June 2011. If the URL does not work, try a search on the organisation name.

