Manual Handling: Current Strategies at Workplace Level

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• Manual Handling Defined:

“Any transporting or supporting of a load by one or more employees which includes lifting, putting down, pushing, pulling, carrying or moving a load, which by reason of its characteristics or unfavourable ergonomic conditions, involves risk”
Physical effort too strenuous

Difficult to grasp

Load is too heavy

Load is too large
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• Manual Handling
  – It is conducted by a person at work
  – It normally involves the handling of a load,
  – It requires the person to move a load from one place to another and may involve risk
  – Four key constituents:
    • The person
    • The load
    • The activity and the environment
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The Manual Handling of Load regulations 2007

- Key focus of the regulation is on prevention of injury through:
  - Risk assessment of systems of work which involve manual handling
  - Avoidance of Manual Handling
  - Reduction of Manual Handling
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• Manual Handling
  – It is more than a phrase in a Safety Statement or Risk Assessment
  – It cannot be addressed without looking at work activity
  – It will not be managed through a one size fits all “Provision of Training” Intervention
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• Injury and illness due to manual handling – The Statistics?

– 35 manual handling injury claims cost € 2.9 Million (Manual Handling Incidents in the Health Care Sector, 2007)

– 25% (3,700 claims approximately) relate to injuries to the back, disc, muscle spasm or strain (Occupational Injury Benefit Claims 2010)
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• Injury and illness due to manual handling – The Statistics?
  – Manual Handling continues to be the most common accident trigger accounting for 25% of all reported non-fatal accidents in 2009 (Summary of Workplace Injury, Illness and Fatality Statistics 2008-2009)
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• Injury and illness due to manual handling – The Statistics?
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• Action at Workplace Level: H.S.A. Approach: Main Elements
  – Element 1: Guidance Development: Risk Assessment focused
    • On line Risk Assessment Case Studies
    • Sector Specific Manual Handling Risk Assessment Guides for Retail, Hospitality and Healthcare Sectors
    • Guides planned 2012 for Manufacturing and Construction sector
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• Action at Workplace Level: H.S.A. Approach: Main Elements:
  – Element 2: New Manual Handling Training System
    • New FETAC Level 6 Manual Handling Instructor Standards published – March 2010
    • Validation of new FETAC Level 6 Training Programmes – October 2010
    • Recognition of Prior Learning Process – May 2011
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• Action at Workplace Level: H.S.A. Approach: Main Elements:
  – Element 3: Development of Inspector Training Programmes on addressing manual handling during inspection
    • Close co-operation with Inspectors
    • Increased number of Referrals
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• Action at Workplace Level: H.S.A. Approach: Main Elements:
  – Element 4: Evidence Based Research

• Investigation of Manual Handling compensation claims in the healthcare sector (2007)
• Investigation of Manual Handling Tasks in Construction (2009)
• Action at Workplace Level: H.S.A.
  Approach: Main Elements
  – **Element 5:** Development of contacts with external organisations (e.g. Arthritis Ireland Coalition on MSD Prevention)
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• Action at Workplace Level: H.S.A. Approach: Main Elements:
  – Element 6: Manual Handling Risk Management
    • Initial work on this initiative during 2010/11
    • Plan to develop further in 2012
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• Manual Handling Risk Management:
  – Meeting with corporate health and safety managers
  – To be up front on our approach
  – To underline the focus on good quality risk assessment as opposed to large quantities of risk assessment paperwork
  – To change the culture in dealing with Manual Handling, more focus on task specific risk assessment and why it can be beneficial
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• Manual Handling Risk Management:
  Key elements:
  • Manual Handling Policy
  • Manual Handling Task Specific Risk Assessment
  • Implementation of Control measures and safe systems of work
  • Manual Handling Training: (Focus must be task related)
  • Internal Audit/Supervision
  • Communication with employees
  • Employee accountability
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• Closing Points
  – We need to focus on work activity improvements through risk management and continue to develop practical guidance
  – We need to consider other issues such as ageing workforce, health of workforce, rehabilitation
  – We need to consider the productivity benefits as well as health benefits
  – We need to continue to give input to the Proposed new MSD Directive
  – We need to recognise that there are challenges and work with external organisations
Thank you.