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Patient Handling FURAT User Guide

A practical guide to assist with the completion of the:

1. Facility / Unit Risk Assessment Tool (FURAT)
2. Facility / Unit Patient Handling Risk Profile Form (PHRPF)

Occupational Health and Safety Management System
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Queensland Health
ergonomics@health.qld.gov.au



Occupational Health and Workplace Safety Unit
HealthCare Ergonomics

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Introduction

Risk management activities related to patient handling tasks occur at all levels of an organisation. The patient handling Facility / Unit Risk Assessment Tool (FURAT) is designed to facilitate patient handling risk assessment at the operational level in facilities and units / wards / departments.

About the FURAT:




<p>The FURAT (OHSMS 2-65-1#38) is the mandatory tool to support patient handling risk management at facility/ unit level within Queensland Health</p>	
<p>Purpose of the FURAT:</p>	<ul style="list-style-type: none"> ➤ The tool enables work areas to easily conduct and record patient handling risk management at facility / unit level in accordance with the mandatory requirements of the Queensland Health Occupational Health and Safety Management System: <ul style="list-style-type: none"> ▪ Patient Handling Risk Assessment Work Practice Directive (OHSMS 2-65#38), and the ▪ Patient Handling Tasks Implementation Standard (OHSMS 2-22#21). ➤ To ensure a consistent application of patient handling facility / unit risk assessment methodology across Queensland Health.
<p>Where to use the FURAT:</p>	<p>The FURAT should be completed in all work areas that perform patient handling tasks. It can be applied at either the facility or unit level, depending on the size of your facility. For example:</p> <ul style="list-style-type: none"> • A large facility would apply the tool at the ward / unit level • A smaller workplace could apply the tool to the whole facility (for example, a small rural hospital; an aged care home; a community health clinic) • It can be used for existing facilities and in the planning phase for new facilities.
<p>Who is responsible for completing the</p>	<ul style="list-style-type: none"> ➤ The FURAT should be completed by the relevant facility / unit Manager, in collaboration with other key personnel including: the local patient handling co-

<p>FURAT?</p>	<p>coordinator, lead and ward / unit patient handling trainer/s, occupational health and safety (OHS) practitioners (including the district / inter-district ergonomic coordinator) and OHS representatives.</p> <ul style="list-style-type: none"> ➤ The district OHS manager (or delegate) is responsible for assisting, promoting and educating managers in the use of the FURAT.
<p>Documentation and communication requirements:</p>	<ul style="list-style-type: none"> ➤ The findings and recommendations from the FURAT should be collated by OHS and / or divisional representatives and reported through district OHS committee structures for the attention of responsible officers. <p><i>For example:</i></p> <ul style="list-style-type: none"> • A copy of the control plan may be forwarded to divisional or district OHS committees; • Findings / plans / outcomes may be documented in the minutes from unit / ward / department meetings <ul style="list-style-type: none"> ➤ File a copy locally at the facility / unit and centrally at the OHS Unit.
<p>How often are facility/ unit risk assessments completed?</p>	<ul style="list-style-type: none"> ➤ The FURAT must be reviewed annually, or following a significant incident or change in the operational environment or activities, whichever is sooner; and be ➤ Fully re-assessed at least every three (3) years.

How to use this guide

This guide provides a brief description of:

1. The corresponding FURAT section
2. Any important information for you to note
3. Worked **examples** for you to follow.

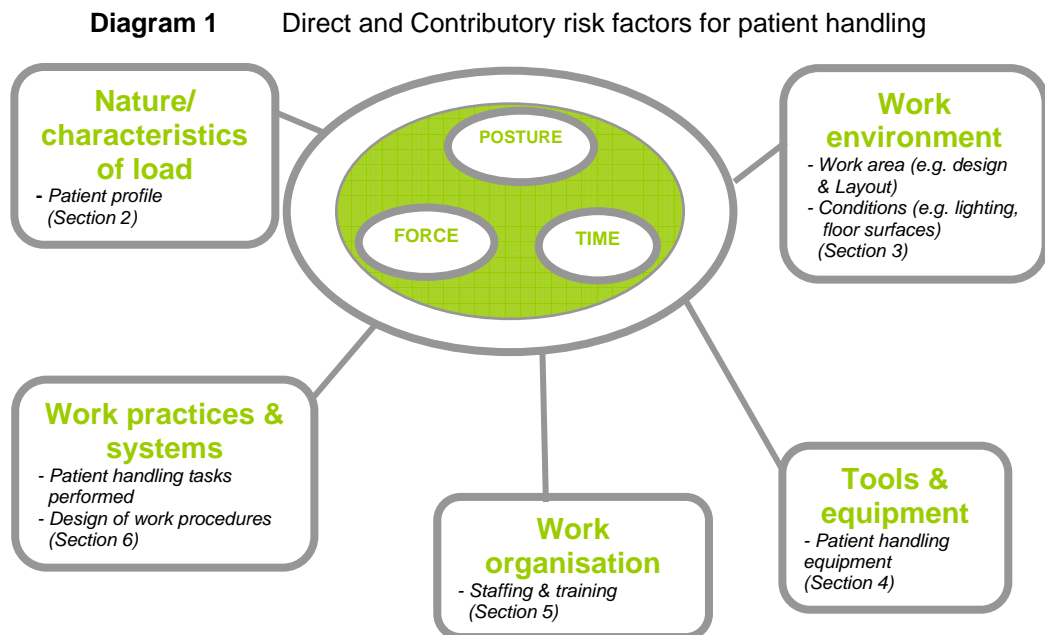
I C O N K E Y	
	Valuable information
	Helpful hint
	Worked example

Elements of the FURAT

The aim of patient handling risk assessment is to determine the likelihood that a patient handling task will cause a musculoskeletal injury in workers, and the likely severity of these injuries. The risk assessment involves two components:

- ⇒ Analysing the risk factors known to cause injury (i.e. the **direct risk factors: posture, force and time**)
- ⇒ Identifying the source of the direct risk factors (i.e. the **contributory risk factors**). These are the main areas that will impact on the overall level of patient handling risk for your facility / unit. These risk factors are:
 - **Patient profile**
 - **Environment**
 - **Patient handling equipment**
 - **Staffing / training**
 - **Patient handling / patient care tasks** performed and methods used.

The interaction of the direct and contributory risk factors is illustrated in Diagram 1 below.



- ⇒ Additional information on risk management for patient handling tasks can be found in THINK SMART Patient Handling Guidelines 2nd Edition.

IMPORTANT: please read before commencing the FURAT

1. The criteria included in the FURAT are by no means exhaustive nor may all of the factors described in the FURAT be relevant to all circumstances. The person completing the FURAT should apply judgement and their knowledge of the local work area to determine the patient handling risks that are present in the facility or unit, including those risks requiring further assessment and management.
2. When completing the FURAT, consider the last 12 month period and the typical work conditions or work practices undertaken.
3. If required, the form can be completed in manageable sections

rather than in one attempt. It is useful to prepare for the assessment by collating any relevant documents that you will need to complete the assessment (e.g. training records, equipment registers, maintenance records) prior to commencing.

The **FURAT** comprises eight sections to guide the systematic identification, assessment and control of patient handling risks. The findings of the FURAT and recommended controls are then summarised into a Patient Handling Facility / Unit Risk Profile Form (**PHRPF**).

The following is a summary of the process for completion of the **FURAT**. More detailed instructions for each step are provided in the remaining sections of this guide.

Step 1: Identify the facility, contacts and communication strategies:

Section 1 Facility / Unit Description

Step 2: Consider and identify the range of factors that can impact on patient handling and the associated risks, these include:

Section 2	Patient Profile
Section 3	Environment
Section 4	Equipment
Section 5	Staffing and Training Issues
Section 6	Patient Handling Tasks Performed (including patient care tasks)

Step 3: Analyse the impact of these factors to assess the patient handling risk:

Section 7 Patient Handling Task Risk Analysis

Step 4: Develop and record control measures to manage these risks, communicate these to workers and record appropriately:

Section 8 Risk Control Worksheet

Step 5: Summarise the findings of the risk assessment and recommended risk controls into a Patient Handling Facility/Unit Risk Profile Form (PHRPF). This forms the basis for information and training needs for workers. Communicate to workers and record appropriately.

Appendix 1 Facility / Unit Patient Handling Risk Profile Form (PHRPF)

**Section
1**

Facility / Unit Description

**Section
1**

- Complete the facility / unit details and document the people involved in the assessment.

Below is an example of the information required for facility/ unit description and communication

Date Completed:	21/07/08	Review Date: (Yearly)	21/07/09
Work Area Details:	Hospital Facility:	Twin Waters Hospital	
	Unit / Ward / Department:	40 bed Orthopaedic ward	
Assessment Completed by:	Name:	Greg Norman	Contact number: 07 3333 2222
	Position Title:	NUM	
	In consultation with (name & position / title):	<ol style="list-style-type: none"> 1. Tiger Woods, Ward Patient Handling Trainer 2. Laura Davies, OHS Practitioner 3. Colin Montgomery, WHS Rep 	
Key Patient Handling Contacts:	Managers Name:	Greg Norman	Position Title: NUM
	District Patient Handling Coordinator Name:	Carie Webb	Position Title: Clinical nurse
	Ward / Unit Patient Handling Trainers Name:	Tiger Woods Ernie Els Nick Faldo	Position Title: Clinical nurse

Communication

Identify and record how information relating to patient handling is communicated at the various levels within the facility/ unit. Decide whether or not adequate processes are in place to maintain awareness of patient handling issues within the facility / unit. For example, workers have avenues to raise issues and be kept informed on any patient handling matters.

★ Note any issues regarding communication of patient handling information that need to be addressed in the control plan.

 *Below is an example of the information required for facility/ unit patient handling and communication strategies*

Communication

- Detail below the communication strategy implemented for disseminating patient handling information and matters within the facility / unit? (e.g. forums, staff meetings, other relevant committees, memorandums, handover)

Organisational Level	How (e.g. verbally or written)	When (e.g. weekly, monthly, annually)	Where / What (e.g. manuals, meeting minutes)
District Level:	<i>Verbal & written in minutes</i>	<i>Fortnightly</i>	<i>Pebble Beach District Health Service WHS Committee Meeting</i>
Division Level: (e.g. Division of Surgery)	<i>Verbal</i>	<i>Monthly</i>	<i>Division of Surgery Monthly Surgical Nurses Action Group (SNAG Meeting)</i>
Ward/ Unit Level:	<i>Verbal</i>	<i>Daily</i>	<i>Individual patient information – handovers</i>
	<i>Written</i>	<i>As admitted</i>	<i>Individual patient information - Patient handling assessment</i>
	<i>Verbal</i>	<i>Weekly and yearly</i>	<i>General patient handling information - ward meetings weekly, refresher training</i>
	<i>Written</i>	<i>Continuous</i>	<i>General patient handling information - safe work procedures/ equipment procedures, awareness posters</i>

Section**2****Patient Profile****Section 2**

Patient characteristics will influence the way the patient is handled and the patient handling risks that will exist. This section helps you identify the overall patient profile for your facility / unit.

Types of Patients

- Estimate, by using percentage figures, the proportion of each type of patients most commonly admitted or treated in your facility / work unit. Apply your judgement and use your knowledge of the local work area to make these estimates. You do not need to access data sources for this information.

Age Range

- * By considering the overall bed numbers for the facility / unit, estimate the proportion of patients in each age range category provided.

Type of Care

- * Acute (i.e. hospital admissions for patients receiving medical treatment, in accordance with the standard care classifications)
- * Rehabilitation (i.e. in accordance with the standard care classifications)
- * Residential / aged care (e.g. awaiting nursing home placement; nursing home; hostel)
- * Diagnostic / technical procedures (e.g. radiology, cardiac catheter lab, nuclear medicine)
- * Other (e.g. operating theatre; outpatient clinic)

Patient Handling Dependency Level

- * The following categories can be used as a guide for determining the levels of patient dependency in your facility/ unit:
 - **Independent** – patient can ambulate / do the transfer on their own, with or without the use of a self help aid (e.g. walking stick; bed stick).
 - **Supervision needed** - patient needs some supervision and / or verbal prompting to ambulate / do the transfer, with or without the use of a self help aid.
 - **Assistance needed** – patient can understand, cooperate, and is physically able to perform part of the activity (i.e. the patient is able to assist and contribute to the task; 1 or more workers provide minimal to moderate assistance).
 - **Dependent**– Patient is not able to understand or cooperate, or is unable to physically assist (i.e. the patient is invariably not able to assist and contributes very little or nothing to the task; 2 or more workers provides maximum assistance, therefore the use of patient handling equipment is essential).

Patient Size

Child Size

Weights have been provided as a guide and should be considered in relation to the child's dependency levels and the tasks being undertaken to help identify potential patient handling risks (e.g. a child that weighs 15kg and is dependent may still require mechanical lifting equipment and assistance from 2 workers; a child that weighs 15kg and is able to assist with standing transfers will most likely require assistance from 1 worker; babies (weighing 10kg or less) can generally be lifted and handled by 1 worker).

Adult Size:

Provide an estimate of the typical distribution of patients in your facility/ unit according to their size. BMI (body mass index) considers height and body weight and may be used as a guide.

To calculate BMI (kg/m²)
= weight in kilograms (divided by) height meters²

*For example: Patient of weight 70kg and height 160cm:
 BMI = 70 / (1.6 x 1.6) = 27.34
 (indicates patient is overweight according to BMI)*

BMI	Descriptors
10-15	Underweight
20-25	Healthy
25-30	Overweight
30-40	Obese
40-60	Very obese
60-100	Severely obese
<small>Reference: BMI Calculator Novartis Consumer Health</small>	

Bariatric patients

As a guide, the following criteria can be used to identify **bariatric** patients¹:

- Their weight exceeds, or appears to exceed, the identified safe working load/ weight capacity of standard hospital equipment such as electric beds, mechanical lifters, operating tables, shower chairs and wheelchairs. Similarly, their size restricts the use of standard furniture such as bedside chairs
- Their weight and girth exceeds, or appears to exceed, the identified capacity of standard road ambulance service equipment or air ambulance
- Has restricted mobility, or is immobile, due to their size in terms of height and/girth.

Patients with a BMI greater than 40 are considered to meet bariatric criteria (World Health Organisation).

¹ Department of Health, NSW (2005), Guidelines for the Management of Occupational Health and Safety (OHS) Issues Associated with the Management of Bariatric (Severely Obese) Patients.

Weight Range

- Record the estimated minimum and maximum weights of patients that may be seen in your facility/ unit, and an estimate of the average patient weight. This will help guide the appropriateness of patient handling equipment used. For example you can give consideration to whether the equipment has an appropriate upper weight limit / safe working load to suit the majority of patients seen.

 Below is an example of the information required in patient profile

Patient Profile

- Describe the types of patients most commonly admitted or treated in your facility / work unit

%	Age Range	%	Type of care	%	PH Dependency (See below for definitions)	% Patient Size (Consider BMI as a guide)			
						%	Child	%	Adult
	Neonates (0-4 weeks)	85	Acute	20	Independent		Young Babies (weight up to 10kg)		Extra Small
	Young Babies (1-24 mths)	15	Rehabilitation		Supervision		Young Children (weight 11-20kg)	10	Small
	Young Children (3-12 yrs)		Residential / Aged Care	60	Assistance needed		Children and Adolescents (weight >20kg)	15	Medium
	Children and Adolescent (13-17yrs)		Diagnostic / Technical Procedure	20	Dependent			50	Large
50	Adults (18-64yrs)		Other: (Specify)					15	Extra large
50	Older adults (65yrs+)							5	Bariatric (BMI>40)
Estimated patient weight range typically seen: (tick the most appropriate box)				<60kg	60-80kg	80-120kg	120-150kg	>150kg	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Patient Primary Diagnosis

- Patient diagnosis can assist with understanding patient needs. Consider the range of patient types typically seen in your facility / unit, according to primary diagnosis.
- Identify any specific requirements or precautions that are commonly associated with these patient types that will impact on patient mobility / handling. For example (*list is not exhaustive*)
 - Falls risk
 - Elevated pain levels
 - Impaired range of movement
 - Altered sensation
 - Altered cognition (e.g. confusion; unable to follow instructions)
 - Behavioural issues (e.g. decreased cooperation; aggressive behaviour)
 - Incontinence
 - Poor skin integrity
 - Medical attachments or equipment
 - Impaired muscle tone
 - Clinical precautions (e.g. surgical or medical needs)
 - Impaired communication (e.g. impaired vision or hearing; impaired verbal communication skills)

Below is an example of the information required for patient primary diagnosis and special requirements/ precautions for patient handling

Patient Primary Diagnosis & Special Requirements / Precautions for Patient Handling

- Consider the range of patient types typically seen in your work area and list common patient primary diagnosis and identify any specific requirements / precautions that will impact on patient handling tasks

Patient Primary Diagnosis (E.g. amputee, spinal injuries)	Special Requirements/ Precautions: (factors that will impact on patient mobility e.g. pain, continence, cognition, falls risk)
<i>Joint replacements - lower limb</i>	<i>Pain++, haemodynamic instability due to blood loss, prone to fainting due to bed rest and opiate medications, poor mobility (pre and post surgery), specific surgical precautions [e.g. no hip flexion greater than 90 degrees]</i>
<i>Limb fractures – surgically repaired</i>	<i>Pain ++, may have large external devices protruding from limbs, skin grafts, may be completely non weight bearing in one or more limbs, may also have heavy casts on. Elderly patients who sustained injury through a fall may also be confused and/ or poorly mobile and at risk of further falls</i>
<i>Fractures of the spine and/ or pelvis</i>	<i>May require prolonged complete bed rest and very careful handling/ positioning, pain ++</i>



Patient characteristics / patient profiles are a contributory risk factor for patient handling tasks

For quick reference when completing section 7, list any special requirements/ precautions that will increase the risk for patient handling and may impact on design, equipment and training / staffing requirements. (Transfer these factors to the Risk Analysis Table (section 7) when completing the patient handling task risk analysis.)

For example:

- Most patients require assistance or are dependent and are of moderate to large size.*
- Patients have very specific medical requirements and are often at risk of falls.*
- Patients can be awkward to move due to attachments, specific post operative orders/ protocols and pain.*

Section 3

Environment

Section 3

In this section identify and record any environmental factors that may be placing workers at increased risk of injury during patient handling tasks. The following table gives some examples to assist you.


Environmental Factor	Examples of optimum environmental conditions <i>*Not an exhaustive list*</i>
Floor surface	Floors are non-slip, stable, even and in good working order; equipment can be wheeled over with minimal effort (e.g. carpet requires increased effort to push / pull beds/ wheelchairs).
Access	Work areas are free from trip hazards / clutter; walkways are clear.
Space	Size and suitability of bathroom designs; layout; doorway widths; suitability of ceilings for installation of overhead hoists; distances between rooms; sufficient space available to manoeuvre all equipment and perform patient handling tasks; sufficient storage provisions.
Over-head clearance space	Adequate space for equipment.
Noise	Clear communication is possible (e.g. ancillary noise – alarm systems, nurse call alarms, PA systems).
Lighting	Adequate for night shifts; clear visibility for workers and patients.
Temperature	Temperature is optimally controlled in work area for tasks performed (e.g. uncomfortably cold or hot)
Other	<i>Insert additional environmental factors not already identified.</i>

 Below is an example of the information required for environmental factors

Environment

- Identify any environmental factors within your facility/ unit that can impact on the physical demands of patient handling tasks.
- Consider all areas where patient handling will occur e.g. bedroom, bathroom, hallways, lifts, treatment rooms and stairs.

Environmental Factor	Suitable	Comments/Problems Identified
Floor Surface	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>The patient bedrooms have carpet while the corridors have linoleum. Patients & workers have trouble moving their walking aids, wheelchairs and shower chairs over the joins.</i>
Access	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Space	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p><i>There is difficulty getting the mobile hoists into the 4 bed patient bedrooms and close to the patient because of the quantity of other equipment and belongings e.g. walking aids, patient/ visitor lounge chairs, mobile IV stands, patient footwear, over-bed table, linen skips, dressing trolleys.</i></p> <p><i>There is only one bathroom into which the shower trolley fits.</i></p>
Overhead Clearance Space	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



Environmental factors are a contributory risk factor for patient handling tasks

For quick reference when completing section 7, list the environmental factors that will increase the risk for patient handling in your facility / unit. (Transfer these factors to the Risk Analysis Table in section 7 when completing the patient handling task risk analysis.)

For example:

- *Pushing mobile equipment on carpet and over joins is difficult (High force +/- awkward posture/ repetition).*
- *The bedrooms are cluttered and this could be reducing mobile hoist use because it will be difficult and time consuming to make room for it.*
- *The shower trolley is used a lot and would be used more if there was a second bathroom and trolley.*

Section

4

Equipment

Section
4**Patient handling equipment, aids and furniture (equipment)**

This section enables you to identify any issues relating to patient handling equipment. The following categories can be used as a guide for determining the equipment requirements.

Patient Handling Equipment: equipment used by the worker to aid handling of patients. For example, slide sheets, hoists, slings, wheelchairs, shower-commode chair.

Patient Handling Aids: aids used by the patient for transfers / mobility. For example, walking frames, bed ladder, bed-stick.

Furniture: standard hospital furniture relevant to patient handling. For example, bedside chairs, manual and electric beds.

Consider your local workplace practices for the provision of patient handling equipment: for example, your facility / unit may have a central equipment store from which equipment is loaned on an 'as-needs' basis. A work unit may have their 'own equipment' that has been purchased or is on permanent loan. Facilities / units may have hiring arrangements with external equipment providers.

Do you have a centralized equipment loan store?**Yes**

1. Request a list of available equipment from the Central Equipment Loan Store with information on equipment item, brand, safe working load (SWL) and quantity available.

★ Record in Section 4 any items commonly used by your facility/ unit. Make comment on whether equipment issues exist in relation to availability, condition, access, maintenance and storage available whilst loaning. Attach a copy of the full list of equipment to the **FURAT**.

2. Use Section 4 to record any items of equipment items on permanent loan to your unit or that your unit owns.

★ Comment on whether equipment issues exist in relation to available quantities, condition, access, storage and maintenance.

No

1. Use Section 4 to record any items of equipment items on permanent loan to/ owned by your unit.

★ Comment on whether equipment issues exist in relation to available quantities, condition, access, storage and maintenance.

How do you decide whether you have (or have access to) the right amount of equipment for your patient handling needs?

A range of information sources can be used to determine whether quantities of equipment available meet the facility / unit patient handling needs.

For example

- *the central loan store may collate records on requests received for items that were unable to be immediately issued due to supply shortages;*
- *use anecdotal reports from workers and/ or patients relating to equipment shortages (e.g. 'we would use Hovermatts more regularly if we had more of these to access');*
- *observation of or workers reports of unsafe patient handling practices being used (e.g. workers report to do a top and tail lift to move a person from chair to bed when they are unable to get timely access to a hoist)*

Additional equipment considerations

Some additional issues to consider in relation to equipment include:

- the procedures for equipment purchasing, including consultation with workers and equipment trials
- the procedures for equipment cleaning, maintenance, repair and / or replacement, and whether maintenance/ laundering has been carried out in accordance with these procedures and manufacturer specifications
- service date (last service date; next due service date); purchase date
- where maintenance records are kept
- compatibility with the work environment, patient handling tasks undertaken, the patient profile of your facility / unit, staff skill mix / knowledge in how to use the equipment.

★ Collate this information relating to equipment to decide whether an item of patient handling equipment 'meets the needs' of your facility/ unit.

➤ *Additional information on patient handling equipment can be found in the THINK SMART Patient Handling Guidelines 2nd Edition.*

Below is an example of the information required for patient handling equipment.

Patient Handling Equipment, Aids and Furniture

- List the patient handling equipment, aids and furniture available and regularly used for patient handling tasks in your facility/ unit.
 - Patient handling equipment (i.e. equipment used by the worker to aid handling of patients e.g. slide sheets, hoists, slings, wheelchairs, shower commode chairs etc)
 - Patient handling aids (i.e. aids used by the patient for transfers/ mobility e.g. walking frames, bed ladder, bed stick)
 - Furniture (i.e. standard hospital furniture such as bedside chairs, beds)
- Assess your available equipment relevant to the patient handling tasks performed in your area, accessibility, condition, storage and quantity available.

Item	Brand	SWL	Quantity Available	Quantity Required	Condition	Maintained/ Laundered*	Location/ Accessibility	Storage	Meets Needs	Comment
Slide sheets	Smart Sheet	N/A	40 imprest	40 imprest	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Standing aid	Romedic return	150	2	2	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Tend to be left in the corridors which means patients could trip over them</i>
Hoist-full sling + 3 slings[1 each S/M/L]	Happy helper [fictional]	200	2 + 3 slings	2+ 6 slings [1S, 3M,2L]	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Need to borrow larger capacity hoist from CELS for bariatric patients. Insufficient medium and large slings for demand.</i>
crutches; rollators; walking frames	Happy walkers [fictional]	120	crutches 5 rollators 10 walking	30/5/10	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>We need to borrow large capacity walking aids on a regular basis from CELS because the SWL is quite low for a number of our patients</i>
Shower trolley	Happy shower [fictional]	200	1	2	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Only 1 bathroom which fits shower trolley. We would use 2 if we had the space for it.</i>
Shower chairs [mobile]	Shower wheels[fictional]	120	4	8	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>The chairs are in high demand. Workers do not tag out broken chairs for repair because they cannot do without them and CELS have very few to spare.</i>

*in accordance with manufacturer specifications and district procedures.

Note here where maintenance records are kept: *Records for maintenance and repairs to hoists are kept by Happy Servicing Pty Ltd and a copy kept on the orthopaedic ward in the ward patient handling folder (because the hoists are owned by the orthopaedic ward); all other maintenance records for other patient handling equipment are kept by the hospital engineering workshop.*



Equipment issues are a contributory risk factor for patient handling risk

For quick reference when completing section 7, list any equipment issues that will increase the risk for patient handling in your facility / unit. (Transfer these factors to the Risk Analysis Table in section 7 when completing the patient handling task risk analysis.)

For example:

- *Housekeeping/ storage*
- *Insufficient slings for demand*
- *Bariatric patient equipment - SWL- e.g. CELS, facility has access to high capacity set of equipment on site or good access for hire*
- *Circulation space required for large equipment e.g. shower trolley.*
- *Preventative maintenance programs - this may need to be set up at facility level; issue could be raised at WHS committee*
- *Breakdown maintenance protocols - tag out, replacements, not removing tags*
- *Lack of equipment – consider strategies and responsibilities for obtaining budget for unfunded controls.*

**Section
5**

Staffing and Training

**Section
5**

This section enables you to identify and record any staffing issues that may impact on patient handling risks within your facility / unit. These may include issues relating to:

- skill mix
- staffing numbers
- workload distribution
- patient handling training for workers
- incident / injury experience of workers

The examples provided in the following tables are not exhaustive, but provide a guide of factors to consider.

Staffing profile	Examples of factors to consider
<p>Skill mix/ occupation/ nature of employment</p>	<p>This includes a summary of the number of workers and the proportion of workers with functional limitations.</p> <p>Factors to consider include:</p> <ul style="list-style-type: none"> • overall number of workers • individual worker factors, such as the proportion of workers that may have functional limitations (e.g. workers on suitable duties programs; workers with pre-existing injuries; pregnant workers). The use of worker musculoskeletal discomfort surveys can be used to help identify limitations • the occupations and qualification levels of workers that provide direct patient care (e.g. RN, EN, AIN, student, and the relevant levels of these) • workers experience in relation to patient handling (e.g. knowledge of completing patient handling assessments; use of equipment and handling techniques) • worker access to a range of health professionals (e.g. this provides expertise for patient handling problem solving) • issues that may arise relating to nature of employment including access to training for casual, agency and shift workers; requirements for supervision if un-trained

	<p>workers are working in the facility/ unit; impact of skill mix factors</p> <ul style="list-style-type: none"> consider the scope of practice of available workers (e.g. are suitably qualified workers available to complete individual patient handling assessments – refer to section 4, THINK SMART Guidelines 2nd Edition for more information).
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Work Organisation	Examples of factors to consider
<p>Rostering considerations / workload distribution / task schedules</p>	<p>Review rostering schedules to identify the typical number of workers allocated to each shift and consider the typical staffing profile on different shifts:</p> <ul style="list-style-type: none"> Consider whether there are appropriate numbers of workers rostered on for each shift with regard to the types of patient handling tasks performed each shift Do rosters ensure an appropriate skill mix of workers for each shift, when possible? Is it common practice for workers to work extended shifts? Consider staff working permanent night shifts and the impact on their access to training, supervision Are workers rostered on “late-early shifts” regularly? <p>Identify any operational procedures or shift patterns that are specific to your facility/unit. For example:</p> <ul style="list-style-type: none"> Which workers are responsible for most of the physically demanding work (such as patient showers or bed making)? Are there rush periods to have all patients in or out of bed or showered? What are the peak workload periods? <p>Consider the availability of support staff:</p> <ul style="list-style-type: none"> Are support staff (e.g. patient support officers, physiotherapy assistants) available and readily accessible to assist with patient handling tasks?

Worker patient handling training**Examples of factors to consider****Number of ward/unit patient handling trainers**

Consider the number of patient handling trainers in your facility/ unit with regard to patient profiles (e.g. dependency levels; patient types).

- Preferably workers will have access to a patient handling trainer (or other workers that are experienced in patient handling) on each shift.
- As a guide a ratio of **one trainer per ten workers** is generally recommended; high trainer numbers helps raise the awareness and profile of patient handling within the facility/unit, and the sustainability of the patient handling program.
- Consider the scope of practice of available trainers (e.g. are suitably qualified workers available to complete individual patient handling assessments? Refer to section 4, THINK SMART Guidelines 2nd Edition for more information).

Has patient handling training and assessment been provided in accordance with the Patient Handling Tasks Implementation Standard (OHSMS 2-22#21)

Identify whether the requirements for patient handling training and assessment, as specified in the **Queensland Health Patient Handling Tasks Implementation Standard** (OHSMS 2-22#21), are being met.

For example:

- Have training and assessment records for trainer's and workers (including agency workers and students) been maintained?
- Have all direct care workers completed annual patient handling assessments and received refresher training as required?
- Are difficulties experienced by workers with accessing patient handling training (e.g. obtaining backfill; night shift workers; releasing workers to attend or deliver training)?
- Has a training needs analysis been conducted?

<p>Incident, injury, absenteeism and staff turnover statistics</p>	<p>Examples of factors to consider</p>
	<p>Consult with human resources if required to identify staff turnover and absenteeism rates. Workers feedback can be another useful source of information (e.g. from worker satisfaction surveys).</p> <ul style="list-style-type: none"> • Identify if any trends exist which may be related to patient handling or organisational factors (such as workload demands; workers support provided; role clarity; working relationships). <p>Consult with OHS if you need assistance to obtain and analyse worker incident data relating to patient handling for your facility / unit:</p> <ul style="list-style-type: none"> • Number of worker patient handling incidents can be obtained from IMS standard reports. Examples of other reports that may be obtained include: <ul style="list-style-type: none"> ○ proportion of patient handling incidents to total OHS incidents ○ total number of patient handling incidents progressing to workers compensation claims ○ number of days lost from patient handling incidents • Review data to identify and analyse trends for the facility / unit <p>Review worker musculoskeletal discomfort surveys. Worker self report of discomfort and difficulties with patient handling tasks is another useful source of information. Refer to Section 2 of the THINK SMART Patient Handling Guidelines 2nd Edition for more information on the use of worker musculoskeletal discomfort surveys, including a sample tool for this.</p>


➔ **Additional information on patient handling training and assessment can be found in the THINK SMART Patient Handling Guidelines 2nd edition.**

Below is an example of the information required for staffing and training

Staffing and Training

STAFFING PROFILE	No.	Type / description	No.	Type / description	No.	Type / description	Appropriate	Comments / problems identified	
Skill mix / Occupation / Nature of employment	54	Workers	2	Workers with functional limitations	3	Average number of years experience in patient handling (for workers)	No	<i>mechanical beds result in more hoist or manual two person procedures to sit the patients than would be necessary with electric beds</i> <i>communication about patient handling mobility would be easier if allied health workers were more stable</i>	
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Do workers have access to health professional with expertise on patient handling?						
	2	Registered nurse	20	Enrolled nurse	6	Assistant in nursing	Yes		
	8	Allied health professional		Medical officer	4	Operational			
	3	Other	1	Other (please specify): OT	10	Student			
	34	Permanent full time	4	Temporary full time	10	Casual	Yes		
	2	Permanent part time	2	Temporary part time	2	Agency			
WORK ORGANISATON	22	Workers rostered on morning shift	22	Workers rostered on afternoon shift	10	Workers rostered on night shift	Yes		
	40	Percentage of workload in morning shift	40	Percentage of workload in afternoon shift	20	Percentage of workload in night shift	Yes		
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Are there sufficient support workers available and readily accessible to assist with patient handling tasks?				Yes		
PATIENT HANDLING	3	Number of ward / unit patient handling trainers					No	<i>the ratio of 1 trainer to 18 workers is too</i>	

TRAINING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Has patient handling training and assessment been provided in accordance with OHWS2-22#21 Patient Handling Implementation Standard?				<i>low to enable the trainers to meet the standard</i>	
						Yes	<i>mostly: 70% trained and assessed within 6 weeks of commencement; 50% assessed annually; 6 updates / refreshers per annum at ward meetings and these get excellent feedback</i>	
INJURY / INCIDENT / ABSENTEEISM STATISTICS	10	Number of worker patient handling incidents (from IMS standard report) for work area for the past year	15	Reported worker absenteeism for past year	20	Reported Staff turnover for past year (%)	No	<i>I think workers just get tired because of the dependency level of the patients and they just need time off to recover.</i>



‘Staffing / training’ factors’ are contributing risk factors for patient handling risk
 For quick reference when completing section 7, list any staffing requirements (eg training, rostering and access to support staff) and any other staffing / training factors that will increase the risk for patient handling in your facility / unit.
 (Transfer these factors to the Risk Analysis Table in section 7 when completing the patient handling task risk analysis.)

- For example:**

 - *Mechanical beds increase the workload for workers as 2 workers are often required, either to move the patient and the backrest manually or use a hoist.*
 - *Allied Health staff turnover is a problem over which the unit has no control. The ward feels the effects because the standard of documentation and communication about patient mobility is variable. Allied health therapists play a big role in patient handling in this ward, because of the patient profile.*
 - *There is repetition of specialty tasks by some workers. For example, workers may specialise in caring for patients in traction and these patients are often in traction for 6-12 weeks. However, specialisation could be related to improved quality of care, more efficient use of resources and increased job satisfaction.*
 - *Some workers probably have difficulty recovering from the demands of the work and this could be one explanation for absenteeism and work related injuries.*
 - *There are not enough trainers to manage the workload.*

Section

6

Patient Handling Tasks

Section
6

The purpose of this section is to identify the range of patient handling and patient care tasks performed in your facility/ unit, and the methods used to perform them. This will help identify any practices being used that may potentially cause injury to workers and patients.

- ★ Also consider any facility/ unit trends relating to patient handling incidents to help identify tasks performed and the methods that may have been used.

The Patient Handling Transfer Table

Within Queensland Health many of the patient handling activities, patient profiles and environments are common to all facilities. The **Patient Handling Transfer Table²** (Transfer Table) allows a visual reference for some common patient handling tasks and the relative risk associated with each of the stated methods.

- The risk assessments that inform the transfer table are based on certain assumptions of the working conditions as follows:
 - equipment used is in good working condition and is regularly maintained
 - slide sheets used are the standard issue for Queensland Health (i.e. have been purchased in accordance with the Queensland Health Standing Offer Arrangement for Slide Sheets, SOA #QH203)
 - workers carrying out the task are trained and have assessed as competent in patient handling procedures, including the use of any mechanical lifting equipment and / or other patient handling aids used in the handling task
 - the task is not being performed during emergency or life threatening conditions
 - patients are not bariatric.

➤ Detailed procedures for performing the patient handling tasks listed in the Transfer Table can be found in the THINK SMART Patient Handling Training and Assessment resources

² Adapted from: WorkSafe Victoria. Transferring People Safely 2nd Edition [document on internet]. Melbourne. The Victorian WorkCover Authority; 2006. Available from <http://www.worksafe.vic.gov.au/wps/wcm/connect/WorkSafe/Home/> and Sir Charles Gairdner Hospital. Safer Patient Handling for Nurses and Health Care Staff. A Minimal Lift Approach Using Manutention Principles. Perth. North Metropolitan Area Health Service in Collaboration with the Western Australian Department of Health; 2006.

When will you need to undertake further risk analysis and control?

The patient handling transfer table is presented in a colour coded format.

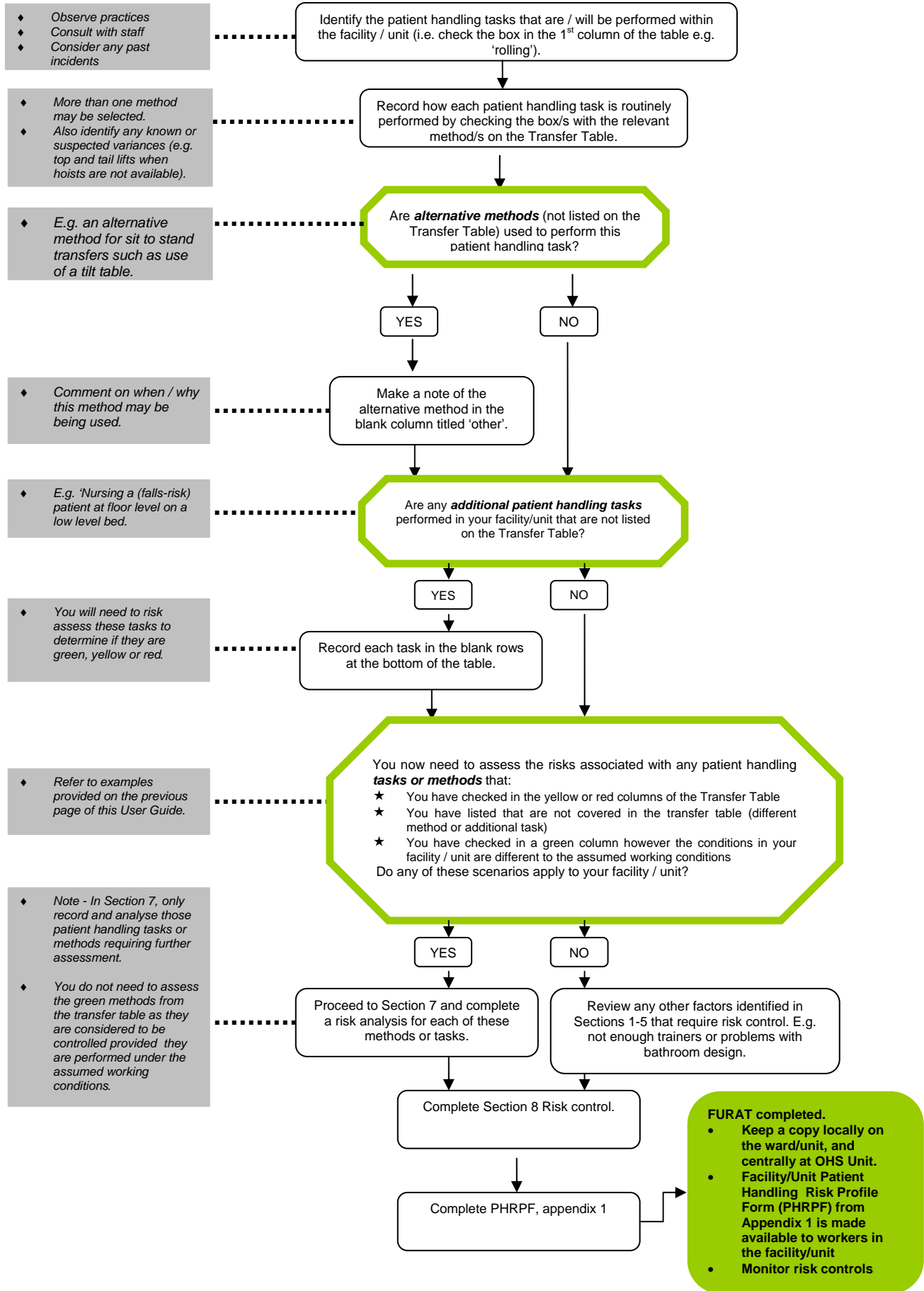
Preferred	Methods in green are considered preferred methods (i.e. low risk of injury associated with these when performed under the assumed working conditions). The methods in the left hand green column usually apply to patients who require little or no assistance. In principle, working left to right across the green columns, methods listed are graduated to coincide with an increasing need for assistance.
Not preferred	Methods in yellow are considered likely to cause injury and are not preferred (i.e. moderate risk of injury with these methods).
Not recommended	Methods listed in red are very likely to cause injury and are not recommended (i.e. they are considered to be high risk methods). These have been included in this guide to emphasise that they are dangerous – these methods need to be eliminated from the workplace as soon as, and as far as is practicable. Refer to Appendix A for descriptions of these techniques listed as ‘not recommended’.

- The methods categorised in the yellow and red sections expose workers to DIRECT RISK FACTORS (i.e. forces, awkward working postures, repetition and / or duration). These tasks need to be identified, analysed and re-designed for risk control.
- **A separate patient handling risk assessment must be completed if:**
 - Conditions in your facility / unit are different to the assumed working conditions noted above. This can include methods listed in green where the risk has not been minimised to the lowest level that is practicably possible.
For example, rolling a patient using poorly maintained slide sheets or if your patient profile is bariatric.
 - The patient handling task is carried out differently to the **method** described in the Transfer Table.
For example, your unit may use a tilt table for sit to stand transfers or a different method for lateral transfers between bed and trolley.
 - Any patient handling **tasks** not listed in the Transfer Table are used by your facility or unit.
For example, nursing a patient at floor level on a low level bed.
 - Any patient handling tasks performed in your facility or unit use methods listed in the yellow or red columns in the Transfer Table.
For example, you may use an Edgerton bed for rolling a spinal patient because your facility does not have an electric (e.g. Engrit) turning bed.

★ **Note:** Use the column titled ‘Other’ on the right-hand column of the Transfer Table to record comments (e.g. relating to the use of yellow or red methods) or to note different conditions or methods used.

Completing the patient handling transfer table:

The following flowchart steps through how to complete the patient handling transfer table.



◆ Observe practices
◆ Consult with staff
◆ Consider any past incidents

◆ More than one method may be selected.
◆ Also identify any known or suspected variances (e.g. top and tail lifts when hoists are not available).

◆ E.g. an alternative method for sit to stand transfers such as use of a tilt table.

◆ Comment on when / why this method may be being used.

◆ E.g. Nursing a (falls-risk) patient at floor level on a low level bed.

◆ You will need to risk assess these tasks to determine if they are green, yellow or red.

◆ Refer to examples provided on the previous page of this User Guide.

◆ Note - In Section 7, only record and analyse those patient handling tasks or methods requiring further assessment.


◆ You do not need to assess the green methods from the transfer table as they are considered to be controlled provided they are performed under the assumed working conditions.

 **Below are some examples of how to use the patient handling transfer table**

Example 1: Turning or repositioning a dependent person in bed using 2 slide sheets and 2 workers is considered to be a low risk task. It is categorised as green in the transfer table.


However, if the slide sheets were not in good condition this may result in workers using high forces. This would increase the risk level associated with this specific patient handling task and this task would need to be identified for further risk assessment. To record this in the transfer table it might look something like this.....

Patient Handling Transfer Table

ON BED TRANSFERS						
PH TASK	PREFERRED METHODS  (Assist by preparing patients position and encouraging normal movement patterns)			NOT PREFERRED (likely to cause injury)	NOT RECOMMENDED (Very likely to cause injury)	OTHER (use this column to record comments; method variations etc)
<input checked="" type="checkbox"/> 4. Turning / repositioning in bed (i.e. permanent position change e.g. for pressure relief)	<input type="checkbox"/> 4a) Patient turns / repositions self (reach and turn/roll) <ul style="list-style-type: none"> With or without aids & equipment (eg bed stick) 	<input type="checkbox"/> 4b) 1A using a slide sheet and patients body mechanics for a needs assist patient (e.g. narrow trolley turn). <ul style="list-style-type: none"> V – 2A <input type="checkbox"/> 4c) 1A using slide sheets with a needs assist patient (two actions: pull to edge of bed, then turn)	<input checked="" type="checkbox"/> 4d) 2A using slide sheets for a dependent patient <input checked="" type="checkbox"/> 4e) 2A using lateral transfer device (e.g. Hovermatt) <ul style="list-style-type: none"> V – 2- <input type="checkbox"/> 4f) Hoist / sling (e.g. Ribo or Pelican sling) <input type="checkbox"/> 4g) 3A using an electric turning bed (eg Engrit bed)	<input type="checkbox"/> 4h) 3A using an electric Spinal / Ortho bed, non height adjustable (e.g. Edgerton bed)	<input type="checkbox"/> 4i) Using a draw or incontinence sheet (as a slide sheet substitute) to turn patient on bed <input type="checkbox"/> 4j) Flip turn on bed (i.e. manual turn at speed)	*Slide sheets not as slippery as they used to be resulting in workers using greater forces.

Example 2: The standard method used on the ward for turning or repositioning patients is to use slide sheets, however on some occasions workers have been observed to turn or reposition patients using a bed sheet (as a substitute for a slide sheet). This method is categorised as red in the transfer table. This task therefore requires further risk assessment.

To record this in the transfer table it might look something like this.....

ON BED TRANSFERS						
PH TASK	PREFERRED METHODS		NOT PREFERRED (likely to cause injury)	NOT RECOMMENDED (Very likely to cause injury)	OTHER (use this column to record comments; method variations etc)	
	 (Assist by preparing patients position and encouraging normal movement patterns)					
<input checked="" type="checkbox"/> 4. Turning / repositioning in bed (i.e. permanent position change e.g. for pressure relief)	<input type="checkbox"/> 4a) Patient turns / repositions self (reach and turn/roll) <ul style="list-style-type: none"> With or without aids & equipment (eg bed stick) 	<input checked="" type="checkbox"/> 4b) 1A using a slide sheet and patients body mechanics for a needs assist patient (e.g. narrow trolley turn). <ul style="list-style-type: none"> V – 2A <input checked="" type="checkbox"/> 4c) 1A using slide sheets with a needs assist patient (two actions: pull to edge of bed, then turn)	<input checked="" type="checkbox"/> 4d) 2A using slide sheets for a dependent patient <input type="checkbox"/> 4e) 2A using lateral transfer device (e.g. Hovermatt) <ul style="list-style-type: none"> V – 2- <input type="checkbox"/> 4f) Hoist / sling (e.g. Ribo or Pelican sling) <input type="checkbox"/> 4g) 3A using an electric turning bed (eg Engrit bed)	<input type="checkbox"/> 4h) 3A using an electric Spinal / Ortho bed, non height adjustable (e.g. Edgerton bed)	<input checked="" type="checkbox"/> 4i) Using a draw or incontinence sheet (as a slide sheet substitute) to turn patient on bed <input type="checkbox"/> 4j) Flip turn on bed (i.e. manual turn at speed)	*Draw sheets are sometimes used to turn and reposition patients when there are no slide sheets available

Section

7

Risk analysis

Section
7

This section is used to analyse and record any identified patient handling risks.

The desired outcome of this stage is to determine whether any of the patient handling tasks being performed in your facility/ unit poses a risk of injury to workers, and what the source of the risk is (i.e. the risk factors present).

- ⇒ **NOTE: You only need to record here those patient handling tasks / transfers that are currently considered to require further assessment and control.**

How to complete this risk analysis table

- ⇒ Refer to the now completed Patient Handling Transfer Table in Section 6 and identify:
- Any patient handling tasks performed used methods listed as a **yellow or red**.
 - Any patient handling task being carried out using a **different method** to those described in the Patient Handling Transfer Table (e.g. use of a tilt table for sit to stand transfers).
 - Any additional patient handling **tasks not listed in the Transfer Table** (e.g. nursing a patient at floor level on a low level bed)
 - Any patient handling task being completed where the conditions are different to the assumed working conditions.
This can include methods used from the green section of the Transfer Table where the risk of injury has not been minimised to the lowest level that is practicably possible. For example, rolling a patient with poorly maintained slide sheets or handling bariatric patients.
- ⇒ Transfer (*cut and paste*) the identified tasks to Section 7 (i.e. **in Section 7 you only need to analyse and record the patient handling tasks which require further assessment**).
- ⇒ Estimate how often each of the patient handling tasks are performed using the stated method/s (i.e. **frequency**).
- ⇒ Analyse the risk factors known to cause injury (i.e. the **direct risk factors posture, force and time**)

- Identify the source of the direct risk factors (i.e. the **contributory risk factors**). Refer to information collated at the end of Sections 1-6 of the **FURAT** to identify these factors.

Below is an example of an analysis of a patient handling task

Patient Handling Task Risk Analysis Table

Patient handling task:	Method used:	Frequency:				DIRECT RISK FACTORS involved? (e.g. forceful exertions awkward or sustained working postures, repetition and duration).	Problems / causes identified: what are the CONTRIBUTING RISK FACTORS? (e.g. patient types, environment, equipment, staffing, training etc.)
		Constantly 67-100% shift	Frequently 34-66% shift	Occasionally 8-33% shift	Rarely 0-7% shift		
ON BED							
1. Sitting up / lying down in bed	<i>All techniques are used. Patients are sat up with their weight on the manual backrest with one or two workers lifting their trunk weight quite often.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>High force-lifting patients trunk weight Awkward posture- trunk bent and twisted Can be repetitive depending on your patient allocation and needs</i>	<i>Lack of electric beds. Uncontrolled allocation of electric beds. Lack of bed ladders. Poor maintenance of manual beds. Lack of training in patient assessment, promotion of patient independence and the safe work procedure.</i>

➤ Proceed to final section to complete your risk control plan.

Section

8

Control Plan

Section 8


This final section of the **FURAT** is used to develop and record the control measures to manage the patient handling risks.

- Use the risk control worksheet to help decide which controls to trial and implement. Describe the risk scenario using the findings of the patient handling task risk analysis in Section 7.

 *Below is an example of a completed risk control worksheet*

Risk Control Worksheet

- The table below describes the hierarchy of control measures for manual tasks³. Use this table as a reference when completing the risk control table.

Effectiveness	Hierarchy number	Type of control measure	Example of control measures
Most effective	1	Eliminate the hazard This is the most desirable control measure as it controls the hazard at the source. Other controls should only be considered if the hazard cannot be eliminated.	<ul style="list-style-type: none"> • eliminate the task • eliminate the direct risk factor/s • eliminate the need for the task to be performed by any person
	2	Substitute the hazard Involves replacing the hazardous material and/ or process with a less hazardous alternative	<ul style="list-style-type: none"> • not applicable to patient handling • substitute product supplied as a heavy awkward load for product supplied in smaller, easy to handle packaging
	3	Redesign the hazard / isolate the hazard (engineering) Involves changing the physical characteristics or design of the hazardous material and/ or process. This can involve modifying equipment, combining tasks and/ or rearranging work processes or interrupting the path between the worker and the hazard or the hazard and the worker.	<ul style="list-style-type: none"> • design the task/ job • design/ alter the work area/ environment • design/ alter furnishings/ fixtures • provide appropriate mechanical and non mechanical aids
	4	Administrative controls Control exposure to hazards through use of policies, procedures, signs and/ or training.	<ul style="list-style-type: none"> • safe work procedures • task/ equipment specific training • maintenance of equipment • compliance monitoring
Least effective	5	Personal protective equipment Use of equipment, clothing and/ or substances designed to create a protective barrier between the worker and the hazard	<ul style="list-style-type: none"> • not applicable to patient handling • anti vibration gloves

³ Adapted from Queensland Health (2008) Occupational Health and Safety Management System Work Practice Directive: Hierarchy of Controls (OHSMS 1-18#21).

Write existing controls and all controls you will consider in the table. This will help you decide which controls to trial and implement in the workplace. Write comments such as why a control is not reasonably practicable in the space provided. When the direct risk factors cannot be eliminated (hierarchy number 1), it is very common to control the risk using a combination of controls of other types (hierarchy numbers 2,3 or 4) to change the contributory risk factors, which then reduce the direct risk factors.

Risk control table						
Describe the risk scenario <i>(briefly describe the issue and the contributing risk factors / cause of the problem)</i>	Controls already in place <i>(describe)</i>	Hierarchy number	Other controls to be considered	Hierarchy number	Comments	Risk scenario number <i>(assign)</i>
Sitting patients up using manual backrest	Some aids-monkey bar, bed ladder	3	Increase electric beds	1	Funding is limited	1
			Priority allocation of electric beds	1		
			Increase bed ladders	3		
	Training	4	Training in safe work procedure	4		
			Monitoring	4		
Not enough ward trainers	Some training and assessment is conducted	4	Increase number of trainers	4	Back fill will be required to make this work	2
			Increase number of training and assessments conducted	4		
Equipment issues-storage, tagging, maintenance, not enough slings, mobile shower commodes or Jordan frames, Bariatrics	Storage available but not used	3	Housekeeping program	4	PMP has not been provided before by the Maintenance Dept and they are short workers ed. CELS has replacements.	3
	Ad hoc breakdown maintenance	3	Preventative maintenance program for mobile equipment	3		
	Some slings, mobile chairs and 1 Jordan frame	3	Breakdown protocol	4		
			Access to replacements for breakdown	3		
			Implement training in and promote Hovermatts	4		
		Monitor effectiveness of bariatric protocol/ equipment loans	4			

➡ Complete the Risk Control Plan and Evaluation. This details the recommended controls (and any interim/ temporary controls), and the target dates and persons responsible for implementation and evaluation of the controls.

 **Below is an example of a completed control plan and evaluation**

Risk Control Plan and Evaluation

- **Short term controls** are those able to be implemented almost immediately, usually within 5 business days.
- **Longer term controls** are those to be implemented subsequently. Longer term controls may not be required if the short term controls minimise the risk as low as reasonably practicable.

Risk Scenario Number	Agreed risk controls	For implementation by (name and position)	Priority/ Target date	Evaluation target date	Evaluated by (name and position)	Post evaluation comments (eg note if the recommended control was rejected, not actioned, delayed or completed)
1	Short term control: <ul style="list-style-type: none"> • <i>Establish and implement system for priority allocation of electric beds based on patient needs</i> • <i>Order 10 bed ladders</i> • <i>Refresher in-service on safe work procedures for sitting patients up in manual beds</i> 	NUM	30/07/08	30/08/08		
		NUM	30/07/08	30/08/08		
		Ward trainers	30/07/08	30/10/08		
	Long term control: <ul style="list-style-type: none"> • <i>Increase electric beds</i> • <i>Discuss with DON whether orthopaedics can be allocated at least 50% of beds electric permanently from the hospital pool.</i> • <i>Make submission to Executive for funding 5 electric beds for orthopaedics per annum until 75% of beds are electric and cc to WHS committee</i> <ul style="list-style-type: none"> ➤ <i>Monitoring compliance</i> 	NUM	30/08/08	30/09/08		
		NUM	30/08/08	30/10/08		
		NUM & ward trainers	Ongoing	30/12/08		

Final steps

- On the final page of the **FURAT**, make a note of any additional comments or issues to follow up.
- Complete sign-off's and note a review date for the **FURAT**.

Complete the sign offs

Comments and other issues:

(Signature of person completing this assessment)		(Signature of person with delegation to authorise)	
(Date)		(Date)	
Name:		Name:	
Position:		Position:	

- Keep a record of the completed **FURAT** locally within the facility / unit
- Send a copy of completed **FURAT** to be stored centrally at the district OHS Unit.

The findings and recommendations from the assessments should be collated by OHS and / or divisional representatives and reported through district OHS committee structures for the attention of responsible officers.

For example:

- *A copy of the control plan may be forwarded to divisional or district WHS committees*
- *Findings / plans / outcomes may be documented in minutes from ward / unit / department meetings*

This aims to ensure that the risk control plan is progressed to the appropriate management level / responsible officer, appropriate to the level of assessed patient handling risk and controls required.

- Complete the Patient Handling Facility / Unit Risk Profile Form (**PHRPF**)
Further information on completing the PHRPF is detailed in the following section.

Appendix

1

Patient Handling Risk Profile Form (PHRPF)

Section 9

<p>Purpose of the PHRPF:</p>	<p>To be used to establish a baseline patient handling risk profile of a facility/unit. The PHRPF (OHSMS 2-65-2#38) can be used to:</p> <ul style="list-style-type: none"> • profile the patient handling tasks commonly performed in the facility/ unit and describe the controls available • induct new workers to a facility/ unit and assist with handover to new patient handling trainers • identify controls during audits so that they can be evaluated • identify potential patient handling issues or problems that may arise when there are changes to your f facility/ unit, and thereby eliminate or minimise the chance that risks will arise.
<p>Aim of the PHRPF:</p>	<p>To summarise the FURAT for easy access and use.</p>
<p>Who is responsible for completing the PHRPF?</p>	<p>As with the FURAT, the PHRPF should be completed by the relevant facility / unit manager, in collaboration with other key personnel that may have been involved in completing the FURAT. This may include the local patient handling co-coordinator, lead and ward / unit patient handling trainer/s, occupational health and safety (OHS) practitioners (including the district / inter-district ergonomic coordinator) and OHS representatives. The district occupational health and safety (OHS) manager (or delegate) is responsible for assisting, promoting and educating in the use of the PHRPF.</p>
<p>Documentation and communication requirements:</p>	<ul style="list-style-type: none"> ➤ Review and update the PHRPF when the information that workers require changes. This may be necessary more often than the review of the FURAT as workers potentially will use this information every day. ➤ Information contained in the PHRPF must be accurate and current. The PHRPF form should be readily available to all workers involved in direct patient care in that facility/ unit. ➤ Make a copy available locally at the ward / unit and file centrally at the OHS unit.

IMPORTANT: please read before completing the PHRF

To complete the PHRF, refer to your completed Patient Handling Facility / Unit Risk Assessment Tool (FURAT) and simply **copy and paste** the information required from the relevant sections.

Facility/ Unit Description

 Below is an example of the information to transfer from the FURAT into this section

Date Completed :	21/07/08	Review Date: (Yearly)	21/07/09
Work Area Details :	Hospital Facility:	Twin Waters Hospital	
	Unit / Ward / Department:	40 bed Orthopaedic ward	
Assessment Completed by:	Name:	Greg Norman	Contact number: 07 3333 2222
	Position Title:	NUM	
	In consultation with (name & position title):	4. Tiger Woods, Ward Patient Handling Trainer 5. Laura Davies, OHS Practitioner 6. Colin Montgomery, WHS Rep	
Key Patient Handling Contacts:	Managers Name :	Greg Norman	Position Title: NUM
	District Patient Handling Coordinator Name:	Carie Webb	Position Title: Clinical nurse
	Ward / Unit Patient Handling Trainers Name:	Tiger Woods Ernie Els Nick Faldo	Position Title: Clinical nurse

Patient Profile

Consider the information gathered in Section 2 of the FURAT.

Summarise the:

- characteristics of the patients that are cared for in the work area
- patient care and handling activities
- work area specific requirements and precautions applicable to patient handling tasks
- the procedure for individual patient handling assessments for the work area.

 Below is an example of the information to transfer from the FURAT into this section

Description of facility/ unit:	
Patient profile	<i>50% of patients are adults (16-64 yrs) and the remaining 50% are aged 65 years or older. Most patients required some level of assistance with transfers and mobility, 20% are fully dependent. 70% of patients are of a large, extra large or bariatric build. 'Bariatric' patients are seen regularly (~5% of patients); the range in weight of these patients has been from 150-250kg; most of these patients are dependent requiring assistance with transfers and mobility.</i>
Patient care/ patient handling activities undertaken	<i>Personal cares, dressings; debridement of wounds; taking of observations; preparing patients for scans and theatres. Patient handling activities completed on the ward include the full range of on bed and off bed tasks, specialised tasks of Jordan frame hoisting and spinal log roll and moving patients from floor to a trolley in an emergency.</i>
Special requirements / precautions for patient handling	<i>A significant number of patients will have pain associated with fractures or surgery. Patients may have large external devices protruding from limbs, skin grafts, may be completely non weight bearing in one or more limbs, may also have heavy casts on. Elderly patients who sustained injury through a fall may also be confused and/ or poorly mobile and at risk of further falls. Post surgical patients may be haemodynamically unstable due to blood loss, prone to fainting due to bed rest and opiate medications and have poor mobility pre and post surgery. Specific surgical precautions [e.g. no hip flexion greater than 90 degrees] may also apply.</i>
Individual patient handling assessment and plan <ul style="list-style-type: none"> • Procedure • Location • Person Responsible 	<i>Individual patient handling assessment to be conducted prior to any handling task. To be recorded in admission notes by RN (stamp available) and updated in the care plan with any changes during admission. Verbal handover of current patient handling assessment status at every shift change meeting.</i>

Patient Handling Risks and Control Measures

The purpose of this table is to provide brief information to workers about the known risks and controls for patient handling tasks in their work area. This is of particular benefit to new, returning, casual and agency workers.

Consider the information collated in Section 7 (risk analysis) and Section 8 (risk control) of the **FURAT**. Decide which patient handling risks are to be listed in the left hand column. These are the priority risks that workers need to be aware of.

Generate a list of points which summarise the solutions for each patient handling risk. Write these in the right hand column. Focus on the controls that workers need to know about and / or use.

 *Below is an example of the information to transfer from the FURAT into this section*

Identified Patient Handling Risks and Control Measures (Refer to Section 7 of the completed FURAT to identify which patient handling tasks should be documented here)	
Patient Handling Task	Summary of Controls
<i>Sitting patients up using manual backrest</i>	<ul style="list-style-type: none"> ○ <i>Electric beds will be allocated by the NUM with priority to dependent patients (those who cannot take their own weight off the backrest).</i> ○ <i>Patients are to be encouraged (through instruction) and provided with aids (bed ladders, monkey bars) to enable them to take their trunk weight while workers move the manual backrest.</i> ○ <i>Use a hoist to take the patient's trunk weight off the manual backrest when they cannot do this themselves.</i>
<i>Use of high risk practice- 'hook under arm' technique to stand and walk patients</i>	<ul style="list-style-type: none"> ○ <i>'Hook under arm' technique is not to be used under any circumstance to move or support a patient.</i> ○ <i>Place your hands on the patient's trunk (as needed for that patient) or a walk belt.</i> ○ <i>Patients are to use their prescribed walking aids at all times, rather than placing their weight on workers.</i> ○ <i>If the patient is dependent use a hoist to move them.</i>
<i>Equipment issues</i>	<ul style="list-style-type: none"> ○ <i>Store all equipment out of walkways and patient care areas so as not to stop access or be a trip hazard.</i> ○ <i>If you notice equipment is broken, place an out of order tag (available at the workers station) on it, take out of service and report to the NUM.</i> ○ <i>Never use broken equipment or remove a tag.</i> ○ <i>Extra equipment and bariatric equipment is available from CELS X 6839.</i> ○ <i>If you don't know how to use the equipment, ask for help.</i>
<i>Environment issues</i>	<ul style="list-style-type: none"> ○ <i>Store all equipment out of walkways and patient care areas so as not to stop access or be a trip hazard.</i> ○ <i>Take care when you approach the joints between carpet and linoleum while pushing equipment / patients.</i> ○ <i>Make sure you have an upright forward facing posture.</i> ○ <i>Use two hands to push and drive forward with your legs.</i> ○ <i>Ensure you approach the joint at a right angle (90 degrees) to it.</i> ○ <i>If you think you need help (for example if the patient is large or you are tired), ask for it.</i>

Identified Patient Handling Risks and Control Measures (Refer to Section 7 of the completed FURAT to identify which patient handling tasks should be documented here)	
<i>Work organisation/ staffing issues</i>	<ul style="list-style-type: none"> ○ <i>If you are tired or have discomfort or any other concerns, speak to the NUM or supervisor straight away.</i> ○ <i>If you identify tasks that are tiring or repetitive or otherwise worry you, speak to the NUM or supervisor straight away.</i>

Patient Handling Equipment

The purpose of this table is to provide workers with information about the patient handling equipment that is used and available in the work area. This is of particular benefit to new, returning, casual and agency workers.

Obtain the information needed to complete the first 3 columns of this table from Section 4 of the **FURAT**. Then identify the location of each type of equipment and briefly outline the laundry and maintenance instructions. These instructions are to be consistent with those provided by the manufacturer and district procedures. Detailed instructions should be available with equipment.

 *Below is an example of the information to transfer from the FURAT into this section*

Patient Handling Equipment:				
Item / Brand	SWL (safe working load)	Number Available	Location / Storage	Laundry / Maintenance Instructions
<i>Slide sheets</i>	<i>N/A</i>	<i>40 imprest</i>	<i>Linen trolley</i>	<i>Dispose of in ordinary linen skip when soiled or when patient leaves the ward.</i>
<i>Standing aid</i>	<i>150</i>	<i>2</i>	<i>Physio equipment room</i>	<i>Wipe down with alcohol wipes or neutral detergent prior to use.</i>
<i>Hoist- full sling + 3 slings[1 each S/M/L]</i>	<i>200</i>	<i>2 + 3 slings</i>	<i>Physio equipment room. Contact CELS services x6839 for bariatric hoist.</i>	<i>Check for signs of sling wear / tear prior to use. Sling allocated to patient. Launder sling when soiled or when patient leaves ward.</i>
<i>Walking aids- crutches; rollators; walking frames</i>	<i>120</i>	<i>30 prs crutches 5 rollators 10 walking frames</i>	<i>Physio equipment room Contact CELS X6839 for bariatric walking aids</i>	<i>Wipe down with alcohol wipes or neutral detergent before and after use.</i>
<i>Shower trolley</i>	<i>200</i>	<i>1</i>	<i>Main patient bathroom</i>	<i>Clean with neutral detergent after use. If in need of repair tag for maintenance.</i>
<i>Shower chairs [mobile]</i>	<i>120</i>	<i>4</i>	<i>Main patient bathroom</i>	<i>Clean with neutral detergent after use. Chairs in need of repair tag for maintenance.</i>

<i>Bed ladder</i>	<i>N/A</i>	<i>1</i>	<i>Physio equipment room</i>	<i>Send to hospital laundry (NOT linen service) for cleaning when soiled or when patient leaves the ward.</i>
<i>Jordan frame</i>	<i>200</i>	<i>1</i>	<i>Contact CELS services x6839</i>	<i>Wash each slat and outer frame with neutral detergent before and after use.</i>

Patient Handling Training and Assessment Program

The purpose of this table is to summarise the arrangements for the patient handling training and assessment program in the work area. This is of particular benefit to new, returning, casual and agency workers and new ward trainers.

In the example below, the training program consists of facility orientation/ induction training and task specific training in the work area.

In some cases, the patient handling training and assessment program may be non-existent or very limited at the time of completing the **FURAT**. In this case, be sure to write the proposed patient handling training and assessment program (e.g. the control measure) in this table, not the current one, which is of no further interest to workers. Make a note of this in the table and the date from which the proposed program will commence, so that workers are informed of expectations.

- ★ **Alternatively, simply attach a copy of the completed Training Needs Analysis and Action Plan here** if you have already summarised this information on this form.

 *Below is an example of the information to transfer from the FURAT into this section*

Patient Handling Training and Assessment Program

Patient Handling Training Program (e.g. times; content; duration): record a summary below or attach a copy of the completed Work Area Training Needs Analysis and Action Plan

Patient Handling Orientation / Induction Training: All workers to attend orientation / induction training prior to commencing on the ward / unit. Training session to include:

- 1. Legislative requirements*
- 2. Risk management process an injury prevention*
- 3. Patient mobility assessment*
- 4. Preferred patient handling techniques*
- 5. Local procedure for reporting incidents*
- 6. Maintenance, laundering and storage of equipment.*

Agency staff may provide evidence of receiving this material.

All new workers to attend District Patient Handling Orientation / Induction Training.

Workers to receive unit specific training and assessment on the orthopaedic ward within 6 weeks of attending orientation / induction training. This training is to include:

- 1. Techniques for safely adjusting backrest of manual beds*
- 2. Techniques for standing and walking patients*
- 3. Use of Jordan frame attachment with hoist*
- 4. Log roll for spinal patients*
- 5. Prevention of falls while workers are in attendance*
- 6. Managing a fallen patient.*

Periodic refresher training (based on needs analysis).

Patient Handling Assessment Program (e.g. frequency; method):

Within 6 weeks of commencement – workers are assessed by an orthopaedic ward patient handling trainer.

Annual re-assessment is required – by an orthopaedic ward patient handling trainer.

Documentation/ records (e.g.

Patient Handling Training & Assessment records; Individual Patient Handling Assessments and Plans):

- **Location**

Patient handling task risk assessments and control plans are recorded and a copy kept in the ward patient handling folder. All worker training and assessment documents are kept via a hard copy and entered into the electronic database for the whole facility.

Patient Handling Compliance

Monitoring (e.g. this includes how compliance with safe work procedures such as use of safe patient handling techniques occurs. Also includes audit of records such as completion of individual patient handling assessments.)

- **Frequency**
- **Procedure**
- **Person responsible**

Patient handling work practice audits to occur on a 3 monthly basis, conducted either by the NUM, senior workers or a patient handling trainer. Annual compliance audits coordinated by district patient handling coordinator and OHS unit.

Final Steps



- ⇒ Ensure that all sections of the **PHRPF** are complete
- ⇒ Keep a record of the completed **PHRPF** locally within the facility / unit and make available to workers.
- ⇒ Send a copy of completed **PHRPF** to be stored centrally at the district OHS Unit.

⇒ *Remember a copy of the PHRPF should be readily available to all workers involved in direct patient care in the facility or unit*



**Appendix
2**


Unsafe patient handling techniques



Unsafe (Not Recommended) Patient Handling Techniques⁴

Name of lift	Purpose	Description	Illustration Unsafe Techniques
Shoulder lift (or Australian lift)	Move a patient up or down the bed.	<ul style="list-style-type: none"> This lift is performed by two carers to move a patient up the bed. The patient is propped over the carers' shoulders and carers link arms under the patient's thighs to lift. 	
Cradle lift (Also known as Orthodox lift or Traditional lift)	Move a patient up or down the bed.	<ul style="list-style-type: none"> This technique involves two carers standing either side of the patient. One arm is placed behind the patient's back and the other arm under their thighs. The patient is then lifted and moved up or down the bed. This lift may be combined with other lifts, or appear different from these illustrations. 	

⁴ Adapted from: WorkSafe Victoria. Transferring People Safely 2nd Edition [document on internet]. Melbourne. The Victorian Workcover Authority; 2006. Available from <http://www.worksafe.vic.gov.au/wps/wcm/connect/WorkSafe/Home/> and Smith J. The Guide to the Handling of People. 5th ed. United Kingdom :Back Care in collaboration with the Royal College of Nursing and the National Back Exchange; 2005

Name of lift	Purpose	Description	Illustration Unsafe Techniques
<p>Underarm drag lift</p> <p>(Also known as Hook lift or Hook & drag lift)</p>	<p>Move a patient up or down the bed.</p> <p>Assist a patient in and out of a chair.</p>	<ul style="list-style-type: none"> The underarm drag lift includes any transfer where the carer hooks their hand or arm under the patient's armpit in order to pull, lift or drag the patient. It may be performed by one or two carers. This lift may be combined with other lifts, or appear different from these illustrations. 	
<p>Cross arm lift</p>	<p>Assist a patient in and out of a chair using a sling.</p>	<ul style="list-style-type: none"> In this move, the patient is transferred from bed to chair in a seated position with their arms crossed in front of their chest. The carers place a sling under the patient then, with one arm under the patient's arms and the other hand gripping the sling, they lift and transfer the patient. 	

Name of lift	Purpose	Description	Illustration Unsafe Techniques
<p>Bear hug transfer</p>	<p>Transfer a patient from chair to chair (toilet, commode, shower chair) or between a bed and chair.</p>	<ul style="list-style-type: none"> The bear hug transfer includes any standing step or pivot transfer where the patient holds onto the carer's neck, shoulders, arms or body. The patient is transferred in a standing or half standing position and the carer takes most or all of the patient's weight. <p>A risk of neck, shoulder or back injury exists when the patient grasps the carer. For example, if the patient fails to stand or collapses while standing, the patient may pull on the carer exposing them to high forces and awkward postures (over-reaching).</p>	
<p>Assisted step or pivot transfer where patient requires more than moderate assistance</p>	<p>Transfer a patient from chair to chair (toilet, commode, shower chair) or between a bed and chair.</p>	<ul style="list-style-type: none"> A standing or semi-standing step or pivot transfer where the patient is assisted from the front or side by 1 or 2 carers and requires more than moderate assistance. The patient is transferred in a standing or half standing position and the carer takes most or all of the patient's weight. <p>Technique requires advance level of carer patient handling skill to perform safely. Should not be used in general patient handling activities. May be used in therapeutic environments by skilled handlers where use of alternative methods/ strategies do not achieve therapy aims.</p>	

Name of lift	Purpose	Description	Illustration Unsafe Techniques
<p>Top and tail lift</p> <p>(Also known as Through arm lift)</p>	<p>Move a patient up or down the bed.</p> <p>Assist a patient in and out of a chair.</p> <p>Reposition a patient in a chair.</p>	<ul style="list-style-type: none"> This lift can involve one or two carers. Repositioning a patient in a chair: One carer leans over the back of the chair, holds the patient under their arms, clasps their forearms and lifts them back into the chair. A second carer may lift the patient under the thighs. Moving a patient up the bed: One carer kneels on the bed with one knee on the bed and their other foot on the floor. They put their arms under the patient's arms, clasp the patient's forearms, then lean back and lift the patient up the bed. A second carer may lift the patient under their thighs. 	
<p>Three or more patient lift</p>	<p>Moving a patient on and off the bed.</p>	<ul style="list-style-type: none"> Three or more carers stand beside the bed and position their arms underneath the patient. The patient is transferred to the side of the bed, then rolled towards the carers onto their side before being lifted. The shortest route is taken to transfer the patient. May also involve using a bed sheet or draw sheet to lift the patient up / down the bed. 	

Name of lift	Purpose	Description	Illustration Unsafe Techniques
<p>Flip turn on bed</p>	<p>Turning a patient in bed.</p>	<ul style="list-style-type: none"> • This move is performed by one or two carers. • The carers place their arms under the patient, and then pull the patient toward themselves, while lifting and turning them over at the same time. 	