Health and Safety Executive	Sector Information Minute
Public Services Programme	**SIM 07/2006/05**

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Target Audience:
All FOD inspectors

PUBLIC SECTOR PROGRAMME 2006/07:MUSCULOSKELETAL DISORDERS (MSD) IN THE HEALTH SERVICES

This SIM provides information to assist inspectors undertaking visits assessing the risk of MSD including manual handling as part of the targeted inspection programme in the Public Services Programme 2006/7 (PSP5).

INTRODUCTION

1 The Public Services Programme (PSP) is designed to reduce work related accidents and ill health and the subsequent loss of productivity in the public services. Its key objective is to make a major contribution to HSE's PSA target for lost days, and particularly:

- To reduce the number of working days lost in the civil service and wider public sector, especially those caused by work related accidents and ill health, by 30% by 2010.

2 This SIM describes the actions to be taken by FMUs in health services during 2006/07 and should be read in conjunction with the PSP Business Group Delivery Plan 2006/07 and the overarching PSP/stress health care SIM 7/2006/02.The manual handling/MSD reduction work will consist of targeted inspections of Trusts and will be based on recently obtained sickness absence data.

3 These Manual Handling/MSD management systems inspections should be carried out at the same time as other interventions wherever possible. The Ergonomics specialist pool also wish to undertake targeted inspections of Trusts' Sonography departments and will make local arrangements to co-ordinate these visits with the MSD management system inspections.

STATEMENT OF THE PROBLEM

4 The level of manual handling related injuries reported to HSE under RIDDOR by employers with SIC92 codes 85110-85140 had been showing a steady decline from 1998/99 when it peaked at nearly 6500. It continues to remain relatively stable at around 5000 injuries reported each year.

5 Analysis of RIDDOR reports from NHS trusts found levels of MSDs are typically between 200 and 2,000 per 100K employed with Acute Trusts being amongst the higher rates encountered in health care. Since 1997, less than 3% of reported injuries were classified as major injuries: the remainder being over-3-day injuries. There were no fatal manual handling injuries to workers recorded during that time.

6 The moving and handling of people is one of the highest causes of injury to health care staff reported under RIDDOR. However inspectors should be aware that it is not only the moving and handling of patients that causes musculoskeletal based ill health. Stresses and strains arising from adopting awkward or static postures when treating patients can also give rise to problems. Activities such as supporting patient limbs, working in positions with little scope for changing posture for extended periods of time can result in pain. In addition to reversible symptoms, e.g. pins and needles when loading is stopped this may lead to persistent problems attributable to inflammation and degeneration of the overloaded tissues.

7 Inspectors should ensure that postural risks have been addressed as part of the manual handling assessment. Appropriate risk control measures should be identified and implemented as part of an overall ergonomic approach to management of MSD. Guidance on the MSD issues which arise in the target worker groups identified in this SIM can be found in the Guidance SIM 7/2006/17

8 Inspectors should not try out any handling techniques or equipment, and should be sensitive to the dignity and privacy of patients at all times. Inspectors should familiarise themselves with the relevant parts of the HSE and FOD Health and Safety Policies and Health Services Supplement.

OPERATIONAL INPUT

9 Inspectors are asked to inspect risk management systems for MSD issues including patient handling in 34 acute trusts: **YNE = 9, NW = 9, Midlands = 6, ESE = 4, London 4, SW = 2**

10 PSP6 and PSP7 details are in the separate Inspection Plan activities for Scotland and Wales respectively.

11 Within England, Divisions have been asked to select and target interventions to Trusts where the greatest impact can be made to reduce days lost. The data is available on request from the Health & Social Care Services Unit (healthservices e-mail account)

TARGET WORKER GROUPS

12 The Sector has identified 3 examples of employee risk, based on information from Back Care Advisors, staff representatives and RIDDOR (although any at risk group identified from pre-inspection data may be included):

13 **Theatre staff** are exposed to a range of MSD risk factors including moving and handling both conscious and unconscious patients, handling equipment and postural risks from surgical procedures which could include the need to support limbs or

equipment before or during surgery. The lateral transfer of sedated and anaesthetised patients onto and from the operating table is the most significant patient-handling hazard. Handling of instrument trays and infusion and irrigation fluids can also pose a risk of injury.

14 Inspectors should not seek to enter operating theatres during operations, but make use of observation points and/or interview relevant staff later if appropriate.

15 **Orthopaedic** and care of the **elderly wards/units** are likely to have a high proportion of dependent patients. Much of the patient handling activities on such wards involves the movement of patients on or around the bed e.g. sitting a patient up in bed, turning patients and assisting them out of bed. A high proportion of patient handling injuries occur in these situations. The provision of Electric Profiling beds can significantly reduce the risk of MSD injury. Where there is a high level of patient dependency they are considered to be a **reasonably practicable control measure** and their provision should be considered as part of the general manual handling risk assessment. Examples of other wards would include stroke and rehabilitation.

16 Mobility issues and falling and fallen patients present particular concerns. There are a variety of methods to deal with this issue and inspectors should ensure that staff are familiar with the methods and equipment available on the ward to deal with such situations. Inspectors should also review a selection of patient handling assessments and then check that the identified equipment is available and staff know where to find it and how to use it.

17 When inspectors feel that expert assistance is required, this should be arranged in line with SIM 7/2002/03.

18 **Sonographers and other ultrasound equipment users** are at risk of a range of MSDs including both upper limb disorders and low back incidents. Sonographers carry out diagnostic tests of many types in obstetrics, gynaecology, vascular and other general investigations of soft tissues.. The scanning is carried out using a hand-held transducer or probe, the images are relayed back and viewed simultaneously on a computer screen next to the diagnostic couch, and may be angled to allow the patient to view the images as well. Staff may also have to use the keyboard or manipulate other controls simultaneously with the transducer. These tasks expose staff to particular risks from awkward posture and static loading which arise through having to adopt and maintain the often-awkward scanning positions.

19 Many sonographers and others involved in similar types of medical and clinical imaging may, therefore, be 'users' or 'operators' within the provisions of the Display Screen Equipment (DSE) Regulations. An appropriate assessment of the MSD risk associated with the activity would meet the requirements of Regulation 2 of the DSE Regulations.

RISK MANAGEMENT SYSTEM

20 Inspectors are asked to assess compliance with the following legislative requirements:

- HSW Act s.2 and 3, MHSWR reg.5: a manual handling policy, and other arrangements have been drawn up, which are relevant, up to date and clearly understood by employees at ward/department level;

- MHOR reg.4, MHSWR reg.5, DSE reg.2: risk assessments, for load and/or patient handing operations or for ultrasound-workstations where relevant, have been carried out by a competent person with the involvement of local staff or their representatives. All staff likely to be engaged in these tasks should be aware of the findings of these assessments and be able to explain the practical implications;

- MHSWR reg.7: the employer has access to competent advice, e.g. a back care or manual handling co-ordinator or via other specialist advice arrangements. They should advise on the management of all MSD issues including patient handling, risk assessment, inanimate load handling, design of tasks, selection and purchasing of equipment and training. The adviser should be an integrated part of the overall risk management team and work closely with occupational health, tissue viability and infection control specialists. The adviser should also be able to assist with investigation of accidents and incidents;

- MHOR reg.4, (see para 80, HSE publication L23 Guide to Regulations, MHOR 1992 as amended): moving and handling aids are provided, are suitable for the task, properly maintained, and where appropriate, have undergone a thorough examination and test; Thorough examination should extend to slings and other accessories though the Trust should have sufficient competence to undertake this themselves;

- MHSWR regs.3 and 10, MHOR Reg 4, HSW Act s.2 and 3: the lifting/moving needs of individual patients/residents have been assessed and the significant findings recorded. Staff on the ward should have easy access to the information, and be able to demonstrate that any equipment identified as part of the risk assessment, e.g. a special sling, is readily available. Assessments should identify the level of support/ equipment necessary for each handling task e.g. transfer from bed to chair, toileting;

- MHOR reg.4, MHSWR reg.13: no staff should undertake manual handling operations, or use lifting aids, until they have been trained and assessed as competent. Employers should be taking particular care, when using bank and agency staff, to ensure they are competent in patient-handling theory and practice plus any specific training as required by the Trust's policies and procedures e.g. moving and handling of children.

21 Inspectors should also enquire about arrangements for active case management of staff who suffer work-related MSDs. This should aim to ensure that they are able to remain in work where possible. Where this is not possible, there are properly planned, managed and monitored arrangements for their phased return to work either to the same job, or if necessary, redeployment. Guidance is contained in IND (G) 333, *Back in Work*.

22 HSCSU would be grateful to receive information where effective case management shows good practice and savings in terms of early retirement and reduced sickness absence.

ENFORCEMENT

23 Enforcement guidance is given in Appendix 1.

REPORTING ARRANGEMENTS

24 A standardised approach has been agreed for reporting Fit3 interventions. Inspectors are asked to complete **one amalgamated form IRF1** per duty holder. The key word "PSP6" should be used in the comment field for each contact under the PSP. Further instructions are provided at paragraph 34 and 35 of the main BGDP.

25 Inspectors are also invited to forward to HSCSU a copy of any correspondence/report to the employer where there were significant findings of serious failings or good practice. Information can be sent hard copy or electronically to the Unit via the 'healthservices' e-mail account.

COMPLETION DATE

26 Visits should be completed by the end of February 2007 and all reports inputted onto COIN by the end of March 2007.

SECTOR CONTACTS

27 Stuart Charles, Health and Social Care Services Unit, 511 3124

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APPENDIX 1 – ENFORCEMENT GUIDANCE : MUSCULOSKELETAL DISORDERS

INTRODUCTION

1 It is not possible to encompass the risks of musculoskeletal disorders rigorously within the EMM at the moment. The manual handling assessment charts (MAC) are also not appropriate for application to patient handling tasks. For inanimate load handling task reference should be made to OC 313/4 Manual Handling Assessment Tool, MAC and EMM.

GENERIC GUIDANCE

2 The significant elements of a manual handling risk management system are listed in paragraph 20 above. The enforcement guidance below is of a generic nature. It is not possible to give guidance on specific scenarios. Inspectors should use their discretion, when determining appropriate controls in particular situations. Health Services Unit should be contacted in cases of difficulty.

3 Where inspectors find deficiencies in management controls including:

- an absence of suitable risk assessments (including patient handling assessments);
- inadequate provision of moving and handling aids
- a lack of staff training
- an absence of competent advice

an improvement notice should be considered.

4 The significance of manual handling risk within healthcare has been widely known for a number of years. Reasonably practicable management controls are well established and there is a wealth of guidance available. Health and Social Care Services Unit therefore consider that strong enforcement action may be warranted where failings of risk management systems give rise to significant risk to employees or patients, whether there are reported injuries or not. Indeed Inspectors may wish to consider **prosecutions** in such situations.

5 Inspectors should also reflect that enforcement action does have a positive impact on duty holders in the industry in general.