

Manual Handling

The information below is provided as a general outline and is not intended to be a definitive statement on the subject matter. Professional advice should be sought before any action is taken in relation to the matters described below.

Manual Handling

Manual handling covers a wide range of activities including lifting, pushing, pulling, carrying, moving, holding, throwing and restraining. It also includes repetitive tasks such as cleaning, sorting, packing, assembling, typing, using hand tools, and operating machinery and equipment.

Manual handling activities occur in many industries, such as the retail and health industries, where routine tasks include packing shelves in a supermarket or bathing an elderly patient in a hospital. Other industries include transport and manufacturing, where everyday tasks include driving freighters long distances or working on a production line.

What injuries can occur from manual handling?

Injuries that occur from manual handling are generally referred to as musculoskeletal disorders (MSDs). They include injuries and disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. Examples of MSDs include carpal tunnel syndrome, rotator cuff syndrome, de Quervain's disease, trigger finger, carpet layer's disease, tarsal tunnel syndrome, epicondylitis, Raynaud's phenomenon, tendonitis, sciatica, herniated spinal disc, repetitive strain injury and lower back pain.

Work related MSDs are the most prevalent, most expensive and most preventable workplace injuries in the country. Based on workers compensation figures, they account for almost 50% of all occupational injuries and illnesses that are serious enough to result in days away from work. For example, from 1985 to 1999, in Victoria, MSDs accounted for 62% of all workers compensation costs (an average of \$412 million per annum) and 70% of long-term workers compensation claims. More days were lost per MSD claim than for any other claim and the injuries were prevalent across all industries.

What causes work-related MSDs?

Work-related MSDs occur when there is a mismatch between the physical requirements of the job and the physical capacity of the worker. Prolonged exposure to risks is likely to cause or contribute to work-related MSD. The longer and more often the exposure, the longer the time needed to recover.

Risk factors to consider:

Repetition – performing the same motions repeatedly.

Force – the amount of physical effort required by the person to do a task and/or maintain control of tools and equipment.

Awkward postures – includes reaching behind, twisting, working overhead, kneeling, forward or backward bending, and squatting.

Static postures – body postures that are held and require muscle contraction for more than a short time.

Constant vibration – reduces blood flow and sensory response.

Hot/cold temperatures – high temperatures increase the rate at which the body experiences fatigue and low temperature reduces sensory feedback, dexterity, blood flow, muscle strength and balance.

What laws cover work-related MSDs?

1. Occupational Health and Safety Act – sets out general duties of care for employers, employees, designers, manufacturers, importers, and suppliers.
2. Occupational Health and Safety (Manual Handling) Regulations – sets out specific duties for employers, employees, and for designers, manufacturers, importers and suppliers of plant. Failure to comply is an offence.
3. Code of Practice for Manual Handling – provides practical guidance on how to comply with the Regulation. The provisions in a code are not mandatory, however, in legal proceedings, failure to follow an approved code can be used as evidence that a person or company has not complied with provisions of the act or Regulations.



Personal Protective Equipment Program

If the control of exposure to an occupational hazard requires the use of personal protective equipment (PPE), the purchase of such equipment forms only a small part of the overall employer responsibility. A personal protective equipment program should be an integral part of a hazard control strategy. The program should be established by management, and an individual designated to head the program. This person should have a technical and professional background enabling him or her to make sound decisions based on an evaluation and understanding of workplace hazards. Preferably the person should be a safety engineer, occupational hygienist, or physician. In a small company, especially where respiratory usage is limited, the company owner, foreperson, or other supervisory personnel may direct the program.

This person should develop a standard operating procedure which includes the basis for selecting PPE, medical screening for those who require respiratory, hearing and eye protection, training on how to use the PPE, proper fitting, maintenance and storage of the PPE, periodic evaluation of the PPE program to review its function and effectiveness.

Contact your local BOC specialist for more information regarding workplace safety or ring our hotline 131 262.

Refer to AS 1339 Manual Handling of Materials.

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