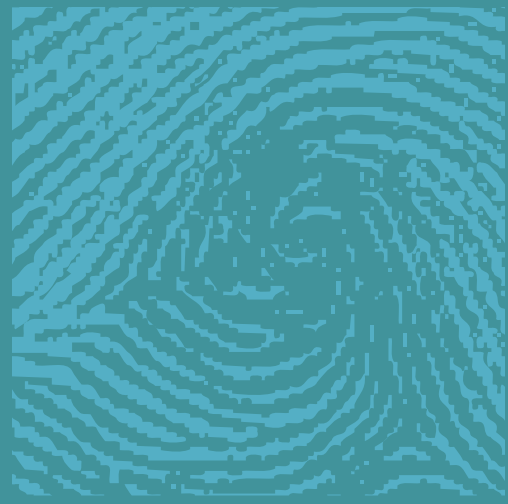


Implementation Framework for the Introduction/Maintenance/ Extension of Nurse Back Injury Prevention Programs



**Implementation Framework
for the Introduction/Maintenance/
Extension of Nurse Back Injury
Prevention Programs**

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1. Purpose

This framework contains the revised initial guidelines that were established to aid facilities to implement back injury prevention programs as part of the Victorian Nurses Back Injury Prevention Project (VNBIPP). The purpose of this framework is to act as a resource to assist facilities to implement/maintain/extend back injury prevention programs based on 'no lifting' principles. These principles promote the elimination of manual handling wherever possible, and the use of 'no lifting' techniques and mechanical lifting aids and other equipment to assist nursing staff in the moving, transferring and handling of patients to ensure that force or exertion of the body is minimised.

The framework provides guidance on the key requirements that organisations will be expected to comply with when applying for Department funding for training / equipment to support nurse back injury prevention programs. It incorporates information collected from anecdotal feedback from nurses, program co-ordinators, managers of participating facilities and Department audits. In addition, the framework incorporates components for program sustainability as identified by the **VNBIPP Evaluation Report 2002**. This evaluation of the VNBIPP demonstrated a 48% reduction in the incidence of workplace injuries, a 74% reduction in 'days lost' due to injury, and a 54% reduction in the cost of claims.

It is envisaged that health care employers and staff will refer to this framework as a resource for the ongoing management of these programs. The framework will be continually revised in order to remain current in outlining the latest patient handling practices and to promote a safe working environment for all nursing staff and patients.

2. Background

In 1996, Elizabeth Langford AM, from the Injured Nurses Support Group conducted a survey that examined the impact of injury on nurses, the industry and the community (Langford, 1997). Subsequent to this report, the Australian Nursing Federation (Victorian Branch) adopted a 'no lifting' Policy. This policy was based on the model developed by the Royal College of Nursing in the United Kingdom.

When the Department of Human Services' Victorian Nurses Back Injury Prevention Project (VNBIPP) was initiated, nurses accounted for more than 54 per cent of compensation claims by health industry workers. The health industry paid around \$50 million per year in workers' compensation premiums and nurses' back injuries accounted for more than half of this amount (Department of Human Services 2000). The VNBIPP was established in response to industry concerns about the high rate of injury to nurses, and the associated human and financial cost to nurses, the industry and wider community.

There is agreement that back injuries in nurses and other workers are related to exposure to high physical loads (Frymoyer et al. 1983, Engkvist et al. 1992, Chiou et al. 1994, Vasiliadou et al. 1995, Hignet 1996, Matsui et al. 1997, Smedley et al. 1997, Retsas and Pinikahna 2000, Wallner-Schlotfeldt and Stewart 2000, Engkvist et al. 2000). For nurses, exposure to high physical loads occurs during patient transfers (Engkvist et al. 1992, Ulin et al. 1997). Work intensity, static work postures, frequent bending and pushing, velocity of task movement and distance to an object being handled have also been identified as risk factors for back injuries (Caboor et al. 2000).

The traditional approach to minimising the risk of injury to nurses due to patient handling has been to teach nurses 'safe manual lifting techniques'. There is laboratory-based evidence to suggest that training in 'correct body mechanics' can be learned, but training is poorly transferred to the work environment (Carlton 1987, Wachs and Parker-Conrad 1989). In addition, there is strong evidence that these methods are not effective in reducing the risk of injuries related to patient handling (Linton and Tulder 2001, Hignet 1996, Daltroy et al. 1997). Nelson et al. (1997) argued that effective preventative interventions were critically needed to control the injuries and costs associated with patient handling.

Approaches or programs which focus primarily on teaching nurses 'safe' manual lifting techniques, minimal lifting, back care and fitness/exercises, do not comply with 'no lifting' principles.

If physical loads due to patient handling cause injuries to nurses, the risk of injury should decrease if nurses stop performing hazardous manual handling tasks. Charney (1997) reported a decrease in back injuries in each of ten facilities (mean reduction 69 per cent) that took part in a program where nurses ceased lifting patients. At the inception of the VNBIPP, the Royal College of Nursing (RCN) in the United Kingdom had for some time been advocating the advantages of eliminating hazardous manual handling by nurses. The RCN reported cases where this had resulted in health care facilities reducing injuries to nurses in the order of 50 per cent. Princess Alexandra Hospital and Mt. Olivet Hospital in Queensland reported comparable results (Garrison 1998, Gorman 1998).

Encouraged by these reports, the Department of Human Services established the VNBIPP, a project designed to reduce back injuries in nurses by eliminating hazardous manual handling tasks wherever possible.

The 'No Lifting' Policy – The manual lifting of patients is to be eliminated in all but exceptional or life threatening situations. Patients are encouraged to assist in their own transfers and handling aids must be used whenever they can help to reduce risk. Manual lifting may only continue if it does not involve lifting most or all of a patient's weight. Based on the ANF (Vic. Branch) 'no lifting' Policy adapted from the Royal College of Nursing, *'Introducing a Safer Patient Handling Policy'* RCN, 2000.

The policy promotes an OHS risk management/systems approach to preventing and managing the risk of back injuries due to patient handling. The approach involves patient handling risk assessments, the use of mechanical lifting aids and other equipment to assist nurses to move/transfer patients, modifications to the work environment such as to facilitate safe patient handling using equipment, and training for all staff in the correct use of equipment and techniques for moving/transferring patients/resident. For further information on the Australian Nursing Federation's 'no lifting' Policy and Implementation Guide and Checklist visit www.anfvic.asn.au

3. Philosophy and Values Underpinning the Project

The international and national literature indicates that there are benefits to be gained when facilities implement back injury prevention programs based on 'no lifting' principles and policies. These gains include reduced injury rates for staff and patients, and significant cost savings. The *Department of Human Services' VNBIPP Evaluation Report 2002* demonstrated a 48% reduction in injuries to nurses, a 54% reduction in the 'cost of claims', and a 74% reduction in the 'days lost' due to injury.

The implementation of back injury prevention programs forms part of the duty of care of employers under Occupational Health and Safety legislation to provide a working environment for their employees that is safe and without risks to health as well as to ensure the health and safety of patients and residents. The provisions of the *Occupational Health and Safety (Manual Handling) Regulations 1999* place legal requirements on employers to eliminate so far as is practicable any risk of musculo-skeletal disorder occurring while employees are carrying out manual handling tasks. Effective control of risk in patient handling includes the provision of mechanical lifting aids and other equipment to assist employees to carry out manual handling tasks, alteration to the workplace, and changes to systems of work. The Occupational Health and Safety Act 1985 requires the employer to provide information, instruction and training to staff to enable them to carry out their work safely and without risk to health. This includes training in the hazards and risks associated with the work they are performing, the risk controls that are in place, and the correct use of equipment and safe patient handling methods. Reference must also be made to *WorkSafe Victoria Guidelines 'Transferring People Safely'* and *'Designing Workplaces for Safe Patient/Resident Handling'* and other relevant guidelines or information constituting 'State of Knowledge' in relation to the prevention and management of manual handling injuries in the health and aged care industry. Further information on these guidelines is available by visiting the website www.workcover.vic.gov.au/dir090/vwa/home.nsf/

The focus of the Department of Human Services' VNBIPP is to facilitate long term cultural change in health care organisations by encouraging new attitudes aimed at eliminating traditional unsafe practices that have led to a high risk of injury amongst nurses. *It is expected that organisations recognise that staff safety is of equal importance to patient safety.*

Facilities need to establish and maintain the philosophy and values underpinning the program to be implemented. These must reflect the need for cultural change in relation to back injury prevention based on 'no lifting' principles and policies. The attitudes of management, staff and clients should be considered. Approaches promoting cultural change should be incorporated into overall strategies. Facilities must commit to involving and consulting all levels of staff in the development and implementation of programs and to implementing best practice initiatives.

4. Program Aims

The general aim of a back injury prevention program is four-fold:

- To facilitate long term cultural change in health care organisations and by encouraging new attitudes aimed at eliminating manual lifting in all but exceptional or life threatening circumstances.
- To proactively identify, assess and control manual handling risks associated with patient and materials handling, in compliance with the OHS (Manual Handling) Regulations 1999.
- To reduce the incidence and severity of manual handling injuries caused by patient handling, and the associated WorkCover costs.
- To improve the quality of patient care.

Please note: Facilities will need to establish the specific aims of the program to be implemented.

5. Specific Program Objectives

The objectives of a back injury prevention program based on 'no lifting' principles and policies are to:

- **achieve** organisational cultural change in patient handling practices.
- **reduce** the *number* of patient/resident handling incidents.
- **reduce** the *number* of patient/resident handling claims.
- **reduce** the *severity* of patient/resident handling injuries and claims.
- **reduce** the *cost* of manual handling claims associated with patient/resident handling.
- **reduce** the *cost* of the WorkCover premium associated with patient/resident handling claims.
- **implement** a process incorporating patient mobility assessment into patient care plans.
- **ensure** that there is adequate patient handling equipment that is appropriate, accessible and maintained.
- **ensure** comprehensive training aimed at reducing patient/resident handling risk.
- **increase** staff satisfaction and **reduce** staff fatigue.
- **improve** the quality of patient care.
- **promote** early reporting of manual handling incidents/injuries.
- **promote** patient/resident and community awareness of the need to prevent back injuries amongst nurses.
- **establish** a process for identification, assessment and control of patient/resident handling hazards.

Each facility will need to determine its own high risk areas in identifying objectives and prioritising resources. It is anticipated that facilities will roll out their programs to all relevant wards / units where patient handling occurs.

6. Proposed Program Outcomes and Evaluation, including Measurements

The main purpose of the monitoring and evaluation process is to measure the performance and effectiveness of the program. A major aspect of this process is to identify potential issues and problems which need to be addressed in order to refine a back injury prevention program.

Each facility will need to develop specific outcomes relating to the implementation of a back injury prevention program. These outcomes may include measurements of changes in awareness, attitudes, knowledge and behaviour of staff, risk reduction, reduction in rate and number of injuries and incidents, reduction in WorkCover claims costs, and reduction in days lost. Other performance outcomes include the response times to equipment supply and maintenance issues, and a review of risk controls when incidents do occur.

In addition, facilities applying for further funding through the Continuing Nurse Education Grant (CNEG) and the Targeted Equipment Program to support back injury prevention programs will be periodically audited by the Department to ascertain the state and sustainability of programs. The VNBIPP's criteria for funding are outlined in APPENDIX A.

A critical funding requirement is that facilities are expected to develop and maintain procedures for ongoing monitoring and evaluation of their program.

Below is an example of a set of broad outcomes and associated measurements. Each facility will need to develop a variety of measures and specific outcomes for the program to be implemented and maintained:

Cultural Change	
<p>Proposed Outcomes</p> <p>Increased awareness and understanding at all levels of the organisation of hazard identification, risk assessment and control.</p> <p>Early reporting of incidents</p>	<p>Types of Measurements</p> <p>Focus group discussions. Staff and coordinator surveys / feedback. Staff competency assessment</p> <p>Incident monitoring. Staff feedback / surveys. Process review.</p>
Injury Rates	
<p>Proposed Outcomes</p> <p>Reduction in WorkCover claims costs associated with patient/resident handling, post implementation of program (indicating a reduction in the number and severity of claims).</p> <p>Reduction in days lost due to patient/resident handling injuries.</p> <p>Improved return to work rates for injured staff</p> <p>Reduced pain/fatigue levels for staff.</p> <p>In the longer term, a significant reduction in WorkCover premium associated with patient/resident handling, post rollout of program across the facility.</p>	<p>Types of Measurements</p> <p>Pre and post implementation data. Relevant KPI's and premium analysis. Claims data study / incident report data</p> <p>Relevant KPI's.</p> <p>Return to work rates</p> <p>Staff and coordinator surveys. Focus group discussions. Recruitment / exit interviews</p> <p>Pre and post implementation data.</p>
Program Compliance	
<p>Proposed Outcomes</p> <p>Staff usage of and compliance with procedures for hazard identification, risk assessment and control.</p> <p>Staff compliance with 'no lifting' methods, usage of equipment, etc. Staff compliance with the back injury prevention program.</p> <p>Adequate provision of well maintained 'no lifting' equipment (including storage space) to support program.</p> <p>Adequate monitoring of staff compliance with organisational policies and procedures at all levels.</p> <p>Other outcomes (eg. reduced skin tears, increased patient comfort, less pain medication, improved mobility, etc.)</p>	<p>Types of Measurements</p> <p>Surveys / Staff feedback Competency assessment.</p> <p>Staff feedback/surveys. Co-ordinator feedback. Training / compliance audits</p> <p>Equipment and storage audits Asset management plans.</p> <p>relevant KPI's / audits at all levels of the organisation.</p> <p>Focus group discussions. Staff and coordinator surveys. Patient incident reports / AIMS reports</p>

7. Identification and Assessment of Problems

It is expected that facilities will have already defined or be intending to identify and analyse existing patient/resident handling problems in the context of the Victorian Occupational Health and Safety Act 1985 and the hazard management process of the Manual Handling Regulations. This should occur in each area and emphasis should be on the necessary organisational and cultural changes required to successfully implement/maintain and extend the program. Barriers to implementation and sustainability (including knowledge, attitudes and belief systems of staff and management) need to be identified and addressed.

Facilities should promote a physical environment/layout of the workplace which is conducive to the effective implementation of a back injury prevention program based on 'no lifting' principles and policies that promote the use of mechanical lifting aids and other equipment as appropriate. Consideration should be given to adequate space for using and manoeuvring equipment as well as suitable and adequate storage space. Further information on this topic including the Victorian WorkCover Authority's *Designing Workplaces for Safer Handling of Patients and residents* is available at the website www.workcover.vic.gov.au/dir090/vwa/home.nsf/

Appropriate equipment to support the back injury prevention program should be purchased and processes and procedures developed for maintenance, repair and replacement. Appropriate training should be conducted in the use of the new equipment in each unit for all staff members.

Current methods of assessing patients (for example, with the use of a patient risk assessment tool) must be identified and updated as required. Incidents of back injury should be fully investigated to identify further possible risk reduction measures.

8. Implementation of the Program

A facility will need to establish and maintain a process of consultation with nursing staff and Occupational Health and Safety representatives, as well as the process for implementation, ongoing monitoring and evaluation of the program at system and individual level. Below is an example of the implementation steps to use as a guide.

8.1 Establishment of a Back Injury Prevention Committee

- The Committee should have clinical and management representatives including direct care nursing staff and nursing health and safety representatives.
- The Committee should oversee and monitor the implementation of the back injury prevention program based on 'no lifting' principles and that policy and procedure guidelines are developed within the organisation.
- The Committee should be aligned with the facility's OHS Committee, which should also have nursing representation.

8.2 Appointment of a dedicated Co-ordinator for program sustainability (refer to Appendix C for position description exemplar)

- In order to promote ownership of programs by nurses it is strongly recommended that this person be a nurse with experience in 'no lifting' principles and techniques / OHS.
- The dedicated Program Coordinator will report to the Back Injury Prevention Committee.
- The dedicated Program Coordinator will be responsible for driving the implementation of the back injury prevention program based on 'no lifting' principles and policies across the facility.
- The appointment of the Program Coordinator should be made in consultation with the Back Injury Prevention Committee.
- The organisation should ensure that the position is adequately supported and resourced, including adequate time to carry out their role.
- The Program Coordinator must be supported by the OHS Office/Unit of the facility.

8.3 Strategic Targeting of Units

- Rollout of the back injury prevention program based on 'no lifting' principles and policies should be targeted in priority order according to criteria including claims analysis, ward and patient requirements, to ensure that maximum benefit is obtained from implementation of the program.

8.4 Marketing

- Initial promotions including information in newsletters, fliers, and staff forums.
- Official launch by the facility involving the executive.
- Ongoing updates in newsletters.
- Periodical reporting of results, achievements and case studies.

8.5 Facilitated implementation

The program should be implemented through the phases similar to those listed below. Each area will need to identify how they will carry out each of the following steps:

Pre Implementation

- Appointment of dedicated program co-ordinator
- Consultation with stakeholders.
- Risk identification and assessment.
- Equipment and work area audit.
- Development of patient assessment tools/mobility plan (may be part of the nursing care plan).
- Preparation of training rosters.
- Identification of trainers.
- Equipment evaluation, selection and acquisition.
- Work area reorganisation or alterations to ensure equipment can be used and stored appropriately
- Pre implementation survey including participation in qualitative and quantitative data collection processes.
- Budgetary commitment/allocation for training, purchase of equipment, and program implementation.
- Information and education to patients and relatives.

Implementation

- Training of staff
- Competency assessments for staff
- Implementation of Patient Mobility Plans
- Mechanism for nursing staff to provide feedback to management regarding the program, and on any problems and issues encountered.
- Mechanisms/structures to ensure problems are solved in a timely and effective manner, eg. local ward committees, with recourse to OHS Committee for further advice and assistance.

Post Implementation

- Monitoring staff compliance
- Identifying issues that may impact on the efficacy of the program
- Comparison of pre and post implementation surveys
- Evaluation of outcomes achieved
- Recommendations for promoting sustainability.
- Ongoing investigation of any back injuries to identify opportunities for further risk reduction

8.6 Funding sources to support a Back Injury Prevention Program

Continuing Nurse Education Grant

The Department of Human Services has extended the Continuing Nurses Education Grant (CNEG) to include the training of nurses in ‘no lifting’ principles and techniques to support nurse back injury prevention programs. Further information on the CNEG including submission processes can be obtained by visiting the website www.nursing.vic.gov.au

An example of a CNEG submission for a nurse back injury prevention training program is given on page 11 of this document.

Targeted Equipment Programme

The Department of Human Services has extended the annual Targeted Equipment Programme (TEP) to include the provision of equipment to support back injury prevention programs that are based on ‘no lifting’ principles. For further information on the TEP please visit the website www.health.vic.gov.au/med-equip/

To be eligible for funding facilities need to demonstrate that they are adhering to the VNBIPP funding criteria guidelines (Appendix B).

8.7 Rollout of a Back Injury Prevention Program

- Back Injury Prevention / ‘no lifting’ Program Coordinator to organise and drive rollout of program across strategically targeted units.
- The phases outlined in Section 8.5. would be followed.

8.8 Monitoring and Evaluation

- The organisation’s Back Injury Prevention Committee to monitor progress.
- Quarterly update reports should be provided to Health Service Executive.

9.0 Evidence of Health Service Management Commitment

9.1 Executive sponsorship

The Health Service Executive should demonstrate its financial commitment and support to:

- Establishing the Back Injury Prevention Committee.
- Appointing a dedicated Coordinator to coordinate the strategy across the health service.
- Implementing the back injury prevention program based on 'no lifting' principles and policies across targeted units.
- Purchasing patient handling equipment required to implement and maintain the back injury prevention program utilising funding sources such as the Targeted Equipment Programme.
- Financially contributing to the proposed program and for the continuation of the program.
- Ensuring that information is readily available within the organisation in relation to funding sources that can be accessed to ensure that the program is maintained and strengthened.
- Implementing measures to ensure program is sustainable such as ongoing training of staff in 'no lifting' techniques and principles.
- Ongoing monitoring.
- Ensuring that new building works support the implementation of back injury prevention programs based on 'no lifting' principles.

10.0 Details of Program

10.1 Information on environmental design and equipment

- A key component of the successful implementation of a back injury prevention program based on ‘no lifting’ principles and policies is the assessment of equipment requirements, the purchase of appropriate items, effective maintenance and the training of staff in its use.
- Equipment should be selected that addresses patient handling needs. Consideration should be given to the design, layout and storage facilities of the area.
- It is critical that the appropriate equipment is accessible at all times.
- Information should be readily available within the organisation outlining the relevant funding sources to support the program.
- Equipment and environmental design and education requirements for the program should be itemised in order of priority, (include accessibility and storage considerations, and how training is linked to patient handling competencies in ‘no lifting’ techniques).

Reference should be made to WorkSafe Victoria’s Guidelines *Designing Workplaces for Safer Patient/Resident Handling* and other relevant guidelines or information constituting ‘State of Knowledge’ in relation to the prevention and management of manual handling injuries in the health and aged care industry. Further information on these guidelines is available by visiting the website www.workcover.vic.gov.au/dir090/vwa/home.nsf/

Appendix A provides a checklist of appropriate equipment to support a back injury program based on ‘no lifting’ principles. This checklist was compiled by the VNBIPP Advisory Committee.

10.2 Information on the Education component of the Program

- Consider the details of education in relation to the philosophy and values required to affect attitudinal and behaviour change to all levels of staff, including senior executive, management, staff and client groups.
- The training should incorporate ‘no lifting’ principles and techniques, including the correct use of equipment. Components on hazard identification, risk assessment and controls, and the OHS obligations of employers and employees should be included.
- Consider the details of training plans and goals, including timeframe for delivery.
- The training should be practical and ‘hands on’ in its delivery.
- Training attendance should be compulsory and supported by adequate paid time for staff to attend.
- Trainers should be provided with adequate time and resources to undertake training sessions.
- Staff competencies should be assessed at the end of the training component, and periodically after implementation.
- Training and competency assessment records must be kept.

Facilities can apply for funding to support the training of nursing staff in ‘no lifting’ principles through the annual Continuing Nurse Education Grant (CNEG).

Below is an example of a CNEG submission to receive funding:

Program Description	Program Aim	Costs	Link	Expected Outcomes	Evaluation Method	Timelines	No. of participants
<p>Nurse Back Injury Prevention This program has three components</p> <p>Train the Trainer Each unit within the hospital has a nurse that has undertaken an 8hr training session to equip them for the role of facilitating the education of staff within their area in the principles and techniques of the 'No Lifting' policy.</p> <p>Orientation Training Session On commencement of employment at Wizard Health each nurse is required to undertake a 3hr orientation training session to familiarise themselves with this back injury prevention program.</p> <p>Annual Competency All nursing staff are required to demonstrate competency in the principles and practice of 'no lifting' on an annual basis</p>	<p>The aim of this program is to minimise the risk of musculoskeletal injuries associated with patient handling tasks and to comply with the OH&S Regulations 1999</p> <p>Through the provision of a structured education program, staff will be further supported in their implementation of the 'no lift policy'</p>	<p>Teaching Nurse Educator (Program Co-ordinator) as:</p> <ul style="list-style-type: none"> • Facilitator of training sessions • Advisor as to equipment purchases and patient handling practices • Conducting audits • Facilitating promotional material <p>2 days per week \$30,000hr x 16hrs x 52wks = \$24,960</p> <p>Staff Replacement: train the trainer \$22hr x 8hr x 20 participants = \$3,520 2hr training sessions \$22hr x 2hrs x 200* participants = \$8,800 Annual Competency Nil - assessment undertaken in double staffing time TOTAL – \$37,280</p>	<p>In accordance with the OH&S legislation, this program is designed to minimise the risk of harm to nursing staff whilst maximising the patient's functional abilities as an integral component of the patient's rehabilitation process.</p>	<p>Reduction in musculoskeletal injuries to nursing staff.</p> <p>Manual handling risks associated with patient handling will be addressed proactively using the systematic process of identification, assessment and control as to eliminate or reduce as practicable the risk of injury to staff.</p> <p>Program implemented in >70% of wards/units</p> <p>80% of clinical nursing staff deemed competent in 'no lifting' techniques</p> <p>Patients will be handled in a consistent manner, reflective of 'no lifting' techniques, that poses the least risk to nurse safety.</p> <p>Patients will be handled so as to maximise their functional abilities, independence and mobility.</p>	<p>Evaluation conducted through the analysis of incident reports and WorkCover claims.</p> <p>Investigation of non compliance</p> <p>Competency testing on an annual basis.</p> <p>Workplace compliance monitoring will occur on a regular basis.</p>	<p>Train the trainer to be offered 4 times in 2004/05</p> <p>The 2hr training session will be conducted fortnightly</p>	<p>12 participants x 4 programs = 48*</p> <p>25 participants x 26 sessions = 650* participants</p> <p>*numbers based on 2003/04 Nurse Back Injury Prevention Program</p>

10.3 Program Budget

An example of a program budget a facility may wish to modify and adopt is set out in the following.

Item	Cost
Program Coordinator – salary depends on the number of days required for program implementation <i>eg. 3 days per week – \$28,500 pa.</i>	Estimate number of days required over 1 year.
Training of all levels of staff – itemise how this will be done.	
Purchase of equipment – inc. # of units targeted.	eg. \$8,000 x number of units targeted = ??
Staff Replacement costs attributed to program Training: <i>eg Base costing on Registered Nurse YP4 Gr 2 Yr 3 at \$157.30 per 8 hour day = \$19.66 per hour).</i> <i>Eg. If 12 units targeted:</i> <i>Staff Training - 40 staff per unit x 3 hours training x \$19.66 40 x 12 x 3 x \$19.66 = \$28,310.</i>	<i>Example: 12 units targeted:</i> \$28,310
Total	Calculate Total

10.4 Role of Staff involved in the Program

Establish the role of staff and committees involved in the program. An example is provided below.

Title	Role
Program Committee	To oversee ongoing management of the Back Injury Prevention Program across the facility; report to Executive.
Dedicated Program Coordinator	To drive implementation / maintenance / monitoring of the Back Injury Prevention Program across all relevant units. (refer to Appendix C)
OHS Manager / Consultant	To assist Coordinator and provide evaluation advice.
Trainers	Ongoing training of staff.
Nursing staff	Ownership of program.
Management	Promotion of Back Injury Prevention Policy and Program based on ‘no lifting’ principles; Financial support (staff replacement; equipment purchase etc).

11. Conclusion

The implementation and maintenance of a back injury prevention program for nurses based on 'no lifting' principles is supported by key stakeholders within the health care industry. This is now a standard within the public health care sector with all public hospitals having implemented nurse back injury prevention programs based on 'no lifting' principles. The utilisation of this framework will assist health care organisations to meet compliance with OHS legislation and the Manual Handling Regulations 1999, and to reduce the incidence of workplace injuries to nurses and promote a safe working environment. Finally, critical to the success of any nurse back injury prevention program is the establishment of an adequately resourced, dedicated program co-ordinator and the ongoing refresher training of staff in 'no lifting' techniques.

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- ***Williams, Allison** University of Melbourne, Royal College of Nursing Representative
- ***VNBIPP Advisory Committee members as at March 2004.**

Appendix A

Victorian Nurses Back Injury Prevention Project

Funding Criteria

1. Program Philosophy

Facilities must demonstrate:

- That their programs continue to be based on ‘no lifting’ principles.

2. Program Co-ordination

Facilities must demonstrate:

- Maintenance of a designated program co-ordinator position
- That this position reports to executive level management.
- That this position’s EFT reflects the size (nursing EFT) of the organisation
- Achieved roll out to at least 70% of wards / units
- That the co-ordinator has a clinical background, preferably a nurse

3. Training

Facilities must demonstrate:

- A structured system for tracking competency of staff and ensuring annual refresher training
- At least 80% of staff deemed competent
- ‘no lifting’ principles underpin training programs including orientation

4. Equipment

Facilities must demonstrate:

- Strategies for improving storage, adequacy, and accessibility of equipment
- Consultation with clinical staff and OHS representatives when selecting equipment to purchase
- A structured process for identifying equipment needs
- Financial accountability for the allocation of program funds

5. Consultation

Facilities must demonstrate:

- The existence of a committee to oversee program continuance. This committee needs to have both non management clinical staff and executive management representation

6. Sustainability

Facilities must demonstrate:

- Strategies to incorporate program into core business
- An audit tool to determine that ‘no lifting’ principles are being practiced
- Financial commitment

7. Evaluation

Facilities must demonstrate:

- Identified performance indicators for measuring program effects within the workplace
- The existence of a policy / protocol to underpin the program based on ‘no lifting’ principles.
- A periodic revision of this policy

Appendix B

Victorian Nurses Back Injury Prevention Project

Generic 'No Lifting' Equipment Checklist

It is strongly recommended the equipment needs of the work area be formally assessed prior to purchase in order to meet the clinical and environmental needs. It is also recommended that thorough equipment trials are undertaken with full involvement of clinical staff [and relevant OHS representatives] prior to purchase, in order to identify the appropriate equipment for the facility.

Generic equipment list by type of equipment

Beds, trolleys and accessories

- Fully adjustable electric operated beds including adjustable height, back rest and foot tilt mechanism
- Adjustable electric or hydraulic trolleys (it should be noted that these must be height adjustable, preferably going almost to the floor)
- Bed ropes / Bed sticks (bolt on to bed or under mattress type)
- Overhead bars
- Pressure Mattress

People lifting equipment

- Electric operated portable hoists & attachments
 - Lifting hoist & slings (often known as sling hoists)
 - Weigh scale attachments
 - Jordan frame attachment
- Overhead tracking/ceiling hoists – motors, tracks & slings (fixed or portable)

Mobility/ambulating equipment

- Standing walker & slings
- Standing hoist and slings
- Overhead tracking/ceiling hoists – motors, tracks & slings (fixed or portable)
- Carer driven electric drive attachment for wheelchair (used to transport patients up slopes, across a variety of floor surfaces including carpet and long distances)
- Electric wheelchairs

Toileting and showering

- Shower chair (with pan and adjustable arms)
- Commode chairs (with lockable castors)
- Over the toilet frames
- Adjustable shower/bath trolleys

- Fully adjustable bath (not generally recommended – for specialist or therapeutic purposes only e.g. burns).

Slide transfer / Rolling equipment

- Slide sheets (2 metres long)
- Pat slide / Hover matt or slippery mattress
- Rolling frames

Seating

- Fully adjustable chairs with lockable wheels and seat & back tilt (gas assist or electric)
- Uplift gas hydraulic sit to stand aide

Furniture moving equipment

- Bed & trolley moving equipment (e.g. Gzunda)
- Chair moving equipment
- Weigh scales (that clients can walk onto, or be weighed in a wheelchair).

Additional equipment specific to a clinical area

Community

- Portable fold down sling hoist
- Turn pad (to assist patients getting in/out of cars –turn pad stays on the seat)

Maternity

- Fully adjustable electric labour bed
- Height adjustable stools
- Kneeling pads

Emergency

- Scoop board

Radiology

- X ray slider

Appendix C

Wizard Health Position Description

Position title:	Nurse Back Injury Prevention Program / No Lifting Coordinator
Division:	Nursing
Unit:	All wards and departments
Responsible to:	Director of Nursing
Award:	Nurses (Victorian Health Sector) 1992

Position Summary:

Co-ordinate and drive the implementation and maintenance of patient handling 'no lifting' program throughout patient care areas.

Plan and implement initial and ongoing 'no lifting' program education programs.

Develop and maintain 'no lifting' program documentation.

Represent Wizard Hospital on relevant intra and extra hospital committees and projects.

A. Managerial/Administrative Responsibilities

Standard

- Demonstrates advanced interpersonal skills
 - Demonstrates the ability to initiate and manage projects.
 - Demonstrates the ability to work with minimum direction and supervision.
 - Demonstrates the ability to problem solve and access resources.
1. Communicates, interprets and ensures hospital philosophy, objectives, policies and procedures in relation to the 'no lifting' program are implemented.
 2. Coordinates the introduction and the maintenance of the 'no lifting' program.
 3. Represents Wizard Hospital on relevant intra and extra hospital committees and special projects.
 4. Initiates and participates in special research projects related to the 'no lifting' program.
 5. Initiates the development of 'no lifting' policies and procedures, and ensures that they are relevant and up-to-date.
 6. Develops and maintains the patient handling 'no lifting' program manual and other 'no lifting' program documentation.

7. Monitors staff compliance with the system, including managerial and clinical staff.
8. Participates in quality management programs (including audits, program evaluations, financial accountability and purchasing processes) relevant to the 'no lifting' program.

B. Professional and Ethical Practice

Standard

- Demonstrates behaviour, accountability, and presentation, according to professional code of conduct, legal requirements and hospital policies.
1. Acts as a role model within professional code of conduct, and legal requirements.
 2. Demonstrates a comprehensive knowledge of hospital policies and procedures.
 3. Demonstrates sensitivity to the needs of individuals and groups, respecting their values, customs, and beliefs.
 4. Ensures confidentiality of information.

C. Educational and Clinical Practice

Standard

- Demonstrates advanced level of teaching and presentation skills.
 - Demonstrates the ability to plan and implement educational programs.
 - Provides clinical education and supports clinical staff.
 - Demonstrates understanding of and commitment to 'no lifting' principles
1. Plans, coordinates, implements and evaluates 'no lifting' program teaching and learning activities.
 2. Coordinates annual 'no lifting' program educational / refresher programs.
 3. Coordinates 'no lifting' program education sessions for new clinical staff and maintains records of training.
 4. Conducts clinical education sessions regarding new manual handling equipment, products and techniques introduced which impact on patient manual handling.
 5. Identifies 'no lifting' program learning needs of staff involved with patient handling and implements appropriate action.
 6. Functions as a resource person and provides 'no lifting' program clinical consultation and problem solving.

7. Provides ongoing 'no lifting' program support, guidance and counselling to Nurse Managers, Trainers and other staff involved in manual handling.
8. Provides advice to clinical areas regarding appropriate patient handling equipment.

D. Professional/Educational Responsibilities

Standard

- Demonstrates an advanced level of commitment to the development of self and others.
1. Demonstrate self-direction, motivation and commitment to own professional development.
 2. Ensures up-to-date 'no lifting' theoretical and clinical expertise by self-directed learning activities and participation of appropriate intra and extra hospital educational events.