





NATIONAL HOSPITAL INTERVENTION AND COMPLIANCE CAMPAIGN



Preventing slip, trip & manual task injuries






ASSC Survey Results
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Australian Government
Australian Safety and Compensation Council



Background

- Australian Safety & Compensation Council (ASCC) asked by Heads of Workplace Safety Authorities (HWSA) to assist in evaluation of national campaigns in 2007.
- For 2007-2008 Campaign, ASCC commissioned Sweeney Research to administer surveys to OSH Managers & non-clinical workers in hospitals to support the **Safe Steps** (Manual Tasks & Slips/trips in Hospitals) Campaign



Surveys

- Completed between 13 March and 23 June 2008
- Participants: **101 OSH Managers** and **441 non-clinical workers** in hospitals across Australia
- **Overall response rate was 33%** (50% for OSH Managers; 31% for non-clinical workers)
- Mix of hospitals – **rural/ regional** (49.5%); **metro** (50.5%); **private** (53%); **public** (47%)
- Not all of those surveyed were audited for the campaign

Objectives of Survey


- Identify manual handling and slip/trip **hazards** in non-clinical hospital areas
- Understand existing **controls** for above hazards
- Assess OSH Manager and worker **attitudes** towards environment and OSH
- Identify level of perceived **job strain** for non-clinical workers
- Identify preferred methods of **sharing OSH info** with workers
- Review issues related to **Bariatric Care**



Physical Demands: Non-clinical areas

Biggest concerns:

- Repetitive hand/ arm movements
- Prolonged walking
- Prolonged standing
- Repetitive leg movements
- Pushing/ pulling with force




Workers considered their work to be far more physically demanding than OSH Managers did

Manual Tasks: Non-clinical areas



Kitchens: pushing/pulling trolleys followed by lifting heavy loads



Laundries: moving/sorting dirty linen; pushing/pulling trolleys; lifting heavy loads

CSSD: lifting heavy loads; pushing/pulling trolleys

Generally good agreement between OSH Managers & non-clinical workers in identifying hazardous tasks

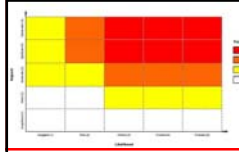



Slips & trips: Non-clinical areas

- In all 3 work areas, wet/ greasy/ slippery/ soapy floors were identified as the main slip/trip hazard by both OSH Managers and workers.
- OSH Managers were more likely to nominate manual task hazards than slip/trip hazards



Risk Assessment



- 94% of OSH Managers confirmed that their hospital had a policy for risk management, assessment and control of manual handling hazards, **BUT**
- Only 23% stated that regular assessment and review of the way employees worked is done only sometimes or never

Different Perceptions: Risk Control

Overall, survey findings suggest that controls are used most of the time or always for manual task & slip/trip hazards

However, OSH Managers were more likely to think that the following controls were used mostly/always than the area workers:



- Supervision provided (79% vs 50%)
- Task rotation (70% vs 51%)
- Reduction of frequency/ duration of lifting/ carrying tasks (66% vs 44%)
- New, safe & appropriate equipment provided (76% vs 57%)
- Extra employees/ workers provided in busy times (51% vs 35%)

Attitudes towards OSH



OSH Managers and non-clinical workers both expressed positive attitudes towards OSH, with agreement that mostly/ always

- **OSH is emphasised in the workplace**
- **Workers are encouraged to report hazards**
- **Management know what to do when hazards are reported**

OSH Attitudes cont'd...

OSH Managers and workers were less likely to agree that mostly/always:

- Workers are involved in OSH issues at the workplace (94% vs 78%)
- Workers inform managers about safety & health issues (94% vs 78%)
- Management considers OSH as being more important than getting the work done (89% vs 69%)



Job strain for non clinical workers

- Majority of workers reported having information & equipment they need
- Most workers felt they have respect & support from supervisors & co-workers
- 75% of workers feel they can influence OSH performance
- Only 5% were concerned about job security
- Bullying was an issue for 1% of workers, while no workers reported sexual harassment



Job Strain Definition

- Job strain is indicated by high demands on workers accompanied by lack of control over how they do their work
- According to a measure of job-strain from the survey, 27% of kitchen staff and 14% of laundry staff are experiencing job strain
- Compared with workplaces in general, and with kitchen and laundry workers in hospitals, **CSSD staff are experiencing higher job strain (44%)**, which potentially places workers in this area at higher likelihood of physical/ psychological injury



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Job Strain: CSSD Workers

- Compared to kitchen & laundry workers, CSSD staff were more likely to report:
- Their work needs **undivided attention** (81% mostly/always)
 - Have to keep track of **more than one thing** at a time (52%)
 - **Less likely to have some say** in how they do their jobs (47%)
 - Have to work very **fast** (40%)
 - Have to neglect some tasks as **too much other work** to do (13%)
 - Unachievable **deadlines** (12%)



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Bariatric Care Issues

- Identified as an emerging issue from 2004 "Design for Health" National Project
- Was surveyed for this project in order to provide baseline data for potential future projects at a state or national level



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Survey findings: Bariatric Care

- Majority of hospitals (79%) have **management plans/ policies** for bariatric patients, with 77% of hospitals having specific operational **procedures** for manual handling of bariatric patients
- **Public** hospitals are more likely than **private** hospitals to have these in place
- < 1/3 of hospitals (31%) have reviewed the **effectiveness** of their policies/ procedures



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Bariatric Care Policies

- Most commonly relate to equipment for bariatric patients and pre-admission screening
- Main reason for development of policies/ procedures is due to increasing numbers of overweight/obese patients accessing health care, as well as increases in bariatric-specific procedures (eg gastric banding)



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Bariatric Equipment

- 89% of hospitals consider manual handling needs in purchase of bariatric equipment
- Most hospitals do not have sufficient equipment to cope with bariatric needs
- Hospitals most likely to have beds (66% have enough), transfer/handling aids, hoists, bathing aids, toilets (58%) & wheelchairs (57%)
- Least likely to have birthing beds and mortuary equipment (only approx 20% have enough)



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Where to from here?

- Full report is available from WorkSafe WA
(Contact christina.paterson@commerce.wa.gov.au)
- Full report has already been emailed to every health service (in theory!) via OSH Manager
- Questions?

