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Implementation of an infant manual handling risk assessment tool

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Introduction

Muscular Skeletal Disorder (MSD) and discomfort at work, and indeed in everyday life, is a major problem (http://www.hse.gov.uk/statistics [accessed September 2016]). Despite this risk being an international problem there remains resistance to acknowledge this problem within the health care environment (Stichler et al., 2011). Although there are tools and aids to reduce the risks within adult and plus size environments there are limited devices and MSD remains a potential risk for children's nurses, midwives and other neonatal staff. The risk in these specialities is often viewed as less as the load is 'small'. This article explores the challenges of developing and implementing a manual handling risk assessment tool for infants, the Johnstone, Owen and Owen Risk Assessment (JOORA, 2012).

Background

It is reported that 1.1 million people in the United Kingdom have suffered from MSD either caused by or made worse by work (http://www.healthyworkinglives.com/advice/work-equipment/manual-handling [accessed February 2017]). The point of causation for many MSD is difficult to prove as bad manual handling practices within the workplace are often compounded by bad postures and practises in the personal and social life of individuals, through general activities from carrying heavy bags, the daily commute or completing household chores. In the United States of America MSD are responsible for 30 percent of compensation costs to workers (https://www.bls.gov [accessed January 2017]). This does not necessarily include the cost of sick pay and agency cost to cover the individuals' period of sickness. Manual Handling Operations Regulations (MHOR, 1992) state that employers are required to avoid, assess and reduce manual handling risks within the workplace. Manual handling injuries include repetitive strain injuries (RSI), occupational overuse syndrome (OOS) of soft tissue damage injuries including strains and sprains and Muscular skeletal disorder (MSD) damages to soft tissue or bony material. Injuries can be gradual and due to months or years of wear and tear, sudden or as a result of a direct event.

Discussion

Employers should assess the manual handling that staff carry out and identify any medium or high risk associated with the task. Steps must be taken to inform and reduce the potential risk of back injury and other MSD injuries to staff, patients and carers, with costs of equipment and training being offset by the benefits of staff well-being, reduced MSD absence and improvements in patient safety. These duties can manifest as training and online updates for staff.

Practitioners also have responsibilities regarding safe manual handling under MHOR (1992). The healthcare worker must follow safe systems of work and use the equipment provided by the employer and through cooperation, with the employer, ensure their own safety and that of the patient. This can manifest in a refusal to carry out a task that is deemed not to have a safe system of work in place. To identify if a safe system of work is in situ the risk must be identified. Identifying hazardous manual handling activities as being mere lifting and carrying loads excluded other high risk manoeuvres. Activities which require, for example, stooping – when carrying out nasogastric tube feeding or suctioning for the infant in the fixed height cot; twisting and bending – when supporting breast feeding or blood sampling. Each of these examples

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a

Name:
Hospital Number:
D.O.B:

Affix Patient Label

Joora Tool [0-12 months]
Moving and Handling
[Johnstone, Owen and Owen – Version 6]

Score Patient Specific Risks
(re-assess as patient condition changes)

	Date						
	Pt Weight						
	Pt Length						
Transferring Patient 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
Bed Changing 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
Feeding 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
Bathing / Hygiene Cares 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
General Mobility 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
Play / Other 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
Falls Risk 1 2 3 4 5 6 7 8 9 10 (Low Risk – High Risk)							
	Score Total						
	Level						
	Sign						

JJ. KO. HO Sept '12

Level of Risk to infant and staff (Level as appropriate to age)
HIGH = unable to assist in any way – unable to sit or balance – minimal mobility
MEDIUM = some ability to balance and support weight
LOW = able to move independently – requires supervision and guidance

Artefacts (i.e. chest drains; lines; V.P Shunts; ventilated; replogle tube)

Physical & Medical Complications (i.e. muscle weakness / paralysis; sedation; fragile skin)

Transferring Patient
1 – child assisted transfer / appropriate height surface, without space constraints
5 – transferring high to low / low to high in confined space – causing compromised posture (stoop / twisting / turning / slips / trips / falls)
10 – as 5 with patient ventilated with other artefacts (see artefacts list box)

Bed Changing
1 – empty cot (where child sleeps) / variable height
5 – patient in cot / variable height / 1 nurse rolling patient high risk of patient falling
10 – patient in cot / fixed height / 2 nurses

Feeding
1 – self feeding
5 – breast / bottle feeding
10 – oral / nasogastric /gastrostomy / feeding

Bathing / Hygiene Cares
1 – age appropriate / variable height bath / slip / fall risk
5 – bed bath / cares / variable height / slip / fall risk
10 – bed bath / cares – fixed height / bathing fixed height bath / slip / fall risk

General Mobility
1 – self ventilating / age appropriate mobility / variable height cot
5 – non invasive ventilation / variable height cot
10 – paralysed / fixed height cot

Play
1 – patient paralysed / sedated / restricted activity
5 – patient confined to variable height cot
10 – floor play / age appropriate / permanent medical complications (see boxes above)

Falls Risk
1 – sedated / unconscious
5 – lively / restless
10 – parents / carer – asleep whilst holding child (extreme tiredness / alcohol / drugs) / slip, trip, fall whilst carrying child / cot sides not in place

b

Joora Tool [0-12 months]
Moving and Handling
[Johnstone, Owen and Owen – Version 6]

Manual Handling Care Planning of Identified High Risks

Activity	Number of Staff	Equipment used to maintain good posture whilst undertaking activities (i.e. vary height, footstool)	Method to be used (step by step)	Signature and date

Fig. 1. JOORA a side and b side.

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