Rapid Reported Risk Rating tool in Health care......
2 minutes to make manual handling of people training relevant and efficient

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1. Introduction

This paper explains the use of quick risk identification and rating tool to plan risk mitigation strategies, including manual task training, for workers in specific work groups.

The focus of our efforts as Staff Health and Injury Prevention Physiotherapists in health care is preventing high frequency, moderate consequence musculoskeletal injuries to clinical staff from the manual handling of patients. Mitigation efforts are prioritized based on a multipronged approach which integrates information from a number of sources including: investigation of incidents, trending from compensable injuries, collated results from discomfort reports from workers, evidence from similar industries and the hierarchy of controls. These mitigation strategies include: active involvement in planning and design, procurement, workplace assessments and risk assessments, development of policy and procedure documentation and manual task training.

To maximise effectiveness of training in controlling risk and to gain participant engagement, it is targeted to the needs of the workers being trained. Training for many specific workgroups is conducted (for example Maternity, Mental Health, Physiotherapy, Theatre, Palliative care staff) as well as general sessions for orientation. We aim to train most workers in a workgroup within a month (except large groups such as theatre) and follow up with a report to the manager.

During training we ask workers to complete a discomfort survey and a Rapid Reported Risk Rating tool. The results of the previous year's discomfort surveys and risk ratings are fed back in the training session, as well as a report on incidents for that workgroup in the past year. Risk assessment scenarios which are based on actual incidents from that work group or a similar work group, are used during training. The training content is updated annually based on all this information, and the top 5 risks for that work group are identified from the collated results (using the completed Risk Rating tools).

This enables us to meet our obligations to consult workers under the Work Health and Safety Act and the Code of Practice for Hazardous Tasks. Also, importantly, it engages workers in the risk management process and begins the process of participative ergonomics to find the best solutions for the most highly ranked risks, and newly emerging risks.

2. Innovation

The Rapid Reported Risk Rating tool is a simple A5 sized list of approximately 15 common body-stressing risks related to healthcare manual tasks. Some are common across our organisation and some are specific for particular work areas, so there is variance in the contents of the list dependant on the work group.

It is distributed to workers as they arrive for training and they are asked to rank what they assess to be the top 5 risks. Space is available for any “other” risks to be added. This has the effect of inviting workers to identify and rank risks and quickly focus their attention on the purpose for the training. It allows us to acknowledge the challenges they face daily to provide care to their patients and clients. It assists us to quickly prioritise the time spent in each session to ensure that the staff present are up skilled in the use of equipment, techniques and procedures which effectively control the top 5 risks identified.

At the conclusion of each session we collate the results into a spreadsheet and identify the trends. The top 5 are included in the report to the manager, along with suggested controls from participative ergonomics discussions with workers or our follow-up product research. The results are also used to inform recommendations for planning, procurement, policy and procedure development and future training.

3. Findings

The top 5 vary greatly depending on the workgroup. The risks identified and ranked highest during 2013 from Maternity and Palliative Care are reported.
Maternity:
1. Prolonged awkward postures coaching breastfeeding
2. Awkward postures during labour and birthing
3. Awkward postures for birth in bathroom
4. Awkward postures for birth on floor
5. Assisting movement in bed after caesarian, epidural

Palliative Care:
1. Assisting patient movement in bed
2. Lifting heavy limbs
3. Assisting patients in/out of bed
4. Prolonged awkward postures while assisting personal care
5. Helping patients up off the floor

4. Discussion

This method would be adaptable to any similar manual task training. It is quick and easy to design and administer, and gives valuable benefits to workers, trainers, and managers.

In particular, it is beneficial during training of specific work groups, guides updates of training content, and assists in prioritizing focus and resources for risk mitigation strategies. It also gives workers an opportunity to identify new issues and hazards.

The main drawback is in ensuring data integrity as some workers allocate a ranking to every risk instead of only the top 5. We have observed that this does not change the trending of the top 5 risks when the information is collated.

References
