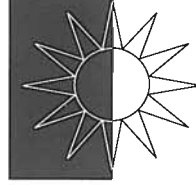




WATCH YOUR BACK!

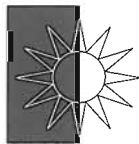
Guidance to Health and Safety
Representatives & Members
on Manual Handling





“WATCH YOUR BACK!”

GUIDANCE TO HEALTH AND SAFETY REPRESENTATIVES ON MANUAL HANDLING



The purpose of this guide is to help you by giving you information and advice in dealing with problems concerned with lifting and handling.

Radiographers will be aware of the risks among Health Service Workers relating to lifting and handling, sometimes resulting in serious injury and occasionally in enforced early retirement.

The guidance will refer to the Manual Handling Regulations 1992, introduced as a result of a European Health and Safety Directive.

THE EXTENT OF THE PROBLEM

In 1990/91, 54,000 injuries associated with manual handling were reported to the Health and Safety Executive, of which 47 per cent were back injuries and 65 per cent were sprains and strains.

The TUC estimates that the problem is even worse, with 100,000 back injuries reported to employers each year, resulting in the loss of 2 million working days.

The Health and Safety Executive's introduction to the Manual Handling Regulations states that over a quarter of accidents reported each year are associated with lifting or moving, the vast majority of which resulted in over-three-day injury. It is important to realize that many injuries are cumulative rather than being attributable to one single incident: full recovery is not always made, and the result can be physical impairment or even permanent disability.

Both diagnostic and therapy radiography entails lifting, carrying, stretching, twisting, pushing and pulling - often a combination of two or more of these. Conditions are not always ideal, with patients often in confined spaces. Training in lifting and handling techniques varies widely - two recent surveys (Eckloff 1993, Darnell 1992) indicate that education for radiographers on prevention of back problems may not be totally effective.

Research carried out into back problems among diagnostic radiographers (Eckloff 1993) indicates that very few radiographers completed accident forms for back problems even when they considered them work-related. It is vital that Society members recognize the long-term problems which can be caused as a result of manual handling activities in the work-place.

It could be that some members are not aware of the correct procedures to follow after an injury has occurred, and if this is the case you may need to remind management that they have a responsibility to ensure that employees have the relevant information regarding health and safety issues.

WHAT IS MANUAL HANDLING?

A great many tasks undertaken by both diagnostic and therapy radiographers, can be considered 'manual handling'. Some examples are:-

- ◆ moving patients from chairs or stretchers onto x-ray couches
- ◆ pushing and pulling patients to position them on x-ray couches
- ◆ lifting and carrying cassettes and blocks
- ◆ moving mobile x-ray and image intensification machines
- ◆ pushing wheelchairs and stretchers
- ◆ positioning patients for mobile x-ray examinations
- ◆ moving x-ray tubes and stands, whether floor or ceiling mounted, motorized or manual
- ◆ wearing a lead rubber apron
- ◆ changing filters on a therapy machine



THE ROLE OF HEALTH AND SAFETY REPRESENTATIVES

As a Society Health and Safety Representative, you have the right, under the Safety Representatives and Safety Committees Regulations (the 'Brown Book') to:-

- ◆ inspect formally the workplace at least every three months: this can include talking to members about any health and safety problems they are worried about;
- ◆ investigate when there has been or there is potentially a notifiable accident or dangerous occurrence: encourage members to contact you, as Health and Safety Rep, at the earliest possible moment after such an event, or when they see a potential hazard;
- ◆ investigate members' complaints: make sure your members know that they can talk to you if they have health and safety related problems;
- ◆ investigate when there is a change in working conditions: this includes the introduction of new equipment or new processes into a task or when there is a proposal to open new rooms or transfer Departments from one site to another or to open a completely new unit.

In addition to the above, Health and Safety Representatives are entitled under Section 2 of the Health and Safety at Work Act to be consulted, a provision which has been considerably strengthened by the new Management of Health and Safety Regulations, which requires employers to consult Safety Representatives "in good time" concerning:-

- ◆ the introduction of measures which may substantially affect health and safety;
- ◆ the arrangements for appointing people to assist with health and safety;
- ◆ implementing procedures for serious and imminent risk;
- ◆ health and safety information which the employer is required to provide;
- ◆ planning and organization of health and safety training;
- ◆ health and safety implications of the proposed introduction of new technology.

So you can see a Health and Safety Representative has a variety of rights under the law; however, it is important that you know that if you do miss a potential hazard, you are not held legally responsible in your role as Health and Safety Rep. It is a management responsibility to provide a safe working environment and safe systems of work.

There will be many examples of manual handling tasks, some of which you will be aware of already and others of which you will become aware as you carry out your health and safety inspections. If these tasks are not immediately apparent, ask your members about the kind of work they do and whether they experience any problems relating to lifting and/or handling. The following is an example of a questionnaire you can use to get an idea of who could be at risk. You may need to reassure members that they can complete the questionnaires and return them to you on a confidential basis.

SAMPLE QUESTIONNAIRE SOCIETY HEALTH AND SAFETY REPRESENTATIVES COULD USE TO DETERMINE THE EXTENT OF LIFTING AND HANDLING PROBLEMS AMONG RADIOGRAPHERS

Society of Radiographers

HEALTH AND SAFETY QUESTIONNAIRE: LIFTING AND HANDLING



- 1 Name
- 2 What is your job?
- 3 How long have you had the job?
- 4 Have you held other jobs in the NHS?
If so, give details of what and how long.
- 5 Have you ever experienced back pain or back injury?
- 6 Have you currently got back pain?
- 7 Did you have back pain before working in the NHS?
- 8 How old were you when you first got back pain?
- 9 Have you ever had time off work with back pain? If so, how many times and for how long?
- 10 Did a specific incident start off your most recent episode of back pain?
- 11 Did the incident involve lifting or moving:-
a) a patient? b) an object at work?
- 12 Did you record the incident in the accident book?
- 13 Did you claim compensation from:-
a) the DSS? b) the employer?
- 14 To help with the lifting jobs you have to do, are there:-
a) sufficient staff
b) sufficient mechanical aids?
- 15 Have you ever been trained in lifting techniques?
- 16 If yes:-
a) who trained you? b) when? c) how long was the course?
d) did it involve supervised practice with patients?
e) did it involve using mechanical aids?
- 17 Was the course useful? If not, why not?
- 18 What do you think should be done to prevent back pain amongst radiographers in your area?



THE LEGISLATION

There are several pieces of legislation which are relevant in the case of problems associated with lifting and handling in the workplace. As a Health and Safety Representative, you can make use of this legislation in negotiations with the employer.

THE HEALTH AND SAFETY AT WORK ACT 1974

The main piece of legislation covering health and safety in the workplace is the Health and Safety at Work Act 1974 (HASAWA) which is an “enabling” Act under which all health and safety regulations are made. The Act imposes broad, general duties on employers, employees and the self-employed and sets out enforcement provisions and penalties for non-compliance.

The main provisions of the Act are:-

- ◆ Employers must ensure the health, safety and welfare of all employees particularly,
 - ◆ provide and maintain **so far as is reasonably practicable** safe plant and systems of work;
 - ◆ ensure, **so far as is reasonably practicable**, safe use, handling, storage and transport of articles and substances;
 - ◆ provide health and safety information, instruction, training and supervision;
 - ◆ keep the workplace, and access to and exit from, safe and free from risks to health;
 - ◆ provide/maintain a safe working environment and adequate welfare facilities;
 - ◆ employers with over five employees should produce a written safety policy, detailing hazards, the employer’s health and safety arrangements and specifying who will deal with the hazard (section 2);
- ◆ no one must interfere with anything provided in the interests of health and safety (section 8);
- ◆ the employer cannot charge the employee for items of equipment or protective clothing required by law (section 9).

“So far as is reasonably practicable”

Employers’ duties are qualified by the above phrase, meaning that the cost of controlling the risk must not be grossly disproportionate to the expected benefits. Safety Reps need to be aware that employers may attempt to argue against health and safety measures on cost grounds. If that is the case, the onus should be on the employer to justify the decision not to make improvements. Simply saying that improvements are too expensive is not good enough!

EC DIRECTIVES

Six new sets of regulations came into force on 1 January 1993 as a result of EC Directives, comprising a framework and five daughter directives. The framework - or to give it its official title 'The Management of Health and Safety at Work Regulations 1992' are much more specific than the HASAWA and lay down the following requirements on employers:-

- ◆ carry out assessments;
- ◆ make and record arrangements for carrying out health and safety measures identified as necessary by the assessment;
- ◆ appoint competent people to help implement the arrangements;
- ◆ set up emergency procedures;
- ◆ provide understandable information and adequate training;
- ◆ co-operate on health and safety with other employers using the same workplace.

"Competent People"

The use of the above term caused some concern to unions during the consultation exercise prior to the adoption of the regulations, not least because of a lack of definition as to what "competent" meant. The Health and Safety Executive's (HSE) Approved Code of Practice (ACOP) says:-

"Competence in the sense it is used in these Regulations does not necessarily depend on the possession of particular skills or qualifications. Simple situations may require only the following:-

- (a) understanding of relevant current best practices;
- (b) awareness of the limitations of one's own experience and knowledge; and
- (c) the willingness and ability to supplement existing experience and knowledge."

The ACOP does not acknowledge that more complex or technical situations will necessitate the use of appropriately qualified specialists. Health and Safety Reps need to be aware of this provision of the regulations, and get involved in the selection process of such specialists, as specified under these regulations, which in turn amend the Safety Representatives and Safety Committees Regulations 1977.

THE MANUAL HANDLING REGULATIONS 1992

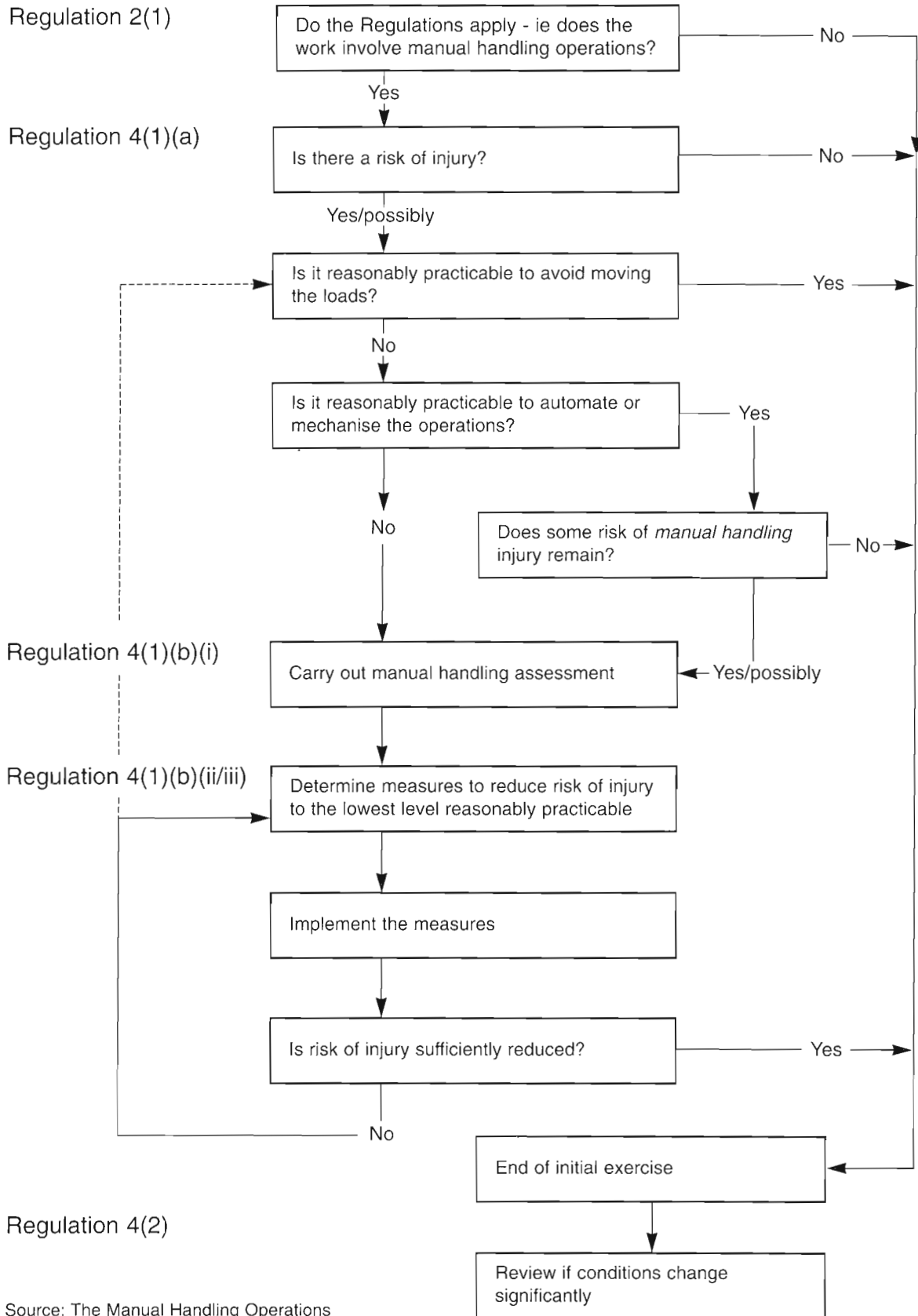
These Regulations are in addition to employers' responsibilities under Section 2 of HASAWA, and place **an onus** on employers to adopt the following procedure:-

- ◆ risk avoidance
- ◆ risk assessment
- ◆ risk reduction, using the assessment as the basis for action.

A flow chart is attached overleaf showing how to follow the Regulations.



HOW TO FOLLOW THE MANUAL HANDLING OPERATIONS REGULATIONS 1992



Source: The Manual Handling Operations Regulations 1992

AVOIDANCE

Employers should consider whether risk of injury can be avoided by:-

- ◆ eliminating movement of loads
- ◆ could the desired result be achieved in a different way?
- ◆ can operations be automated or mechanized?

ASSESSMENT

“The TUC stresses the importance of Health and Safety Reps being involved in the assessment, and consultation with Health and Safety Reps and Staff should take place regarding any changes in systems of work”.

The importance of involvement of Health and Safety Representatives cannot be stressed too highly. Management are legally required to consult you in good time and provide you with any information you need. If Health and Safety Representatives are involved from the outset, much time and expense could be saved. Safety Reps should be consulted in advance of the risk assessment process commencing and should also have access to a copy of written risk assessments.

If the risk cannot be avoided, employers have to make an assessment to ensure that the precautions which need to be taken are related to the risks created by work. The guidance to the regulations acknowledges that employers may need to bring in outside help to assess unusual handling problems and lists the following abilities as necessary in assessors.

Assessors: Check List

- ◆ must be able to observe and appreciate the significance of handling operations;
- ◆ should be able to find out additional information, if necessary;
- ◆ draw together information systematically;
- ◆ draw valid and justifiable conclusions as to the risk of injury;
- ◆ clearly record assessments in all but simple cases, and communicate findings to the relevant people;
- ◆ recognize their own limitations so that other people's knowledge and skills can be called in if necessary.

The choice of who carries out risk assessment is of paramount importance. The Health and Safety Commission states that management should be involved whether or not consultants are used. The HSE guidance to the manual handling regulations says that “employers and managers should be better placed to know than someone from outside”. However, it may be appropriate to use outside expertise to train in-house assessors.

There are no specific requirements regarding weight limits in the regulations and it is recommended that “an ergonomic assessment based on a range of relevant factors is used to determine the risk of injury and point the way to remedial action”.



The HSE guidance reproduces figures (see page 9) which suggest that protection will be given to 95 per cent of men and between one half and two thirds of women. **However the figures should be reduced by one third to provide protection to 95 per cent of working women.** Moreover, the HSE acknowledges that there is no threshold below which lifting and handling can be regarded as 'safe' and the numerical guidelines "provide an initial filter which can help to identify those manual handling operations deserving more detailed examination".

Lifting and Lowering

The HSE guidance on page 9 assumes that the load is readily grasped with both hands and that the handler is in a stable body position. The figures are for basic lifting and lowering tasks and take into account the positions of hands and the height and reach of the employee.

Twisting

The guideline figures should be reduced by 10 per cent when the handler twists through 45 degrees and by 20 per cent where the twist is through 90 degrees.

Frequency of operation

Figures also need to be reduced if the operation is repeated more frequently than 30 times in an hour. The HSE says a rough guide, a reduction of 30 per cent where the operation is repeated once or twice a minute; by 50 per cent where the operation is repeated from five to eight times a minute and by 80 per cent when repeated more than 12 times a minute.

Carrying

HSE guidance for carrying operations reproduces figures similar to that for lifting and lowering. The assumption is made that the load is held against the body and carried no further than about 10 metres without a break. If it is carried further, the figures will need to be reduced. The HSE also assumes that carrying will not normally be carried out with hands below knuckle height.

It is important to treat the HSE figures with caution, as there is a very wide range of individual physical capability, even among fit and healthy people. A lot will depend on the nature of the load, for instance, a patient will require different handling than an inanimate load.

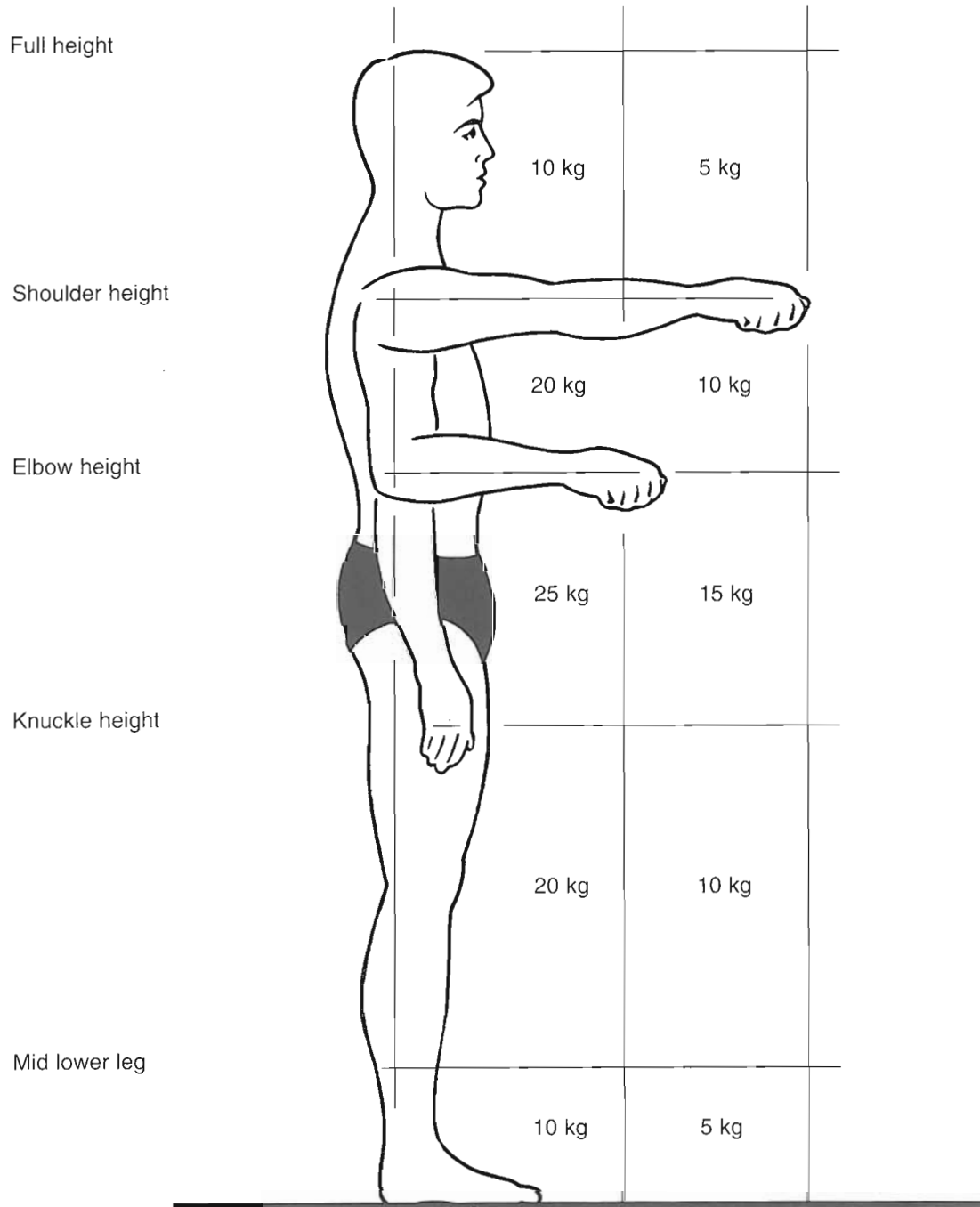
When carrying out assessments, due consideration should be given to different patient types, such as whether they are partially mobile or unable to assist in moving themselves. Additionally, patients come in a variety of sizes and shapes.

In making assessment, the factors on page 10 must be considered.

An appendix to the Regulations provides an example of an assessment checklist, which is reproduced on pages 11 and 12.

LIFTING AND LOWERING

Note: No attempt should be made to interpret this diagram without first reading the accompanying text.



Source: The Manual Handling Operations Regulations 1992



1. Do your duties involve;

- ◆ holding or manipulating patients or loads at a distance from the body?
- ◆ twisting your body?
- ◆ reaching upwards?
- ◆ stooping?
- ◆ excessive movement of patients or loads, especially excessive lifting, lowering or carrying?
- ◆ excessive pushing or pulling?
- ◆ risk of sudden movement of load?
- ◆ frequent or prolonged physical effort?
- ◆ insufficient rest or recovery periods?
- ◆ a work rate imposed by a process?

2. Is the load;

- ◆ heavy?
- ◆ bulky or unwieldy?
- ◆ hard to grasp?
- ◆ unstable or with shifting contents?
- ◆ sharp, hot or otherwise potentially damaging?

3. Working Environment - are there;

- ◆ space constraints, preventing good posture?
- ◆ uneven, slippery or unstable floors?
- ◆ variations in level of floors or work surfaces?
- ◆ extremes of temperature or humidity?
- ◆ conditions causing ventilation problems?
- ◆ poor lighting conditions?

4. Individual Capability - does the job;

- ◆ require unusual strength, height etc.?
- ◆ create a hazard to those who might reasonably be considered to be pregnant or who have a health problem?
- ◆ require special information or training for its safe performance?

5. Other Factors;

- ◆ is movement or posture hindered by clothing or personal protective equipment?

Manual handling of loads

EXAMPLE OF AN ASSESSMENT CHECKLIST

Note: This checklist may be copied freely. It will remind you of the main points to think about while you:
-consider the risk of injury from manual handling operations
-identify steps that can remove or reduce the risk
-decide your priorities for action.

SUMMARY OF ASSESSMENT	Overall priority for remedial action: Nil / Low / Med. / High*
Operations covered by this assessment: _____ _____ _____	Remedial action to be taken: _____ _____
Locations: _____	Date by which action is to be taken: _____
Personnel involved: _____	Date of reassessment: _____
Date of assessment: _____	Assessor's name: _____ Signature: _____

Section A - Preliminary:

*circle as appropriate

- Q1 **Do the operations involve a significant risk of injury?** Yes / No*
If 'Yes' go to Q2. If 'No' the assessment need go no further.
If in doubt answer 'Yes'. You may find the guidelines in Appendix 1 helpful
- Q2 **Can the operations be avoided / mechanised / automated at reasonable cost?** Yes / No*
If 'No' go to Q3. If 'Yes' proceed and then check that the result is satisfactory.
- Q3 **Are the operations clearly within the guidelines in Appendix 1?** Yes / No*
If 'No' go to Section B. If 'Yes' you may go straight to Section C if you wish

Section C - Overall assessment of risk:

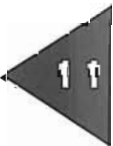
- Q **What is your overall assessment of the risk of injury?** Insignificant / Low / Med / High*
If not 'Insignificant' go to Section D. If 'Insignificant' the assessment need to no further.

Section D - Remedial action:

- Q **What remedial steps should be taken, in order of priority?**
- i _____
- ii _____
- iii _____
- iv _____
- v _____

And finally:

- ◆ complete the SUMMARY above
- ◆ compare it with your other manual handling assessments
- ◆ decide your priorities for action
- ◆ **TAKE ACTION AND CHECK THAT IT HAS THE DESIRED EFFECT**



Section B - More detailed assessment, where necessary:

Questions to consider:
(If the answer to a question is 'Yes' place a tick against it and then consider the level of risk)

Level of risk:
(Tick as appropriate)

Possible remedial action:
(Make rough notes in this column in preparation for completing Section D)

Yes Low Med High

The tasks - do they involve:

- ◆ holding loads away from trunk?
- ◆ twisting?
- ◆ stooping?
- ◆ reaching upwards?
- ◆ large vertical movement?
- ◆ long carrying distances?
- ◆ strenuous pushing or pulling?
- ◆ unpredictable movement of loads?
- ◆ repetitive handling?
- ◆ insufficient rest or recovery?
- ◆ a workrate imposed by a process?

The loads - are they:

- ◆ heavy?
- ◆ bulky/unwieldy?
- ◆ difficult to grasp?
- ◆ unstable/unpredictable?
- ◆ intrinsically harmful(eg sharp/hot)?

The working environment - are there:

- ◆ constraints on posture?
- ◆ poor floors?
- ◆ variations in levels?
- ◆ hot/cold humid conditions?
- ◆ strong air movements?
- ◆ poor lighting conditions?

Individual capability - does the job:

- ◆ require unusual capability?
- ◆ hazard those with a health problem?
- ◆ hazard those who are pregnant?
- ◆ call for special information/training?

Other factors -

Is movement or posture hindered by clothing or personal protective equipment?

Deciding the level of risk will inevitable call for judgement. The guidelines in Appendix 1 may provide a useful yardstick. **When you have completed Section B go to Section C.**



MANUAL HANDLING AND PREGNANCY

Hormonal changes mean that the ligaments of women become much more elastic during pregnancy in preparation for birth, only resuming their pre-pregnancy condition several months after birth. Consequently, the possibility of sustaining an injury due to handling would be higher during this time. Additionally, postural problems may increase as the pregnancy progresses. The guidance to the Regulations recognises the increased risk of injury through lifting or handling during pregnancy and for three months after the return to work. The Health Services Advisory Committee recommends that pregnant workers should be moved to lighter duties if necessary, after liaison with the Occupational Health Department.

Representatives should negotiate an agreement with the employer that pregnant employees should be transferred to work that is less strenuous throughout the pregnancy and for at least three months after the birth, with no loss of earnings.

The guidance also provides for particular consideration to be given to employees with a history of back trouble, hernia and other health problems. Employers are advised to seek a medical opinion if there is reason to suspect that an individual's state of health might significantly increase the risk of injury from manual handling operations.

Reduction of Hazards

It is essential that once an assessment has been undertaken, agreement should be reached as to how to reduce the risk of injury.

At this point, the use of mechanical assistance should be assessed. The Health and Safety Commission (HSC) have produced guidelines on manual handling aids (Health Services Advisory Committee "Guidance on Manual Handling of Loads in Health Services": HMSO).

There are several effective aids which can be used to assist in moving patients. A patient who is on a trolley or in bed and who is not in too much pain or with any great disability can be moved with a transfer board, called a pat slide. Another device which can be used to move a patient is a grab net, which is easy to put under a patient when there are two people. Patients in wheelchairs, providing they are able to help themselves at all, can be transferred to a boomerang-shaped board.

TRAINING

It may well be that the real problem is not so much that the aids are unavailable, but that training on the use of the aids is inadequate and not up-dated frequently enough. In cases such as this, management should be reminded that it is their responsibility to provide information and training on all aspects of health and safety, including the correct use of any handling aids.

Employers have a duty to provide training for all employees, which should include how to recognize hazards and safe handling techniques. The provision of training can be of great benefit to employers, in that it can result in cost savings.

It is important to point out that training on its own is unlikely to remove the dangers of inherently unsafe tasks and that tasks should be adapted to suit the worker, not the other way round.

However, taken with other measures to avoid or reduce risks in the workplace, the right kind of training can lead to a reduction in hazards

Ideally there should be a rolling training programme, incorporating the following:-

- ◆ induction training for new staff to be given prior to any lifting or handling tasks being carried out and as soon as practically possible after commencing employment;
- ◆ refresher courses for all staff, and specific training when aids and equipment are replaced;
- ◆ training for students who may be required to undertake lifting and handling duties;
- ◆ special training geared towards radiographers who carry out emergency duties, when staffing levels will almost certainly be lower than they are during normal working hours.

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TRAINING PROGRAMMES SHOULD:

- ◆ suit the needs of staff concerned;
- ◆ the HSE suggest trainer/trainee ratio should not exceed 1:6 for practical sessions;
- ◆ suit individual capabilities;
- ◆ concentrate on how to recognize hazards and evaluate tasks, not simply teach how to lift;
- ◆ this should include factors to do with job design and workplace layout;
- ◆ include an evaluation of manual handling risks, including the effects on the body entailed in carrying out handling tasks;
- ◆ include recommended lifting/handling methods and the use of mechanical aids;
- ◆ give the opportunity for workers to practice lifting and using mechanical aids;
- ◆ include training in how to recognize people's individual limitations regarding handling operations;
- ◆ be taught by skilled instructors who are competent at lifting and handling;
- ◆ include training for managers and supervisors;
- ◆ be monitored to see if the training is effective;
- ◆ training should begin as soon as staff start work and there should be regular refresher courses and new training whenever new equipment or processes are introduced.

STAFFING LEVELS AND PACE OF WORK

Remember that it is unwise to try to move patients single-handedly: this calls into question the issue of whether staffing levels are adequate for the type of work undertaken. This is particularly relevant where management are trying to cut costs: there have been examples of posts being frozen and failure to provide cover when radiographers are on maternity leave or sick leave. Another important factor to consider is that of pace of work - more strain is likely to occur if work is carried out under pressure.

It is very important that Health and Safety and Industrial Relations Representatives work together, as the issue is relevant to both.

MANUAL HANDLING INJURIES

If employers carried out their responsibilities diligently and staff were provided with the wherewithal to minimize risk, the possibility of sustaining a handling injury would be greatly reduced. Currently, the most common injuries are sprain or strain, often of the back. The HSE provides the figures on page 18, which illustrate the patterns for over-three-day injuries reported in 1990/91.

However, if any of your members are unfortunate enough to injure themselves at work, remember that you have the right as a Health and Safety Representative to make a full investigation into the causes of the injury. Keep the local IR Representatives informed of what's happening and seek advice from Society Headquarters if you feel that there is a possibility of an industrial injuries claim against the employer. The following checklist will give you guidance on the steps to follow if one of your members is injured at work.



Society of Radiographers Health and Safety Representatives' Checklist:

WHAT TO DO IF A MEMBER IS INJURED AT WORK

- ◆ Inspect the accident scene and investigate the circumstances;
- ◆ make sure that details of the incident are entered into the accident book or accident form no matter how trivial the incident seems, because minor injuries can lead to more serious problems;
- ◆ state in the accident book that it is work which has caused the pain;
- ◆ advise the member to see her/his doctor and inform her/him that it is work which has caused the pain - make sure that this is recorded in medical notes;
- ◆ make your own report of the incident including statements from witnesses - you may need to refer to your own notes later;
- ◆ ensure the member obtains satisfactory medical attention - if there is an occupational health department, do not let them put the incident down to age or imagination;

- ◆ if your member is off work, advise them to write on the self-certification form that it is due to back pain - if off sick for over three days on account of the injury, the employer must formally notify the Health and Safety Executive within seven days of the incident;
- ◆ if you are in any doubt as to what to do, don't hesitate to get in touch with Society Headquarters.

Treatment and Help for Sufferers

It is essential that treatment is sought as early as possible. The Health Services Advisory Committee (HSAC) says that some studies show that the shorter the duration of symptoms prior to treatment starts, the better the response. Additionally, recent research in the UK and elsewhere suggests that the way in which an employer responds to an injured employee can have a significant effect on the recovery period and return to work.

HSAC recommends that the occupational health department should;

- ◆ plan a suitable rehabilitation programme;
- ◆ monitor the programme with the line manager;
- ◆ reinforce the principles of back care;
- ◆ carry out a review of the working environment in which the incident occurred;
- ◆ make a final assessment, carried out by the occupational health physician, regarding suitability to return to full duties.

It is very important, if a member is unable to return to their job because of injury, that you contact the Society as soon as you can. It may be possible to take out a civil claim against the employer in the event of a handling injury sustained at work: get in touch with Society Headquarters to see whether it is appropriate to fill in an industrial injuries form.

The National Back Pain Association is a charity which publishes a regular magazine and leaflets about lifting and back care and can provide contact with other sufferers near you. The NBPA can be contacted at:-

National Back Pain Association
 31-33 Park Road
 Teddington
 Middlesex TW11 0AB
 Tel: 0181 977 5474

Ergonomics practitioners and consultants:-

The Ergonomics Society
Devonshire House
Devonshire Square
Loughborough
Leicestershire LE11 3DW

The Institute of Materials Management
Cranfield Institute of Technology
Cranfield
Bedfordshire MK43 0AL

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CHECKLIST: HEALTH AND SAFETY REPRESENTATIVE

If you are a Health and Safety Representative you should;

- ◆ make regular workplace inspections including when there is an actual or potential hazard;
- ◆ talk to members about their work involving handling;
- ◆ negotiate about who is competent to carry out assessments;
- ◆ get involved in the assessment process, and make sure you receive copies of any written assessment records;
- ◆ ensure management make assessments when new equipment, new rooms or processes are introduced and insist on being involved prior to decisions being made regarding the purchase of new equipment;
- ◆ negotiate about improvements and draw up a timetable for action;
- ◆ remind management of their responsibility regarding staff health and safety;
- ◆ be consulted about the content of training courses relating to handling operations;
- ◆ get involved in a Staff Side Health and Safety Committee and seek advice from your Society Industrial Relations Officer if a Committee is not functioning in your Trust/DMU; check the accident book regularly and monitor statistics: this can help in identifying trends and problems in specific areas;
- ◆ make sure all members know what to do in the event of an injury at work i.e. report the incident and seek advice from you, report it in the accident book and make sure the matter is brought to the attention of management.

SITES OF INJURIES CAUSED BY HANDLING 1990/91

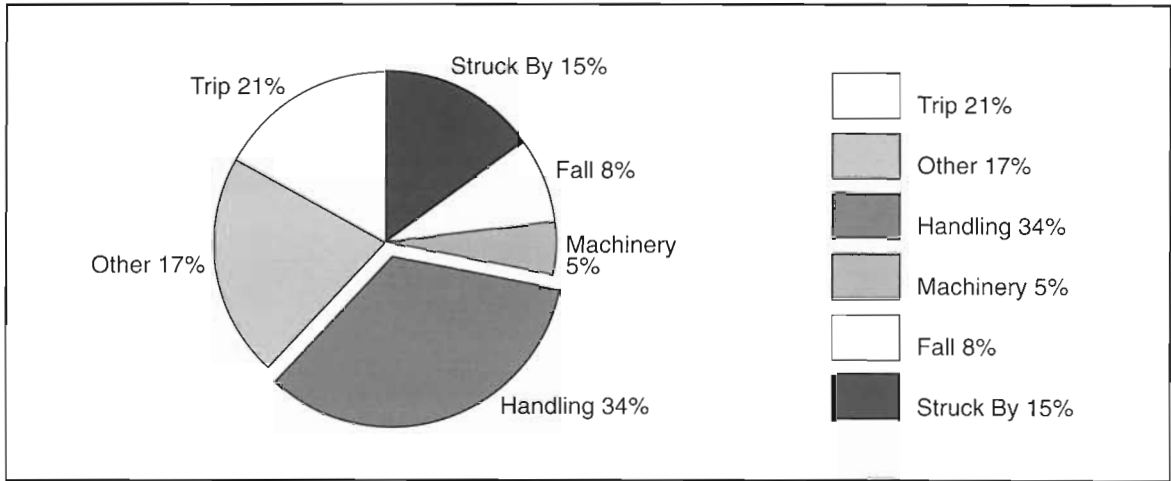


Fig 1: Kinds of accident causing injury

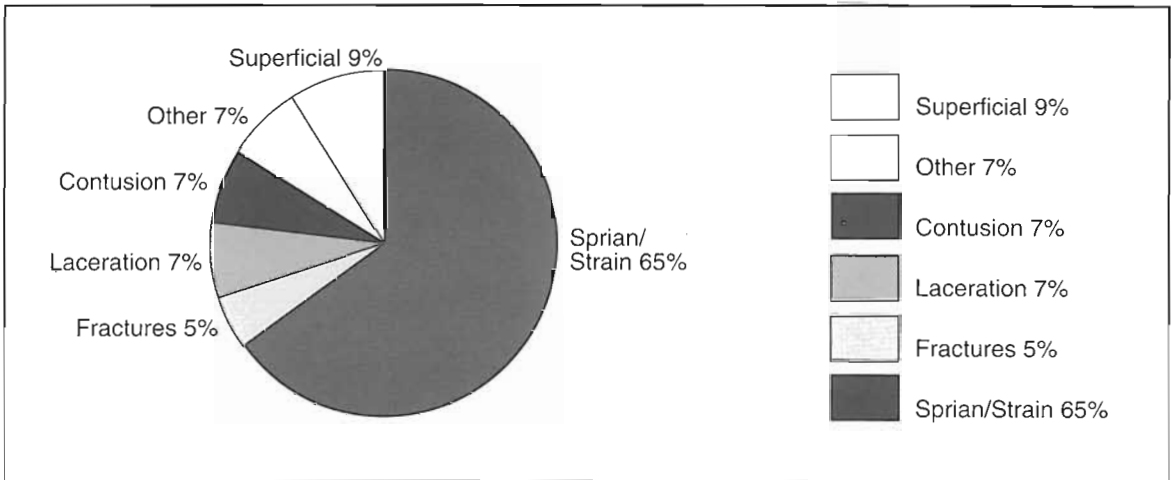


Fig 2: Types of injury caused by handling accidents

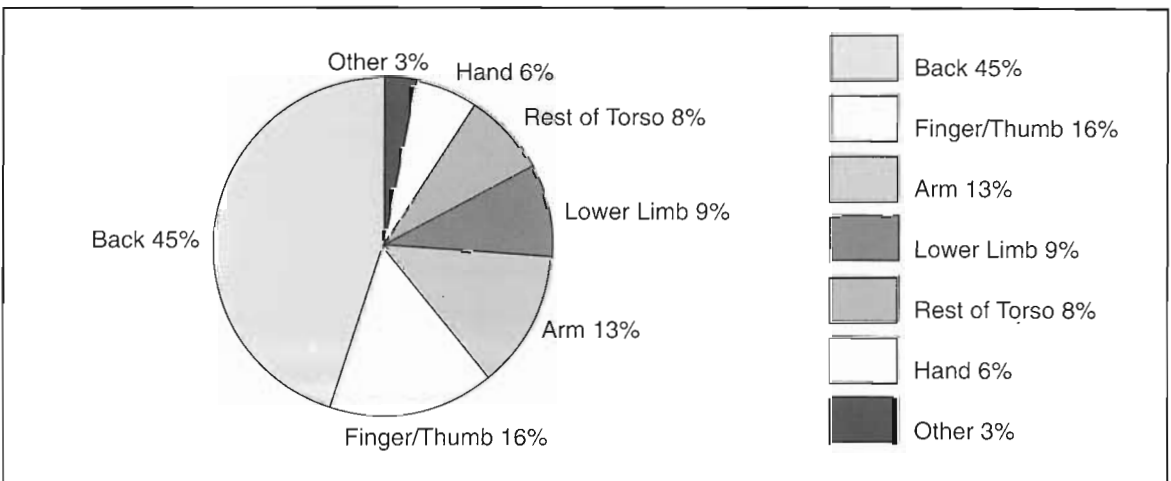


Fig 3: Sites of injuries caused by handling

Source: The Manual Handlings Operations Regulations 1992