

KATHERINE TOWN COUNCIL

MANUAL HANDLING PROCEDURE



TITLE: MANUAL HANDLING PROCEDURE
ADOPTED BY: COUNCIL
RESPONSIBILITY: CHIEF EXECUTIVE OFFICER
NEXT REVIEW DATE: 01/03/2019

Version	Decision Number	Adoption Date	History
1		28/02/2017	
2			
3			
4			

1. MANUAL HANDLING PROCEDURE

The Manual Handling Procedure (Procedure) relates to Katherine Town Council (Council).

A hazardous manual task is defined as a task that requires a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing involving one or more of the following:

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained or awkward posture
- Exposure to vibration

These factors directly stress the body and can lead to injury.

2. COMMENCEMENT OF PROCEDURE

The Procedure will commence from 01/03/2017; it replaces all other procedures, if any, relating to Workplace Ergonomics (whether written or not).

3. SCOPE

This procedure relates to:

- All Council workers and any person who is engaged by, or performing work at the direction of Council, including contractors, sub-contractors, volunteers, work experience, consultants, agents and temporary staff.

4. PURPOSE

The purpose of this procedure is to ensure hazardous manual handling tasks are identified and risk of musculoskeletal disorders associated with such tasks is controlled.

5. RESPONSIBILITIES

5.1 Manager Responsibilities

- Consulting with HSRs and workers in relation to identifying hazardous manual handling tasks and assessing and controlling associated risks.
- Ensuring that manual handling hazards relating to poor design of tools, equipment, work stations or work practices are identified and the associated risks controlled.
- Ensuring risk assessments are conducted for identified hazardous manual handling tasks and identified controls are implemented.
- Ensuring that all workers have been provided with relevant information, instruction and/or training in the use of equipment and the associated risk controls.
- Encourage and reinforcing proper working techniques.

5.2 Worker Responsibilities

- Participating in training as provided
- Participation in the identification and assessment of manual handling hazards

- Identifying and documenting controls to eliminate or reduce manual handling hazards in the workplace
- Correctly using equipment (e.g. trolleys) where provided
- Following proper working techniques including safe work instructions

6. PROCEDURE

6.1 Hazard Identification

Line Managers and supervisors are responsible for identifying all hazardous manual tasks with in the workplace in consultation with HSRs and workers. Hazardous manual handling tasks may be identified when:

- An incident, injury or near miss is reported in the workplace
- A new task is introduced into a worker's job
- Observation of manual handling tasks
- New plant or equipment is introduced
- New or additional information relating to hazardous manual handling becomes available
- Consulting with workers performing manual handling tasks

Hazard identification may be carried out for a group of tasks rather than for individual tasks if all the tasks in the group are similar and does not result in the employee being subject to any greater, additional or different risks.

6.2 Risk Assessment

A risk assessment should be completed for any manual task which has been identified as being hazardous, unless the risk is well-known and it is known how to control it. A risk assessment will help to determine:

- Which postures, movements and forces of the task pose a risk
- Where during the task they pose a risk
- Why they are occurring
- What needs to be fixed

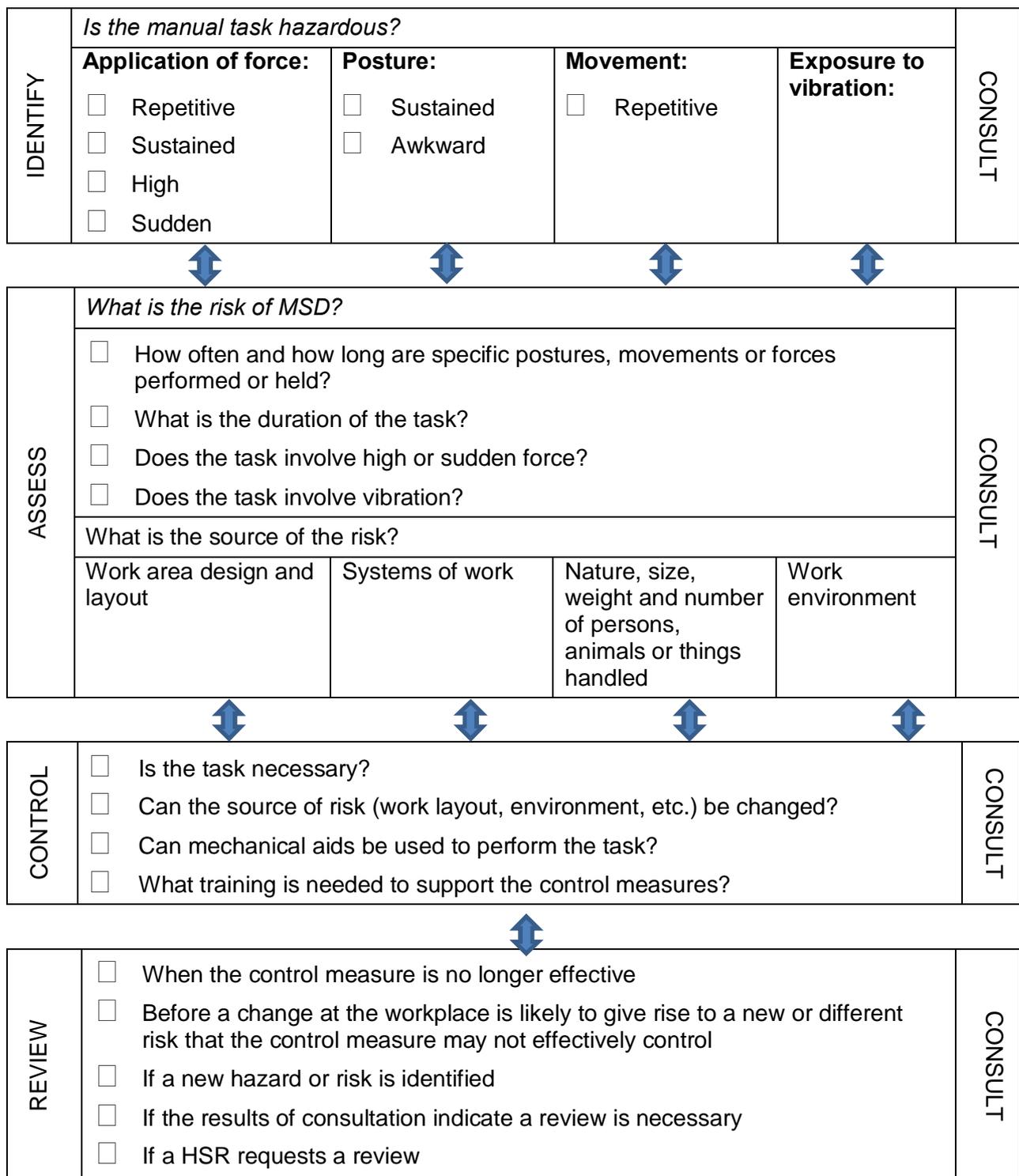
6.3 Procurement Process

Before purchasing equipment, such as tools, containers, workstations, machinery, plant and vehicles, an assessment should be conducted to check whether the item has been designed so that it can be used safely and best matches the needs of the workers. Where possible:

- Consult designers and engineers so that considerations can be given to the design implications on the manual tasks performed
- Liaise with manufactures and suppliers about handling, delivery and storage requirements
- Purchase ergonomically designed tools and equipment that suit the work being carried out and the physical characteristics of the workers
- Check any vibration specifications

6.4 The Risk Management Process for Manual Tasks

A manual task involves using the body to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing.



7. APPLYING THIS PROCEDURE

7.1 Workers will be informed of this procedure through the Induction process.

7.2 Council encourages and supports suggestions to create a safe working environment as a result of all possible preventative measures being taken.

8. REVIEWING THIS PROCEDURE

Management will review this procedure every two (2) years, unless legislative changes trigger an earlier review or Council identifies necessary changes, in consultation with workers:

- to assess the effectiveness of the procedure;
- by reviewing our overall health and safety performance; and,
- by monitoring the effectiveness of policies and procedures.

9. COMMUNICATING THIS PROCEDURE

All workers, contractors and others affected by our business or undertakings will be provided with access to this procedure through their manager/supervisor or the workgroup Health and Safety Representative.

New workers will be provided with a copy as part of their induction.

10. ACKNOWLEDGEMENT

I acknowledge:

- *receiving the Procedure;*
- *that I will comply with the Procedure; and*
- *that there may be disciplinary consequences if I fail to comply, which may result in the termination of my employment.*

Name:

Signed:

Date:

	Note: <i>If feet are not flat on the floor, consider a footrest.</i>		
Backrest	Is the backrest angle and height adjusted so that the lumbar support fits into the curve of your lower back? . refer to 9 on the above diagram.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the backrest support the upper back region where the user is tall in stature?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seat tilt	Is the seat tilted so that your hips and top of your thighs are at right angles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seat length	Is the seat deep enough to support your thighs? - refer to 8 on diagram above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chair & Posture	Instructions		Action Taken or Required
Armrests	Do armrests interfere with access to the desk? If so, either lower them or have them removed. Note: <i>Armrests are not recommended for keyboard work however may provide support for other activities or purpose.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Desk, keyboard and mouse			
Desk	Is the desk height adjusted so that the forearms are horizontal or angled slightly downward? Note: <i>If the desk is fixed, the chair adjustments are relied upon to meet the user and task requirements.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are frequently used items within easy reach and is there sufficient space for documents, completed work or writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is there a headset provided where tasks involve high volume of telephone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leg clearance	Is there sufficient space beneath the desk to allow free leg movement without obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Document holder	Is a holder provided for tasks that require frequent reference to hard copy documents and data entry to the computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the holder positioned between the keyboard and the screen where possible to reduce repetitive head, neck and eye movement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Keyboard	Does the keyboard sit flat and close to the desk edge directly in front of you? Note: <i>Refer to 11 in the diagram above for extended laptop use.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mouse	Is the mouse positioned close and directly beside your keyboard on your preferred side? Note: <i>Mouse should not be used with an outstretched arm over prolonged periods.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the mouse move easily on the desk surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the mouse fit comfortably in the palm of the hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitor			
Height	Is the screen positioned so that it is level with your eyes when looking straight ahead, sitting in an upright position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance	Is the screen at least an arm's length away and images easily legible from the seated position? Note: <i>For dual screen use, position the main screen directly in front and the less used screen immediately to the right or left, at the same height and distance away.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reflection/glare	Has the monitor screen been placed so that it does not face a window, catching reflections from the window, or have a window directly behind it causing glare from the window?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Has the monitor screen brightness and contrast controls been adjusted where the screen is too bright or images are too dark?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Rest Breaks

Regular rest breaks	Take short 1-2 minute stretch breaks every 20-30 minutes. After each hour of work, take a break or change tasks for at least 5-10 minutes. Always try to get away from your computer during lunch breaks to reduce static posture.
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Additional Comments:

I acknowledge I have completed this Workstation Self-Assessment

<i>Worker Name:</i>	<i>Position:</i>
<i>Sign off on Self-Assessment::</i>	<i>Date:</i>

Forward a copy of this completed assessment to your supervisor.

PART B: Line Manager Action (Discuss findings with the worker and tick the appropriate box below. Retain completed forms on the worker's Personnel File).

I have discussed the findings and any action/s required with the worker and their workgroup HSR and have approved actions for completion (retain evidence of action taken);

OR

I have referred this worker who has an injury or medical diagnosis to the **Rehabilitation Consultant (???)** for further early intervention advice. The worker has been informed to submit an injury report.

Additional Comments:

<i>Line Manager Name:</i>	<i>Position:</i>
<i>Sign off on action taken:</i>	<i>Date:</i>