

# Safety training is vital

Proper training in safety procedures, particularly lifting, is essential from both a legal and health point of view, writes *Noreen Roche*



A precedent for training in the health sector was set by a High Court judgment delivered on July 27, 1994 by Mr Justice Barr.

*"A health authority has a clear duty to keep itself abreast of developments in nursing practice so as to ensure that procedures adopted in hospitals under their control do not involve nursing staff in the risk of injury which could and should be avoided..."*

Damages of £135,658 were awarded to the plaintiff against the South Eastern Health Board. The plaintiff was a 48 year old care attendant, employed in a geriatric hospital from 1970 until the time of her accident on December 21, 1990, except for a short period when she had been employed as a factory hand and as a housewife.

The essence of the case relied on the following two points:

- that the plaintiff used a combination of unsafe lifting techniques which exposed her to an unreasonable risk of back injury and that she had not received training in lifting techniques

- her employers had failed to provide relevant refresher courses.

A more recent judgment reinforced the precedent set by this case. On July 28, 1995, Mr Justice Dermot Kinlen awarded £464,000 to Niamh Allen against an obstetrician and the Mid-Western Health Board, both named as defendants. The health board was found 50% negligent because it failed to provide a safe system of work, and there was evidence that the accident was entirely foreseeable.

The INO's *Code of Practice of Safe Lifting Techniques* states that: "The training should be related to the realism of the working situation, as it is of little use demonstrating

how to lift an eight stone young person in a classroom situation but fail to demonstrate how to perform the same manoeuvre on an 18 stone, corpulent patient in a working environment".<sup>1</sup>

Because manual handling in the health sector is so diverse and involves risk of injury, great emphasis is placed on 'safe load movement'. Although there are now very few cases which involve full manual lifting of patients, training in manual handling should incorporate a problem-solving approach.

Moving and handling patients is a skill which must be learned and regularly updated in the light of advancing knowledge and technology. There is no single answer that will work in every situation. Proper assessment of a patient's capabilities is essential in every case.

A full training syllabus must be applied to ensure that staff achieve the greatest proficiency, for their safety and that of the patient. Some staff are led to believe they are trained following a few hours' or a single day's classroom training - this is totally unrealistic.

A London hospital estimated that employee absence cost £1.4 million in 1992/1993.<sup>1</sup> Besides the monetary cost to the health sector, accidents affect work routine when investigation is carried out. There is also the inconvenience of replacing, retraining and orientating staff. There is the stress and inconvenience to the injured employee and their families: absence from work, loss of salary, hospitalisation, and general disruption to home and family.

Under a European Union Directive, employers are now expected to provide equipment to enable staff to avoid lifting heavy loads.<sup>4</sup>

Nurses must be aware that a

potentially hazardous situation arises where a stooped or awkward posture is required to where a patient becomes unco-operative.<sup>3</sup> A significant change of attitude in managers and staff is required to confront this problem. Outside consultants may be needed and it is essential that they should have a recognised relevant qualification and background experience.

A hospital which has employed outside consultants in good faith should be entitled to make the consultants at least partly liable as co-defendants in the event of prosecution or a compensation claim.

In fact, the consultant might even be joined by the company as co-defendant in a compensation claim, as occurred in the English case *Driver v Wm. Willett Ltd (1968)*.<sup>6</sup>

Risk assessment is of paramount importance. Clear policies are vital and authorities who ignore these are putting their staff and patients at risk. Ergonomic intervention is a must: this could be defined as fitting the workplace to the workers, having a workplace which is safe and suitable for the workers.

Proper training programmes and ergonomic assessment are an essential requirement in the health sector to prevent injuries to staff. In the past, nurses believed they could lift any load, regardless of weight. This is now an incorrect perception. Proper rest periods and rotation of staff are essential to prevent injury to staff members.

Staff themselves have a responsibility to report any hazards in the workplace. It is my opinion that we, as nurses, do not report enough.

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