

Repetitive manual handling tasks and musculoskeletal disorders – a focus on mopping

A number of factors impact on work related musculoskeletal disorders and repetitive manual handling tasks. Physical risk factors, work organisations factors and individual factors all play their part and no solution should look at one factor in isolation. Psychosocial factors are recognised as comparable in importance to other workplace hazards such as physical hazards.

A culture of safety and well-being, employee consultation and a commitment to exploring solutions makes a difference in prevention and early identification of injuries related to repetitive manual handling tasks.

This snapshot has two parts, Part One provides a Treasury Managed Fund view of injuries related to mopping; Part Two provides positive and negative experiences from one Local Health District in implementing programs to reduce injuries related to mopping.

Part One: The Treasury Managed Fund view

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Overview

Typically, mopping is identified to be a low risk task, and not much attention is paid to it. However, on average, across the Treasury Managed Fund (TMF) mopping related claims cost approximately twice the average claim for injuries in the same category, with an average TMF physical injury claim costing \$13,100 and an average mopping related claim costing \$25,500.

Incidents relating to mopping include slips, trips and falls, but these only account for one in five claims. Most of the claims received are musculoskeletal injuries due to the repetitive manual handling tasks associated with mopping.

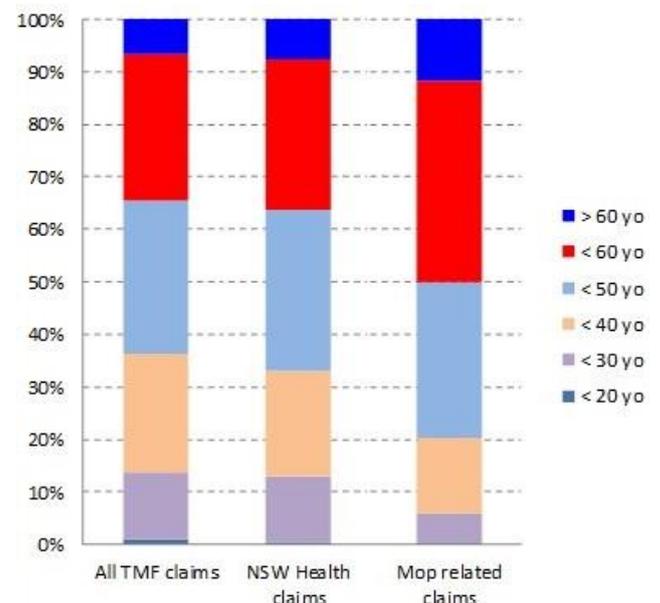
Mopping is physically demanding and repetitive in nature, with the same tasks day in-day out. The task covers large and difficult areas.

Workers performing mopping duties are typically unskilled labour and don't want to 'make a fuss' or draw attention to any hardships they experience at work. They are unlikely to have qualifications for alternative employment and can face language

barriers if they come from non-English speaking backgrounds.

They are generally older aged when injured, with over half of claimants with mop related injuries over 50 years old at the time of injury.

Workers Compensation claims since 2001/2002



Age of claimant at time of injury

Snapshot

The following list identifies examples of recently reported mopping related injury causing events:

- Mopping under obstacles like desks
- Mopping high areas causing strains
- Moving heavy items to mop
- Slipping on freshly mopped surfaces
- Repetitive strains including frequent bending and twisting during heavy mopping
- Mopping during emergencies.

There are two issues that TMF agencies face:

- perceived 'low risk' tasks – What are the risk profiles for an agency? What types of claims occur most frequently? What do claims cost the agency?
- an ageing workforce and manual handling – the NSW public sector is ageing and we need to prepare for this.

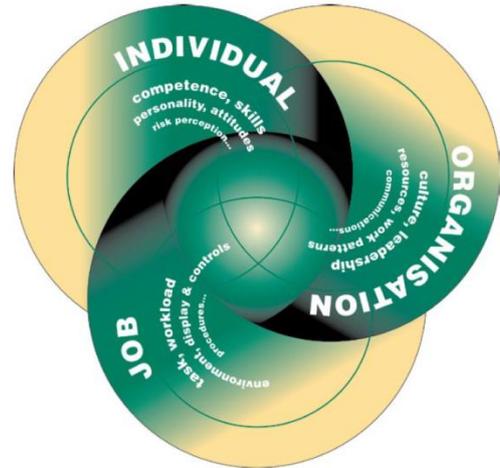
To correct these issues, a broad view needs to be taken. Physical risk factors, work organisation factors and individual factors all play their part and no solution should look at one factor in isolation.

A simple way to view human factors is to think about three aspects: the job, the individual and the organisation and how they impact on people's health and safety-related behaviour.

The Health and Safety Executive, *Reducing Error and Influencing Behaviour*, summarises each area that should be considered in the following figure.

Thinking about these three areas leads to the following questions:

- What are people being asked to do and where (the task and its characteristics)?
- Who is doing it (the individual and their competence)?
- Where are they working (the organisation and its attributes)?



Reference: Health and Safety Executive – *Reducing error and influencing behaviour*

A culture of safety and well-being, employee consultation and a commitment to exploring solutions has been shown to make a difference in the prevention and early identification of injury related to repetitive manual handling tasks.

We need to look at the individual, the organisation and the job when looking for strategies to reduce the risk of harm.

Further reading

F. Weigall, K. Simpson, A. F. Bell & L. Kemp 2005, *An assessment of the repetitive manual tasks of cleaners*, WorkCover NSW, Sydney.

Worksafe Victoria, *There is a safer way to clean - Mopping*, retrieved on 23 April 2015 from <https://www.worksafe.vic.gov.au/safety-and-prevention/your-industry/cleaning/theres-a-safer-way-to-clean/mopping>

Human factors , *Reducing error and influencing behaviour* – UK Health and Safety Executive <http://www.hse.gov.uk/humanfactors/>
<http://www.hse.gov.uk/pubns/priced/hsg48.pdf>

Part Two: Mopping - positive and negative experiences at Nepean Blue Mountains Local Health District

Michelle Hucker, Manual Handling Coordinator, Nepean Blue Mountains LHD

Background

The Nepean Blue Mountain LHD encompasses a large urban and semi-rural area and is responsible for providing primary and secondary health care for people living in the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas and tertiary care to residents of the Greater Western Region.

The agency employs a large pool of staff that includes corporate services for its hospitals.

In 2008, the former SWAHS Workers Compensation costs for body stressing claims for corporate services were disproportionately high. Cleaners were the main workgroup, and mopping was identified as the ubiquitous repetitive activity of cleaners.

The journey to change

Repetitive tasks have many risk factors, and in mopping this includes:

- applying sustained and repetitive force
- frequent heavy pulling (to squeeze mops)
- frequent lifting (buckets of water)
- asymmetrical posture

Reducing these tasks needed to be the basis of the changes made.

Alternative equipment to the mop and bucket were trialled and assessed. The outcome of these assessments was a recommendation to shift from a traditional mop and bucket, to flat (microfibre) mops for small areas and mechanical mops for larger areas.



Flat Mop for small areas

The journey to change further involved influencing behaviour at work. Psychosocial factors are recognised as comparable in importance to other workplace hazards such as physical hazards. As such, an emphasis was placed on changing attitudes.

The change strategies used included:

- Engaging with supervisors and managers
- Visiting a facility where the change was successful
- An extensive in situ trial of alternative methodologies
- Staff evaluations.

These were followed by trials at all sites and training packages.

During assessment of the initial rollout, there were challenges that were found with implementing the new systems, workers were found to be:

- stockpiling string mops away for use
- not static dusting first
- not measuring liquid chemicals used for cleaning
- not pre-soaking mops
- using mops to 'scrub' floors
- using too much chemical.

To address this, a handout was developed for workers providing instructions and tips for the equipment which was incorporated into the training program.

Results

In the hospitals where the walk behind scrubbers and flat mops were successfully implemented, there was:

- an immediate and sustained reduction in claims from cleaners
- far fewer incidents involving mops.

The results of the rollout were better in newer facilities that had wider corridors and minimal carpeting and where supervisors actively supported the challenge of change.

These points went hand in hand with less staff resistance.

Challenges

The greatest challenge faced in the program was resistance to replacing the traditional mop and bucket. This mostly occurred at older, larger facilities where there was a large number of older staff with ingrained culture.

As previously described, some workers were found to be behaving counter-productively including stockpiling mop and buckets away for use and not

static dusting surfaces. This was addressed in one of the larger hospitals by the employment of a training coordinator for general services, an upgraded manual handling trainer program and a higher level of follow up of trainers by the manual handling coordinator. Currently the claims from cleaners at NBMLHD are well controlled, and nil claims from mopping have occurred this financial year.

Future strategies

Future strategies to keep on top of the problem include purchase of smaller walk behind scrubbers, to eliminate mopping further, and use of flat mops with scourers built in.

*It is more the culture than
the activity*

Michelle Hucker, Nepean Blue Mountains LHD

This brief was prepared by Big Picture Communications based on presented material from the Suncorp Risk Services Sharing Day 2015. For more information on Part One of this snapshot please contact Jusuf Luhur via Jusuf.Luhur@sicorp.nsw.gov.au. For more information on Part Two of this snapshot please contact Michelle Hucker via Michelle.hucker@health.nsw.gov.au. Other contributors include Jill Charters, Risk Management Consultant.