

Heads of Workplace Safety Authorities position on 'How to lift' training

The purpose of this Position Paper is to state the way that work health and safety/occupational health and safety (WHS/OHS) regulators will consider the compliance status of 'how to lift' training in relation to person conducting a business or undertaking (PCBU) or employer duties to manage risks associated with hazardous manual tasks.

This Position Paper was developed by the Heads of Workplace Safety Authorities (HWSA)¹, and is intended to be read by PCBUs/employers, industry, unions, training providers, and health and safety professionals. The paper provides general advice on how to comply (and how to assist others to comply) with WHS/OHS laws in relation to hazardous manual task risk management and suitable and adequate training.

'How to lift' training programs do not reduce the incidence of musculoskeletal disorders. Despite this, a recent survey found that almost 80 percent of employers had provided 'how to lift' training to their workers in the past two years (Oakman, Bell, & Lambert, 2021).

The position notes the evidence on the ineffectiveness of 'how to lift' training, outlines the expectations of the regulators and provides general information on the obligations of work health and safety duty holders with respect to the management of hazardous manual tasks in the workplace.

(Note: In Australian WHS/OHS legislation, the term 'hazardous manual tasks' is used in most states and territories. The terms 'hazardous manual handling' and 'manual handling' are also used. For this position paper, the term hazardous manual tasks shall encompass all terms.)

What is 'how to lift' training?

In this position paper, the term 'how to lift training' is used to refer to workplace interventions that:

- train workers in lifting techniques such as bending the knees, keeping a straight back/neutral spine, using a power stance and/or focusing on core strengthening and abdominal bracing; and/or
- include exercises for warming up, stretching; and/or
- rely on the worker having to follow generic principles, for example, use the 'correct' posture, don't lift things that are too heavy.

The term 'how to lift training' does not refer to training and instruction provided to workers about:

- hazardous manual task risk management;
- the risk factors associated with hazardous manual tasks; and
- any implemented control measures (for example, use of mechanical aids).

¹ The Heads of Workplace Safety Authorities (HWSA) comprises senior representatives from the work health and safety regulators in the Commonwealth and states / territories of Australia and New Zealand. This position paper was developed by a HWSA MSD working party, whose membership comprises representatives from: Comcare, SafeWork NSW, SafeWork SA, Workplace Health and Safety Queensland, WorkSafe Tasmania, WorkSafe Victoria, WorkSafe WA and WorkSafe New Zealand.

Position

- Most PCBU/employers² think that 'how to lift' training is a requirement under WHS/OHS laws. However, this is not the case. Providing 'how to lift' training is not a prescribed requirement of any Work/Occupational Health and Safety (WHS/OHS) legislation in Australia or New Zealand.
- Legislative requirements must be followed when managing hazardous manual task risks. These requirements include the following:
 - A PCBU/employer must manage the risk of MSDs associated with hazardous manual tasks by using a risk management approach.
 - The highest level of risk control must be implemented, so far as reasonably practicable, in accordance with the hierarchy of risk controls.
 - A PCBU/employer must consult with other duty holders such as workers when managing hazardous manual task risks.
 - Information, instruction and training provided to workers must be suitable, adequate and in line with relevant legislation, codes of practices and compliance codes.
- 'How to lift' training is not, of itself, suitable and adequate training necessary to protect workers from risks of work-related musculoskeletal disorders. It does not control either worker exposure to the risk factors or sources of risk for hazardous manual tasks. There is evidence that providing 'How to lift' training is not effective in preventing musculoskeletal disorders (Verbeek et al. 2012, Martimo et al. 2007).

Why is 'how to lift' training not effective?

Musculoskeletal disorders are caused by exposure to a range of physical and psychosocial hazards at work (Eatough, Way, & Chang, 2012; Gerr et al., 2014). Prevention approaches implemented within workplace settings are often overly simplistic, focusing on worker behaviour and therefore misaligned to the complex nature of MSDs (Macdonald & Oakman, 2015).

Providing 'how to lift' training does not prevent work-related musculoskeletal disorders. 'How to lift' training does not change any of the hazardous manual task risk factors that workers are exposed to, nor does it address the source/s of the musculoskeletal disorder risk, such as:

- the design and layout of the work area
- the systems of work used
- physical and psychosocial risk factors
- workplace environmental conditions
- the characteristics of the load being handled
- things used in the hazardous manual task (e.g. tools and equipment).

Research evidence verifies that 'how to lift' training is not effective in preventing or reducing work-related musculoskeletal disorders. Consistent findings from meta-analyses and systematic reviews (including reviews of reviews) have demonstrated that lifting technique training e.g. 'how to lift' training, is not effective in preventing work-related musculoskeletal disorders (Martimo, et al., 2011; Verbeek, et al., 2012; Rodrigues et al, 2019).

What is suitable and adequate training?

Training provided to workers should address the nature of the work, what they need to know about the control measures, and how they are to be implemented, to manage the health and safety risks associated with hazardous manual tasks.

Australian Codes of Practice/Compliance Codes outline that training should cover:

- manual task risk management, including hazardous manual task risk factors and sources of risk
- specific manual task risks and the measures in place to control them
- how to perform manual tasks safely, including the use of mechanical aids, tools, equipment and safe work procedures
- how to report a problem or maintenance issues.

Legislative requirements

Australian and New Zealand WHS/OHS laws impose obligations upon duty holders to ensure the health and safety of workers. In Australian jurisdictions, duty holders must follow specific legislative requirements in relation to the management of hazardous manual tasks. In New Zealand, duty holders are required to comply with the workplace health and safety legislation's primary duty of care, in addition to following the code of practice for manual handling.

Please refer to your jurisdictional WHS/OHS regulator (see below) for more information on the specific legislative requirements for each duty holder, associated codes of practice, compliance codes and guidance material.

WHS/OHS Regulators expectations of industry, business, and training providers

A PCBU/employer must manage the risk of MSDs associated with hazardous manual tasks by using a risk management approach.

A PCBU/employer must consult with workers when identifying hazards, assessing risks and developing, implementing, maintaining, reviewing and revising control measures. Appropriate consultation and collaboration can support effective and sustainable risk management of hazardous manual tasks.

A PCBU/employer must identify hazardous manual tasks in their workplace and implement suitable control measures, in line with the hierarchy of control, before providing training to workers in the type of control measures implemented.

A PCBU/employer must ensure that hazardous manual task information, training and instruction provided to a worker is suitable and adequate.

Industry, business, unions, health and safety professionals and training providers should not promote, provide or use 'how to lift' training as a sole or primary strategy to meet legislative requirements or to control hazardous manual task risks.

Instead, duty holders should design the work to be safe in the first place, adhere to the hierarchy of controls and provide suitable and adequate training to workers.

Where can I get more information?

For more information on the specific legislative requirements, associated codes of practice, compliance codes and guidance material in relation to hazardous manual tasks, please refer to the work/occupational health and safety regulator for your jurisdiction.

Jurisdiction	Regulator	Contact Details	Legislation
Commonwealth	Comcare	1300 366 979 www.comcare.gov.au	Work Health and Safety Regulations 2011 Hazardous manual tasks - Regulations 60 and 61
QLD	Workplace Health and Safety Qld	1300 362 128 www.worksafe.qld.gov.au	Work Health and Safety Regulation 2011 Hazardous manual tasks - Sections 60 and 61
ACT	WorkSafe ACT	02 6207 3000 www.worksafe.act.gov.au	Work Health and Safety Regulation 2011 Hazardous manual tasks - Sections 60 and 61
NSW	Safework NSW	13 10 50 www.safework.nsw.gov.au	Work Health and Safety Regulation 2017 Hazardous manual tasks - Clauses 60 and 61
NT	Worksafe NT	1800 019 115 www.worksafe.nt.gov.au	Work Health and Safety (national Uniform Legislation) Regulations 2011 Hazardous manual tasks - Regulations 60 and 61
SA	SafeWork SA	1300 365 255 www.safework.sa.gov.au	Work Health and Safety Regulations 2012 Hazardous manual tasks - Regulations 60 and 61
TAS	Worksafe TAS	1300 366 322 www.worksafe.tas.gov.au	Work Health and Safety Regulations 2012 Hazardous manual tasks - Regulations 60 and 61
VIC	Worksafe VIC	1800 136 089 www.worksafe.vic.gov.au	Occupational Health and Safety Regulations 2017 Hazardous manual handling - Regulations 26, 27 and 28
WA	WorkSafe WA	1300 307 877 www.commerce.wa.gov.au/WorkSafe	Work Health and Safety Regulations (General) Hazardous manual tasks - Regulations 60 and 61
NZ	WorkSafe New Zealand	+64 0800 030 040 www.worksafe.govt.nz	Health and Safety at Work Act 2015 (HSWA), Section 36 – Primary Duty of Care HSWA (General Risk and Workplace Management) Regulations 2016, Section 45 COP for Manual Handling 2001

References

- Eatough, E. M., Way, J. D., & Chang, C.-H. (2012). Understanding the link between psychosocial work stressors and work-related musculoskeletal complaints. *Applied Ergonomics*, 43(4), 671-678.
- Gerr, F., Fethke, N. B., Anton, D., Merlino, L., Rosecrance, J., Marcus, M. et al. (2014). A prospective study of musculoskeletal outcomes among manufacturing workers: II. Effects of psychosocial stress and work organization factors. *Human Factors*, 56(1), 178-190.
- Macdonald, W., & Oakman, J. (2015). Requirements for more effective prevention of work-related musculoskeletal disorders. *BMC musculoskeletal disorders*, 16(1), 293.
- Martimo, K., Verbeek, J., Karppinen, J., Furlan, A. D., Kuijjer, P. F., Viikari-Juntura, E., . . . Jauhiainen, M. (2007). Manual material handling advice and assistive devices for preventing and treating back pain in workers. *Cochrane Database of Systematic Reviews*.
- Oakman, J., Bell, A., & Lambert, K. (2021). *How to Lift Training: an analysis of survey responses*. Brisbane: Work Health and Safety QLD. Retrieved from <https://worksafe.qld.gov.au>
- Rodrigues Ferreira Fasting , A. L., & de Oliveira Sato, T. . (2019). Effectiveness of ergonomic training to reduce physical demands and musculoskeletal symptoms - An overview of systematic reviews. *International Journal of Industrial Ergonomics*, 74.
- Verbeek, J., Martimo, K.-P., P. Paul, K. F., Karppinen, J., Viikari-Juntura, E., & Takalaa, E.-P. (2012). Proper manual handling techniques to prevent low back pain, a Cochrane Systematic Review. *Work*(41), 2299-2301.