Aged care job dictionary

**Diversional Therapist /  
Lifestyle Coordinator**

**How to use this job dictionary**

This **generic resource** contains an analysis of **regular tasks** for a **priority role** in the **aged care sector.** It is designed to be useful for a range of purposes such as:

* informing about the tasks, duration, demands of the role
* highlighting the risk and location of a musculoskeletal injury
* demonstrate good practice to prevent injury
* a preventative tool for use with pre-employment assessments

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**Task pages**

* Management administration tasks
* Bus trips
* Example activities
* Setting up and down for activities
* Transporting residents to and from activities
* Manoeuvring trolleys and handling items for activities

**Additional information**

* Risk of musculoskeletal injury
* Lift / push/ pull physical demands categories
* Frequency of task – table
* Reducing the risk of injury and re-injury – hierarchy of controls and suggestions
* Glossary of terms and abbreviations
* Relevant legislation

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| SWP_logo | | **Role** | | **Diversional therapist - lifestyle coordinator** | |
| **Task** | | **Administration tasks** | |
| * The lifestyle co-ordinator coordinates all activities and documentation for all areas and for the whole of the complex. There are monthly programs put out for the hostel, nursing home and dementia specific areas by the lifestyle co-ordinator. * On a regular basis there are activities each week, for example cards. There are monthly bus trips and other activities that occur fortnightly or periodically. * On a daily basis there can be about four hours of computer work that is done by the lifestyle coordinator, organising activities, assessments and transcribing activities and assessments on to the computer. * There can be a lot of phone work too, for example booking concerts, organising and booking venues for bus trips and organising items for activities and functions. * Computer and office setup varies in facilities. | | | | | |
| P1020387 | Ideally the chair should be adjustable and support the spine.  Computer screen at eye height.  Footstool in place.  Headset if the coordinator holds the phone in the crook of the neck while looking up information on the computer. | | There should be room on the desk to view documents without twisting.  If there is not much room on the desk a Microdesk is advised to elevate the paperwork to avoid sustained neck flexion. | |  |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Neck and upper back flexion, reach forward and sideways to 45-60 degrees, forward bend, lunge. | | **Lift capacity** | To 1 kg (files) | | **Push / Pull force** | N/A | | **Shift duration / Roster** | Staff generally work up to 5 days a week, Monday to Friday, up to 8 hours per shift. | | **Environmental factors** | Indoor, some offices may be very small, ergonomic setup may be compromised. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | |  |  |  | ✓ | Desk work, table based activities |
| **Standing** | |  |  | ✓ |  | Activities |
| **Walking** | |  |  | ✓ |  | Within the complex, activities |
| **Climbing** | | ✓ |  |  |  | Bus trips, on and off bus |
| **Stooping** | |  | ✓ |  |  | Depends on desk setup, can stoop if poor support or ergonomic setup compromised |
| **Bending** | |  | ✓ |  |  | Change photocopy paper |
| **Kneeling** | | ✓ |  |  |  |  |
| **Squatting** | | ✓ |  |  |  |  |
| **Crawling** | | ✓ |  |  |  |  |
| **Gripping** | |  |  | ✓ |  | Fine finger grip, pincer grip, writing, mouse work, phone work |
| **Forward Reach** | |  |  | ✓ |  | To 45 to 60 degrees |
| **Overhead Reach** | |  | ✓ |  |  | Light items from shelves | **Risk of developing a MSI** |
| **Lift** | |  | ✓ |  |  | files | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | |  | ✓ |  |  | files |
| **Push / Pull** | | ✓ |  |  |  |  |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Thoracic:**  **Lumbar:**  **Shoulders:**  **Wrist and forearms:**  **Repetition:** | Neck flexion, looking down when using keyboard, reading, written work.  Sustained forward bending  Bending forward  Can be minimised with good ergonomic setup.  Repetitive forward and sideways reach to 60 degrees  Repetitive wrist extension and grip  Frequent fine hand and finger action and forward reach to 45 – 60 degrees. | | | | | |
| **Lift/Push/Pull demands-Very light** | | | | | | |

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| SWP_logo | | | **Role** | **Diversional therapist - lifestyle coordinator** |
| **Task** | **Bus trips** |
| * Depending on the facility, regular bus trips occur fortnightly, monthly or periodically. * Bus trips range from sightseeing only (residents do not leave the bus), to excursions in the community (residents do get off the bus). * Resident’s physical ability is assessed to ensure they are safe to attend the bus trip. Mobility ranges from independently mobile, to mobile with walking aids, or wheelchair bound. * There is generally no personal care that is required; however there can be some residents who are in wheelchairs and others on walking frames who need assistance to and from the venue. | | | | |
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| Residents who are ambulant are assisted up two steps into the bus  Minimal assistance is required from the assistant. | If more than verbal / very light physical assistance is required the resident is assisted via tail gate | Ambulant residents are guided into their seat. One or two assistant are utilised, depending on the residents physical stability | | Some residents may transfer via the wheelchair, but then stand and sit in a seat once in the bus |
| C:\Users\chris\Desktop\SWP\ACH\van\DSC_0654.JPG | C:\Users\chris\Desktop\SWP\ACH\van\DSC_0657 (2).JPG | C:\Users\chris\Desktop\SWP\ACH\van\DSC_0690 (2).JPG | | [Caring_Fleet](http://www.google.com.au/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjstsewitXKAhWh4KYKHSfEAmsQjRwIBw&url=http://www.taxisingapore.com/wheelchair-transport/&psig=AFQjCNHrjyH1cXD80SB7aLqu9Lqh_G0org&ust=1454365035722358) |
| Wheelchair based residents are wheeled onto an automatic tailgate, brakes are secured. The resident is then manoeuvred into the bus and the wheelchair secured with floor based straps. The bus driver may or may not assist with this. To secure the wheelchair to floor based straps necessitates sustained and repetitive low bend, half kneel / lunge and extended forward reach. | | | | |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Reach forward to 90 to 120 degrees, squat, half kneel to secure wheelchairs, frequent bend and twist to assist residents into seats. | | **Lift capacity** | To 5 kg | | **Push / Pull force** | To 12 kg (Can be greater if thick over sloping and uneven ground) | | **Shift duration / Roster** | Lifestyle staff generally work up to 5 days a week, Monday to Friday, up to 8 hours per shift. | | **Environmental factors** | If out in the community ground surface can be sloping and uneven increasing push force with wheelchairs and increased support required for unsteady residents with walking aids. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | |  | ✓ |  |  | On the bus during travel |
| **Standing** | |  | ✓ |  |  | To assist residents on and off bus |
| **Walking** | |  |  | ✓ |  | Assist residents on and off bus and in community |
| **Climbing** | |  | ✓ |  |  | Up and down side stairs |
| **Stooping** | |  |  | ✓ |  | Assist residents into seats, securing wheelchairs |
| **Bending** | |  |  | ✓ |  | Assist residents into seats, securing wheelchairs |
| **Kneeling** | |  |  | ✓ |  | Assist residents into seats, securing wheelchairs |
| **Squatting** | |  |  | ✓ |  | Assist residents into seats, securing wheelchairs |
| **Crawling** | |  |  | ✓ |  | Securing wheelchairs |
| **Gripping** | |  |  | ✓ |  | Grasp tables, chairs, furniture to reposition |
| **Forward Reach** | |  |  | ✓ |  | To 120 degrees, Assist residents into seats, securing wheelchairs |
| **Overhead Reach** | |  | ✓ |  |  | Securing wheelchairs | **Risk of developing a MSI** |
| **Lift** | |  | ✓ |  |  | Walking aids | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | |  | ✓ |  |  | Walking aids |
| **Push / Pull** | |  |  | ✓ |  | Residents in wheelchairs, can be over sloping and uneven ground |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck**  **Thoracic:**  **Lumbar:**  **Shoulders:**  **Repetition:** | Neck flexion, looking down assisting residents into seats, securing wheelchairs.  Sustained forward bending  Bending forward and sideways can occur frequently when securing wheelchairs, and helping residents into seats.  Repetitive flexion and abduction to 120 degrees  Frequent bend, direction changes onto knees and low back, and extended forward reach. | | | | | |
| **Lift/Push/Pull demands-Medium** | | | | | | |

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| SWP_logo | | **Role** | | **Diversional therapist / lifestyle coordinator** | |
| **Task** | | **Example activities** | |
| * Activities occur daily, and most activities are on either in the morning or the afternoon, Monday to Friday. * There are group activities, as well as 1:1 activities in resident rooms. * Activities can include: cards, stitching, crossword afternoon, memory lane, films, special interest group, mobile clothing shop, exercises, pet therapy, art and crafts, singalong, bingo, carpet bowls, quoits / games. * Exercises: Dependant residents in Princess chairs and are limited in their capacity to actively take part in exercises, they are for coordination, cognitive ability and hand-eye coordination. This involves actions such as throwing a large soft ball to residents and encouraging hand-eye work for 30 minutes. * For more independent residents, the exercises are more active with participation from residents. The staff member demonstrates the exercises sitting in a chair, including upper limb and lower limb exercises. They take 30 minutes. Some hand-eye coordination work is undertaken as well. | | | | | |
| P1020371 |  | |  | | P1040871 |
| Activities are done in dining rooms, activity room, or in resident rooms  Kitchen for selected group activities | 1:1 activities include talking to residents, hand massage, reading to residents.  Chairs grouped for concert or large group activity | | Exercises with residents who are in chairs.  Upper limb exercises are demonstrated and copied by the resident. | | Lower limb exercises are demonstrated and copied by the residents if they are physically able to.  Balloon games are also done |
| P1040473 | P1040471 | | The Lifestyle person may push chairs with residents in them closer to the table for activities. | | 5 06 10 003 |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Upper limb forward and overhead reach, spinal bend, lunge. | | **Lift capacity** | To 5kg | | **Push / Pull force** | To 5-10kg | | **Shift duration / Roster** | Staff generally works up to 5 days a week, Monday to Friday, up to 8 hours per shift. | | **Environmental factors** | If activities room is dual use high volume of furniture moving to setup for activities, may be reduced space for activities increasing physical demands. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | |  | ✓ |  |  | Leg exercises, hand massage |
| **Standing** | |  |  | ✓ |  | Selected table based and 1:1 activities, exercises |
| **Walking** | |  |  | ✓ |  | Within complex |
| **Climbing** | | ✓ |  |  |  |  |
| **Stooping** | |  | ✓ |  |  | Access items from low shelves |
| **Bending** | |  | ✓ |  |  | Carpet bowls, items from low storage |
| **Kneeling** | |  | ✓ |  |  | Access items from low shelves |
| **Squatting** | |  | ✓ |  |  | Carpet bowls, items from low storage |
| **Crawling** | | ✓ |  |  |  |  |
| **Gripping** | |  |  | ✓ |  | Handling equipment |
| **Forward Reach** | |  |  | ✓ |  | To 90 degrees (exercises) |
| **Overhead Reach** | |  | ✓ |  |  | Access equipment in high shelves, exercises | **Risk of developing a MSI** |
| **Lift** | |  | ✓ |  |  | Activities equipment and supplies, to 5kg | [http://www.warrenderpt.com/resources/_wsb_308x215_Body+Chart.jpg](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | |  | ✓ |  |  | Activities equipment and supplies, to 5kg |
| **Push / Pull** | |  |  | ✓ |  | Trolleys, transporting items, rolling resistance generally < 10kg |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Knees:**  **Thoracic:**  **Lumbar:** | Neck flexion, looking down when assisting with activities.  Repetitive bend to 45 degrees and forward and sideways lunge.  Sustained forward bend to 15 degrees for table based and selected 1:1 activities.  Bending forward for selected activities in standing, (leaning over table, leaning forward to resident in chair). Can be minimised with adoption of semi-squat / lunge. | | | | | |
| **Lift/Push/Pull demands-Light** | | | | | | |

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| SWP_logo | | **Role** | | **Diversional therapist/ lifestyle coordinator** | |
| **Task** | | **Setting up and setting down for activities** | |
| * Setting up for group activities involves moving furniture, and lifting various items for activities, such as boxes of equipment / supplies. * Chairs, tables are set up for church services, and meetings, and entertainment for residents. * Depending on the facility, the main activity hall is used and/or the dining room /other small sitting rooms may be used. There are also 1:1 activities in resident rooms. * There can be some assistance from maintenance staff but the main responsibility for this falls with the lifestyle coordinator. At certain times of the year there can be a high volume of functions, e.g. Christmas and Easter. | | | | | |
|  | P1020360 | | P1020341 | | P1020342 |
| There is a lot of furniture moving to set up for the activities, for example the activity may be in the dining room which means staff moving tables and chairs to set up for the activity | Once the activity is completed the dining room needs to be set up again for lunch or dinner (depending on the time of the activity). | | Chairs are set out, and then stacked away following the activity.  There may be specific chair / table trolleys used for storage.  Rolling resistance of these varies | | P1020344 |
| For 1:1 activities such as hand massage, a small container of equipment is brought around, weight less than 5kgs and the assistant may get an ergonomic stool where possible, to avoid leaning. | P1040865 P1020365 | | P1020358 | | Lounge chairs may be moved P1020371 |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Reach forward to 60 degrees, forward lunge to initiate push of furniture or trolley, and sideways lunge with hip and knee flexion to 45 degrees. Frequent bend/semi-squat for lifting objects. | | **Lift capacity** | to 12 kg - 20 kg (team lifting) | | **Push / Pull force** | to 10 kg (Can be greater if thick carpet on floor, to 12 kg) | | **Shift duration / Roster** | Lifestyle staff generally work up to 5 days a week, Monday to Friday, up to 8 hours per shift. | | **Environmental factors** | Repositioning furniture can be in small spaces if activities room is small it can be difficult to adopt ideal postures. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | | ✓ |  |  |  |  |
| **Standing** | |  | ✓ |  |  | To initiate the manoeuvre |
| **Walking** | |  |  | ✓ |  | Moving furniture in for activities |
| **Climbing** | | ✓ |  |  |  |  |
| **Stooping** | |  | ✓ |  |  | Moving furniture in for activities |
| **Bending** | |  | ✓ |  |  | Moving furniture for activities |
| **Kneeling** | | ✓ |  |  |  |  |
| **Squatting** | |  |  | ✓ |  | Lift chairs, light objects |
| **Crawling** | | ✓ |  |  |  |  |
| **Gripping** | |  |  | ✓ |  | Grasp tables, chairs, furniture to reposition |
| **Forward Reach** | |  |  |  | ✓ | To 45-60 degrees |
| **Overhead Reach** | |  | ✓ |  |  | Upper limb exercises | **Risk of developing a MSI** |
| **Lift** | |  |  | ✓ |  | Lift chairs, tables, light objects, weight lifted by one person to 12kg, team lifting for objects that are large or weigh greater than 12kg | [http://www.warrenderpt.com/resources/_wsb_308x215_Body+Chart.jpg](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | |  |  | ✓ |  | Chairs, light tables |
| **Push / Pull** | |  |  | ✓ |  | Chair / table trolley, rolling resistance to 8kg |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Thoracic:**  **Lumbar:**  **Hips:**  **Shoulders:**  **Knees:**  **Repetition:** | Neck flexion, looking down when moving furniture.  Sustained forward bending  Bending forward and sideways can be minimised with adoption of semi-squat / lunge and leaning forward from hips and knees.  Flexion to 60-90 degrees  Repetitive forward and sideways reach to 60 degrees  Repetitive knee bend, to 60-90 degrees and sideways lunge  Frequent bend, direction changes onto knees and low back with high volume of furniture moved. | | | | | |
| **Lift/Push/Pull demands-Medium** | | | | | | |

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| SWP_logo | | **Role** | | **Diversional therapist / lifestyle coordinator** | |
| **Task** | | **Transporting residents to and from activities** | |
| * There can be a high volume of residents transported to or from activities / functions/ group work in wheelchairs and princess chairs. * The volume of push pull required by the Lifestyle person is reduced if care staff or able bodied volunteers can assist. * Physical critical demands of manoeuvring a resident in a wheelchair or princess (or variation of this chair) vary depending on the weight of the resident and the wheels of the chair, and the surface over which the chair is manoeuvred. Physical demands are increased if the chair goes over a sloping or uneven surface and over carpeted floors. | | | | | |
| Residents are transported in a wheelchair, princess chair, (or variation of princess chair)  Rolling resistance varies from less than 5kg to up to 12kg. |  | | DSC_0745 P1060987 | | The push force is increased if sloping surfaces are traversed, and it is greater over carpeted floor than vinyl.  The princess chairs are more difficult to manoeuvre, and there is also a requirement for staff to lower the back of the chair prior to manoeuvring them. |
| P1140940P1140939 | The chair can be reclined to bring the handles down to waist level.  Ideally a palm up grip and backward lunge, or alternatively two staff work together on either side of the chair to recline it back. | | P1140943 | |  |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Reach forward to 45 to 60 degrees, forward lunge to initiate push, and sideways lunge with hip and knee flexion to 45 degrees to turn chair. Occasional low squat /half kneel with hip and knee flexion to 90 degrees to help feet onto footplates. | | **Lift capacity** | To 12 kg raise back of princess chair | | **Push / Pull force** | To 10 kg (Can be greater if resident is large and ground surface uneven or sloping, up to 15 kg) | | **Shift duration / Roster** | Lifestyle staff generally work up to 5 days a week, Monday to Friday, up to 8 hours per shift. | | **Environmental factors** | Manoeuvring chairs can be on sloping floors, and / or carpet. Also if activities room is small it can be difficult to adopt ideal postures to manoeuvre chairs in and out. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | | ✓ |  |  |  |  |
| **Standing** | |  | ✓ |  |  | To initiate the manoeuvre |
| **Walking** | |  |  | ✓ |  | With the chair within the complex to and from activities, can be over sloping floors |
| **Climbing** | | ✓ |  |  |  |  |
| **Stooping** | |  | ✓ |  |  | To assist feet on footplates.(If required) / to recline back of princess chairs. |
| **Bending** | |  | ✓ |  |  | To assist feet on footplates.(If required) / to recline back of princess chairs. |
| **Kneeling** | |  | ✓ |  |  | To assist feet on footplates.(If required) |
| **Squatting** | |  | ✓ |  |  | To assist feet on footplates.(If required) |
| **Crawling** | | ✓ |  |  |  |  |
| **Gripping** | |  |  | ✓ |  | Grasp handles of wheelchair / princess chair |
| **Forward Reach** | |  |  |  | ✓ | To 45 to 60 degrees, |
| **Overhead Reach** | | ✓ |  |  |  |  | **Risk of developing a MSI** |
| **Lift** | |  | ✓ |  |  | Raise back of princess chair | [http://www.warrenderpt.com/resources/_wsb_308x215_Body+Chart.jpg](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | | ✓ |  |  |  |  |
| **Push / Pull** | |  |  | ✓ |  | w/c / princess chair, push force to 10 to 15 kg |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Thoracic:**  **Lumbar:**  **Hips:**  **Shoulders:**  **Knees:**  **Repetition:** | Neck flexion, looking down when assisting resident into chair, and when manoeuvring chair.  Sustained forward bending  Bending forward and sideways can be minimised with adoption of semi-squat / lunge and leaning forward from hips and knees.  Flexion to 45 degrees and abduction to 15 degrees and rotation  Repetitive forward and sideways reach to 45 to degrees  Repetitive knee flexion, to 45 degrees and sideways lunge  Frequent bend, direction changes onto knees and low back with high volume of chairs manoeuvred. | | | | | |
| **Lift/Push/Pull demands-Medium** | | | | | | |

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| SWP_logo | | **Role** | | **Diversional therapist / lifestyle coordinator** | |
| **Task** | | **Maneuvering trolleys and handling items for activities** | |
| * There are trolleys to transport equipment to different activities. * Depending on the facility there may be larger trolleys, such as a tea trolley or chair stacker / table trolley set up specifically for lifestyles to transport specific items within the complex. * Generally, activities such as carpet bowls has the heaviest items handled so the lifestyles coordinator may take out individual balls and place them in to the trolley rather than lift the box. It is at staff’s discretion what they lift and handle. Items used for activities may be placed either directly on to the trolley or separately depending on the weight. * For the lighter items that are placed on the higher shelves there may be a four tier step ladder. * Typically equipment for games, activities and group work is stored in shelves from floor height to above shoulder height. Weights handled less than 5kgs. * Below are examples of the different trolleys used. Rolling resistance varies and most are less than 5kg. | | | | | |
| P1020325 | 5 06 10 001 | | P1020323 | | P1020324 |
| 5 06 10 009 | Low bending occurs to access items from low shelves or equipment stored on the floor. | |  | | P1020347 |

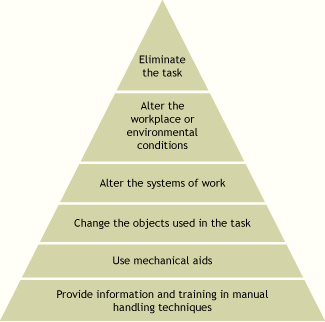
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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Neck flexion, thoracic and lumbar flexion to 20-30 degreesReach forward to 60 degrees. | | **Lift capacity** | To 5 kg | | **Push / Pull force** | To 5 kg | | **Shift duration / Roster** | Staff generally works up to 5 days a week, Monday to Friday, up to 8 hours per shift. | | **Environmental factors** | If activities room is dual use high volume of furniture moving to setup for activities, may be reduced space for activities increasing physical demands. | | **Task rotation:** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | | ✓ |  |  |  |  |
| **Standing** | |  |  | ✓ |  | Selected table based and 1:1 activities, exercises |
| **Walking** | |  |  | ✓ |  | Within complex |
| **Climbing** | | ✓ |  |  |  |  |
| **Stooping** | |  | ✓ |  |  | Access items from low shelves |
| **Bending** | |  | ✓ |  |  | Carpet bowls, items from low storage |
| **Kneeling** | |  | ✓ |  |  | Access items from low shelves |
| **Squatting** | |  | ✓ |  |  | Carpet bowls, items from low storage |
| **Crawling** | | ✓ |  |  |  |  |
| **Gripping** | |  |  | ✓ |  | Handling equipment |
| **Forward Reach** | |  |  | ✓ |  | To 60 degrees |
| **Overhead Reach** | |  | ✓ |  |  | Access equipment in high shelves | **Risk of developing a MSI** |
| **Lift** | |  | ✓ |  |  | Activities equipment and supplies, to 5 kg | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | |  | ✓ |  |  | Activities equipment and supplies, to 5 kg |
| **Push / Pull** | |  |  | ✓ |  | Trolleys, transporting items, rolling resistance generally < 5 kg |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Knees:**  **Thoracic:**  **Lumbar:** | Neck flexion, looking down when assisting with activities.  Repetitive bend to 45 degrees and forward and sideways lunge.  Sustained forward bend to 15 degrees for table based and selected 1:1 activities.  Bending forward for selected activities in standing, (leaning over table, leaning forward to resident in chair) Can be minimised with adoption of semi-squat / lunge. | | | | | |
| **Lift/Push/Pull demands-Light** | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Description: cid:image001.jpg@01CB1834.70361670** | | **Job Dictionary**  **Definitions** |
| **Risk of developing a Musculoskeletal Injury (MSI)** | | |
| **Risk of Musculoskeletal Injury**  **Red** = **High** (e.g. repetitive movement, sustained awkward positioning, high force / very heavy lift)  **Yellow** = **Medium** (e.g. repetitive movement, high force/heavy lift, awkward position)  **Green**= **Low** (e.g. repetitive movement, awkward position e.g. bending)  _wsb_308x215_Body+Chart | | |
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| **‘Lift/push/ pull physical demands’** | | |
| **Very Light Work** | Lifting and carrying < 5kg. Variable posture sitting, standing and walking. Pushing up to 2kg Force and pulling up to 2kg Force occasionally at waist level. | |
| **Light Work** | Lifting and carrying up to 10kg maximum. Frequent lifting and / or carrying of objects weighing up to 5kg. Pushing up to 5kg Force and pulling up to 5kg Force occasionally at waist level. | |
| **Medium Work** | Lifting and carrying up to 22kg maximum. Frequent lifting and / or carrying of objects weighing up to 10kg. Pushing up to 12kg Force and pulling up to 12kg Force occasionally at waist level. | |
| **Heavy Work** | Lifting up to 45kg maximum. Frequent lifting and / or carrying of objects weighing up to 22kg. Pushing up to 24kg Force and pulling up to 24kg Force occasionally at waist level. | |
| **Very Heavy Work** | Lifting above 45kg maximum. Frequent lifting and / or carrying of objects weighing above 22kg. Pushing up to 35kg Force and pulling up to 35kg Force occasionally at waist level. | |

Adapted from Physical Work Demands, from the U.S. Department of Labor Dictionary of Occupational Titles, Fourth Edition, Supplement, Appendix D, pp 101-102, 1986 with conversion to metric system.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Frequency of Task** | | | | |
|  | **Non-material handling** | **Non-material handling** | **Material handling** |
| **Never (N)** | 0% of 8hr/day | No reps/day | No reps/day |
| **Occasionally (O)** | 6-33% of 8hr/day  20 mins/hr | 0–100 reps/day  1/3 of full day | 3–32 reps/day  1 lift every 20 mins |
| **Frequently (F)** | 34-66% of 8hr/day  20-40 mins/hr | 101–800 reps/day  1/3 - 2/3 of full day | 33–200 reps/day  1 lift every 2 mins |
| **Constantly (C)** | 67-100% of 8hr/day  41-60 mins/hr | >800 reps/day  2/3 to a full day | >200 reps/day  1 lift every 15 sec |
| **Repetitive action/sustained posture**   * Repetitive means the movement or force is performed more than twice a minute * Sustained means the posture of force is held for more than 30 seconds at a time   Reference: Hazardous Manual tasks Code of Practice 2011 | | | |

**Reducing the risk of injury and re-injury[[1]](#footnote-1)**



<http://www.ectarc.com.au/cybertots/toolbox12_11/shared/resources/html/res_manualhand.htm>

The Hierarchy of Control is a list of control measures, in order of priority, which can be used to eliminate or minimise exposure to the hazard. Adopting appropriate and safe handling techniques and avoiding sustained and repetitive postures and actions is encouraged to prevent cumulative and reoccurring musculo skeletal injuries. Using appropriate and safe manual techniques is a lower order in the hierarchy of controls and where possible and practical, should be replaced with higher order solutions such as use of mechanical aids.

Consider using equipment that reduces physical handling, and encourages client participation. This could result in needing fewer workers to do the task and will lessen the likelihood of worker injury.

Some equipment can eliminate the need for assistance by allowing a resident/client to be totally independent.

Equipment is available for non-people handling tasks that reduced the need to undertake repetitive and sustained actions. E.g. trolley movers and pill crushers

Here are examples of equipment solutions currently in use across South Australia in hospitals, in the community and residential care facilities. For more information about specific equipment items please contact the Independent Living Centre on (08) 82665263 or undertake a product search on <http://ilcaustralia.org.au/search_category_paths>.

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Use** |  |
| Getting people off the floor  Manger Camel  Hoverjack  Raizer | Lifts a person from the floor up into a sitting position. (Air assisted device)  Lifts a person from the floor with patient supine. (Air assisted device)  Raises a person from the floor up into a sitting position | Mangar Camel Floor Lift  http://www.statinahealthcare.com.au/wp-content/uploads/2014/07/HoverJack-use1-800px.jpg |
| Repositioning in bed  Air assisted Transfer mats. Reusable or single patient use (SPU)  HT Roller  Turning sheet  Beds with turning functions or transfer systems that attach to beds  E.g. Linet Turning bed. Vendlet turning system | Placed under bottom sheet. Used to reposition heavy clients/residents in bed  Turns a client in bed using a Hovertech® dual speed air supply  Used with hoist or ceiling lifter to turn a heavier patient in bed  Mechanical Turning functions | http://www.vendlet.com/admin/public/getimage.ashx?image=/Files/Images/Vendlet/Produkter/VENDLET/VENDLET-V5.jpg&crop=0&Width=1200  http://www.linet.com/-/media/Media-Catalogue/photos/beds/latera-acute/pluses/acute_00117.ashx?bc=White&as=1&h=450&w=800&hash=7DB3486B7734EA98C16DA5E758C9238239ACEDD8    http://www.statinahealthcare.com.au/wp-content/uploads/2014/07/ht-roller-use-800px.jpg |
| Bed to ‘stretch chair’ transfer (a chair that can be moved into a horizontal position)  Air assisted transfer mat  Desirable chair features: electric chair height, back rest and foot rest. | Used when lifter sling transfer is too difficult (i.e. bariatric resident), places resident at increased risk of skin injury or pain or if using a lifter sling is contraindicated | [CH-3100A](http://www.highgatehealthcare.com.au/highgate/wp-content/uploads/2015/03/CH-3100A.jpg) |
| Ceiling mounted lifters/gantry lifters | Reduces pushing and pulling forces to move the resident and requires less space to safely move a resident  Can be used with gait harnesses | [Image result for gait harness with ceiling lifter](http://www.google.com.au/url?url=http://www.opemed.net/gait-training-equipment/&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwi3hfSFyLfLAhUjhqYKHdyIDggQwW4IFjAA&usg=AFQjCNGTd34AUp0DZfUcoYuQLJ8Z56N08Q)Handi-Move Freedom Bridge Gantry Hoist |
| Leg/limb lifters | Slings to hold legs during nursing tasks  Devices to assist a resident to lift their own legs into bed  Devices to attach to the bed to lift heavier legs | sallysling_leglifter2[Image result for leg lifter](http://www.google.com.au/url?url=http://www.arthritissupplies.com/leg-lifter.html&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjDs6jQ0bfLAhUBUKYKHekoCfUQwW4IJjAE&usg=AFQjCNESZT9LYM-kHS45dK2IuHN7cRhDzQ) |
| Motorising Trolleys | Many trolleys, medication cartes, Bain maries can be retrofitted with a motorised unit to prevent sustained and heavy pushing | [http://www.phantompower.com.au/images/trollee.jpg](http://www.phantompower.com.au/products/trollee.html?id=76) |
| Detachable Mechanical moving devices | ‘Turtle’- used to move occupied Comfort chairs or bins  Wheelchair drive kits | [http://www.phantompower.com.au/images/TURTLE.jpg](http://www.phantompower.com.au/products/the-turtle.html?id=78)[Bin Mover](http://www.phantompower.com.au/products/bin-mover/84-products/108-bin-mover.html) |
| Lifting wheelchairs into boots | Boot sliding devices to reduce lifting demands |  |
| Mechanical pill crushers | Alleviates repetitive pill grinding actions by shoulders, forearms and hands | http://www.phantompower.com.au/images/process.jpg |

**Glossary of terms and abbreviations**

Abduction: Movement of a body part away from the median plane (of the body, in the case of the limbs; of the hand or foot, in the case of digits).

Adduction: Movement of a body part toward the median plane (of the body, in the case of the limbs; of the hand or foot, in the case of digits).

Bending: To force into a different or particular, especially curved, shape, as by pressure.

Biceps: A muscle with two origins or heads. Commonly used to refer to the biceps brachii muscle.

CPR: Cardio Pulmonary resuscitation

DDA: Dangerous Drugs (drugs of dependence)

Deltoid: Large muscle of the shoulder that abducts and otherwise moves the upper arm about the shoulder joint against external loads.

Distal: Situated away from the centre of the body, or from the point of origin; specifically applied to the extremity or distant part of a limb or organ.

Dorsiflexion: Turning upward of the foot or toes or of the hand or fingers.

Dynamic: The science of motion in response to forces.

Ergonomics: A branch of ecology concerned with human factors in the design and operations of machines and the physical environment.

Extension: The act of bringing the distal portion of a joint in continuity (though only parallel) with the long axis of the proximal portion.

Flexion: The act of flexing or bending, e.g. bending of a joint so as to approximate that parts it connects.

Force: That which tends to produce motion in a body.

Frontal plane: In front; relating to the anterior part of a body.

Gross gripping: Grasping, seizing, holding with a large finger span.

Isometric: In physiology, denoting the condition when the ends of a contracting muscle are held fixed so that the contraction produces increased tension at a constant overall length.

Job: A set of tasks designed to be performed by one individual in return for a wage or salary.

Kyphosis: A deformity of the spine characterised by extensive flexion.

Lordosis: An abnormal extension deformity; anteroposterior curvature of the spine, generally lumbar with the convexity looking anteriorly.

Lumbar: Relating to the loins, or the part of the back and sides between the ribs and the pelvis.

Lumbosacral joint: Joint between fifth lumbar vertebra and sacrum.

Medial: Relating to the middle or centre; nearer to the median or midsagittal plane.

Occupation: A set of jobs with similar sets of tasks.

Plantar flexion: Bending about the ankle joint in the direction of the sole of the foot.

Prehensile: Adapted for taking hold of or grasping.

Pronation of the forearm: Rotation of the forearm in such a way that the palm of the hand faces backward when the arm is in the anatomical position, or downward when the arm is extended at a right angle to the body.

Proximal: Nearest the trunk or the point of origin, said of part of a limb

Pulmonary: Pertaining to the lung.

Range of motion: The range of translation and rotation of a joint for each of it degrees of freedom.

Rotation: Turning or movement of a body round its axis.

Stiffness: Rigid or firm in substance; not flexible, pliant or easily bent.

Strain: To make an effort to the limit of one’s strength; or, the change in shape that a body undergoes when acted upon by an external force.

Stress: The force or pressure applied or exerted between portion of a body or bodies, generally expressed in pounds per square inch.

Supination: Supination of the forearm: Rotation of the forearm in such a way that the palm of the hand faces forward when the arm is in the anatomical position, or upward when the arm is extended at a right angle to the body.

Torsion: Twisting or rotation of a part upon its long axis.

Transverse: Crosswise; lying across the long axis of the body.

Work: That which is accomplished when a force acts against resistance to produce motion.

# Relevant legislation

Work Health and Safety Act 2012 (SA)

The key principles of the *Work Health and Safety Act 2012* (SA) are consistent with long established and familiar occupational health and safety standards.

The Act:

* establishes health and safety duties, including the primary duty to protect any person from exposure to hazards and risks that arise from work
* provides for worker representation, consultation and participation including through Health and Safety Representatives and Health and Safety Committees
* enables compliance and enforcement through SafeWork SA, the regulator
* provides for the creation of regulations and approved codes of practice.

Work Health and Safety Regulations 2012

* Identify the control measures that must be applied to specific work activities and hazards, for example machine guarding and noise exposure.
* Are specific in legal requirements on certain issues.
* Normally related to a particular hazard or activity, e.g. manual tasks.
* May be administrative, e.g. injury reporting
* In the case of manual handling prescribe process that must be followed to achieve a minimum standard of occupational health and safety in the workplace.

**Return to Work Act 2014 (SA)**

The *Return to Work Act 2014* establishes the Return to Work Scheme, which commenced on 1 July 2015. The scheme provides South Australian workers and their employers with a personalised service to achieve the best possible recovery and return to work outcomes in the event of a work injury. Mobile case management has been implemented in regional and metropolitan South Australia to provide face-to-face services, to assist early intervention and targeted return to work services. Workers who are seriously injured may receive income support to retirement age and lifetime care and support. There is also limited access to common law for seriously injured workers. Workers who are less seriously injured may receive time-banded income support which ceases at two years from the date of incapacity. Lump sum payments for economic and non-economic loss are available.

References

*National Code of Practice for the Prevention of Occupational Overuse Syndrome* [NOHSC:2013(1994)] (Archived) <http://www.safework.sa.gov.au/show_page.jsp?id=5892#.VsVvgE9f21s>

*Return to Work Act 2014* (SA)

*Return to Work Regulations 2015* (SA)

*Work Health and Safety Act 2012* (SA) <https://www.legislation.sa.gov.au/LZ/C/A/WORK%20HEALTH%20AND%20SAFETY%20ACT%202012.aspx>

*Work Health and Safety Regulations 2012* (SA) *Code of Practice: Hazardous Manual Tasks* <https://www.legislation.sa.gov.au/LZ/C/R/Work%20Health%20and%20Safety%20Regulations%202012.aspx>

1. This section was provided by Hal (Helen) Robertson, SA Health [↑](#footnote-ref-1)