Aged care job dictionary

**Registered Nurse**

**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**

* Taking bodily samples, complex wound dressings
* Response to emergency (e.g. resident fallen to floor and requires assessment
* Medication distribution
* Crushing medications
* Documentation, liaising with medical professionals and family
* Manoeuvring medication trolley

**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** | | **Registered Nurse** (RN) | |
| **Task** | | **Taking bodily samples, complex wound dressings** | |
| * RNs play a role in wound management involving changing wound dressings and using a wound trolley. This task may be performed in sitting, standing or squatting. The RN undertakes the more complex dressings, which may take up to an hour to complete. * Other treatments include: eye drops; catheter management; Ventolin administration. The number of dressings and treatments required varies. * The resident may be positioned either in bed or in a chair for the treatment / dressings. * Occasionally the RN will push a princess chair.Repetitive and sustained postures adopted include: forward lean to reach wounds on legs when residents are in sitting; sustained forward reach to attend to dressing; prolonged squatting to attend to legs. | | | | | |
| P2050077 | IMG0060P2050079 | | jd 020jd 021 | | P1040652 jd 019 |
| The limb is raised where possible.  Fine hand work occurs to handle dressing materials. | Nurse may sit or adopt a half kneel to get to the level of the work. | | RN will transport resident in princess chair or wheelchair to suitable location for treatment. | | RN will be assisted by care staff to position resident in bed for wound care or catheter management. |
| P1050745 | P1040667 P1020115 | | P1020138 | | For eye drops the nurse bends forward from upper and low back and will lean forward to view the eye.  A lunge stance and raising bed will help to reduce spinal bend. |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Neck flexion**,** Reach forward and sideways to 90 -120 degrees, upper and low back forward bend 20 to 40 degrees. | | **Lift capacity** | Nil | | **Push / Pull force** | To 3kg | | **Shift duration / Roster** | 6.45am to 3.15pm. 2.45pm to 9.15pm  9.00 pm to 7.00 am. Over 7 days a week.  Permanent part time shifts may be available according to the facility, over a 7 day roster. | | **Environmental factors** | Ergonomic setup varies | | **Task rotation** | Wound care and treatments aredone in intervals throughout the shift, the longest wound dressing may take up to 1 hour, others up to 15 minutes. | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | |  |  | ✓ |  | Wound care with resident in chair |
| **Standing** | |  |  | ✓ |  | Wound care / treatment with resident in bed / chair |
| **Walking** | |  |  | ✓ |  | Within treatment areas |
|  | |  |  |  |  |  |
| **Climbing** | | ✓ |  |  |  |  |
| **Stooping** | |  |  | ✓ |  | Wound care, treatments |
| **Bending** | |  |  | ✓ |  | Wound care / treatment with resident in bed / chair |
| **Kneeling** | |  | ✓ |  |  | Wound care / treatment resident in chair/ low bed |
| **Squatting** | |  |  | ✓ |  | Wound care / treatment resident in chair/ low bed |
| **Crawling** | | ✓ |  |  |  |  |
| **Gripping** | |  |  | ✓ |  | Fine hand pincer grip wound care and dressings |
| **Forward Reach** | |  |  | ✓ |  | To 90 to 120 degrees |
| **Overhead Reach** | |  | ✓ |  |  | Eye drops | **Risk of developing a MSI** |
| **Lift** | |  |  | ✓ |  | Wound care packs, eye and treatment packs | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | |  | ✓ |  |  | Weight negligible |
| **Push / Pull** | |  | ✓ |  |  | Assist resident position in bed/ trolley |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Shoulders:**  **Hips and Knees:**  **Thoracic and Lumbar spine:** | Neck flexion, looking down to view wound and for treatments.  Forward and sideways reach to 120 degrees  Repetitive bend to 45 to 90 degrees, and low squat.  Bending forward to view wound and apply treatment.  Can be reduced with adoption of lunge / use of tri-stool or saddle seat can help avoid spinal bend. | | | | | |
|  | [Buy Tri Stool online](http://www.ergofurniture.com.au/tri-stool.html)[Winbex Saddle Seat](http://www.ergofurniture.com.au/images/P/winbex-with-gaslift-cover.jpg) domes | | | | | |
| **Lift/Push/Pull demands-Light** | | | | | | |

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| SWP_logo | | **Role** | | **Registered Nurse** (RN) | |
| **Task** | | **Response to emergency/medical emergency / resident fall** | |
| * The RN is the first person to call for an incident when a resident has had a fall. The RN will take observations and assist with manual transfer by lifter, ambulance or verbally instruct resident to get up from the floor. * The RN may deal with multiple risks: working in an awkward environment (e.g. resident has fallen behind a bed or in bathroom); the resident may exhibit aggressive behaviours; the resident may be unconscious. * CPR is performed by RNs. The RN needs to be able to kneel on the floor to assess and resuscitate a resident. * RN will kneel down on the floor to assess and discuss with the resident and make sure that they are safe and check for any injuries. * With any suspicion of fracture or injury the resident is made comfortable on the floor and treated for shock and the ambulance is called. * If no sign of any injury RN direct resident physically to sit up and go on to all fours and get two chairs to assist to get them up. * If resident is unable to roll on to all fours a lifter and a full body sling is used along with two other staff. * Resident may be moved away from a confined area on a slide sheet or a sheet depending on the floor surface. Need 2 or 3 people. | | | | | |
| P1020237 |  | | **P1010958** | | **P1010953 P1010956** |
| To assess a resident who has fallen to the floor, the RN will kneel or half kneel. | The RN will shuffle along the length of the resident to palpate their leg or upper limb to check for signs of fractures or other injuries. | | RN directs care staff to work together to position the sling under the resident by rolling them. | | Once the sling is secured the lifter is moved in and the resident raised and transferred either into a wheelchair, or, if room permits onto the bed. |
| If a resident can follow verbal instructions they are verbally assisted from the floor, onto all fours and either back onto bed or into a chair by at least 2 staff. | **P1010898** | | This can only be done if the resident can roll onto all 4’s and then be verbally assisted to sit. | |  |

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| **Critical physical demands** | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Neck flexion**,** Reach forward and sideways to 60 degrees, hips and knees full flexion and forwards and sideways lunge. | | **Lift capacity** | To 10 kg | | **Push / Pull force** | To 10 -12 kg(lifter ) | | **Shift duration / Roster** | Enrolled nurses can work from 7am in the morning through to overnight shifts. Shifts are generally 8 hrs. | | **Environmental factors** | Small space as resident often falls in awkward area. Furniture is moved and resident may need to be transferred to open area. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | | ✓ |  |  |  |  |
| **Standing** | |  | ✓ |  |  | Verbally direct staff / assist to manoeuvre lifter |
| **Walking** | |  | ✓ |  |  | To and within resident room or area |
| **Climbing** | | ✓ |  |  |  |  |
| **Stooping** | |  |  | ✓ |  | Assist to place sling on |
| **Bending** | |  |  | ✓ |  | Move resident to open area. Assist to place sling on |
| **Kneeling** | |  |  | ✓ |  | Move resident to open area. Assist to place sling on |
| **Squatting** | |  |  | ✓ |  | Assist to place sling on |
| **Crawling** | |  | ✓ |  |  | Assist to place sling on |
| **Gripping** | |  | ✓ |  |  | Assist to place sling on |
| **Forward Reach** | |  |  | ✓ |  | Assist to place sling on |
| **Overhead Reach** | |  | ✓ |  |  |  | **Risk of developing a MSI** |
| **Lift** | |  | ✓ |  |  | Reposition limb, to 10 kg | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | | ✓ |  |  |  |  |
| **Push / Pull** | |  |  | ✓ |  | Lifter, move bed , furniture, to 12- 15 kg |
| Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | |
| **Repetitive action / sustained posture** | | | | | | |
| **Neck:**  **Shoulders:**  **Knees and hips:**  **Thoracic:**  **Lumbar:** | Neck flexion, looking down for observations and to assist with sling application.  Forward reach to 90 degrees  Repetitive full flexion (bend).  Sustained forward bend.  Sustained forward bend | | | | | |
| **Lift/Push/Pull demands-Light** | | | | | | |

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| **Description: cid:image001.jpg@01CB1834.70361670** | | | | | | | **Role** | | **Registered Nurse** (RN) |
| **Task** | | **Medication distribution** |
| * Typically the morning medication round takes about two hours (8am – 10am); a lunchtime round can take up to 45 minutes (at around 12pm); a third round at 2.00pm for a selected number of residents, plus DDA’s are given and morphine. * Patches are put onto residents. Dispensing of medication varies according to the type of medication packs used (Webster packs, blister packs, individual tablets from containers). Medication books are reviewed for each resident and signed as medication is dispensed. * The main differences between high care and low care environment are: residents are more dependent; they may be in bed for early morning medication. In this case the nurse will get assistance from other staff to position the resident up in the bed or on their side for supplementary (bowel) medication. This can result in increased manual handling demands in high care to reposition residents. | | | | | | | | | |
|  | | | | jd 014 jd 015 | | | | | P1050687 P1020129 |
| The lowest drawer of the drug trolley is only accessed for PRN drugs. | | | | The middle and top drawer is accessed frequently. To administer medication a cup is placed underneath the pouch which is pushed through so that the drugs fall into the cup for the corresponding resident. A medication book remains on the top of the trolley and is viewed and signed for every resident. | | | | | P1020236 P1040619 |
| P1050677 P1050679 | | | | P1040633 | | | | |  |
| This medication trolley is height adjustable.  Fine hand movement to use the mouse. | | | | Distribution of medication to a resident sitting in a chair. To avoid spinal bend, an alternative is to sit in close to the resident. | | | | | Residents in bed may require extra assistance due to physical restrictions and swallowing issues Extended forward reach and neck flexion for up to 15 minutes occurs while ensuring the resident swallows the medication. |
| **Critical physical demands** | | | | | | | | | |
| **Physical Demand** | **N** | **O** | **F** | | **C** | **Description** | | |  |  | | --- | --- | | **Critical range of motion** | Shoulder to 120 degrees flexion. | | **Lift capacity** | Negligible | | **Push / Pull force** | Moderate push force with manual trolley <5 kg to 12 kg. | | **Shift duration / Roster** | 6.45am to 3.15pm; 2.45pm to 9.15pm; 9.00 pm to 7.00 am.  7 days a week.  Permanent part time shifts may be available according to the facility, over a 7 day roster. | | **Environmental factors** | Sloping floors, cluttered corridors / rooms | | **Task rotation** | Morning medication round 2 hours. Lunchtime medication round up to 45 minutes. Afternoon round 30 minutes. Evening round may take up to 60 minutes, and there are DDA rounds that occur throughout the shift. | | **Breaks** | 15 minute tea break, 30 minute meal break. | | **PPE** | Closed-in shoes. | | |
| **Sitting** |  | ✓ |  | |  | Sitting to give medication to resident in bed / chair | |
| **Standing** |  |  | ✓ | |  | Preparing and dispensing medication | |
| **Walking** |  |  | ✓ | |  | Throughout facility for medication round | |
| **Climbing** | ✓ |  |  | |  |  | |
| **Stooping** |  | ✓ |  | |  | Leaning forward to dispense medication | |
| **Bending** |  | ✓ |  | |  | Leaning forward to dispense medication, writing in medication book | |
| **Kneeling** |  | ✓ |  | |  | Dispensing medication to resident in low chair | |
| **Squatting** |  | ✓ |  | |  | Dispensing medication to resident in low chair | |
| **Crawling** | ✓ |  |  | |  |  | |
| **Gripping** |  |  | ✓ | |  | Fine pincer grip to dispense medication | |
| **Forward Reach** |  |  | ✓ | |  | 45 degrees to push trolley to 120 degrees to dispense medication. | |
| **Overhead Reach** |  | ✓ |  | |  |  | | **Risk of developing a MSI** | |
| **Lift** |  | ✓ |  | |  | Medication / cup, weight negligible | | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) | |
| **Carry** |  | ✓ |  | |  | Medication / cup, weight negligible | |
| **Push / Pull** |  |  | ✓ | |  | Medication trolley, reposition resident in bed | |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | | |
| **Repetitive action / sustained posture** | | | | | | | |
| **Repetition**  **Neck:**  **Shoulder:**  **Wrist:**  **Fingers:**  **Hips and knees:**  **Neck:**  **Shoulder:**  **Low back:** | Flexion  Flexion 90 to 120 degrees  Extension  Pincer grip dominant hand  Squat/ half kneel  Flexion to prepare medication, write in medication book, dispense medication to patient in low chair / bed if nursestanding**.**  Extension if shoulder reaches to 120 degrees to give medication.  Flexion90 to 120 degrees and IR  Flexion 20 degrees | | | | | | |
| **Lift/Push/Pull demands-Light** | | | | | | | |

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| Description: cid:image001.jpg@01CB1834.70361670 | | | | | | | | | **Role** | | | | **Registered Nurse** (RN)  **Enrolled Nurse** (EN) | | |
| **Task** | | | | **Crushing medication** | | |
| * ENs and RNs crush medications for residents who are unable to swallow tablets whole.  Medication rounds are in three shifts (morning, lunchtime and evening) and DDA (dangerous drugs) rounds occur throughout each shift.  Generally in high care, ENs distribute medication under RN guidance Monday to Friday, while RNs distribute medication on the weekend. * The tools used are mortar and pestle or an electric (automatic) device. | | | | | | | | | | | | | | | |
| P1020151 | | | | | P1020154 | | | | | P1050707 | | | | jd 016 | |
| Mortar and pestle method   * Places the sachet on upturned **mortar** * Taps the tablets with the **pestle** to crush. | | | | | Mortar and pestle method Variation 1 (Not recommended)   * Strong grip, elbow away from side * Arm abducted and internally rotated * Strong push with shoulder and neck in a compromised position. | | | | | Mortar and pestle method  Variation 2 (Recommended)   * Strong hand and wrist action required * The above hand and arm position reduces the physical demand on upper limb. | | | | Mortar and pestle method   * A twist top device requires a strong grip and force with the right upper limb. | |
| P1050683 | | | | | | | | P1050708 | | | | P2050073 | | | P2050074 |
| Electric (automatic) crusher method (Powder Crush, Rhino Crush, Silent Night)   * Automatically crushes medications in a sealed disposable pouch | | | | | | | | Electric (automatic) crusher method   * Place the pouch within the crushing zone * Light finger action required. | | | | Electric (automatic) crusher method   * A silent night automatic crusher may also be used. | | | |
| **Critical physical demands** | | | | | | | | | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | | **C** | **Description** | | | | |  |  | | --- | --- | | **Critical range of motion** | Shoulder to 90 degree flexion  IR and abduction and wrist flexion to 45 degrees and adduction with use of mortar and pestle. Neck flexion to 60 degrees | | **Lift capacity** | Negligible | | **Push / Pull force:** | Light (<3kg) | | **Shift duration /**  **Roster** | * Morning 6.45am to 3.15pm * Afternoon 2.45 to 9.15pm * Evening 3.00pm to 9.15pm and 3.00pm to 9.45pm * Shifts vary over a 7 day roster Permanent part time arrangements variable | | **Environmental factors** | N/A | | **Task rotation** | * Morning 8am to 10am * Lunch 12pm to 12:45pm * An evening round up to 60 minutes, and DDA rounds throughout the shift | | **Breaks** | 15 minute tea break  30 minute meal break | | **PPE** | Closed in shoes | | | | | |
| **Sitting** | | ✓ |  |  | |  |  | | | |
| **Standing** | |  |  | ✓ | |  | At medication trolley throughout round | | | |
| **Walking** | |  |  | ✓ | |  | Short distances | | | |
| **Climbing** | | ✓ |  |  | |  |  | | | |
| **Stooping** | | ✓ |  |  | |  |  | | | |
| **Bending** | | ✓ |  |  | |  |  | | | |
| **Kneeling** | | ✓ |  |  | |  |  | | | |
| **Squatting** | |  | ✓ |  | |  | Access medication from trolley drawers | | | |
| **Crawling** | | ✓ |  |  | |  |  | | | |
| **Gripping** | |  |  |  | | ✓ | Mortar and pestle, twist top crusher | | | |
| **Forward reach** | | ✓ |  |  | |  | Access medication from trolley drawers, crush medication, to 70 degrees | | | |
| **Overhead reach** | | ✓ |  |  | |  |  | | | |
| **Lift** | |  |  | ✓ | |  | Medication, weight negligible | | | | **Risk of developing a MSI** | | | | |
| **Carry** | |  |  | ✓ | |  | Medication, weight negligible | | | | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) | | | | |
| **Push / Pull** | |  |  |  | |  |  | | | |
| N = Never, O = Occasional (1-33%), F = Frequent (34-66%), C = Constant (67-100%) | | | | | | | | | | |
| **Repetitive action / sustained posture** | | | | | | | | | | |
| **Neck:**  **Shoulders:**  **Wrists:**  **Thoracic:**  **Lower back:** | Neck flexion, looking down when crushing medication.  Forward and sideways reach to 90 degrees and internal rotation dominant arm.  Flexion and ulnar deviation dominant hand mortar and pestle.  Sustained forward bend**,** can be minimised by keeping elbows aimed into the body and using automatic crusher.  Sustained forward bend and twist with mortar and pestle use. | | | | | | | | | |
| **Lift/Push/Pull demands-Very light** | | | | | | | | | | |

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| **Description: cid:image001.jpg@01CB1834.70361670** | | | | | | | | | **Role** | | | | **Registered Nurse** (RN) | |
| **Task** | | | | **Documentation, liaising with medical professionals and family** | |
| * RN records anything that has happened during the day. (Grading scale is a record of high and low care requirements, for each resident) * A pressure ulcer risk assessment is performed on all residents and any changes reported. All of the paperwork is conducted by completing forms requiring handwriting at the desk in the nurses’ station. * RN spends the majority of the shift on his / her feet, sitting for short periods to fill out forms, make phone calls and complete progress notes. On an early (day) shift, this may be how the paperwork is spread throughout the shift. * On arrival there is communication and handover. RN checks whether assessments have been done over the weekends, or the day before, and they then start a medication round, including schedule 8 round (Schedule 8 is narcotic medication, (DDA) for example, morphine and heavy drugs and painkillers) with a team leader on each area. Medication is distributed to selected residents within the wards. * Then all notes taken by staff over the weekend or through their shifts are reviewed. The RN will check any incidences that may have happened over the past shift or the weekend. At about 9.00 every morning for 15-20 minutes there is a meeting with a deputy director of care. * Most of the shift is spent in a supervising and checking role and liaising with staff to make sure things are running as they need to be within the organisation. | | | | | | | | | | | | | | |
| P1040656 | | | | DSC_0227 | | | | P1040613 | | | | DSC_0228 | | jd 023 |
| The ergonomic set up varies | | | | Ideally the computer screen should be at eye height | | | | Documentation for medication round | | | | Accessing narcotic medication (DDA) in locked cupboards | | Accessing forms for documentation |
| **Critical physical demands** | | | | | | | | | | | | | | |
| **Physical Demand** | | **N** | **O** | | **F** | **C** | **Description** | | | | |  |  | | --- | --- | | **Critical range of motion** | Shoulder to 60 degrees flexion | | **Lift capacity** | 2kg | | **Push / Pull force** | Light push / pull force <3kg | | **Shift duration / Roster** | 6.45am to 3.15pm; 2.45pm to 9.15pm; 9.00 pm to 7.00 am. Over 7 days a week.  Permanent part time shifts may be available according to the facility, over a 7 day roster. | | **Environmental factors** | Ergonomic setup varies | | **Task rotation** | Paperwork is done in short 15-20 intervals, rotated with other standing and walking tasks throughout the shift. | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed-in shoes, gloves, mask for selected procedures. | | | | |
| **Sitting** | |  | ✓ | |  |  | Documentation , phone calls with medical professionals or family | | | |
| **Standing** | |  |  | | ✓ |  | Medication rounds, dressings, liaising with staff | | | |
| **Walking** | |  |  | | ✓ |  | Within complex | | | |
| **Climbing** | | ✓ |  | |  |  |  | | | |
| **Stooping** | |  | ✓ | |  |  | If computer screen too low may stoop | | | |
| **Bending** | | ✓ |  | |  |  |  | | | |
| **Kneeling** | | ✓ |  | |  |  |  | | | |
| **Squatting** | | ✓ |  | |  |  |  | | | |
| **Crawling** | | ✓ |  | |  |  |  | | | |
| **Gripping** | |  |  | | ✓ |  | Pen, mouse | | | |
| **Forward Reach** | |  | ✓ | |  |  | Computer based work to 60 degrees | | | |
| **Overhead Reach** | |  | ✓ | |  |  | Access DDA’s / forms from overhead cupboards | | | | **Risk of developing a MSI** | | | |
| **Lift** | |  | ✓ | |  |  | Medication book, folders to 2 kg | | | | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) | | | |
| **Carry** | |  |  | | ✓ |  | Folders .2 kg | | | |
| **Push / Pull** | |  |  | | ✓ |  | Medication trolley | | | |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | | | | | |
| **Repetitive action / sustained posture** | | | | | | | | | | |
| **Neck:**  **Upper back:**  **Lower back:**  **Repetition:** | Flexion to look at keys, paperwork, medication book  Flexion when seated at computer if chair not supportive or ergonomic setup not ideal  Lean forward if chair not supportive or if standing with feet together and knees straight at medication trolley or when liaising with staff.  Forward reach 45 to 60 degrees for computer based work and to document medication in medication book. | | | | | | | | |  |
| **Lift/Push/Pull demands-Very light** | | | | | | | | | | |

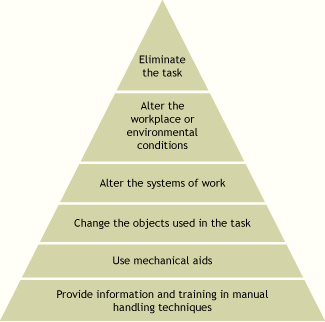
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| **Description: cid:image001.jpg@01CB1834.70361670** | | | | | | | | **Role** | | | **Registered Nurse** (RN) |
| **Task** | | | **Manoeuvre medication trolley** |
| * Depending on the facility the medication trolley is manually manoeuvred, or automated. Rolling resistance of the medication trolley varies according to the trolley wheels and setup, and floor surface; it can range from < 5 kg to 11.5 kg. This is increased over sloping corridor, or as the medication trolley is placed into the lift if there is a requirement for the RN to work over floors between medication rounds. * The ease of use of automatic controls varies with medication trolleys, and generally the push pull force is less than 2-5kg. * The number of residents requiring medication will vary according to the size of the complex, and therefore the length of the medication round and areas traversed will vary. * At times there are frequent interruptions when giving out medication. If the phone rings for example, the RN may need to assess if a resident has fallen and in that case they lock the trolley and put it in a secure place, and need to go immediately to that area to assess the resident. | | | | | | | | | | | |
| P1020094 P1020096 | | | | | P1020097 P1040247 P1040249 | | | | | P1020239 P1020238 P1090908 | |
| Depending on the environment, there can be a lot of turning of the trolley to go from corridor to corridor and there can be obstacles, e.g. walking frames, residents, chairs or other furniture. | | | | | Manoeuvring the medication trolley with a “palm down” grip can place increased load on to nurse’s shoulders.  It is recommended that at times nurses use a neutral palm grip and lunge, pushing in close to avoid extra strain on to the shoulders | | | | | Once the nurse gets in close shoulders are relaxed and spinal bending is not apparent. The elbows are kept close to the body, the trolley is pushed by a forward lunge, also keeping the knees in alignment with the spine, avoiding spinal bending or twisting through the knees | |
| P1020252 | | | | | jd 018 | | | | | P1050677 | |
| The medication trolley is driven using the hand controls. The trolley is automated. | | | | |  | | | | | A high/low trolley may be used.  The bottom drawer has fluid medication and the top 2 drawer tablets, and capsules. | |
| **Critical physical demands** | | | | | | | | | | | |
| **Physical Demand** | | **N** | **O** | **F** | | **C** | **Description** | | |  |  | | --- | --- | | **Critical range of motion** | Shoulders 45 to 60 degrees flexion. | | **Lift capacity** | Negligible | | **Push / Pull force** | Manual trolley 5kg-12 kg. | | **Shift duration / Roster** | Day shift of a RN varies: Monday to Friday, 6.45am to 3.15pm; afternoon shift 2.45 to 9.15pm; evening 9pm to 7am over 7 days a week.  Permanent part time shifts may be available according to the facility, over a 7 day roster. | | **Environmental factors** | Potentially a lot of turning of the trolley, going from corridor to corridor plus obstacles within the corridor, (walking frames, residents, chairs or other furniture). Sloping floor increases push force if manually operated. | | **Task rotation** | 2 hour morning round, 45 minute lunchtime round, short afternoon round. | | **Breaks** | 15 minute tea break, 30 minute meal break. | | **PPE** | Closed-in shoes. | | | |
| **Sitting** | | ✓ |  |  | |  |  | |
| **Standing** | |  |  | ✓ | |  | Medication distribution | |
| **Walking** | |  |  | ✓ | |  | Within complex to manoeuvre trolley | |
| **Climbing** | | ✓ |  |  | |  |  | |
| **Stooping** | | ✓ |  |  | |  |  | |
| **Bending** | |  |  | ✓ | |  | Medication from drawers of trolley | |
| **Kneeling** | | ✓ |  |  | |  |  | |
| **Squatting** | | ✓ |  |  | |  |  | |
| **Crawling** | | ✓ |  |  | |  |  | |
| **Gripping** | |  |  | ✓ | |  | Trolley handles | |
| **Forward Reach** | |  |  | ✓ | |  | Medication distribution, manoeuvre trolley, to 60 degrees | |
| **Overhead Reach** | | ✓ |  |  | |  |  | | **Risk of developing a MSI** | | |
| **Lift** | |  | ✓ |  | |  | Medication (negligible weight) | | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) | | |
| **Carry** | | ✓ |  |  | |  |  | |
| **Push / Pull** | |  |  | ✓ | |  | manoeuvre trolley, from < 5 kg to 12 kg | |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | | | |
| **Repetitive action / sustained posture** | | | | | | | | |
| **Repetition**  **Neck:**  **Shoulders**:  **Thoracic spine:**  **Low back:** | Flexion to 30 degrees, rotation when turning trolley.  Forward reach to 45 - 60 degrees to push manual trolley and guide automatic trolley.  Slight flexion to push trolley, minimised with arms by side.  Sustained force at times with heavy push and turn of manual trolley, minimised with lunge, arms in towards body and spinal bracing. | | | | | | | |
| **Lift/Push/Pull demands-Light** | | | | | | | | |

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| --- | --- | --- |
| **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 35kgf 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.

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| --- | --- | --- | --- | --- |
| **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 as provided by Hal (Helen) Robertson, SA Health [↑](#footnote-ref-1)