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Nurses Return to Work in Hospitals Project

Guidance on Return to Work Duties

Outline

Appendix 1

MATRIX: HOW TO IMPLEMENT "GUIDANCE ON RTW DUTIES" - A Simple Step by Step Guide

Nurses Return to Work in Hospitals Project
Guidance on Return to Work Duties

Section 1. Introduction

Nurses[1] are an essential part of the health care system and the importance of assisting them to remain in their chosen profession even after an injury cannot be underestimated. This project aims to develop guidance for health care facilities on a model process for the identification of suitable Return to Work (RTW) duties for injured/ill nurses. It also provides a Resource Tool with samples of duty demand evaluations for use in the RTW process.

Cornerstones of the guidance are:

- A holistic, proactive approach
- A "bottom up" approach, driven by direct care nurses, while securing support from senior management and promoting a whole of hospital approach
- A simple and sustainable process that can be facilitated in house, without an expert, wherever possible
- Promotes a link between OHS injury prevention and improved RTW
- Maximises what nurses can, rather than can't do

This guidance is about nurses, for nurses. It includes practical resource tools to assist health and aged care facilities to identify suitable RTW duties for injured/ill nurses that:

- Are meaningful and enable them to utilise their skills, knowledge and experience
- Enable nurses to remain in a clinical/nursing role wherever possible
- Promote sustainable RTW outcomes

The tools will assist Return to Work Coordinators and others involved in nurses' RTW to perform their role more effectively, dealing with what has traditionally been a most challenging area.

The guidance and tools promote active participation, ownership and buy-in by nurses and their managers in the RTW process, tailoring individual needs to the local ward/facility level.

This project has been managed by the Australian Nursing Federation (Victorian Branch). The Valley Private Hospital, a member of the *Healthe.Care group* volunteered to be the pilot hospital for the project.

[1] For the purposes of this document the term nurse also refers to midwives.

Incentives and Benefits for Organisations and Nurses

Why should you as a Healthcare organisation look at this resource tool?

This tool is designed to support your organisation to get nurses back to work safely, it's about working together, about creating a workplace culture proactively and preventatively focused on minimising the risk of injury, about being respectful of the knowledge nurses have of their work environment and in identifying risk, and it's about having an effective OHS system.

Nurses wanted to be involved in developing this resource tool, they recognised the value to them as nurses regardless of whether they have had a work related injury/illness or not, they recognised the importance of RTW duties being real nursing duties.

To utilise this resource effectively there is a need to allocate time and to appoint a person from within the organisation, however the rewards are well worth the investment. This resource commitment will be minimal in comparison to the specific incentives and potential benefits for your organisation:

For employers/managers:

- Staff retention - improved RTW will assist organisations to retain skilled, experienced nursing staff, particularly at a time of critical nurse shortages and the increasing challenges of an ageing workforce and population
- Cost savings - the financial impact of "no RTW" on the WorkCover premium can be substantial, costing up to hundreds of thousands of dollars. Improved processes to identify suitable RTW duties for injured/ill nurses, thereby maximising the opportunities for successful RTW, may have a positive impact on the costs associated with workplace injury and claims
- Staff replacement, training and re-training - improved RTW outcomes will reduce the costs of replacing, training or re-training staff
- Quality of care - consistency of staffing can promote continuity of care and improved patient care outcomes

For nurses:

- Consequences of workplace injury/illness for nurses may include financial loss, reduced quality of life, and loss of career - the model process promotes improved RTW outcomes for injured/ill nurses, to enable them to remain in the nursing profession
- Nursing colleagues can also be positively affected by improved RTW outcomes, with an improvement on co-workers' workloads, job satisfaction and morale

The "bottom up approach" is seen as an effective approach to engaging staff by promoting ownership and commitment to a policy or process (Australian Nursing Federation, Victorian Branch, 2008b).

Whilst this guidance is focused on nursing duties, the principles, framework, and tools may be adapted to other clinical and non clinical settings, allowing organisations to promote a consistent approach.

Statement of Intent

This guidance is just one component of a proactive, early intervention approach to rehabilitation and RTW of injured/ill nurses. It is informed by a number of assumptions, including:

- The organisation implementing the model is compliant with the relevant legislative obligations including OHS, rehabilitation and RTW - this includes the provision of a safe work environment, equipment and training to enable the nurse to perform the work safely
- The organisation has in place appropriate supports and programs in relation to Equal Employment Opportunity and anti-discrimination/disability legislative obligations which maximise the opportunity and potential for injured/ill nurses to RTW in meaningful, suitable employment
- Injured/ill nurses have access to appropriate occupational rehabilitation services, including referral to a rehabilitation provider if problems or complexities with the return to work arise; provision of expertise to conduct worksite assessments and identify any required workplace modifications, aids or equipment; support from the RTW Coordinator and; co-worker education and support

Purpose & Utilisation of the Guidance

The purpose of the guidance is to assist organisations to identify duties for injured nurses, utilising a consultative process including injured nurses, their colleagues, and nursing representatives, based on the "bottom up" approach contained in Section 3 of the Guidance. It is considered that this approach, incorporating the specified steps and procedures outlined in Section 3 and associated tools of the guidance, is crucial to successful implementation of the guidance and the identification of suitable and sustainable return to work duties for injured nurses. It is therefore recommended that organisations follow the guidance and implement the relevant procedures as outlined, utilising the associated tools and resources provided.

Limitations

This information is to be used as a guide only and must take into account individual circumstances, including the specific medical restrictions of the individual worker subject to approval from their treating practitioner, assessment of their functional capacity and specific worksite related factors.

A limitation of the guidance is that the duty demands evaluation is conducted over a shift or short period, and is an indicator only based on immediate rating after performing a task. The information has not been scientifically validated and longer term evaluation is recommended in the case of individual tasks, as well as expertise to conduct appropriate worksite and task assessments.

Note: This is a guide only, and the tools and resources contained herein, including sample lists of suitable duties and duty demands evaluations, are specific to the pilot wards/organisation in which the guidance was piloted. Organisations are expected to tailor application of the guidance to their specific/unique circumstances, taking into account the particular needs of their staff, patient care, and specific medical restrictions and circumstances of injured nurses.

Section 2. Background

An investigation into the "Feasibility of a Catalogue of Return to Work and Employment Opportunities to support RTW Planning" (known as Report 6) was undertaken as part of the Nurses RTW in Hospitals Project (Australian Nursing Federation, Victorian Branch 2008b). This section of the guidance draws on background information from Report 6.

Previously the Nurses RTW in Hospitals Project's literature review had identified the following barriers to RTW for injured/ill nurses:

- A failure by some employers to offer suitable duties
- Difficulty in finding meaningful suitable duties
- Lack of safe, sustainable, suitable and durable RTW duties

Feedback from nurses in RTW Focus groups indicated that:

- Injured/ill nurses want to be able to remain in the nursing profession and they require support, assistance and counseling strategies to help them do so
- They do not want to be referred for computer courses to skill them to obtain administrative roles
- Vocational rehabilitation is seen by nurses as the last alternative

Research indicated that in many cases injured/ill nurses are not being assisted to remain in the nursing profession, even with the current nursing shortage.

The RTW Project suggested that a "bottom up" approach should be tested to identify suitable RTW duties, recognizing that:

- Nurses in their own ward are the most appropriate people for identifying hazards and solutions in their work environment
- Nurses have the knowledge of their roles, responsibilities and the work environment to identify RTW duties

A workshop involving participants in nursing and RTW was held to examine the feasibility of a catalogue of RTW duties and employment opportunities (ANF 2008b, Report 6). Some participants did not support adopting a simplistic task based approach to a nurses RTW, as nurses have broad and transferable skills and not all nursing duties constitute tangible tasks (eg. providing emotional support for patients). Some raised concerns about using familiar terms such as "task analysis" and "catalogue of duties" in the nursing context because of a tendency for these approaches to inappropriately fragment the nursing role. Nursing is more than a series of disconnected, individual tasks. It involves the utilization

of broad ranging skills, knowledge and responsibilities with many subtle nuances to the role that cannot be reduced to a simple task based approach.

This guidance, which includes a reference tool to assist with the identification of RTW duties for nurses, is therefore based on a much broader holistic view of nursing. It is more about evaluating the physical and cognitive demands of the role, with a focus on what the nurse *can*, rather than can't do. It also promotes ownership of this process by nurses, for nurses, utilizing their knowledge of the job within a team based approach which tailors RTW to the needs of the organisation at the local level and maximizing the potential for injured/ill nurses to return to work in their pre-injury/clinical role wherever possible.

Presenters at the workshop suggested that guidance on RTW duties should:

- Be utilised as a "ready reference tool" rather than a definitive list
- Be used as a guide only as each RTW plan needs to be tailored to the individual case
- Provide a description of the physical and psychological demands of the range of available duties at a workplace
- Be utilised as a resource to identify suitable duties and to assist medical practitioners in approving a RTW plan for an injured nurse
- Be one part of a systematic, proactive approach towards rehabilitation and RTW.

Section 3. A "bottom up" approach to identifying suitable RTW duties

3.1. Let the nurses do the talking

A "bottom up" approach aims to facilitate nursing staff with experience on the ward(s) to identify suitable RTW duties, with the appropriate support from OHS staff and managers. This can be undertaken "in house", or with the assistance of appropriate external expertise (refer Section 6 for advice on engaging external expertise).

The most common injury type for nurses is musculoskeletal disorders (eg. back, neck, shoulder, arm injuries), therefore the main focus of this guidance is on determining suitable duties for nurses returning to work with these types of problems. However, the general approach is readily adaptable to other injuries and conditions, to enable a consistent approach across the organisation.

3.2. Engaging stakeholders

A "bottom up" approach is not just all about consulting with nurses. It firstly requires engagement of other relevant stakeholders to ensure management support and organisational commitment. The following steps are recommended:

- Appoint a Project Manager (perhaps the OHS Manager, RTW Manager, a Nursing Health and Safety Representative, or an external OHS consultant) – should have an understanding of rehabilitation, RTW, worksite assessment and related legislative requirements, with support from the person responsible for RTW;
- Develop a Project Plan, including timeframes
- Develop a Project Information Sheet (Refer Appendix 7.2 for sample flyer)
- Provide information to relevant stakeholders, including CEO and Senior Management Team, OHS Manager, RTW Manager
- Gain commitment from management stakeholders for the project, including the allowance of adequate time to undertake the project
- Provide information to nursing staff about the project
- Gain commitment from nursing stakeholders for the project

3.3. Selection of ward(s) to participate in the process

The guidance on suitable duties should provide generic information, able to be used across the organisation but also adaptable for specific areas. Therefore, a ward(s) that undertakes general nursing duties, representative of the organisation, is the best place to

start. Other attributes of a suitable ward(s) to participate in the process of developing guidance on RTW duties would include:

- Positive RTW culture
- Support from nursing managers and staff

It should be noted that participation in this process can in fact assist in building a positive culture for RTW.

3.4. Engage a Focus Group

It is essential that direct care nurses are engaged in this process. The use of a small Focus Group of staff to represent their nursing colleagues is a practical means of consulting.

Generally 4 – 8 nurses in a Focus Group encourages honest interaction and is not too difficult to coordinate. Ideally, included in this group should be a Nurse Unit Manager and a Nursing Health and Safety Representative.

Selection of nurses for the Focus Group should consider the following attributes:

- Experience on the ward(s) and in nursing in general
- Communication skills
- Interest in health and safety
- Personal experience with injury on the job
- Interaction and relationships with other staff on the ward
- Availability and ability to see the project through

The Focus Group staff will be representing others on the ward(s), hence it is essential that they have the skills and attributes to do this effectively.

For example, the Pilot Hospital Focus Group included the following nurses from a Surgical ward:

Nurse Unit Manager
Health and Safety Representative (Division 2 Nurse)
2 X Division 1 nurses
1 X Division 2 nurse

3.5. Identify Nursing Duties

Develop a list of all duties undertaken by nurses in the relevant areas. You may like to use the Sample Duties List outlined in the Table below as a starting point. There is also examples of descriptions of nursing duties in Appendix 7.4. Run this Duties List by your Focus Group to see if it accurately reflects the duties that they undertake and modify accordingly.

Sample Nursing Duties List – Pilot Ward (duties listed in clusters of tasks undertaken together)
A. Direct Care of Patients
Wound Assessment Wound Management
Oral medication preparation and administration IV Medication preparation and administration Intra muscular medication preparation and administration Blood Sugar Tests
Assisting with activities of daily living – showering Assisting with activities of daily living – sponge bath Assisting with activities of daily living – toileting in bathroom Assisting with activities of daily living – toileting in bed Assisting with activities of daily living – mouth care Assisting with activities of daily living – dressing Assisting with activities of daily living – feeding Bed making – occupied bed Bed making – unoccupied bed Emptying catheters
Assisting with off bed patient transfers – bed to chair/chair to chair Assisting with off bed patient transfers – moving person off the floor Assisting with off bed patient transfers – bed to trolley
Assisting with on bed patient positioning–sit up/down Assisting with on bed patient positioning– up/down the bed; roll or turn/reposition Assisting with sitting patient on side of the bed
Pushing/transporting bed/trolley
Setting up the bed
Patient observations Patient education
B. Supervision
Clinical supervision
C. Administration and documentation
Participating in handover Planning, coordinating and evaluating care
Documentation audits and Policy development/review Ward administrative duties

Refer to Appendix 7.4., for examples of descriptions of 'nursing duties'.

3.6. Cluster Duties – Focus Group Meeting

(Refer Appendix 7.3 for sample Focus Group agenda and explanatory notes from Pilot Project)

The objectives of the clustering exercise are:

- To roughly categorise nursing duties into groups of duties likely to be "suitable" or "not suitable" for the RTW process
- To cluster nursing duties into groups that may be undertaken together

This process is not meant to be scientific and is done around a table, using the nurse's experience on the job.

For example, to provide a visual stimulation to this clustering exercise for the Pilot Focus Group, a set of cards with each card representing a different duty was developed. The Focus Group staff then physically moved the cards on the table into different categories of suitable/not suitable and clustered them into groups of duties undertaken together.

It is important to note that the work environment and equipment used on the ward will have a major impact on duties likely to be suitable. Well designed bathrooms and bedrooms, along with relevant patient handling equipment will increase the number of duties likely to be suitable for the injured nurse.

For example, assisting with moving beds or trolleys may be classified as suitable for injured/ill nurses if mechanical bed moving devices are available, but would probably be unsuitable if the beds are pushed manually.

Note – it is assumed that manual handling risks are reduced as far as reasonably practicable as per requirements of manual handling legislation.

For more information on patient handling equipment and the No Lifting Policy, refer to:

- Victorian WorkCover Authority (2006) *Transferring People Safely*, Victorian Government

For more information on designing workplaces for safer handling of people, refer to:

- Victorian WorkCover Authority (2007) *A Guide to Designing Workplaces for Safer Handling of People*, Victorian Government

In determining which duties are 'suitable' or 'not suitable', it should be remembered that the emphasis is on maximizing what a nurse ***can***, (rather than can't) do, provided she/he is appropriately supported, including a safe work environment and equipment which facilitates her/his ability to perform the work safely within relevant medical restrictions.

For example, the Table below shows the results of the clustering exercise from the Pilot Focus Group. It also indicates additional tasks that may be upgraded to "suitable" if optimal work environment and equipment is provided. A summary explanation of what constitutes "optimal" is also provided (refer to the publications listed above for details).

Sample Summary list of nursing duties – Pilot Ward (in groups suitable / not suitable for injured nurses)		
DEEMED SUITABLE BY PILOT WARD (takes into account work environment, equipment and work practices)	**DEEMED NOT SUITABLE BY PILOT WARD (takes into account work environment, equipment and work practices)**	***MAY BE UPGRADED TO SUITABLE WITH OPTIMAL WORK ENVIRONMENT AND EQUIPMENT *Refer explanation P 13***
A. Direct care of patients		
Wound assessment		
Wound management		
Oral medication preparation and administration		
IV medication preparation and administration		
Intra muscular medication preparation and administration		
Blood sugar tests		
	ADL - Showering	*ADL – Showering**
ADL - Sponge bath		
	ADL - Toileting in bathroom	
ADL - Toileting in bed		
ADL - Mouth care		
	ADL - Dressing	
ADL - Feeding		
ADL - Bed making - unoccupied		
	ADL - Bed making - occupied	
	Emptying catheters	
	Off bed transfer - Bed to chair/chair to chair	
	Off bed transfer -Moving person off the floor	
	Off bed transfer - Bed to trolley	*Off bed transfer - Bed to trolley**
On bed patient positioning - Sit up/down the bed		
	On bed patient positioning - Roll or turn/reposition on the bed	
	Assisting with sitting patient on side of the bed	
	Pushing/transporting bed/trolley	*Pushing/transporting bed/trolley**
	Setting up bed	*Setting up bed**
Patient observations		
Patient education		

B. Supervision	
DEEMED SUITABLE BY PILOT WARD (takes into account work environment, equipment and work practices)	**DEEMED NOT SUITABLE BY PILOT WARD (takes into account work environment, equipment and work practices)**
Clinical supervision	
C. Administration and documentation	
SUITABLE	**NOT SUITABLE**
Participating in handover	
Planning, coordinating and evaluating care	
Documentation audits and Policy development/review	
Ward administrative duties	

Explanation:

****For example, what is needed to upgrade these duties to "suitable"?***

ADL – Showering

- *Large bathrooms built to accommodate a shower trolley*
- *Wide slide sheets, pat slide and three staff for transfer from bed to shower trolley*

Off bed transfer - Bed to trolley

- *Large bedrooms with enough space either side to accommodate wide slide sheets, pat slide and three staff or*
- *Hover mattress and two staff*

Pushing/transporting bed/trolley

- *Mechanical bed moving device or*
- *Electric bed with in built transporting device*

Setting up bed

- *Fully adjustable electric bed with easy to remove, light-weight parts*

Note: This is an **example only** and is specific to the pilot ward/organisation involved in the piloting of this guidance. Individual organisations should implement the "bottom up" process outlined in this guidance to apply the tools to their own specific wards and circumstances as applicable.

3.7. Introduce the Duty Demands Evaluation – Focus Group Meeting
(Refer Appendix 7.3 for sample agenda and explanatory notes from Pilot Project)

The next step is to undertake an evaluation of the demands of the duties. Duties identified as likely to be suitable would have a Duty Demands Evaluation undertaken by members of the Focus Group, with assistance from the Project Coordinator.

The evaluations draw on the nurse's experience in the job, and their specific work environment. This process aims to get an indication of the physical and cognitive demands of a range of nursing duties from the nurse's perspective, which will form the basis of a suitable duties resource tool.

Demands can be rated using the traffic light model, as follows:

- The nurses will rate the demands of the duty themselves and assign a traffic light rating immediately after doing the duty - it is important that the rating process occurs straight after doing the duty so that it is fresh in the minds of the staff member, rather than at the end of the day
- Duties are to be rated as per optimal circumstances, eg. using correct techniques and equipment as far as practicable, with optimal staffing levels
- It is understood that there are always variations with regard the severity of pain and injury – the evaluations should be considered in the context of a nurse that is ready to return to work
- Focus group participants should undertake the ratings independent of each-other
- The Project Coordinator should observe the duties being undertaken by the Focus Group participants, identifying manual handling risk factors associated with the duty and assisting with any queries about the evaluation process

It is important to note that the Duty Demands Evaluations should be used as a guide only when determining RTW duties. Further information, taking into account individual circumstances e.g. the specific medical restrictions of the individual worker, assessment of their functional capacity and worksite factors, is required to develop a suitable RTW plan. This process of rating duty demands is not scientifically validated and should be used as a guide only.

Sample Duty Demands Evaluation – Pilot Hospital

Refer Appendix 7.5 for a Sample Duty Demands Recording Sheet

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Traffic Light Duty Demands Evaluation: Physical Risk Rating

(Green, Orange, Red)

Body part	**Risk**	**Physical Demands**
Neck		
Low back		
Shoulder dominant		
Shoulder non dominant		
Elbow dominant		
Elbow non dominant		
Wrist/hand dominant		
Wrist/hand non dominant		
Lower limbs		

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	**Cognitive Demands**
Concentration		
Communication		

The Focus Group should be given an opportunity to trial the Duty Demands Evaluation with a "mock-up" duty, before doing the evaluations independently. Select a commonly performed duty (eg. bed making) and get the Focus Group participants to perform it in a "mock-up" situation, then rate the demands of the duty using the Duty Demands Recording sheet.

Results from the "mock-up" evaluation should then be compared and discussed. If there are any major discrepancies between results, discuss why ratings were assigned to get an understanding of the varying view points. Work towards getting a group understanding on the risk ratings for the duties.

NOTE:

- The self rating process used in this evaluation draws lessons from the psychophysical approach to task analysis based on Ratings of Perceived Exertion [2]
- The process used in developing this guidance is not scientifically validated and has been used as part of the consultative "bottom up" approach to determining suitable RTW duties – ie. using nurses feedback coupled with observation of the duty demands by the project coordinator (a person with experience in worksite assessments)
- The process does not replace the need for ongoing manual handling risk management processes required under manual handling legislation and related guidelines. This resource tool is specifically designed for the purposes of assisting in the identification of RTW duties for nurses post injury/illness, and should be utilised in conjunction with OHS/manual handling risk management processes
- The traffic light model is generally perceived as easy to understand and recently has been used extensively in WorkSafe Victoria publications. In this case, the traffic light analysis aims to provide a snap-shot account of duty demands for use by stakeholders in the RTW process, including the injured worker, the RTW Coordinator, the NUM and the medical practitioner
- This bottom up approach, with direct involvement of nursing staff, builds understanding, ownership and commitment to the RTW process, important aspects of building a positive RTW culture

[2] Ratings of Perceived Exertion – this approach to measuring the intensity of physical activity was developed by Swedish psychologist Gunner Borg (1982). Perceived exertion is how hard you feel your body is working. It is based on the physical sensations a person experiences during physical activity, including increased heart rate, increased respiration breathing rate, increased sweating and muscle fatigue. Although this is a subjective measure, Borg found that a person's exertion rating may provide a fairly good estimate of the actual intensity of undertaking the physical activity. The Borg RPE Scale is a 15 category scale ranging from 6 (no exertion at all) to 20 (maximal exertion). Researchers have found that this method of investigation is most effective for short periods of dynamic work involving large muscle groups, although it can also be used for other types of work (Hultman et al, 1984).

Section 4. Developing a Resource Tool for Identification of Suitable RTW Duties

4.1. Introduction to the guidance

The Duty Demands Evaluations can be used as the basis for developing a Resource Tool for Identification of Suitable RTW Duties (Resource Tool). The Resource Tool may vary between different health care facilities, and even between wards within an organisation. This is because the demands of varying nursing duties are dependent on a number of factors in the local environment including:

- Work environment
- Equipment
- Work practices
- Staffing

Therefore, it is important to put the work into developing your own Resource Tool as one part of your RTW system. You may like to use the Sample Resource Tool in this publication as a starting point and modify to fit your organisation.

4.2. Sample Resource Tool – Assumptions

The Duty Demand Ratings have been developed assuming that duties are performed in optimal circumstances for the local work environment, ie.

- Using correct techniques
- Using relevant readily available equipment
- With optimal staffing levels
- Performed at a reasonable pace
- Patient is within normal weight range (ie. not Bariatric)

This sample Resource Tool is targeted to manual handling injuries. In using the guidance, it is assumed that the relevant OHS policies and procedures are in place, including physical environment, equipment and techniques for safe manual handling. In particular, reference should be made to the following guidelines:

- Victorian WorkCover Authority (2006) *Transferring People Safely*, Victorian Government
- Victorian WorkCover Authority (2007) *A Guide to Designing Workplaces for Safer Handling of People*, Victorian Government

4.3. Sample Resource Tool for identification of Suitable Duties – Pilot Hospital

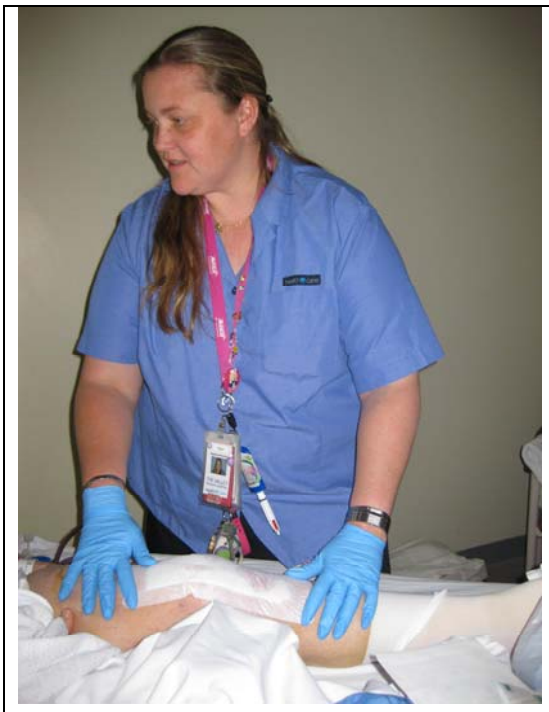
Remember – this Resource Tool provides a sample only and cannot be adapted to all circumstances. However, the framework and tools utilised should be adaptable to most clinical and non clinical settings, and other workplace injuries and conditions.

The sample Resource Tool includes Duty Demands Evaluations in an Orthopedic Day Ward for the following duties deemed suitable for RTW by the Pilot Hospital Focus Group:

DUTIES DEEMED SUITABLE BY PILOT WARD (takes into account work environment, equipment and work practices)
A. Direct care of patients
Wound assessment
Wound management
Oral medication preparation and administration
IV medication preparation and administration
Intra muscular medication preparation and administration
Blood sugar tests
ADL - Sponge bath
ADL - Toileting in bed
ADL - Mouth care
ADL - Feeding
ADL - Bed making - unoccupied
On bed patient positioning - Sit up/down the bed
Patient observations
Patient education
B. Supervision
Clinical supervision
C. Administration and documentation
Participating in handover
Planning, coordinating and evaluating care
Documentation audits and Policy development/review
Ward administrative duties

Refer Appendix 7.4 for a detailed description of nursing duties.

Duty: Wound Assessment SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Determine location of the wound and position the patient to allow access to the wound;
- Determine aetiology of the wound;
- Take photographic images where required;
- Classification of information for determining wound stage;
- Check clinical appearance;
- Determine condition of skin surrounding the wound;
- Pain assessment using an analogue scale for constant pain and pain related to dressing changes;
- Wound measurement for length, width and depth;
- Establish chart to support initial wound assessment; and
- Provide documentation of description of dressing regime including date for review and dressing frequency required.

Time (where relevant duration, frequency, time of day/schedule): 1 – 3 minutes duration; 3 - 4 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high

Training: Competent in No Lifting techniques; manual handing training

Related duties: Wound management

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Wound Assessment (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

Assumes wound is easily accessible, easy to see and elevated on the bed.

Assumes wound dressing is unwrapped, not cut with scissors.

Ratings may be downgraded to orange for shoulder dominant, elbow dominant and wrist/hand dominant if limb needs to be held to view the wound.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck	√		
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying		√	
Pushing/pulling		√	

Duty: Wound Management SAMPLE ONLY

Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Position the patient to allow access to the wound;
- Select the appropriate dressing for the wound;
- Prepare the wound bed;
- Apply the dressing to the wound.

Time (where relevant duration, frequency, time of day/schedule): 5 – 10 minutes duration; 1 - 3 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high; dressing trolley and dressing pack

Training: Competent in No Lifting techniques; manual handing training

Related duties: Wound assessment

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Orange	Some bending to access wound and materials
Shoulder dominant	Orange	Some reaching to access wound and materials
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Manipulation of dressings and packing the wound requires wrist/hand movements and some pressure.
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Wound Management (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

Assumes wound and dressing is easily accessible. Rating may be downgraded to orange for elbow dominant if limb needs to be held to manage the wound.

Some wounds may be difficult to pack, requiring a greater degree of pressure from wrist/hand – in these cases, wrist/hand dominant rating may be down graded to red.

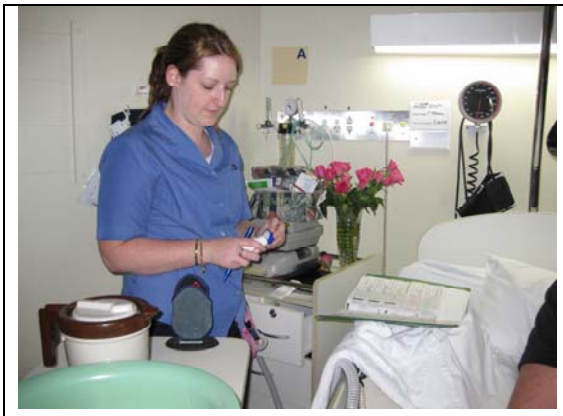
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back	√		
Bending or twisting the neck	√		
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)	√		
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Lightweight dressings only
Pushing/pulling		√	

Duty: Oral medication preparation and administration

SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Take required assessment measures prior to administering medications;
- Read medication chart and take medications from medication bottle/packet;
- Confirm medications with medication chart;
- Crush medications if appropriate;
- Prepare right dose required;
- Identify right patient;
- Assist patient to safe and comfortable position for taking medications;
- Give medication to patient;
- Document medication given on medication chart accurately.

Time (where relevant duration, frequency, time of day/schedule): 3 minutes duration; 8 – 10 times per shift, spread throughout the shift

Equipment: Electric bed with electric back rest adjustment

Training: Competent in No Lifting techniques; manual handing training

Related duties: Intra-muscular medication and IV medication

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Oral medication preparation and administration (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Orange**	Important to check medication as per procedure – "five rights".
Communication	**Green**	

Other comments:

Assumes oral medication does not need to be crushed. If this is required, depending on medication type and method of crushing, rating for wrist/hand may be downgraded to orange.

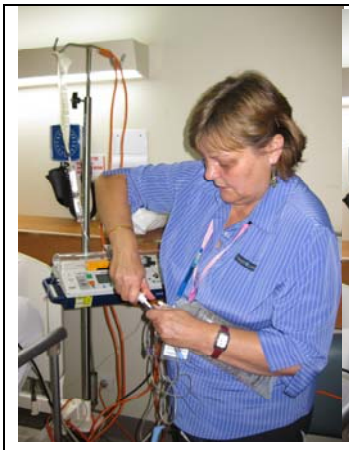
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Lightweight medication only
Pushing/pulling		√	

Duty: IV medication preparation and administration

SAMPLE ONLY



Position:

- Nurse – Div 1

Brief Description of duty: Duty may include:

- Take required assessment measures prior to administering medications
- Obtain equipment (IV pole, IV medication) – hang IV therapy on pole
- Read medication chart and prepare IV medication (add diluent, shake)
- Confirm medications with medication chart
- Identify right patient
- Assist patient to safe and comfortable position for IV
- Administer IV medication to patient
- Document medication given on medication chart accurately

Time (where relevant duration, frequency, time of day/schedule): 5 minutes duration; 1 – 5 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high; IV trolley; IV medication

Training: Competent in No Lifting techniques; manual handing training

Related duties: Intra-muscular medication and Oral medication

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Orange	Hanging IV bag and mixing medication
Shoulder non dominant	Green	
Elbow dominant	Orange	Mixing medication
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Mixing medication and drawing up needle
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: IV medication preparation and administration (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Orange	Important to check medication as per procedure – "five rights".
Communication	Green	

Other comments:

Assumes patient able to position themselves for IV medication to be administered in an accessible location.

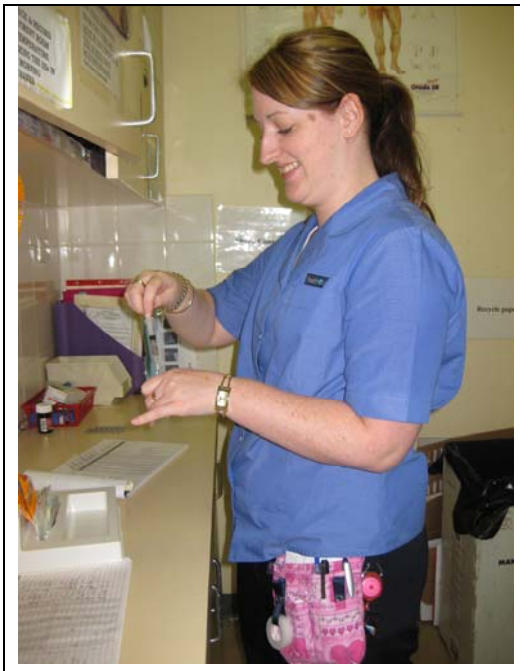
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)	√		
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		IV fluid bag
Pushing/pulling	√		IV trolley

Duty: Intramuscular medication preparation and administration

SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Take required assessment measures prior to administering medications
- Obtain equipment (medication, needle)
- Read medication chart and prepare IM medication
- Confirm medications with medication chart
- Identify right patient
- Assist patient to safe and comfortable position for IM
- Administer IM medication to patient
- Document medication given on medication chart accurately

Time (where relevant duration, frequency, time of day/schedule): 3 – 5 minutes duration; 1 – 3 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high

Training: Competent in No Lifting techniques; manual handing training

Related duties: IV medication and Oral medication

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Administering needle, drawing up medication
Wrist/hand non dominant	Orange	Administering needle
Lower limbs	Green	

Duty: IM medication preparation and administration (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Orange	Important to check medication as per procedure – "five rights".
Communication	Green	

Other comments:

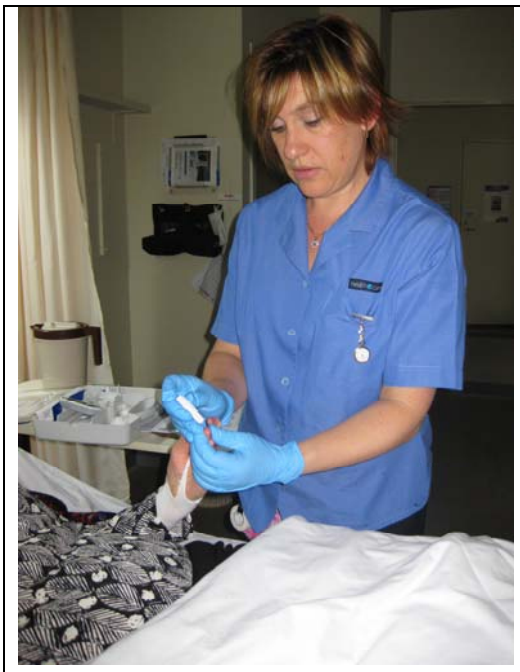
Assumes patient able to position themselves for IM medication to be administered in an accessible location.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Lightweight equipment only
Pushing/pulling		√	

Duty: Taking Blood Sugar SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Obtain equipment (glucometer)
- Prepare lancet and insert strip
- Prick patients finger
- Apply drop of blood to strip
- Place cotton wool on finger
- Await reading
- Record results.

Time (where relevant duration, frequency, time of day/schedule): 3 – 5 minutes duration; 1 – 3 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high

Training: Competent in No Lifting techniques; manual handing training

Related duties: IV medication and Oral medication

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Taking Blood Sugar (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

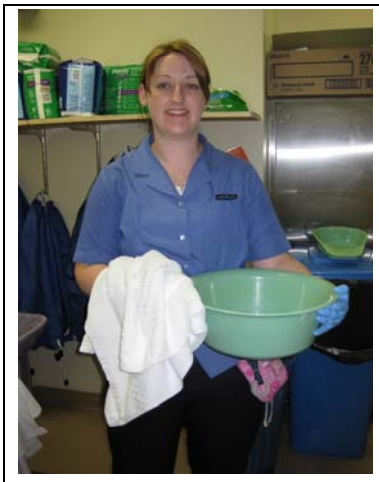
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

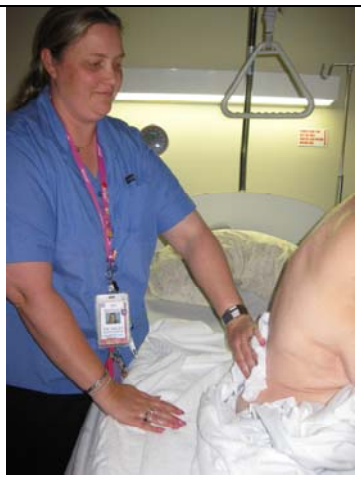
Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing	√	
Walking	√	
Sitting		√
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back		√
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Lightweight equipment only
Pushing/pulling		√	

Duty: Sponge Bath in bed SAMPLE ONLY





Position:

- Nurse – Div 1, Div 2

Brief Description of duty:

Duty may include:

- Gather all equipment (eg. personal items, water, sponge, linen and linen skip)
- Position patient on the bed
- Assist to remove clothing
- Wash patient
- Assist to replace clothing
- Reposition patient in bed

Time (where relevant duration, frequency, time of day/schedule): 10 minutes duration; 2 – 3 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high; bowl and linen; linen skip

Staffing: two staff

Training: Competent in No Lifting techniques; manual handing training

Related duties: Other ADL duties including dressing, toileting; bed making

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Orange	Positioning patient and assist with dressing
Shoulder dominant	Orange	Positioning patient and assist with dressing
Shoulder non dominant	Green	
Elbow dominant	Orange	Positioning patient and assist with dressing
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Grasping and applying sponge
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Sponge Bath in bed (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Green**	
Communication	**Green**	

Other comments:

Assumes patient is compliant with verbal instructions and can provide assistance with dressing and positioning.

If patient dependent or non compliant, risk rating for low back, shoulder dominant, elbow dominant and wrist/hand dominant may be downgraded to red.

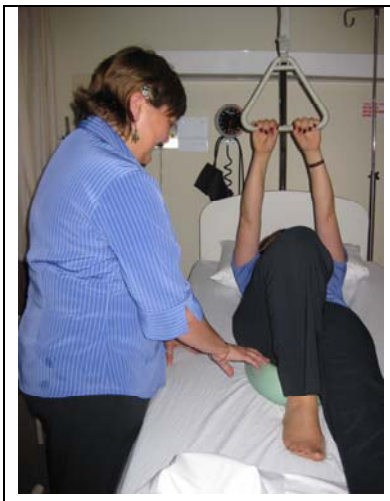
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)	√		
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Water bowl
Pushing/pulling	√		Linen skip

Duty: Toileting in bed

SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Gather all equipment (eg. continence aids, pan, wipes)
- Get patient to roll patient over or guide them to position themselves above pan using monkey bar
- Assist patient to adjust clothing
- Position pan under patient
- Assist with wiping
- Assist with patient's hand washing using *Wet Ones*
- Assist with replacing clothing
- Reposition patient
- Remove pan, take to pan room and dispose in pan flusher.

Time (where relevant duration, frequency, time of day/schedule): 3 – 5 minutes duration; 3 – 6 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high; monkey bar; bed pan

Training: Competent in No Lifting techniques; manual handing training

Related duties: Other ADL duties including dressing, sponge bath

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Gripping pan when carrying to pan room
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Toileting in bed (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

Assumes patient is compliant with verbal instructions and physically able to independently lift their bottom off the bed using monkey bar; and assist with clothing.

If patient is dependent and needs to be rolled, risk ratings for low back, shoulders dominant and non dominant, elbows dominant and non dominant may be downgraded to orange or red depending on size and dependency level of patient, staff and equipment available.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Pan, continence aids – lightweight only
Pushing/pulling		√	

Duty: Mouth care

SAMPLE ONLY

Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Gather all equipment (eg. toothbrush, dish, glass, mouth swabs)
- Sit patient up in bed using electric backrest
- If independent, provide mouth care equipment to patient
- If dependent, brush teeth or dentures
- Assist with rinse, spit and clean up
- Reposition patient.

Time (where relevant duration, frequency, time of day/schedule): 2 – 4 minutes duration; 2 – 5 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high with electric back rest adjustment; over bed table

Training: Competent in No Lifting techniques; manual handing training

Related duties: Other ADL duties including sponge bath, toileting in bed, feeding

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Mouth care (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

Assumes patient is independent and needs mouth care equipment to be handed to them.

If patient is dependent and requires teeth or dentures to be cleaned for them, risk rating for low back, shoulder dominant, elbow dominant and wrist/hand dominant may be downgraded to orange.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing	√	
Walking	√	
Sitting		√
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back		√
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying		√	
Pushing/pulling		√	

Duty: Feeding patient in bed SAMPLE ONLY

Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Gather food and feeding utensils
- Sit patient up in bed using electric back rest and adjust bed height to reduce need to bend
- Prepare/cut food up so that patient can assist or transfer food from plate to patients mouth
- Clean up and reposition patient.

Time (where relevant duration, frequency, time of day/schedule): 10 minutes duration; 1 - 2 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts up to at least 900 mm high with electric back rest adjustment; over bed table; plate, spoon etc

Training: Competent in No Lifting techniques; manual handing training

Related duties: Other ADL duties including mouth care

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Orange	Repetitive transfer of food to patients mouth
Shoulder non dominant	Green	
Elbow dominant	Orange	Repetitive transfer of food to patients mouth
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Repetitive transfer of food to patients mouth
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Feeding (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Green**	
Communication	**Green**	

Other comments:

Assumes patient is dependent, requiring nurse to feed them.

Assumes tray has been delivered to over bed table.

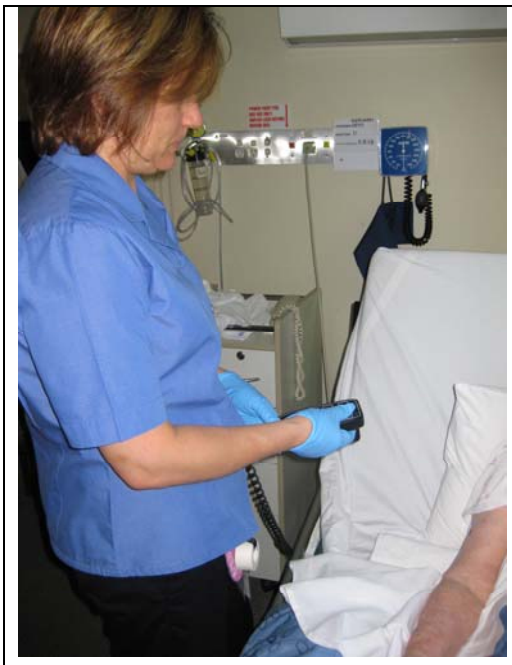
Assumes electric bed with adjustable height and back rest.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)	√		
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying		√	
Pushing/pulling		√	

Duty: Sitting patient up/lying down in bed SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Ensure equipment is in place (eg. bed rope ladder, monkey bar)
- Assist with transfer as per No Lifting procedures, can include; use electric back rest mechanism on bed; verbal instructions to the patient to use monkey bar/bed rope ladder to sit up/lie down
- Reposition pillows.

Time (where relevant duration, frequency, time of day/schedule): 2 minutes duration; 4 - 8 times per shift, spread throughout the shift

Equipment: Electric bed with electric back rest adjustment; monkey bar; bed rope ladder

Training: Competent in No Lifting techniques; manual handing training

Related duties: Other on bed positioning duties including moving up/down the bed.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Sitting patient up/down in bed (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

Assumes patient does not need moving up/down the bed.

Assumes equipment (eg. monkey bar, bed rope ladder) is in place.

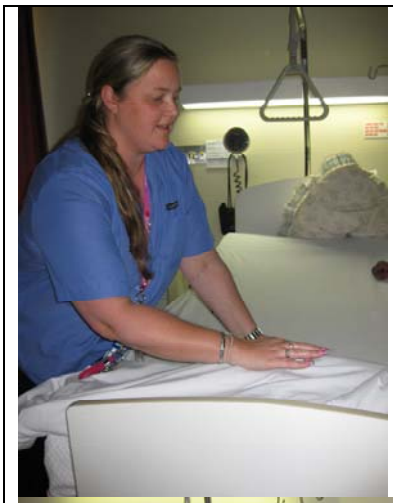
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing	√	
Walking	√	
Sitting		√
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back		√
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying		√	
Pushing/pulling		√	

Duty: Bed making – unoccupied SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Gather all the required linen and accessories before making the bed;
- Raise the bed to a manageable working height;
- Remove dirty linen set;
- Place the new bottom fitted sheet on the bed;
- Place the clean top sheet, blanket (if
- used), and bedspread;
- Miter the bottom corners, tucking all three parts together;
- Fanfold the top linen back to the foot of the bed;
- Place a clean pillowcase over the pillow and place it at the head of the bed;
- Adjust the bed to its lowest position;
- Take dirty linen set to linen skip.

Time (where relevant duration, frequency, time of day/schedule): 5 minutes duration; 5 - 8 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts to at least 900mm; bed linen and linen skip

Training: Manual handing training

Related duties: Often undertaken while independent patient is toileting or showering.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Orange	Some twisting to tuck sheets but minimal if walk around bed and raise to correct height
Shoulder dominant	Orange	Some reaching to tuck sheets
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Some pulling/grasping of sheets if stuck
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Bed Making – unoccupied (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Green**	
Communication	**Green**	

Other comments:

Assumes bed is away from the wall and there is adequate space around the bed free of furniture and clutter. If the bed and/or furniture needs to be moved, assistance is provided, furniture is on easily manouverable wheels/castors and floor surface is appropriate.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back	√		
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)	√		
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Gather clean linen; Carry dirty linen to linen skip
Pushing/pulling	√		Linen skip

Duty: Patient Observations SAMPLE ONLY

Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Gather equipment (Criticare if available; or stethoscope and tympanic thermometer)
- Position patient for access to upper arm, ear and fingers
- Take blood pressure (using auto Criticare or manual blood pressure cuff and stethoscope)
- Take temperature from the ear
- Record observations on the chart

Time (where relevant duration, frequency, time of day/schedule): 2 minutes duration; 6 - 20 times per shift, spread throughout the shift

Equipment: Electric bed that adjusts to at least 900mm; Criticare or stethoscope and tympanic thermometer

Training: Manual handing training

Related duties: Planning, coordinating and evaluating care; Documentation.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Patient Observations (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Orange**	If abnormality occurs.
Communication	**Green**	

Other comments:

Assumes Criticare is available.

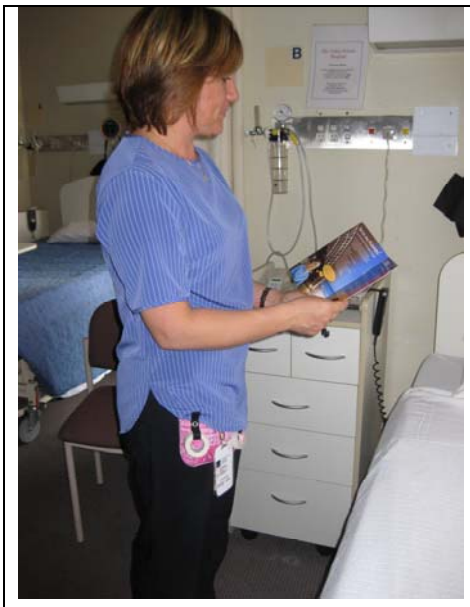
If manual blood pressure cuff and stethoscope is used, ratings for shoulder dominant and wrist/hand dominant may be downgraded to orange.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting		√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Lightweight equipment only
Pushing/pulling	√		Criticare trolley

Duty: Patient Education SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Gather appropriate patient information sheets (if available);
- Talk to the patient and provide the necessary information;
- Document in patient records.

Time (where relevant duration, frequency, time of day/schedule): 5 minutes duration; 3 – 5 times, spread throughout the shift

Equipment:

Training: Manual handing training

Related duties: Planning, coordinating and evaluating care; Documentation.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Patient Education (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Orange	If patient from non English speaking background

Other comments:

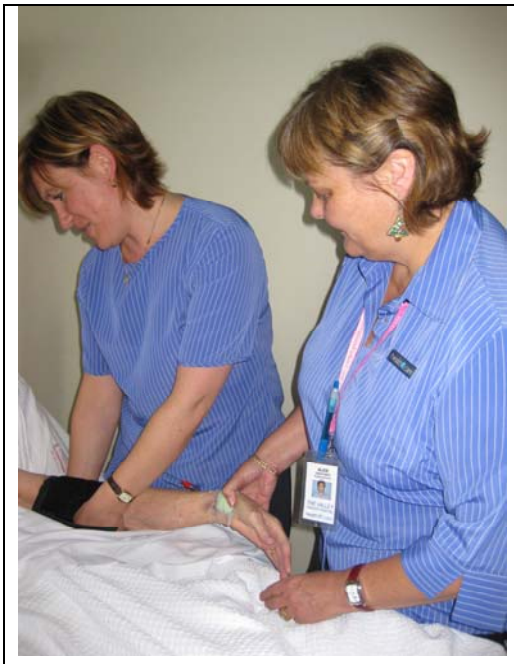
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing	√	
Walking	√	
Sitting		√
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back		√
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Information pamphlets – one or two at a time
Pushing/pulling		√	

Duty: Clinical Supervision SAMPLE ONLY



Position:

- Nurse – Div 1

Brief Description of duty: Duty may include:

- Manage patient load and mentor student – involves verbal discussion and intermittent computer use;
- Supervise procedures and treatments conducted by students for patients – involves verbal discussion and observation, sitting and standing; and
- Assess student knowledge and skill development - verbal discussion and observation; intermittent written work and computer work
- Occasional hands on demonstration of specific tasks, eg. ADLs, wound management etc

Time (where relevant duration, frequency, time of day/schedule): varying duration from 5 minutes to whole shift

Equipment: Variable, depending on task

Training:

Related duties: Ward administrative duties.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Clinical Supervision (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Orange**	Observation of student
Communication	**Orange**	Discussion about student outcomes

Other comments:

Assumes that "hands on" demonstration of physically demanding tasks is not required.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture			
	Yes	**No**	
Standing	√		
Walking	√		
Sitting	√		
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)			
	Yes	**No**	
Bending or twisting the back		√	
Bending or twisting the neck		√	
Kneeling, squatting or crouching		√	
Climbing (steps/stairs/ladders)		√	
Reaching – horizontal (forwards/sideways > 30cm)		√	
Reaching – vertical (above shoulder)		√	
Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying		√	
Pushing/pulling		√	

Duty: Participating in handover SAMPLE ONLY

Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Participating in discussion about patient
- Listening to information
- Intermittent writing of notes.

Time (where relevant duration, frequency, time of day/schedule): twenty minutes duration at beginning and end of shift

Equipment: writing materials

Training:

Related duties: Ward administrative duties; documentation.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Green	
Wrist/hand non dominant	Green	
Lower limbs	Green	

Duty: Participating in handover (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Orange**	Taking in information about management of patients
Communication	**Orange**	Providing information about management of patients

Other comments:

Staff members may sit or stand during handover.

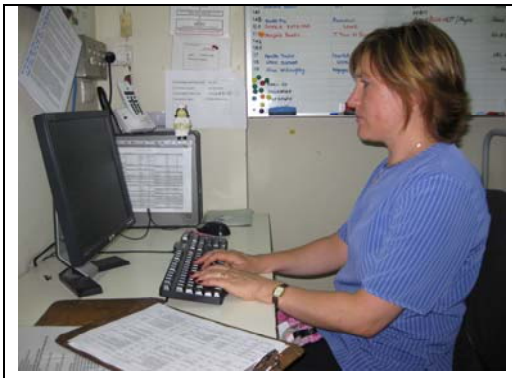
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing		√
Walking		√
Sitting	√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back		√
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying		√	
Pushing/pulling		√	

Duty: Documentation audits and Policy development / review
SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

Duties can include:

- Gather relevant information, eg. patient histories, admission information etc
- Read and analyse information
- Document findings (written and computer records).

Time (where relevant duration, frequency, time of day / schedule): variable

Equipment: writing materials; patient histories; trolley for histories; computer; ergonomic workstation and chair

Training: Computer skills; manual handling training

Related duties: Ward administrative duties.

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Use of computer, although intermittent; handling files
Wrist/hand non dominant	Orange	Use of computer, although intermittent
Lower limbs	Green	

Duty: Documentation (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	**Orange**	Analyzing information
Communication	**Green**	

Other comments:

Assumes can work at own pace, varying tasks and rotating from sitting to standing.

If transporting patient histories may need use of a suitable trolley.

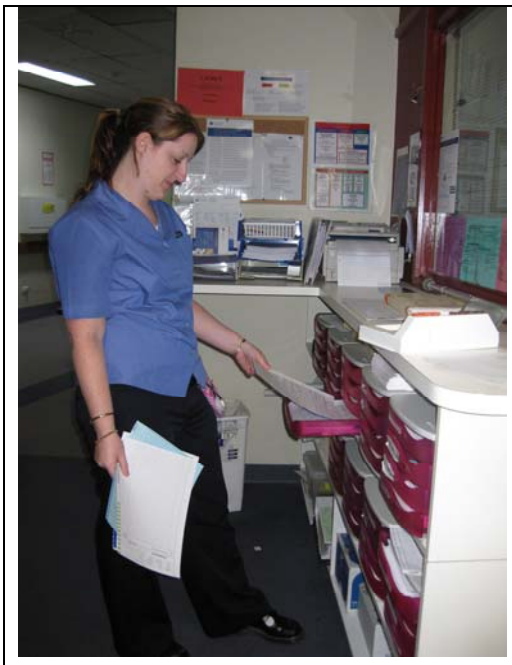
	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing		√
Walking	√	
Sitting	√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back	√ (sitting)	
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Patient records
Pushing/pulling	√		May transport records in a trolley

Duty: Ward Administrative Duties SAMPLE ONLY



Position:

- Nurse – Div 1, Div 2

Brief Description of duty: Duty may include:

- Filing
- Typing
- Answering the phone
- Delivering messages
- Transporting files to/from medical records.

Time (where relevant duration, frequency, time of day/schedule): variable

Equipment: writing materials; computer; phone; ergonomic workstation and chair

Training: Computer skills; manual handling training

Related duties:

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck	Green	
Low back	Green	
Shoulder dominant	Green	
Shoulder non dominant	Green	
Elbow dominant	Green	
Elbow non dominant	Green	
Wrist/hand dominant	Orange	Use of computer, although intermittent; handling files
Wrist/hand non dominant	Orange	Use of computer, although intermittent
Lower limbs	Green	

Duty: Ward Administrative Duties (cont)

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration	Green	
Communication	Green	

Other comments:

Assumes variety of duties throughout the day.

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

Snapshot of physical demands (for liaison with treating practitioner)
(refer to Victorian Code of Practice for Manual Handling for further details)

Body posture		
	Yes	**No**
Standing	√	
Walking	√	
Sitting	√	
Repetitive or sustained actions and movements (Repetitive = > twice per minute; Sustained => 30 seconds at a time)		
	Yes	**No**
Bending or twisting the back	√ (sitting)	
Bending or twisting the neck		√
Kneeling, squatting or crouching		√
Climbing (steps/stairs/ladders)		√
Reaching – horizontal (forwards/sideways > 30cm)		√
Reaching – vertical (above shoulder)		√

Materials Handling			
	Yes	**No**	**Description where required**
Lifting/carrying	√		Various documentation, lightweight
Pushing/pulling	√		May transport records in a trolley

Section 5. Facilitating effective RTW using the Resource Tool

5.1. Introduction

A Resource Tool for Identification of Suitable RTW Duties (Resource Tool) is not much good sitting on the shelf. If you put the work into developing the information, it needs to be integrated into your RTW system. The Resource Tool will help persons involved in the RTW process to see that even with an injury, aspects of a clinical role can still be performed safely. It promotes what a nurse can do, rather than can't do.

5.2. Policy and Procedure

It all starts with policy and procedure. Review your RTW Policy and Procedure to incorporate the use of the Resource Tool into your general process. Don't make the mistake of developing a new policy - this only adds to confusion and paperwork. Build on the system you already have. Below is a sample RTW procedure, integrating the use of the Guidance on Return to Work Duties. Refer to Section 7.1 for a Sample Policy.

Sample RTW procedure, integrating the RTW guidance on suitable duties Resource Tool

- Receive incident report and certificate of capacity
- When indicated on the medical certificate there is a readiness for return to work, complete initial assessment in consultation with injured/ill nurse - discuss work capacity restrictions and proposed duties using the suitable duties Resource Tool
- Consult with Manager – discuss restrictions and proposed duties using the Resource Tool
- Consult with treating practitioner - discuss restrictions and proposed duties using suitable duties Resource Tool (as agreed by injured nurse and Manager); consider occupational rehabilitation services that may be required, eg. worksite assessment, modifications and equipment
- Develop RTW plan and forward to key stakeholders, including reference to suitable duties selected from the Resource Tool
- Monitor RTW, updating duties on plan using suitable duties Resource Tool as appropriate

5.3. Guidance dissemination and education

Getting the Resource Tool to the right people is critical. They then need to understand how to use it as part of the RTW process. The following steps are recommended:

- Identify key stakeholders in the RTW process, for example:
    - Internal stakeholders – managers, RTW Coordinator, OHS Manager, nurses and their employee/health and safety representative
    - External stakeholders – treating practitioners, Rehabilitation Providers
- Determine most suitable means of dissemination of the suitable duties Resource Tool for key stakeholders, for example:
    - Internal Managers – intranet based guidance
    - External treating practitioner – hard copy folder; internet based guidance
- Determine most effective means of education with regards the Resource Tool, for example:
    - Internal Managers – include in general education about RTW process
    - External treating practitioner – case by case basis – provide information about the Resource Tool when discussing RTW for the injured nurse
- Remember the need for document control – if your Resource Tool needs modification, you need a method of updating for key stakeholders. This is easy with internet based documents, but challenging for hard copy documents. Make sure you keep a register of persons to whom the Resource Tool has been disseminated and determine the process for document control

5.4. Engaging the nursing team

A positive culture on the ward towards RTW is critical for a successful outcome. Consider the following steps to engage the nursing team:

- Provide general education about RTW roles and responsibilities and organisational procedures, including use of the RTW guidance on suitable duties (use successful case studies from your organisation where possible to illustrate how the process can work)
- When an injured nurse is about to RTW, provide relevant information to the nursing team about the proposed RTW plan and suitable duties selected from the Resource Tool, seeking feedback about practical implications for care provision (it is of course imperative that privacy laws for the injured nurse are taken into account, and that the injured nurse has been previously consulted about what information will be discussed with the nursing team)
- Discuss relevant RTW plan progress with the nursing team (including the injured nurse) at hand-over, seeking feedback about:
    - Appropriate patients for allocation of injured nurse
    - Buddying opportunities for the injured nurse
    - How the RTW plan is working

5.5. Rostering strategies

Rostering is an important aspect to effective RTW because:

- Injured nurses want to feel that they are doing a real job and that they are contributing to the nursing team; however, they need to be able to do this in a safe manner, working within their limitations
- Other staff on the nursing team want to be able to perform their role safely, without fear of overload because a member of their team is unable to take on a full patient load

The following rostering strategies may be considered:

- Allocate low dependency patients to the injured nurse for a period of time
- Buddy the injured nurse with another team member(s)
- Allocate the injured nurse as supernumery for a period of time (note – this is not sustainable, nor beneficial for the injured nurse over a long period of time
- Ensure ward is staffed to optimum capacity so that no staff member is overloaded as this can cause resentment and stress on other staff members

Rostering strategies impact on the whole nursing team, hence regular consultation is vital to monitor that the strategy is working. It is likely that the rostering strategy will change, perhaps as the injured nurse's condition improves, or as varying patients are admitted onto the ward.

Team members need to feel that providing assistance to their injured colleague in the short term will benefit the team in the long term.

5.6. Celebrating achievements

A successful RTW is a team effort and a win-win-win for the injured nurse, the organisation and the patients. The local nursing team should celebrate this achievement, noting any challenges and successful strategies associated with the RTW process for future cases. This information should be fed back to the RTW Coordinator for inclusion into organisational strategies and procedures.

Section 6. Engaging expertise to develop Guidance on RTW duties

6.1. Developing the guidance "in house"

The process used for the development of the guidance on suitable duties has been designed to enable a health care organisation to undertake this "in house". It is recommended that a Project Coordinator be appointed to manage the project from within the organisation. The Project Coordinator should have the following skills and experience:

- Experience with the RTW process
- Experience with undertaking worksite assessments and task analysis (preferably some training in rehabilitation ergonomics)
- Knowledge and understanding of relevant legislative requirements and guidelines

6.2. Engaging an external consultant

There may be times when an employer's knowledge base and the circumstances in their workplace mean that further expertise is required to undertake the development of guidance on RTW duties. In this case, the health care organisation should engage a suitably qualified person, that is, someone with the knowledge, skills and experience to do the job.

The following factors should be considered when assessing whether a person is suitably qualified for the project:

- Knowledge – can the person demonstrate that they have the relevant knowledge through the completion of formal education? For example qualifications in OHS, RTW and ergonomics
- Industry experience – has the person worked in the health and aged care sector with employers of like size and structure?
- Professional activity – can the person demonstrate recent professional activity in RTW/OHS in the health sector? Have they undertaken work assessments/task analysis in the clinical setting? How long has the person been professionally active?
- Reputation – is the person reputable and able to provide referees who can attest to the quality and utility of their work?
- Professional association – is the person a member of a relevant professional association that requires the attainment of and continuing development of certain knowledge, skills and experience. For example, within the Human Factors and Ergonomics Society of Australia, attaining the level of Certified Professional Ergonomist indicates a high level of knowledge and experience

- Communication skills – is the person able to communicate effectively at a high level, both verbal and written?
- Timeframe – can the person complete the work within the timeframe required?

Further information may be found in the WorkSafe Victoria (2008) Guideline "*Employing or engaging persons to provide health and safety advice".*

6.3. Anticipating resources

An understanding of the resources required to develop your own guidance is essential before embarking on the project. The amount of time will of course depend on the size of your organisation and in turn, the scope of the project.

As a guide, the following roles should be considered:

- Project Manager – oversee the project, including verbal and written communication
- Focus Group – 4 – 8 nurses per work area – may be required to:
    - Review sample nursing duties lists (approximately one hour)
    - Review sample duty demands evaluations and provide feedback as to relevance in their area (approximately one hour)
    - Undertake additional duty demands evaluations for duties specific to their work area (undertaken during a normal shift)
    - Review final guidance

Section 7. Appendices

7.1. Sample Policy to support the model

Title: OCCUPATIONAL REHABILITATION PROGRAM

EQuIP Reference: 3.2.1 Corporate

Form Reference:

Cross Reference: Accident Compensation Act 1985

The Return to Work Guide for Victorian Employers,

Victorian WorkSafe Authority,

Guidance on Return to Work Duties – Nurses Return to Work in Hospitals Project (ANF).

Personnel Responsible: Hospital CEO, Hospital Executive, Managers, Rehabilitation Return to Work Coordinator, Employees

Policy Location: Occupational Health and Safety Manual

Policy Date: 13 March 2009

POLICY

1. ASSOCIATED POLICY

1.1 Occupational Health and Safety Policy

2. PURPOSE AND SCOPE

The purpose of this policy is to outline information in relation to Occupational Rehabilitation, Claims Management and Return to Work (RTW) and XXX Hospital's commitment and intent to comply with the Accident Compensation Act 1985.

2.1 XXX Hospital recognizes their moral and legal responsibility to provide a safe and healthy work environment. When an illness or injury occurs as a result of work, the employee shall be assisted to safely remain at work or return to their pre-injury role, and/or modified or alternate duties at the earliest opportunity consistent with medical advice.

2.2 XXX Hospital shall comply with the Accident Compensation Act1985.

3. TO WHOM DOES THIS POLICY APPLY?

This policy applies to all XXX Hospital staff, regardless of level within the organisation.

4. DISTRIBUTION OF POLICY

4.1 Prior to implementation of the policy, consultation will take place through the OHS committees and it will be made available on the staff notice-board.

4.2 Following implementation of the policy, the policy will form part of the induction for new staff members.

5. RESPONSIBILITIES

5.1 The XXX Hospital CEO is responsible for the implementation and promotion of the policy.

The XXX Hospital is committed to:

- A non-adversarial approach to manage injuries which encourages early reporting, injured worker advocacy, and facilitation of care;

- Preventative measures applied through policy and practice to prevent injury in the workplace
- View recovery and return to work as the primary goals following a workplace injury and/or illness
    i. Develop and maintain a shared commitment to these goals
    ii. Work together through co-operation, collaboration and consultation to achieve these goals
- Making every reasonable effort to actively support, assist and facilitate the occupational rehabilitation program and return to work
- All parties, particularly the injured nurse, their employer and medical practitioner should have access to information and support in order to clearly understand their roles, rights and responsibilities
- The Provision of sustainable, safe, meaningful and durable return to work duties
- Educate the workforce on workers compensation, rehabilitation and return to work
- Competent, knowledgeable and authoritative return to work employees and line management
- Active involvement from Boards and senior management, particularly in:
    i. Awareness raising regarding injury and consequence of injury
    ii. Adopting fair, equitable and non-discriminatory policies that support injured and/or ill workers
    iii. Budget appropriately
- Continuous evaluation and improvement

5.2 Department managers are accountable for implementing this policy in their area of responsibility by:

- Ensuring first aid is available and that the illness or injury is recorded onto RISKMAN and related written report as required
- Assessing hazards and implementing risk controls to prevent a similar incident from occurring
- Consulting with all relevant parties
- Identifying suitable duties where required
- Assisting development, monitoring, review and implementation of the Rehabilitation process and Return to Work (RTW) Plans and Offers of Suitable Employment (OSE)

5.3 The XXX Hospital Return to Work Coordinator shall assist the CEO and managers to implement the occupational rehabilitation procedures that support this policy and manage workers compensation claims.

The RTW Coordinator will:

- Develop and maintain relationships with the injured employee, their manager/NUM, their treating health practitioner and other stakeholders
- Coordinate return to work in the workplace
- Explain to the injured employee the return to work process, and rights and responsibilities for return to work

- Explain to injured employees managers their roles and responsibilities for return to work
- Initiate RTW plans and Offers of Suitable Employment in consultation with the injured employee, their manager/NUM and treating health practitioner
- Regularly monitor RTW plans and Offers of Suitable Employment in consultation with the injured employee, their manager/NUM and treating health practitioner
- Report injury and workers compensation claims statistical data to the Executive team, Senior Management and OHS Forums and Committee
- Educate and assist staff

The RTW Coordinator will also liaise with the XXX Agent, who manages workers compensation claims, and where approved Occupational Rehabilitation Provider/s and on request of the employee, their OHS representative, union representative or any other identified support person.

5.4 Each Employee who sustains a work illness or injury is responsible for:

- Prompt reporting of the injury or illness
- Lodgement of a workers compensation claim where an injured employee requires any treatment or time off work
- Actively participating in the development application, monitoring and review of the return to work plan, where it is reasonable
- Participating in any external assessments of the injured employees work capacity, rehabilitation progress and future employment prosects when required
- Providing certificates of capacity as required to the Return to Work Coordinator.

6. OCCUPATIONAL REHABILITATION PROVIDERS AND HEALTH PROFFESSIONALS

6.1 XXX shall provide a list of three preferred providers to an employee as per Accident Compensation Act 1985.

6.2 The RTW Coordinator and/or Agent shall consider the involvement of an OR Provider or suitably qualified Health Professional, to support early intervention strategy for staff incidents, near misses and injuries.

6.3 The injured employees treating health practitioner can request the provision of occupational rehabilitation services.

7. OCCUPATIONAL REHABILITATION PROGRAM

XXX HOSPITAL WILL:

- View recovery and return to work as the primary goals following a workplace injury and/or illness
- Commence Rehabilitation and Return to Work (RTW) planning as soon as possible after an injury, consistent with medical advice.
- Provide suitable employment, including pre injury, modified or alternate duties, consistent with medical opinion, to be made available to all injured workers at the earliest opportunity
- The Resource Tool, RTW Guidance on Suitable Duties will be utilised by the return to work coordinator, employers, manager, injured employee and the treating practitioner to assist with the safe RTW of injured nurses into their clinical role

- An individual return to work plan will be established from the date of injury. This plan will be developed at the earliest opportunity, in consultation with the injured employee, their manager/NUM and their treating health practitioner
- Consultation and communication with all workers and / or representative worker(s) in the development and review of our occupational rehabilitation program
- The confidentiality of employee information obtained during the return to work process and/or whilst undertaking occupational rehabilitation services will be maintained
- Engage Occupational Rehabilitation (OR) Providers and qualified Health Professionals where appropriate, to achieve optimal outcomes
- Provide access to interpreters as requested by the employee
- Regularly monitor, individual Rehabilitation/RTW plans for injured employees, in consultation with all involved parties
- Adhere to the Victorian Workers' Compensation Legislation

8. PROCEDURES:

Refer to Occupational Rehabilitation and Claims Management Procedures

9. OUTCOMES:

- To comply with the Accident Compensation Act 1985 Victoria
- Commitment to assisting injured workers to remain at work after an injury and/or to return to work as soon as reasonably practicable
- Builds understanding, ownership and commitment to the return to work process, important aspects of building a positive RTW culture

XXX HOSPITAL RETURN TO WORK COORDINATOR IS:

Name: _____

Contact Number: _____

Address: _____

XXX HOSPITAL CEO

Name: _____

Signed: _____

Date: _____

This program will be reviewed on: _____

7.2. Sample Project Flyer

Nurses Return to Work in Hospitals Project
Return to Work Duties

What is this project all about?

Nurses are an essential part of the health care system and we recognize the importance of assisting them to remain in their chosen profession even after an injury. This project aims to identify suitable Return to Work (RTW) duties for injured/ill nurses. It is supported by the ANF (Victorian Branch), the Victorian Hospitals Industry Association, the Injured Nurses Support Group and the Workers Occupational Health Centre.

Cornerstones of the project are:

- A holistic, proactive approach
- A "bottom up" approach, driven by direct care nurses, while securing support from senior management and promoting a whole of hospital approach
- A simple and sustainable process
- To maximise what an injured nurse can do, rather than can't do

The approach assumes that relevant OHS requirements and supports are in place, including safe work environment, aids and equipment.

Who is involved?

The project has executive support and is being coordinated by……

The following wards will be involved in the project……

What can we expect to see happening?

Over the coming weeks, you may be involved directly in the project or see others being involved in the following ways:

- Some nurses and managers may be involved in small focus groups to help identify suitable tasks
- Some nurses may be involved in assessing the demands of various nursing duties by filling in a simple check-sheet
- Some nurses may even star in photos of them undertaking their work. (Please note, written permission will be sought before photos are taken)

Where can I find out more about the project?

If you would like more information, please contact:

Thankyou for your interest in this project.

7.3. Focus Groups – Detailed Notes from Pilot Study

Focus Group 1 –
Clustering duties and rostering strategies

1. Background

An initial focus group occurred on Thursday, 4 December 2008 at The Valley Private Hospital. The aims of this focus group were:

- To consult with nurses and managers to help to identify and cluster suitable duties for injured/ill nurses
- To discuss issues and strategies for rostering inured/ill nurses back to work without placing undue stress on remaining workers

An Agenda was provided to participants (see attachment 1 to Focus Group 1 notes).

2. Participants and attendees

Ward A was selected as a suitable pilot ward for the project. The following persons attended the initial focus group:

- ANF RTW Project personnel:
    - Focus Group Facilitator – OHS Consultant
    - ANF RTW Project Manager
    - Administrative support
- The Valley Private Hospital personnel:
    - OHS Manager
    - RTW Manager
    - Ward A NUM
    - Ward A Div 2 Nurse and Health and Safety Representative
    - Ward A Div 2 Nurse
    - Ward A Div 1 Nurse
    - Ward A Div 1 Graduate Nurse

3. Introduction and Project Plan

ANF RTW Project Manager provided a brief overview and background to the project, including:

- RTW Project is being managed by ANF – statewide project
- The Valley Private Hospital has volunteered to be part of the project – development of suitable duties
- Nurses are an essential part of the health care system and we recognize the importance of assisting them to remain in their chosen profession even after an injury/illness
- This project aims to develop guidance for health care facilities on the identification of suitable Return to Work (RTW) duties for injured/ill nurses

Cornerstones of the project are:

- A holistic, proactive approach - with focus on what the nurse ***can*** do, rather than can't
- A "bottom up" approach, driven by direct care nurses, while securing support from senior management
- A simple and sustainable process that can be facilitated "in house"

The Focus Group facilitator provided an overview of the proposed Project Plan and more detail about the two focus groups and how they would be conducted.

After a discussion about the project aims and proposed project plan, all Ward A participants signed a Project Permission form, acknowledging their role in the project.

4. Clustering suitable duties

Focus Group facilitator provided some background to the clustering exercise, including:

- The main focus is on determining suitable duties for nurses suffering from musculoskeletal disorders (eg, back, neck, shoulder, arm injuries) as this is the most common problem, however, the general approach should be adaptable to other conditions
- Research shows that injured nurses want to return to a clinical nursing role, that they want meaningful and sustainable nursing duties as part of their RTW
- The clustering exercise aims to roughly categorise nursing duties into groups of suitable/not suitable duties for the RTW process
- It is assumed that the No Lifting approach to patient handling and associated equipment is utilised where relevant

A draft list of nursing duties was provided to participants. They were asked to read through the duties list and discuss their ideas about those tasks likely to be suitable/not suitable for injured nurses. This was to be undertaken with reference to their experience working on Ward A.

A set of cards was provided, with each card representing a different duty. Participants discussed each duty, and allocated the different cards to categories of likely to be suitable/not suitable. The nurses were then asked to cluster duties that could be undertaken together.

The results of this clustering exercise lead to the development of a summary list of Nursing Duties (in clusters of tasks undertaken together), in groups suitable/not suitable for injured nurses. For details, refer to:

- Section 3.5 Identifying Nursing Duties
- Section 3.6 Clustering Duties

As per the Project Plan, only duties identified as "likely to be suitable" would then have a Duty Demands Evaluation undertaken – this was discussed by the group.

5. Rostering strategies for successful RTW

Focus Group facilitator provided some background to the discussion about rostering strategies including:

- Optimal RTW allows retention of injured nurses in a clinical nursing role doing meaningful and sustainable duties, without placing undue stress on the remaining workers
- Consultation with the injured worker and relevant staff is essential as part of this process and a legal responsibility
- Consideration of privacy for the injured worker is essential as part of this process and a legal responsibility

A summary of responses from the Focus Group discussion is as follows:

- What strategies could be used to get "buy in"/understanding from other staff re the RTW process?
    - Development of organisational RTW Policy and communication strategy
    - Education for all staff re RTW process and benefits for all nurses – provided via in-services using relevant case studies
    - Development of a supportive and caring culture on the ward
- What strategies could be used to get meaningful and sustainable work for the injured staff member?
    - Ensure all relevant persons are consulted about the RTW process so that the other staff members don't see it as an imposition that the injured worker is returning to work
    - Focus on duties the injured worker will be able to do and how this will help the nursing team
    - Explain the RTW processes that are likely to occur to all relevant staff and allow them to ask questions
- What processes could be used in the RTW planning process to get a successful outcome?
    - Each RTW should be considered separately – it is not a case of "one size fits all"
    - Graduated return to work, gradually increasing hours and duties
    - Initially, consider allocating injured/ill nurse as a floating member of the team to undertake identified suitable duties
    - Allocate suitable patients to the injured nurse, depending on their injury
    - Pair up the injured worker with another suitable staff member; use a buddy system so that the tasks are divided in consultation
    - Discuss allocation of duties for each shift as part of the handover process so that everyone is in the communication loop
    - Plan to review the RTW process regularly, seeking feedback from the injured worker as well as relevant staff members

- Consultation with ward staff is essential to get support for the injured worker and to foster a team approach to RTW

6. Nurses Voice

During the Focus Group, participants were very open about their views and a number of quotable quotes were recorded:

- "Getting nurses back on the ward, rather than in an administration role, is the best possible situation for the injured nurse" (Health and Safety Representative)
- "I think this is brilliant that this pilot is being done. I felt awful when I returned to work after my injury because I was shoved into doing filing and paperwork. If I had wanted to do that, I wouldn't have become a nurse! It was really demeaning" (Health and Safety Representative)
- "I have never had a work related injury but I have a chronic back injury and that's why, as soon as I heard about this pilot, I thought it was really important to get involved" (NUM)
- "We need to address the back biting and bitching that has been the attitude to date and isn't helpful in getting injured nurses back to work. It is important to get nurses back to work safely and in tasks that are meaningful for them" (NUM)
- "I think we have needed this for a long time" (Division 1 nurse)
- "It's about getting nurses back to work safely, in meaningful sustainable work" (Division 2 nurse)

7. Conclusion

The Facilitator provided a summary of issues discussed in Focus Group 1 and discussed the next steps for the participants including:

- Focus Group 2 – introduction to the Duty Demands Evaluation
- Using the Duty Demands Checklist – Focus Group participant's rate demands of selected nursing duties over the course of a days work – facilitator to observe and assist with using the Duty Demands Evaluation and to take photographs of tasks

Participants were thanked for the involvement in the Focus Group and commitment to this essential aspect of the project.

Attachment: Focus Group 1 – Sample Agenda

Return to Work Duties

Focus Group One – Clustering duties - AGENDA

Introduction

- Participants
- Overview of Nurses RTW in Hospitals Project - Guidance on RTW duties

Project Plan – your involvement

- Focus Group 1 – clustering duties and rostering strategies
- Focus Group 2 – introduction to Duty Demands Evaluation
- Using the Duty Demands Checklist, rate demands of selected duties over the course of a days work – consultant to observe and assist
- Do we have your permission?

Aim of this Focus Group

- To consult with nurses and managers to help to identify and cluster suitable duties for injured/ill nurses
- To discuss issues and strategies for rostering inured nurses back to work without placing undue stress on remaining workers

Clustering suitable duties

- Focus is on suitable duties for nurses suffering from musculo-skeletal disorders (eg, back, neck, shoulder, arm injuries)

Read through the Nursing Duties List and group duties roughly, in the following categories:

- those duties most likely suitable for injured nurses (will then have a Duty Demands Evaluation undertaken)
- those duties most likely unsuitable for injured nurses

Are any other nursing duties missing from the list?

Looking at the duties identified as most likely suitable, can we cluster any of these duties that could be undertaken together?

Rostering strategies for RTW

Optimal RTW allows retention of injured nurses in a clinical nursing role, without placing undue stress on the remaining workers. In your experience:

- What strategies could be used to get "buy in"/understanding from other staff?
- What strategies could be used to get meaningful and sustainable work for the injured staff member?
- Who needs to be involved in the RTW planning process to get a successful outcome?
- What process should be used in the RTW planning process to get a successful outcome?
- How could a Resource Tool of suitable duties be used?

Discuss next steps

- Focus Group 2 – Duty Demands Evaluation

Conclusion

Need to know more about the project? Please contact:

7.3. Focus Groups – Detailed Notes from Pilot Study

Focus Group 2 –
An introduction to the Duty Demands Evaluation

1. Background

The second Focus Group occurred on Monday 8th December 2008 at The Valley Private Hospital. The aims of this focus group were:

- To provide an introduction to the Duty Demands Evaluation process
- To provide an opportunity to participate in a mock up Duty Demands evaluation.

An Agenda was provided to participants (see attachment 1 to Focus Group 2 notes).

2. Participants and attendees

The following persons attended Focus Group 2:

- ANF RTW Project personnel:
  - Focus Group Facilitator
  - Administrative support
- The Valley Private Hospital personnel:
  - OHS Manager
  - Ward A NUM
  - Ward A Div 2 Nurse and Health and Safety Representative
  - Ward A Div 2 Nurse
  - Ward A Div 1 Graduate Nurse

3. Introduction

The OHS Manager provided an introduction to the Focus Group and reinforced the organisation's commitment to the RTW Project.

The Focus Group Facilitator provided a brief recap of the outcomes from Focus Group 1 and reviewed the proposed project plan. The group was provided with an opportunity for questions and feedback from the previous session. All participants reiterated their commitment to the project goals.

4. Duty Demands Evaluation process

The Facilitator provided an overview of the proposed duty demands evaluation process, including:

- A Duty Demands evaluation is to be performed on duties identified as *likely to be suitable* in Focus Group 1
- The evaluations will draw on the nurses experience in the job, and particularly their work on Ward A
- This process aims to get an indication of the physical and cognitive demands of a range of nursing duties from the nurse's perspective, which will form the basis of guidance on suitable duties

5. Rating duties using the traffic light model

The Facilitator provided some background to the traffic light model, including:

- As part of the Duties Demands Evaluation process, the nurses will rate the demands of the duty themselves and assign a rating immediately after doing the duty. It was explained that it was important that the rating process occurred straight after doing the task so that it was fresh in their minds, not at the end of the day
- The process to be used in this evaluation has been adapted from the psychophysical approach to task analysis based on Ratings of Perceived Exertion
- This bottom up approach, using direct feedback from nurses about the perceived job demands has been adapted from work undertaken in the meat industry, where the traffic light model was also used to analyse tasks
- The traffic light model is generally perceived as easy to understand and more recently has been used extensively by WorkSafe Victoria in many publications
- A discussion about the rating process ensued, including:
    - Physical demands to be evaluated – body parts
    - Cognitive demands to be evaluated – concentration, communication
    - Defining green, orange and red in the rating process (see table below)

	Physical demands *(Postures, Movements and Forces related to body parts)*	**Cognitive demands** *(Concentration, Communication)*
Green	Low physical demand on body part	Low demand on cognitive function
Orange	Medium physical demand on body part	Medium demand on cognitive function
Red	Higher physical demand on body part	Higher demand on cognitive function
Staff rate demands of the duty immediately after doing the duty		

6. Mock-up Duty Demands Evaluation

The group moved to a spare patient room to undertake a Mock-up Duty Demands Evaluation. The task of bed-making was selected and a height adjustable electric bed was used. The four focus group participants split into pairs and each participant had a chance to undertake the task, then independently fill in their Duty Demands Rating Sheet.

The findings were then discussed and compared. There was general agreement with the ratings assigned and little variation between them.

A second Mock-up Duty Demands Evaluation was undertaken for the task of sitting a patient up in bed. Similar discussion occurred after participants filled in their rating sheets.

Clarification of a number of issues occurred including:

- Duties are to be rated as per optimal circumstances, eg. using correct techniques and equipment as far as practicable on the ward
- It is understood that there are always variations with regard the severity of pain and injury – the evaluations will be considered in the context of a nurse that is ready to return to work
- Focus group participants agreed to undertake the ratings independent of each-other
- The OHS Consultant will observe the duties being undertaken by the Focus Group participants, identifying manual handling risk factors associated with the duty and assisting with any queries about the evaluation process

7. Conclusion

The group discussed planning for the Duty Demands Evaluations, including:

- Nurses will aim to complete the Duty Demands Evaluations on their normal shift, rating each agreed duty after performing it
- OHS Consultant will shadow shift while evaluations being undertaken, observing and assisting as required
- Some photos may be taken of the nurses undertaking the duties for inclusion in the guidance on suitable duties

Attachment: Focus Group 2 – Sample Agenda

Return to Work Duties

Focus Group Two – Duty Demands Evaluation - AGENDA

Introduction

- Recap of Focus Group 1 and Project Plan

Aim of this Focus Group

- To provide an introduction to the Duty Demands Evaluation process
- To provide an opportunity to participate in a mock up Duty Demands evaluation.

Duty Demands Evaluation process

- Duty Demands evaluation– to be performed on duties identified as *likely to be suitable*
- Draws on your experience in the job
- Aims to get an indication of the physical and cognitive demands of a duty

Rating duties using the traffic light model

- Nurses rate the demands of the duty themselves and assign a rating immediately after doing the duty (NOT at the end of the day)
- Adapted from the psychophysical approach to task analysis based on Ratings of Perceived Exertion
- Approach adapted from work undertaken in the meat industry
- Traffic light model used extensively by WorkSafe Victoria

	Physical demands *(Postures, Movements and Forces related to body parts)*	**Cognitive demands** *(Concentration, Communication)*
Green	Low physical demand on body part	Low demand on cognitive function
Orange	Medium physical demand on body part	Medium demand on cognitive function
Red	Higher physical demand on body part	Higher demand on cognitive function
Staff rate demands of the duty immediately after doing the duty		

Mock-up Duty Demands Evaluation

- Do mock-up Duty Demands Evaluation on a selected duty and get each person to rate the duty
- Compare and discuss findings
- Explain that OHS Consultant will also be observing the duties being undertaken and identifying manual handling risk factors associated with the duty

Planning for the Duty Demands Evaluation

- To be done on one shift for each nurse, rating each agreed duty after performing it
- OHS Consultant to shadow shift while evaluations being undertaken, observing and assisting as required
- Some photos may be taken
- Plan dates to undertake Duty Demands Evaluations

Need to know more about the project? Please contact:

7.4. Description of nursing duties

The Role of the Nurse

The International Council of Nursing identifies the role of a nurse as encompassing:

> Autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN website, cited 3. 08.07).

Every practising nurse has a range of specific duties and responsibilities.

The role of the nurse involves:

Clinical management skills:

- Assessing clinical risk and needs of patient;
- Planning and evaluating care;
- Coordinating care; and
- Providing treatments and medication.

Human resource management skills

- Teaching;
- Counselling;
- Facilitating;
- Coordinating patient care, patient progress rounds, conferences and staff and patient education;
- Research;
- Training and coaching; and
- Setting goals for future development.

To professionally fulfil these roles every practising nurse has specific duties and responsibilities. Duties and Responsibilities of Registered Division 1 (Div 1) nurses may include:

- Providing physical, emotional and technical care and support for patients;
- Coordinating, delivering and ensuring patients receive treatment prescribed by doctors, accredited nurses and other health professionals;

- Ongoing assessment, documentation and reporting on all duties;
- Providing emotional and psychological support
- Providing information to patients and their families;
- Supervising, or carrying out, nursing care of patients;
- Supervising less experienced Division 1 nurses, Division 2 nurses and other hospital staff;
- Observing, monitoring, assessing, reporting and documenting patients' conditions and responses to treatment;
- Administering medication in accordance with sound working knowledge of legislation and pharmacology and understanding of medical diagnoses;
- Monitoring and adjusting medical equipment used in patient care and treatment, some of which is highly technical and complex;
- Preparing patients for operations / procedures and providing peri/post-operative care such as management of the unconscious patient, pain management, wound care
- Ongoing post-operative / procedure care such as nutritional management, physiotherapy and assisting in the rehabilitation of patients;
- Co-ordinating and implementing patients' discharge planning;
- Communicating, educating and providing information to patients, families and other health professionals about treatment and care;
- Participation in the clinical education of nursing students; and
- Maintaining a safe environment and assisting in prevention of injuries of nurses, patients, other hospital staff and visitors.

Example of descriptions of nursing duties

PLEASE NOTE THAT THIS IS **NOT** AN EXHAUSTIVE LIST, AND THE APPROACH SET OUT IN THE GUIDE IS REQUIRED TO BE UNDERTAKEN FOR **EACH** WARD / UNIT TO IDENTIFY APPROPRIATE TASKS FOR EACH.

The following list may be used as a basis for the types of information required for duties involving direct care of patients.

Direct Care of Patients

Into every activity undertaken by a nurse, there is incorporated a continuous assessment process of the patient.

At all times, standard precautions must be taken to prevent infection / cross-infection of nurse and patients

Wound Assessment (Div 1 and Div 2)

Duties can include:

- Read and interpret patient's history (and medical / nursing wound care charts)
- Glean as much relevant information from patient and family including general health status, pain and management of the pain
- Prior to attending to dressing: assess amount and type of pain relief required for the duration of the dressing process
- Determine location of the wound and position the patient appropriately
- Determine aetiology of the wound
- Take photographic images and record details / observations relating to wound
- Classify information to determine wound healing stage
- Check clinical appearance of wound and surrounding area
- Measure wound for length, width and depth
- Establish chart to support initial wound assessment
- Provide documentation and feedback to patient about the description of dressing regime including date for review and dressing frequency required
- Report findings as appropriate

Wound Management (Div 1 and Div 2)

Duties can include:

- Read the care plan/wound management chart
- Ensure adequate pain relief strategies are activated
- Position the patient to allow access to the wound
- Removal and / or care of drains / suture / clips / staples as appropriate

- Select the appropriate dressing for the wound
- Prepare the wound bed
- Undertake wound assessment
- Apply the dressing to the wound
- Document, chart and report wound assessment

Topical and Enteral Medication preparation and administration (Div 1 and Medication Endorsed Div 2)

Duties can include:

- Check patient observations which are appropriate to the medication to be administered e.g. blood pressure prior to administering an anti-hypertensive or blood glucose levels prior to administering hypoglycaemics
- Application of 'Medication Rights':
    - Right person check
    - Right medication
    - Right dose
    - Right route
    - Right time
    - Right effect
    - Right documentation
    - Right education
    - Right to refuse treatment
- Check for known allergies and possible drug interactions
- Check medications with another nurse as per hospital policy
- Assist patient to safe and comfortable position for taking medications
- Undertake observations / tests if required prior to administering medications
- Give medication to patient and provide education and information to patient and family as appropriate, regarding the medication
- Document medication given on medication chart as required
- Utilise appropriate protective personal equipment as required
- Ensure assessment following administration of medication e.g. for reactions, response and report, document and respond to adverse reactions

IV medication preparation and administration (Div 1 and Suitably Endorsed Div 2)

Duties can include:

- Read medication chart and prepare IV medication
- Check for known allergies and possible drug interactions
- Application of 'Medication Rights'
- Medication check with another nurse
- Undertake observations / tests if required prior to administering medications

- Assist patient to safe and comfortable position for IV administration
- Administer IV medication to patient
- Document medication given on medication chart accurately and give information to patient and family as appropriate
- Ensure assessment following administration of medication for reactions, response and report, document and respond to any adverse reactions

Intra muscular medication preparation and administration (Div 1 and Medication Endorsed Div 2)

Duties can include:

- Read medication chart and prepare subcutaneous / intramuscular injection
- Take required assessment measures prior to administering medications including known allergies and possible drug interactions
- Application of 'Medication Rights'
- Obtain equipment (medication, needle, swabs etc)
- Calculate and draw up the correct dose
- Explain reasons for medication to patient, as necessary
- Check medication with another nurse when preparing injection and also at patient's bedside prior to administering, according to hospital policy
- Assist patient to safe and comfortable position for having the injection
- Administer injection to patient
- Document medication given on medication chart accurately and give information to patient and family as appropriate
- Ensure assessment following administration of medication for reactions, response and report, document and respond to any adverse reactions

Assisting with Activities of Daily Living (ADL) – Showering (Div 1 and Div 2)

Duties can include:

- Read the nursing care plan and interpret requirements
- Explain activity to patient and family as appropriate
- Gather all equipment (eg. shower chair, hoist, personal items)
- Transfer patient to shower or assist with ambulation to shower (applying appropriate no lifting techniques)
- Assist patient with removal of clothes
- Assist with washing and drying patient
- Assist patient with replacing clothing
- Transfer patient back to bed/chair or assist with ambulation back to bed/chair (applying appropriate no lifting techniques)
- Throughout, undertake assessment of patient, including skin integrity, gait, abilities and level of independence with ADLs, and record
- Record in patient history and Care Plan

- Seek assistance from another nurse as needed

Assisting with ADL – Sponge bath in bed (Div 1 and Div 2)

Duties can include:

- Read the nursing care plan, interpret requirements and provide patient with explanation
- Explain activity to patient and family as appropriate
- Gather all equipment (eg. personal items, water, sponge, clean linen)
- Seek assistance from another RN as appropriate
- Position patient on the bed as appropriate (applying appropriate no lifting techniques)
- Remove patient's clothing in a way which ensures maximum privacy and maintenance of dignity
- Wash patient
- Change bed linen
- Replace patient's clothing
- Reposition patient in bed (applying appropriate no lifting techniques)
- Throughout, undertake assessment of patient, including skin integrity, abilities and level of independence with ADLs, and record

Assisting with ADL - toileting in bathroom (Div 1 and Div 2)

Duties can include:

- Read the nursing care plan, interpret requirements and provide patient with explanation
- Gather all equipment (eg continence aids, transfer equipment)
- Seek assistance from another RN as appropriate
- Transfer patient to toilet or assist with ambulation to toilet (applying appropriate no lifting techniques)
- Adjust patient's clothing
- Transfer patient to toilet
- After toileting, assist the patient to stand if possible (applying appropriate no lifting techniques)
- Assist with wiping, applying continence aids and rearranging clothes
- Transfer patient back to bed/chair or assist with ambulation back to bed/chair (applying appropriate no lifting techniques)
- Throughout, undertake assessment of patient, including skin integrity, gait, abilities and level of independence with ADLs, and document appropriately

Assisting with ADL - toileting in bed (Div 1 and Div 2)

Duties can include:

- Read the nursing care plan and interpret requirements

- Gather all equipment (eg continence aids, transfer equipment)
- Roll patient over or guide them to position themselves using monkey bar or other equipment (applying appropriate no lifting techniques)
- Adjust patient's clothing
- Position pan
- Assist with wiping, hand washing and replacing patient's clothing
- Reposition patient (applying appropriate no lifting techniques)
- Throughout, undertake assessment of patient, including skin integrity, abilities and level of independence with ADLs, and record

Assisting with ADL – mouth care (Div 1 and Div 2)

Duties can include:

- Read the nursing care plan and interpret requirements
- Gather all equipment (eg toothbrush, dish, glass, mouth swabs)
- Assist patient to sit up in bed if appropriate (applying appropriate no lifting techniques)
- If independent, provide mouth care equipment to patient
- If dependent, mouth care as per Care Plan
- Reposition patient (applying appropriate no lifting techniques)
- Throughout, undertake assessment of patient, including level or independence, state of oral mucosa, tongue and teeth, responding to and documenting any abnormalities / changes and record and report as appropriate

Assisting with ADL – dressing (Div 1 and Div 2)

Duties can include:

- Check care plan for specific needs e.g. dyspraxia, hemiplegia
- Determine if dressing will occur in bed or chair and position patient appropriately (applying appropriate no lifting techniques)
- Gather clothing
- Assist with removal of patient's clothing, replacing clothing and applying anti-embolism stockings if appropriate
- Reposition patient in bed or chair (applying appropriate no lifting techniques)
- Throughout, undertake assessment of patient, including skin integrity, gait, abilities and level of independence with ADLs, and record

Assisting with ADL – assisting with feeding (Div 1 and Div 2)

Duties can include:

- Check medical notes and care plan for specific instructions from dietician and speech pathologist e.g. fluid thickness, food consistency, nil orally, swallowing strategies
- Gather food and feeding utensils

- Sit patient up in bed if possible/appropriate (applying appropriate no lifting techniques)
- Prepare/cut food up so that patient can assist, or transfer food from plate to patient's mouth
- Assess for swallowing difficulties
- Offer fluids of appropriate consistency
- Clean patient's face and reposition patient (applying appropriate no lifting techniques)
- Clean area around patient
- Throughout, undertake assessment of patient, including mastication, moving the bolus to the back of the tongue and swallowing capability, drooling, coughing and record

Metabolic Maintenance

Duties can include:

- Maintenance of enteral / parenteral nutrition e.g. total parenteral nutrition (TPN) administration, bag and line changes as per hospital protocol
- Percutaneous endoscopic gastrostomy tube (PEG) / nasogastric tube (NGT) care
- Undertake, record and report observations as appropriate (possibly including blood glucose and ketone levels)
- May require obtaining samples of blood and urine
- Maintain input / output charts (e.g. fluid balance)
- Taking weights and measurements of patients

Taking blood glucose and ketone levels (Div 1 and Div 2)

Duties can include:

- Obtain equipment (e.g. glucometer, PPE such as gloves)
- Explain procedure to patient as appropriate
- Ascertain blood glucose and ketone levels as per guidelines / protocols
- Record and report results
- Check results are consistent with expected patient outcomes with medication regime, current medical conditions e.g. infections, and food intake
- Dispose of sharps/contaminated swabs appropriately

Bed-Making (Div 1 and Div 2)

Duties can include:

- Gather all the required linen and accessories before making the bed
- Raise the bed to a manageable working height
- Remove dirty linen set
- Place the clean linen on the bed
- Adjust the bed to its lowest position

- Dispose of dirty linen

Continence management

Duties can include:

- Changing of soiled continence aids
- Maintenance of catheter
- Care of stomas including colostomy, ileostomy, ilial conduit
- Education about stomal care
- Continence assessment of both bowel and bladder, and management, documentation, and reporting
- Maintenance of input / output charts (fluid balance charts)
- Administering prescribed medications as appropriate
- Assessment of skin integrity and documentation

Handling Needs of the Patient

Duties can include:

- Assisting with off bed patient transfers – bed to chair; chair to chair/toilet, moving person off the floor, bed to trolley
- Assisting with on bed patient positioning– sit up/lie down, move up/down the bed; roll or turn/reposition, sitting patient on side of the bed
- Throughout, undertake assessment of patient, including ability to comprehend and cooperate, weight bear / stand, the necessity for a gait aid and risk of falling and record

More specifically, the above can include:

- Determine if patient is able to assist or not able to assist
- Gather relevant equipment (eg hoist, slide board, hover mat, slide sheets, chair, bed rope ladder, monkey bar, bed stick) and required number of staff
- Assist with transfer / positioning as per No Lifting policy and procedures. This can include: verbally instructing patient on method for independent transfer; assisting with transfer; undertaking transfer using a hoist; verbal instructions to the patient on the method; assisting patient to roll on side; assisting to position patients feet on side of mattress and sliding feet off the mattress; electronically raising the backrest of the bed to assist in sitting upright
- Position patient comfortably

Pushing / transporting patient on bed / trolley (eg. to Theatre) (Div 1 and Div 2)

Duties can include:

- Position patient in bed for transport and gather any required equipment
- Adjust bed to waist height
- Use electronic device to transport bed if available

- Obtain support from another staff member

Setting up the bed (Div 1 and Div 2)

Duties can include:

- Positioning monkey bar and bed stick as appropriate
- Sourcing and positioning of pressure aids e.g. air/pressure mattress, gel pads, sheepskin, heel wedges etc as per Care Plan
- Replacing bed head board

Patient observations (Div 1 and Div 2)

There are a range of observations which nurses perform, among them are neurological observations, respiratory function, vascular observations, plaster observations, mental status. Below are the vital sign observations, but a nurse may be required to undertake other observations as per patient needs.

Duties can include:

- Gather equipment (e.g. sphygmomanometer and stethoscope; thermometer, pulse oximeter)
- Position patient for access as required
- Take blood pressure and note pulse and respiratory rate if required
- Take temperature if required
- Take oxygen saturation level as required
- Record observations on the chart and interpret / assess results
- Report if abnormal for patient

Physical Health Assessments of all systems

Duties can include:

- Inspection
- Palpation
- Percussion
- Auscultation
- Record and respond to findings

ECG Recording and Reading

Duties can include:

- Perform ECG
- Report, record and respond to findings

Cardiac Monitoring

Duties can include:

- Attach patient to monitor
- Turn on equipment and observe tracing

- Set alarm parameters
- Report, record and respond to observations

Patient education (Div 1 and Div 2)

Duties can include:

- Gather appropriate information sheets (if available)
- Ongoing education to the patient and provision of the necessary information e.g.
    - Stomal care
    - Wound care
    - Health promotion
    - Exercise/fitness
    - Drug and Alcohol
    - Sexual health
    - Mental health programs
    - Breast screening
    - Asthma education
    - Diabetes education
    - Smoking Cessation

Staff Education (Div 1)

Duties can include:

- Buddy / preceptor for Undergraduate Students and less experienced nurses
- Provision of in-service education
- Orientation for new Registered Nurses

Relative / Public Education (Div 1 and Div 2)

Duties can include:

- Gather appropriate information sheets (if available)
- Education to the relatives and general public and provision of the necessary information e.g.
    - Stomal care
    - Wound care
    - Health promotion
    - Exercise/fitness
    - Drug and Alcohol
    - Sexual health
    - Mental health programs
    - Breast screening
    - Asthma education
    - Diabetes education
    - Smoking Cessation
    - First aid

- Basic life support

Support and care of relatives

Duties can include:

- Telephone calls
- Interviews
- Counseling
- Explanation of clinical condition, treatment and progress of patient
- Referral to specialists e.g. social work, psychiatric services etc

Assessment and Triage (Div 1)

Duties can include:

- Initial Emergency Department)ED) assessment
- Ongoing assessment of the patient in ED waiting room
- Obtaining urine / stool samples if patient dependent
- Organising x-rays as appropriate
- Prescribing / providing analgesia
- Providing fluids

Transporting Patients Between Facilities (e.g. for other appointments)

Duties can include:

- Accompanying clients who need supervision due to medical conditions to appointments

'Transit Lounge'

Duties can include:

- Ongoing assessment and monitoring of patient until discharged / moved, and responding to any adverse events or alteration in medical condition

Community Liaison

Duties can include:

- Liaising with external agencies such as Centrelink, police, accommodation agencies, Maternal & Child Health Nurses, social workers etc

Cannulation

Duties can include:

- Insertion of cannulas into veins prior to the administration of intravenous medications and fluids

Discharge Planning (Div 1 and Div 2)

Duties can include:

- Patient education regarding medications, ongoing post-discharge care

- Ensuring all equipment required by patient is available
- Ensuring all medications required by patient are available
- Ensuring all ongoing services are booked or referrals provided e.g. social work, physiotherapy, Meals on Wheels, Home Help, District Nursing Service
- Assessment of ability to perform domestic activities of daily living (DADL)

Documentation

Duties can include:

- Write nursing reports
- Fluid balance charts
- Observation charts
- Medication charts

Leadership Development / Succession Planning

Duties can include:

- Buddying with superior (Line Manager) in order to develop skills required to perform higher duties

Patient Risk Management (risk of adverse incidents)

Duties can include:

- Assessment and prevention of risk of thromboembolism
- Assessment and prevention of risk of falls
- Assessment and management of risk of skin integrity

Pain Management

Duties can include:

- Assessment of patient
- Giving prescribed analgesia
- Referring patient to doctor / pain team if required
- Ongoing assessment, documentation and reporting

Care of Central Lines

Duties can include:

- Access ports / Hickman lines / PICC lines etc
- Observe / assess / report / document site of lines
- Change lines / dressings / port needles as required
- Administer medications / fluids via central line
- Monitor and manage adverse events e.g. blocked lines, as appropriate

Care of Critical Airways (endotracheal, tracheostomy or airway care)

Duties can include:

- Suction and dressing

- Changing tracheostomy tubes
- Ensuring correct placement of airway tubes

Pathology

Duties can include:

- Collection (e.g. of blood via venepuncture, sputum, urine, wound swabs etc)
- Result checking, reporting and actioning

Monitor Laboratory, Biomedical and Microbiological Investigations

Duties can include:

- Accessing results and informing the appropriate person
- Acting on abnormal results (with consultation where needed)

Other General Duties may include:

- Policy Development, Education & Implementation (Div 1 and Div 2)
- Manual Handling Assessments
- Medication Assessments / Audits
- Care Management / Case Management
- Participation in Ward / Hospital Committee Meetings
- Participation in Handover
- Participation in research projects and activities
- Bed management and coordination
- Staff coordination and replacement
- Quality assurance – auditing and documentation

7.5. Duty Demands Evaluations – Recording form

Staff member name: _____ **Date:** _____

Name of Duty:

Time:

- **Approximate length of time to do the task: eg. 5 minutes**
- **Approximate number of times done per shift: eg. 3 times per shift**

Equipment used: eg. hoist

Traffic Light Duty Demands Evaluation: Physical Risk Rating (Green, Orange, Red)

Body part	Risk	Physical Demands
Neck		
Low back		
Shoulder dominant		
Shoulder non dominant		
Elbow dominant		
Elbow non dominant		
Wrist/hand dominant		
Wrist/hand non dominant		
Lower limbs		

Traffic Light Duty Demands Evaluation: Cognitive Risk Rating

(Green, Orange, Red)

	Risk	Cognitive Demands
Concentration		
Communication		

Other comments:

	Physical demands *(Postures, Movements and Forces related to body parts)*	***Cognitive demands*** *(Concentration, Communication)*
Green	*Low physical demand on body part*	*Low demand on cognitive function*
Orange	*Medium physical demand on body part*	*Medium demand on cognitive function*
Red	*Higher physical demand on body part*	*Higher demand on cognitive function*
Staff rate demands of the duty immediately after doing the duty		

7.6. References

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Appendix 1

Nurses Return to Work in Hospitals Project

MATRIX:

HOW TO IMPLEMENT "GUIDANCE ON RTW DUTIES"

- A Simple Step by Step Guide

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March 2009

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HOW TO IMPLEMENT "GUIDANCE ON RTW DUTIES"

Introduction

This Matrix provides organisations with a step by step approach to implementation of the "Guidance on RTW Duties" for developing a RTW Resource Tool. Please note that detailed explanations of the process may be found in the Guidance (relevant sections will be referenced).

It is important to note that successful implementation of the Guidance on RTW Duties will require tailoring of the information to the needs of the specific organisation and that it should not be seen as an "off the shelf one size fits all" solution.

Definition of Terms

System requirements: Encapsulates the key elements of a process for implementing guidance on RTW duties

System Guidelines: Summarises the methodology for implementing the system requirements

System requirements	System Guidelines	Explanation
1. Assessment of the organisation's readiness to implement "Guidance on RTW Duties"	1.1. The organisation has in place a RTW Program that meets legislative requirements and promotes continuous improvement. The organisation's RTW Policy and Procedure should reflect a consultative and proactive approach to RTW (refer Appendix 7.1 for sample Policy). 1.2. There is commitment from senior management for the implementation of the Guidance on RTW duties. 1.3. There is a commitment of adequate resources, including appropriate expertise (either in-house or contracted) for the development and implementation of the Guidance (refer Section 6 for an estimation and description of resources required).	The development and implementation of Guidance on RTW Duties is one part of a systematic, proactive approach towards rehabilitation and RTW. It is critical that the RTW system is sufficiently mature to capitalise on the Guidance. Senior management need to understand the reasons behind the project to implement the "Guidance on RTW Duties" and the expected outcomes. In turn a commitment to the projected resources is required. As part of this process, a Project Proposal should be presented to management detailing: • Objectives of the project • Rationale • Expected benefits for the organisation • Overview of the project plan • Projected resources – eg. project manager, any expertise required, nursing staff, development/printing of documentation. Senior management should provide written approval for the project.
2. Appointment of a Project Manager (refer Section 6)	2.1. A Project Manager with suitable skills and experience should be appointed. This person should have: • Experience with the RTW process	An assessment of the organisation's resources should be undertaken to establish whether there is scope to appoint a Project Manager from "in house" or whether an external consultant should be engaged.

	• Skills and experience in worksite assessment and task analysis • Knowledge of relevant legislative requirements • Understanding or the link between RTW and OHS prevention/risk management.	It is important to note that whilst the Project Manager will need to work with the RTW Coordinator from the organisation, the implementation of the Guidance is a separate project and will not require an ongoing resource. Rather, once developed, the Guidance on RTW duties will be integrated into the organisation's RTW system.
3. Determine the scope of the Guidance on RTW duties required by the organisation	3.1. The organisation should determine the scope of the Guidance on RTW duties required, including the wards and nursing roles to participate in the project.	An analysis should be undertaken to determine the wards/nursing roles that would benefit most from improved processes for the return to work of injured nurses. For example, General surgical wards; Theatre; Aged Care. An analysis of RTW rates would assist this process. Consultation with the proposed wards to determine their readiness to participate should then take place (refer Section 3.3).
4. Engage stakeholders	4.1. Nursing and management stakeholders in the targeted areas need to be engaged in the project. 4.2. A Focus Group of nurses to represent their colleagues in the targeted areas should be determined.	A project information sheet should be developed (refer Appendix 7.2) and project briefings should take place in the targeted wards. Nominations for nursing staff to participate in the Focus Groups should be sought, taking account of the desirable attributes for Focus Group participants (refer Section 3.4). Where possible, the Health & Safety Representative should be part of the Focus Group. The Focus Groups should be finalized and the membership communicated to the relevant areas. A briefing should be provided to the Focus Group(s) about their role in the project

		and the projected Project Plan.
5. Identify and cluster nursing duties	5.1. A list of all nursing duties in the targeted areas should be developed. 5.2. Nursing duties undertaken together should be listed in clusters of tasks. 5.3. Duties should be categorised into those likely to be "suitable" or "unsuitable" for the RTW process.	Refer to Appendix 7.4 for a full list and description of nursing duties in the Pilot ward. This can be used as a starting point for developing a list of nursing duties in the targeted wards. Work with the Focus Groups to cluster the duties into groups of tasks undertaken together (Refer to Section 3.5 and Appendix 7.3). Get the Focus Groups to roughly categorise the duties into those likely to be "suitable" or "unsuitable" for the RTW process (refer to the Sample Summary List in Section 3.6 and Appendix 7.3).
6. Undertake the Duty Demands Evaluations (Refer Section 3.7 and Appendix 7.3) and tailor the Resource Tool to reflect the organisational environment	6.1. Duty Demands Evaluations should be reviewed and completed for all tasks likely to be suitable for the RTW process. 6.2. The Duty Demands evaluations must take into account the organisation's equipment, work environment and work practices.	In consultation with the Focus Groups, review the Duty Demands Evaluations in the Sample Resource Tool (Section 4). Review each relevant duty, compare against the organisation's equipment, work environment and work practices and modify as required. Taking new photographs depicting the local staff and environment for each duty would increase organisational ownership of the document and make it more relevant for employees. For duties not covered in the Sample Resource Tool provided in the Guidance, the Project Manager and Focus Group should rate the demands of the task and undertake a new Duty Demands evaluation for that task (refer Appendix 7.3). A complete Resource Tool for the identification of Suitable RTW

		Duties in the targeted ward areas should be documented. This should be reviewed by each relevant work group.
7. Integrate the Resource Tool into the organisation's RTW system	7.1. The organisation's RTW Policy and Procedure should integrate the use of the Resource Tool.	The existing RTW Policy and Procedure should be reviewed with a view to integrating the use of the new Resource Tool (refer Section 5.2 and Appendix 1).
8. Guidance dissemination and education	8.1. Identify key stakeholders in the RTW process. 8.2. Determine the most suitable means of dissemination of the Resource Tool for each stakeholder group. 8.3. Develop hard copy or internet based Resource Tool (according to organisational needs). 8.4. Launch the Resource Tool, educate and disseminate to key stakeholders.	Internal stakeholders (eg. NUMs, RTW Coordinator) and external stakeholders (eg. Treating practitioners, Rehabilitation Providers) in the RTW process should be identified. Decide whether internet based guidance or hard copy guidance should be used for the different stakeholder groups. Develop hard copy folders of the Resource Tool and/or an internet based document to reflect the organisational needs. Develop a process to educate identified stakeholders about the Resource Tool and how it will be used as part of the RTW process. Provide the education and disseminate the information to identified stakeholders.
9. Using the Resource Tool for the identification of Suitable RTW Duties as part of the RTW process	9.1. Use the RTW Resource Tool as part of the process to select suitable duties for the injured nurse to undertake on their return to work. 9.2. Use the RTW Resource Tool as part of the process to change the duties as the RTW process proceeds.	The injured nurse, treating practitioner, and nursing manager should be consulted during the process of selecting suitable duties for the injured worker to undertake on their RTW. The RTW Resource Tool should be used to select duties within the capability of the injured nurse. The selected and agreed duties should be referenced as part of the RTW Plan. As the RTW process proceeds and the nurse's work capacity

		improves, the RTW Resource Tool should again be referenced to identify further suitable duties. The RTW Plan should be modified accordingly.
10. Monitor and upgrade the Guidance on RTW Duties Resource Tool	10.1. If new work practices or equipment are introduced to the organisation, the relevant Duty Demands Evaluations should be reviewed and upgraded accordingly. 10.2. Quantitative and qualitative information about the effectiveness of the RTW process using the RTW Resource Tool should be collected and monitored.	Refer Section 6 in the Matrix for information about the review and upgrading of Duty Demands Evaluations. RTW rates and feedback from key stakeholders should be monitored to evaluate the use and implementation of the RTW Guidance. Modifications or improvements to the Resource Tool or process of using the Tool should be made accordingly.
11. Expand the Guidance on RTW Duties Resource Tool to other work groups	11.1. The organisation should consider expanding the use of the RTW Resource Tool into non nursing work groups.	To improve the RTW process, the organisation should consider expanding the RTW Resource Tool to non nursing work groups (eg. environmental services, engineering). This would involve repeating Steps 1-10 in the Matrix for the targeted work groups.