

Program Physical Demands Analysis

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|---------------------|-------------------------------------|--------------------|-----------------|
| Program | Social Service Worker - Gerontology | Date | March 24, 2021 |
| Co-Ordinator | Christine Ahern | Chairperson | Randal Semeniuk |

| STRENGTH | | | | | | | |
|---------------------------|------------------|----------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | WEIGHT | | * FREQUENCY | | | | |
| | Maximum (in lbs) | Usual (in lbs) | Never | Seldom | Minor | Required | Major |
| Lifting | 20-25 | 5-10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Carrying | 20-25 | 5-10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pushing | 40-45 | 10-20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pulling | 40-45 | 10-20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fine Finger Movements | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Handling | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gripping | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reaching (Above Shoulder) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reaching (Below Shoulder) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Foot Action (1 Foot) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foot Action (2 Foot) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:
 SSWG's work in a variety of different settings with older adults who have varying levels of physical health and mobility. Physical demands associated with SSWG roles are therefore largely determined by the setting and type of service or role the SSWG is performing. Some settings require minimal physical demands, for example, counselling, case management or brokerage services while other settings, for example, adjuvant, activation and recreation services in retirement or long term care facilities may require more extensive physical demands. SSWG's working in activation and restorative care may be required to porter and assist with entering, securing and exiting transportation (van,bus), positioning or spotting transfers of clients, and so forth. Physical demands for SSWG roles in recreation and activation are different from other types of SSWG roles. No one has been refused admission to the program due to physical limitations or disabilities. Students who are physically unable to demonstrate a skill may demonstrate the skill verbally. These students could complete the program course work, but may not be employable in more physically demanding SSWG roles such as activation.

| MOBILITY | | | | | |
|------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | * FREQUENCY | | | | |
| | Never | Seldom | Minor | Required | Major |
| Throwing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Standing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Running | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Climbing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bending/Stooping | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Crouching | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Kneeling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Crawling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Twisting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Balancing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:
 Some activation, restorative care and leisure activities with seniors may require more rigorous physical activity. Sitting, standing, walking, stair climbing and some crouching (for example eye level for wheelchair bound individuals) would be required activities in most settings.

| SENSORY / PERCEPTUAL | | | | | |
|------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | * FREQUENCY | | | | |
| | Never | Seldom | Minor | Required | Major |
| Hearing – Conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hearing – Other Sounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Far | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vision – Near | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vision – Colour | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision – Depth | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perception – Spatial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Perception – Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Feeling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Speech | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:
 Hearing, speech, reading and general oral/written communication skills or behaviours constitute a large percentage for the role.

| WORK ENVIRONMENT | | | | | |
|------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | * FREQUENCY | | | | |
| | Never | Seldom | Minor | Required | Major |
| Inside Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outside Work | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot/Cold | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Humid/Dry | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vapour Fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Noise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Moving Objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous Machines | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sharp Tools etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiant/Thermal Energy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Slippery | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Congested Worksite | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

| CONDITIONS OF WORK | | | | | |
|-------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Physical Demands | * FREQUENCY | | | | |
| | Never | Seldom | Minor | Required | Major |
| Travelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Work Alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Work Independent but in group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Deadline Pressures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Interact with Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Operate Equipment/ Machinery | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:
 Machinery equipment may include vehicles, microphones, computers, presentation equipment, activity supplies, etc.

| Accessibility | |
|-----------------------|---|
| Wheelchair accessible | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| Comments: | |

The demands for the role vary depending on the type of setting, service and facility. Some activities may require use of sharp tools, glue guns, audiovisual equipment, etc. SSWG roles would be carried out in settings where seniors live or seek services and recreation.

Most settings where seniors live or use services are wheelchair accessible. Accessibility may vary depending on the setting (example - home visits)

*** Frequency:**

Never Not performed.

Seldom Seldom performed. Not daily.

Minor..... Minor daily activity. Less than 1 hour

Required Frequent repetition, for 1-3 hours daily

Major..... Major job demand. Maximum ability required. Frequent repetition for more than 3 hours daily.