

Program Physical Demands Analysis

| | | | |
|---------------------|---|--------------------|---------------|
| Program | Dental Assisting Levels I and II (H915) | Date | July 19, 2019 |
| Co-Ordinator | Sherry Frey | Chairperson | Monica Tighe |

| STRENGTH | | | | | | | |
|---|------------------|----------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | WEIGHT | | * FREQUENCY | | | | |
| | Maximum (in lbs) | Usual (in lbs) | Never | Seldom | Minor | Required | Major |
| Lifting | 30-150 lbs | 2-5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Carrying | 30 lbs | 2-5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushing | 30 lbs | 2-5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulling | 30 lbs | 2-5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine Finger Movements | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Handling | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Gripping | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reaching (Above Shoulder) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaching (Below Shoulder) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foot Action (1 Foot) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foot Action (2 Foot) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | | |
| -Assisting disabled or child clients into the dental chair; -carrying vacuformer unit, curling lights, amalgamators, pre-set trays of instruments and other equipment to and from operatory; -pushing/pulling, mobile clinical cabinetry, radiology extension arm, swiveling main dental chair; -fine finger movements required for intra-oral skills, instrument transfers, material manipulation lab project fabrication (mouthguard, whitening trays etc.); -gripping during rubber dam placement, instrument transfers, intra-oral instrument use; -reaching for and positioning of dental light; -reaching below for rheostat and its placement, operatory set-up and clean-up; -use of one foot to raise and lower dental chair and operation of rheostat | | | | | | | |

| MOBILITY | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Physical Demands | * FREQUENCY | | | | |
| | Never | Seldom | Minor | Required | Major |
| Throwing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Standing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Running | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bending/Stooping | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crouching | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kneeling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crawling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Twisting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Balancing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | |
| -sitting required while performing intra-oral skills, sitting on higher DA stool, posture is critical -standing for fluoride, impressions, x-ray and surgical procedures | | | | | |

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vision – Far | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Near | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vision – Colour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision – Depth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Perception – Spatial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Perception – Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feeling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: | | | | | |
| -client communication is critical for client education, instructions and general rapport with clients to relieve anxiety. -vision is critical for comprehensive oral inspection, hard and soft tissue changes to include colour. | | | | | |

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot/Cold | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Humid/Dry | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vapour Fumes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving Objects | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sharp Tools etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Radiant/Thermal Energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Slippery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Congested Worksite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Comments: | | | | | |
| Lab setting, gypsum product dust; acrylic resin fumes (minor); -amalgam (low mercury vapours); continual movement of mobile cabinetry; -use and maintenance of numerous sharp instruments; -daily use of x-radiation; -daily use of autoclaves and sterilization chemicals (ultrasonics, cold solutions etc.); -operatory and lab spaces very tight and confining | | | | | |

| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| Work Independent but in group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Deadline Pressures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Interact with Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Operate Equipment/ Machinery | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | |
| -Offsites are required during the program; -the program is hugely compressed and deadlines are many within this 40 week program; client interaction is extremely important and constitutes a large percentage of a day. (public education, offsites etc.); operation of laboratory equipment is limited but necessary. | | | | | |

| Accessibility | |
|---|---|
| Wheelchair accessible | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| Comments: | |
| Students in this program are required to wear the following PPE: Glasses/goggles (with side shields), masks, gowns, face shields, gloves, closed toe and closed heel shoes, dosimeters. | |

*** 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.