

Why dining chairs **FAIL** caregivers and frontline care staff



The journey of aging robs many from living healthy independent lives. Daily challenges associated with ongoing health conditions, injuries, medical diagnosis, surgeries or aging reduces one's mobility and prevents many of us from scooting up-to the table to work on a family puzzle or enjoy a meal with family and friends.

Front line staff are the first to feel the impact of reduced mobility among clients/residents as they are charged with providing whatever effort is required to move a seated person up-to the table.

Front line staff / caregivers feel more like “**hired muscle**” than “**givers-of-care**”, as today's furniture technology fails to reduce the physical demands associated with providing care!

Simply stated...

Chairs fail caregivers because

- chairs are not designed to MOVE

Chairs fail care staff because

- chairs do not reduce the physical demands of care staff providing mealtime assistance

Therefore...

Because chairs are not designed with mobility features, care staff have to exert considerable physical effort (push / pull / shove / twist) each time meal assistance is provided.



- ✗ Care staff are at increased risk of incurring a work place injury
- ✗ Care staff cannot enjoy a healthier work environment when the physical demands associated with providing mealtime assistance are not reduced
- ✗ Residents are at increased risk of falling / tripping as they get seated at mealtimes
- ✗ Residents are less compliant and less willing to follow care staff directives... often creating a combative, less enjoyable mealtime routine!

Consider the following

1. **Traditional chairs** are not designed to move. Traditional, four-legged dining chairs rely on friction between the legs of the chair and the floor to remain upright and immobile. Any force applied to move a chair (push/pull/shove/twist) with a seated person damages a chair's structural integrity.
2. **Cushioned flooring** further increases resistance when attempting to move a seated person. While cushioned flooring is credited with minimizing serious injury should a fall occur, indentations formed under each chair leg make it almost impossible for a care staff to move a chair with someone sitting in it.
3. **Table Interference:** When assisting a person at mealtimes, caregivers place the chairs as close to the table as possible. This placement of the chair is directly proportional to the physical effort required of the caregiver once the person is seated in the chair.



Positioning the chair in this manner increases the risk of falling for the person being seated as he/she is expected to awkwardly shuffle backwards and sideways as they align themselves with the seat of the chair.

4. **Caregivers** feel pressured to do whatever it takes to get a person seated at the table. Mealtimes are time sensitive preventing care staff from searching out the appropriate piece of furniture to assist when moving a person to the table.

According to OHS safety guidelines, caregivers are at risk of incurring a work related injury any time they are expected to push-pull-shove-twist more than 40-60 lbs. Essentially this puts caregivers at risk of incurring an injury each time traditional dining furniture is used to assist a person up-to the table.

5. **Seniors** living with reduced mobility experience first hand what it feels like when a caregiver surprises them by pushing-pulling-shoving-twisting on the back of the chair. While most seniors have limited opportunity to express their displeasure with the treatment they receive, witness how seniors in one care community responded when chairs with mobility features were incorporated into their dining room...

...A care community placed a set of mobility chairs into their dining room.

"Prior to receiving these chairs, care staff documented 5-8 incidents / month where a seated resident would "strike" or "lash out" at the caregiver who was assisting them up-to the table. Interestingly, since the Titan Series "mobility chairs" arrived (2017) they have not had another documented case of this occurring."

Their takeaway, dining chairs fitted with "mobility features", enable care staff to focus on developing a relationship with residents, as opposed to approaching them from behind only to surprise / aggravate them further by pushing on the back of their chair each time meal assistance was provided."



Designing better care...

While it is expected of care staff to assist a seated person up-to and away-from the table, the reality is this task is almost impossible as care staff lack the physical strength required to provide assistance. Care communities would be well served to identify a mechanical means that enables care staff to perform these tasks with reduced physical effort.

Question: How does a caregiver move a seated person up-to the table with ease and grace?

A better way...

Chairs designed for care staff who provide mealtime assistance for seniors should include mobility features that enable chairs to **swivel...roll...and brake** for safety!

These features eliminate the need for care staff to push / pull / shove / twist when providing mealtime assistance.

As a result...



- ✓ Care staff are at reduced risk of incurring a work place injury
- ✓ Care staff enjoy a healthier work environment when the physical demands associated with providing mealtime assistance is reduced
- ✓ Residents are at reduced risk of falling / tripping as they get seated at mealtimes
- ✓ Residents are more compliant and willing to follow care staff directives...creating a more enjoyable mealtime routine!

Design Challenge: Our design challenge was NOT to design a chair that rolls easily. These chairs already exist in the form of a task chair or a 1970's dinette chair. The use of these chairs is considered unsafe as they can move unexpectedly and prematurely.

Rather, the design challenge was to incorporate mobility features which balance the need to:

- a. move a seated person up-to the table with ease and grace,
- b. reduce the physical demands placed upon caregivers,
- c. provide the seated person with an increased sense of dignity and self-worth,
- d. **...and to do so, without compromising safety for either the seated person or the caregiver.**

To Learn More...For seniors living with reduced mobility, these features enable a care provider to offer assistance without risk of injury to themselves.



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HOW DOES A PERSON GET SEATED AT THE TABLE...



**POSITIONS
CHAIR**

**GETS
SEATED**

**LIFTS
CHAIR
SLIGHTLY**

**SCOOTs
FORWARD**



AN **ABLE-BODIED** PERSON...

...REQUIRES NO ASSISTANCE



CARE STAFF

**POSITIONS
CHAIR**

CARE STAFF

**ASSISTS IN
GETTING SEATED**

CARE STAFF

**PUSHES - SHOVS - TWISTS
TO MOVE SEATED PERSON FORWARD**



A **MOBILITY-CHALLENGED** PERSON...

...REQUIRES CARE STAFF ASSISTANCE
EACH TIME A PERSON IS SEATED AT THE TABLE

SPECIALIZED SEATING

Rehab
Bariatric
Disability Centers
Medical



HOW MUCH PHYSICAL EFFORT
CAN CARE STAFF
SAFELY EXERT?

(**LIFTING – PUSHING – PULLING**)

A person can safely LIFT 35 lbs. under normal conditions (no sudden moves or twisting)
A person can safely PUSH up to 20% of their body weight and PULL up to 30% of their body weight.

** Silverstone Group*

	LIFT ↑	PUSH →	PULL ←
👤 140 lbs. CARE STAFF	35 lbs.	28 lbs.	42 lbs.
👤 200 lbs. CARE STAFF	35 lbs.	40 lbs.	60 lbs.



ESSENTIALLY...
A CARE STAFF RISKS INCURRING A WORK-RELATED INJURY
EACH TIME ASSISTANCE IS PROVIDED.

HOW CHAIRS THAT SWIVEL...ROLL ELIMINATE TABLE INTERFERENCE



NO
Mobility

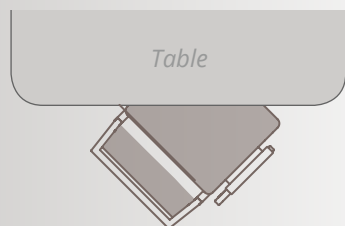


Table Interference:

HIGH ⬆



SEAT: **Swivels**
Locks - 90°

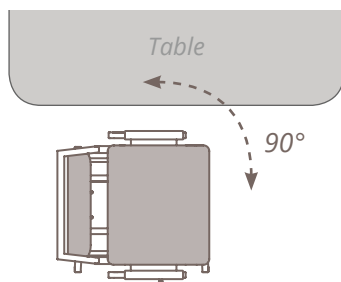


Table Interference:

LOW ⬇



SEAT: **Swivels**
Locks - 90°

CHAIR: **Rolls (Inline)**
Brakes

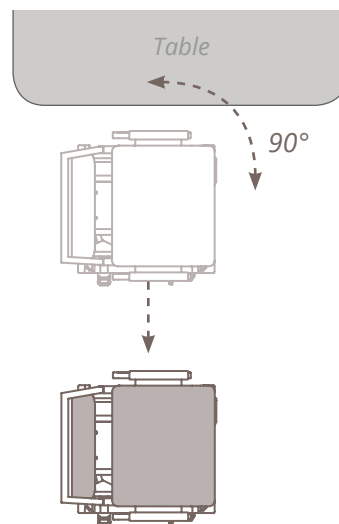


Table Interference:

LOW ⬇



CHAIR: **Rolls (360°)**
Brakes

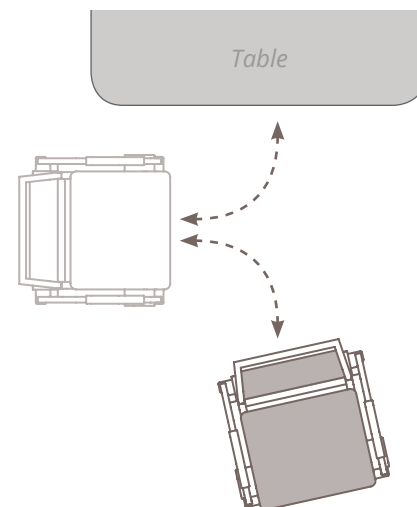


Table Interference:

LOW ⬇

Creating a Culture of Care...



T·2

Contessa



...REDUCE

Workplace Injuries

WC Claims / Absenteeism / Overtime

Furniture Costs...as the premature replacement of chairs is no longer required

Flooring Costs...as damage caused as a result of constant skidding is eliminated



*Reducing Stress / Anxiety
for Both the
Seated Person and the Caregiver*

...CREATE

Safer Workplace

*A More Enjoyable
Mealtime Routine*

Healthier Work Environment

*Better Retention of
Care Staff*



...NURTURE

*Creating a More Enjoyable
Mealtime Routine*

*Families
Experience an Increased
Sense of
Dignity & Self-Worth*

*Enables Seniors to
Care of Each Other*



*Creating
a More Enjoyable
Mealtime Routine*



WHO BENEFITS...

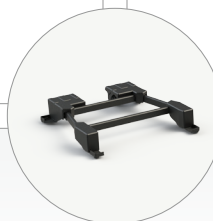
Chairs that **swivel...roll** and **brake** for safety can create a **WIN / WIN / WIN** solution for your care community, your staff and your residents.

MANAGEMENT

- ✓ Reduced capital expenses
 1. Chairs remain in service 4-7 years longer
 2. Damage to floors is eliminated
 3. All existing damaged chairs can be brought back into circulation
- ✓ Increased occupancy (visitors see the increased level of resident centered care provided in the dining room)
- ✓ Staff appreciate management pro-actively addressing workplace safety

HUMAN RESOURCES

- ✓ Reduced recruitment costs (increased staff retention due to safer workplace environment)
- ✓ Reduced sick-time costs (less injuries to front-line staff = less additional staffing costs)
- ✓ Reduced physical demands (attracts early retirees looking to become re-engaged in the care community)



CARE STAFF

- ✓ Reduced physical effort while performing daily tasks of moving residents up-to and away from tables
- ✓ Reduced workplace injuries
- ✓ Soft skills (ie. compassion, empathy, tolerance) become more evident as physical fatigue diminishes
- ✓ Better **work / life balance** as front-line staff tasked with moving seated individuals up-to and away-from tables have more energy at the end of a shift

RESIDENTS

- ✓ Increased safety when being seated
- ✓ Increased dignity
- ✓ Increased engagement/interaction with staff
- ✓ Enhanced relationships with care providers

FAMILIES

- ✓ Increased level of service satisfaction
- ✓ Increased level of confidence in staff



www.comfortek.com/cc
info@comfortek.com
1.888.678.2060



Chair *Caddie*