



## ABSTRACTS: 6<sup>th</sup> November 2025 Day 1 Conference

Time	Presenter	Abstract
08.50 – 09.35	Andy Rich USA	<p><b>Getting to your emerald city: Ensuring accountability and sustainability in safe patient handling and mobility programs.</b></p> <p>I. Author: <u>Andy Rich, MS, OTR/L, CSPHP</u> Affiliation: <u>Arjo Inc.- USA</u></p> <p>Background/Introduction: Safe Patient Handling &amp; Mobility programs are being implemented with growing vigor. However, getting them started and sticking poses great challenges for many. This session will explore the challenges, strategies and real-life applications that healthcare organizations have done that have resulted in 84-95% reductions in worker compensation incidents as costs related to moving patients, as well as reducing patient falls, hospital acquired, pressure injuries and other complications associated with immobility.</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• Describe how intervening with mobility can improve clinical and safety outcomes for the patient caregiver &amp; healthcare organization.</li> <li>• Identify the common constraints to blocking safe patient handling program success</li> <li>• Identify key strategies to address obstacles &amp; ensure Safe Patient Handling Program success.</li> </ul> <p>Methodology: Will utilize real life stories, examples and data to show how to create safe patient handling programming that engages leadership to frontline healthcare providers that has resulted in over 90% staff injury reduction and similar reductions in falls and hospital acquired pressure injuries. Session engages audiences and creates an opportunity to identify challenges and solutions to overcome them.</p>
09.35 – 10.10	A/Prof Caz Hales NZ	<p><b>Creating Accessible Healthcare Environments: A Systems Approach to Bariatric Care.</b></p> <p>Victoria University of Wellington, New Zealand Adjunct Bariatric Care Advisor, Health New Zealand- Capital Coast Hutt Valley, Wellington.</p> <p>Healthcare settings must evolve to provide equitable, dignified care for patients of all body sizes. This requires shifting from individual-focused approaches to examining how healthcare systems can remove barriers to care. Creating accessible environments requires a comprehensive strategy that addresses physical infrastructure, provider competency, and institutional policies. The presentation explores healthcare experiences of patients of larger size, including specific dignity concerns, respect issues, and common barriers faced when accessing care. Key challenges in bariatric care delivery are identified, such as appropriate equipment selection, safe handling techniques, patient and staff safety, and environmental modifications. Through applying principles of size-inclusive healthcare in clinical practice, strategies for recognising weight stigma, using respectful communication, and ensuring equitable care practices are examined. The framework presented offers actionable strategies for implementing best practices in bariatric care that foster shared responsibility and collaboration across departments and disciplines.</p>
10.10 – 10.45	Susan Mitchell SA Aust	<p><b>“The future of people handling, from Weightlifter to Robots”</b></p> <p>APAM, Pinnacle Workplace Consultants</p> <p><b>Background/Introduction:</b> Allied Health Professionals and Trainers working in People Handling are often responsible for recommending equipment that facilitates a client’s recovery but also maintains the health and safety of care givers. This session will briefly review the history of people handling equipment and techniques and consider innovative technologies that will reduce effort and improve safety.</p> <p><b>Goals/Objectives/Justifications:</b> Trainers need to understand the range of equipment that is available to reduce effort and improve safety of transferring</p>



		<p>people. It is also useful to understand how far the aids and equipment has come since No-Lift Policies were introduced in 1998. Some industries are using robots/robotics to reduce workloads and to perform tasks that were previously performed by humans. Understanding how these developments have been received allows us to understand opportunities in the people handling industries. There have also been some trials of robots within Aged Care in Australia, which will be discussed. Other industries are now using 'exoskeletons' to reduce worker injury, so the impact of these on workers in people handling fields will be considered.</p> <p><b>Results/Outcomes/Conclusions</b> Trainers should be aware of what is currently available and what is on the horizon to maximise outcomes for their clients. Aids and equipment are constantly evolving and now include robotics and powered/air assistance. New Aged Care Facilities and Hospitals should include best practice equipment at the planning stage; redevelopments of existing facilities should reflect 2025 best practice and NDIS funding should support Participants to have the best quality equipment. Members of this Association can influence the decision makers by highlighting efficiencies and reduction in worker effort/injury risk by implementing equipment such as air assisted transfers and hoisting technology. We can also have a role in development of best practice at Regulatory level and curriculum development by keeping abreast of technology and its opportunities.</p>
11.15 – 11.50	Craig Nelson NZ	<b>Shaping tomorrow – shaping risk.</b>
11.15 – 12.25	Leslea Johnson Vic Aust.	<p><b>Static Tools in a Dynamic Environment: Updating a Risk Assessment Tool to Match Dynamic Patient Risks</b></p> <p>St Vincent's Hospital Melbourne, Registered Nurse, Work Health and Safety Program Consultant (Manual Handling).</p> <p>The MoveSmart program at St Vincent's Hospital Melbourne aims to minimise musculoskeletal injuries through a risk management approach that includes staff training, ward-based consultation, and incident investigation support. Analysis of incident data shows bed repositioning as one of the leading causes of serious worker injury. Patient factors contributing to these incidents, e.g. mobility status, cognition, pain, were continually changing. In response, a focus on dynamic risk assessment was introduced into MoveSmart training.</p> <p>The alignment between this revised training and the ward-level patient manual handling risk assessment tool ('the tool') was evaluated. In 2020–2021, 111 MoveSmart patient consultations were audited across all sites. While nurses demonstrated awareness of patient-specific risks 'the tool' failed to document them adequately. Only 10% of risks identified during consultations appeared on 'the tool'. Completion of 'the tool' at admission was 72%, and updates once patient condition changed occurred in just 54% of these cases. 'The tool' is overly simplistic, misaligned with training content and fails to support consistent application of risk controls. A new evidence-informed tool that actively links clinical assessment information to manual handling risk decisions has been developed and trialled. The new tool will bridge the gap between identified risk and decision-making, enabling more effective and consistent selection of controls in complex clinical environments. The new tool is due to be implemented across the hospital. Early results of implementation will be discussed.</p>
12.25 – 13.00	Panel facilitator Zoe Moss	<p><b>Tell me a story: A discussion based on individual stories from those who have been there.</b></p> <p>Karin Brady, Tracey Carr, Caz Hales, Andy Rich, Tony Johnston</p>
<b>Plaza 1 Concurrent sessions</b>		
14.00 – 15.30	Risky Business	<p><b>A critical review of risk and investigation tools and discussion panel.</b></p> <p><b>APHIRM:</b> Megan Green, Karen Davies</p> <p><b>ErgoAnalyst:</b> Dr Gary Dennis</p> <p><b>ACCIMAP:</b> Mark Enders</p>



16.00 – 17.00	Andy Rich USA	<p><b>Tell Me A Story: Influencing safe patient handling and mobility engagement through storytelling.</b></p> <p>Background/Introduction: Often when measuring the success of a safe patient handling and mobility program organizations focus and rely heavily on the use of numerically driven quantitative data. However, when an organization becomes singularly focused on the numbers, they often miss opportunities that can demonstrate drive-specific organizational goals while engaging, motivating and captivating others. This highly interactive session will explore the significance of storytelling and how organizations can use it to influence engagement and support for their Safe Patient Handling and Mobility to drive results and connect with their mission</p> <p>Goals:</p> <ol style="list-style-type: none"> <li>1. Define corporate storytelling and why it is important</li> <li>2. Discuss key elements and structure of a good business story</li> <li>3. Describe three types of stories and what situations they can be used in</li> <li>4. Summarize the future of storytelling in business</li> <li>5. Develop a compelling safe patient handling and mobility story to share within your organization</li> </ol> <p>Methodology: Will utilize real life stories through various mediums to demonstrate how the use of strategic narratives can accelerate the impact of the results desired. Session engages audiences and creates an opportunity to develop their own story.</p>
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## Plaza 2 Concurrent sessions

14.00 – 14.25	Chanelle Oliver NSW Aust	<p><b>Modernising Sling Selection using AI and a Game-Changing App</b></p> <p>Occupational Therapist</p> <p><b>Background/Introduction:</b></p> <p>Correct transfer aid and sling selection is vital to safe patient handling. Sling selection can be complex, but what if there was a smarter, faster way? This session introduces a cutting-edge app that helps guide measurements, suggests compatible products, and even generates clinical justification reports using AI.</p> <p><b>Goals/Objectives/Justifications:</b></p> <p>The session will empower attendees to:</p> <ul style="list-style-type: none"> <li>• Understand the core clinical reasoning behind sling selection.</li> <li>• Discover how digital tools can streamline decision-making and documentation.</li> <li>• Discover how a cutting-edge App guides precise measurements, suggests possible sling options, and connects you with local suppliers, all in one place.</li> <li>• Explore how AI-generated reports can enhance funding applications.</li> <li>• Walk away with a practical solution to modernise and simplify everyday clinical tasks</li> </ul> <p><b>Methodology:</b></p> <p>This interactive workshop combines best-practice guidelines, real-world case discussions, and live demonstrations. Attendees will be guided step-by-step through the new assistive tech app reinforcing learning through direct, practical use of digital tools.</p> <p><b>Results/Outcomes:</b></p> <p>This interactive session blends real-world scenarios, clinical insights, and live demonstrations of a powerful new assistive tech app. Attendees will explore case-based examples and see firsthand how the app simplifies assessment, product matching, and documentation, making every step of the sling selection process faster and more intuitive.</p> <p><b>Impact/Conclusion:</b></p> <p>This session brings together clinical expertise and digital innovation to transform how sling decisions are made. By streamlining assessments and reporting, it empowers health professionals to deliver safer, smarter care, while saving time and boosting confidence in every decision.</p>
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14.25 – 14.45	Zoe Moss QLD Aust	<p><b>To Leave or Not to Leave Slings in Place</b></p> <p>During a thorough patient handling or pressure injury prevention assessment, it may be determined that applying or removing a sling may pose more risk than leaving the sling in place. The decision regarding application of slings between uses must balance the putative risk regarding impact to the skin and tissue and the potential benefit to the patient or caregiver. In lieu of limited high-level evidence examining how allowing slings to remain under patients potentially affects pressure injury development, we must examine test data provided by manufactures to help guide our decision-making process. Systematically each clinician or carer must review their patient care assessment against the physical features of the sling to be utilised. This presentation aims to strengthen the objective rationale clinicians are utilising to assess the relative risk of in situ slings. In this session we will discuss: Rationale for leaving a sling in place. Potential impact of an in-situ sling. Available evidence to guide best practice. Sling types to minimise risk. Assessment recommendations. Impact of blanket policies on person-centred care.</p>
14.45 – 15.30	Simone Hepburn and Neisha Sanderson Gold Coast Aust	<p><b>Navigating Extreme Challenges in Bariatric Manual Handling: A Community-Based MDT Perspective</b></p> <p><u>Simone Hepburn</u>, Private Physiotherapist/Occ Health Consultant, <u>Neisha Sanderson</u>, NDIS Occupational Therapist, Lodestar Therapy</p> <p>This case study highlights the manual handling complexities faced while supporting a bariatric client over 350kg with limited functional independence and significant care needs. Environmental constraints and equipment limitations frequently challenge safety best practices, creating a significant choice vs. risk dilemma—especially within the NDIS framework, where participants retain decision-making capacity and support workers operate independently.</p> <p>Lessons learnt include:</p> <ul style="list-style-type: none"> <li>• Barriers posed by available bariatric equipment.</li> <li>• Navigating the Choice Vs. Risk balance.</li> <li>• The impact of client cooperation and engagement on interventions &amp; outcomes</li> <li>• Tailored solutions, staff training programs, and the feasibility of community-based care.</li> </ul> <p>This case study serves as a call to action for further improvement to close gaps in the NDIS system and access to community resources to ensure safe and effective handling of bariatric clients.</p>
16.00 – 17.00	Aideen Gallagher	<p><b>Rolling – an objective evaluation of three devices (Workshop 1.5 hours) (B.SC.OT, MOHS, MPH)</b></p> <p>There are currently 4.3 million people in Australia with a disability, with 33% requiring assistance of a care giver for self-care tasks. For people who are non-weight bearing, this can involve rolling and positioning on the bed. Australia has the fourth highest level of obesity in the world with 68% of people being classified as overweight or obese. With care givers needing to assist larger people, the task of rolling on the bed is becoming more difficult. Rolling and repositioning are the single most hazardous tasks in the care of the person of size (Gallagher, 2015). Manual handling injuries currently account for 29% of all workplace injuries (Workcover, 2024) many of which are likely to be caused by rolling on the bed. With the task of rolling people with disabilities progressively getting more difficult, the prevalence of injury is likely to rise. There are significant amounts of equipment options now available to care givers to assist with care.</p> <p>For rolling on the bed there are slide sheets, in-situ slide sheets and electronic turning devices. How do we know which is the gem and which is a gimmick? This workshop challenges health professionals to use objective criteria for the evaluation of equipment (Gallagher, 2017) to assess which items of equipment are useful in various situations.</p> <p>This workshop will compare three products categories for rolling:</p>



- Slide sheets,
- In situ rolling sheets,
- electronic turning device.

**Learning Objectives;** By the end of the workshop participants will be able to:  
identify how to make objective decisions on the effectiveness of equipment options for rolling; explain the experience of using different rolling devices on the bed;

## ABSTRACTS: 7<sup>th</sup> November 2025 Day 2 Conference

09.10 – 09.50	Tracey Carr UK	<p><b>The View from the Sling: A Bariatric Patient's Perspective OR The View from the Bariatric Sling: Am I a Patient or just a Challenging Risk Assessment?</b></p> <p>As someone who weighs over 200 kg, I have experienced first-hand what it means to be “handled.” Behind every hoist, slide sheet, and transfer technique is a human being with thoughts and feelings. In this presentation, I offer an honest and deeply personal account of what it feels like to be moved between pieces of equipment—not just physically, but emotionally. Manual handling is often discussed purely in clinical or procedural terms, but what is missing is the voice of the patient—the person being moved. Being handled can leave you feeling vulnerable, exposed, dehumanised, or—when done well—respected, safe and empowered. I’ll talk about the difference it makes when staff communicate clearly, work confidently, and see me, not just my weight. This is a deeply personal account, aimed at helping professionals better understand the lived experience of bariatric patients. Through real-life reflections and practical suggestions, I aim to engage the audience with authenticity and openness, hoping to shape more compassionate, person-centred handling practices. By understanding what it feels like to be “the person in the sling,” we can work together to create safer, more respectful care for everyone.</p>
09.50 – 10.30	Heather Napier NSW Aust	<p><b>Safety Leadership in Aged Care: improving safety, driving retention, reducing costs</b></p> <p>Ms Heather Napier Bachelor of Science (Physiotherapy) MA (Psychology) Safety Leadership Pty Ltd</p> <p>The aged care labour force is a key strategic issue. Injury rates in aged care are high – staff perceive them to be getting worse. The Prime Minister's Draft National Care and Support Economy Strategy 2023 noted there is significant room for improving workplace safety in care industries - average Lost Time Injury Frequency Rate (LTIFR) in aged care is 24.8 more than double the LTIFR in hospitals (12.1) and Construction (9.6). Some aged care providers manage safety well. Workers’ compensation costs are rising and are likely to continue to rise. Safety is a robust indicator of the strength of a workplace culture. Better safety = stronger culture.</p> <p>Better safety = lower costs. Safety is a key part of ESG reporting. Lessons learned on the journey to better safety. Manual handling remains one of the leading contributors to staff injuries and client discomfort in aged care. Poor techniques and outdated equipment can lead to musculoskeletal injuries, increased sick leave, and compromised resident safety.</p> <p>The traditional model of requiring two carers for routine tasks often strains workforce capacity. Advances in assistive technology and refined care protocols now make single-carer models viable and safe, particularly for low to moderate care needs.</p> <p>Investing in manual handling improvements and single-carer models represents a proactive, forward-thinking strategy for aged care providers. These enhancements not only protect staff and residents but also contribute to sustainable, high-quality care environments. With the right training, equipment, and policy support, such initiatives yield substantial returns - financially, operationally, and ethically.</p>
11.00 – 11.30	Julie Adsett and Zoe Moss QLD Aust	<p><b>Time to get Moving: Harnessing the workforce to promote safe mobility in medical inpatients.</b></p> <p>Julie Adsett, PhD, BPhy (Hons), Royal Brisbane and Women’s Hospital, Zoe Moss, BOccThy, Metro North Health</p>



		<p><b>Background:</b> Low mobility is common in medical inpatients and is associated with functional decline and other hospital-associated complications. Supporting patient mobility is often challenging due to numerous barriers present in complex clinical settings.</p> <p><b>Objectives:</b> To engage a large multi-professional stakeholder group to reduce organisational barriers to inpatient mobility across 10 medical wards in 4 hospitals</p> <p><b>Methodology:</b> The Multi-professional Mobility Improvement Collaborative identified strategies for improvement across the health service related to:</p> <ul style="list-style-type: none"> <li>i) policy,</li> <li>ii) education and training,</li> <li>iii) communication and</li> <li>iv) equipment and environment.</li> </ul> <p>Strategies were supported by evaluation of mobility quality indicators and functional decline. Results: Data were provided by 202 patients in 2022 and 265 patients in 2024. Improvements were observed in many mobility indicators, including the proportion of patients who sat out of bed during the day, whereby seven out of 10 wards reached the pre-specified target of 80% in 2024, compared to three out of nine.</p>
11.30 – 12.05	A/Prof Caz Hales NZ	<p><b>Virtual Reality Education for Bariatric Patient Care: Experience Healthcare from a New Perspective.</b></p> <p><i>Victoria University of Wellington, New Zealand Adjunct Bariatric Care Advisor, Health New Zealand- Capital Coast Hutt Valley, Wellington</i></p> <p>The healthcare experience for patients in larger bodies presents unique challenges that traditional education methods struggle to effectively address. This presentation introduces an innovative Virtual Reality (VR) bariatric patient care training experience—a collaboration between Victoria University of Wellington, Health New Zealand-Capital Coast Hutt Valley, Wellington Free Ambulance, and Whitireia Polytechnic.</p> <p>Our VR prototype creates immersive scenarios allowing healthcare professionals to navigate complex spatial and equipment considerations in a safe learning environment. The simulation addresses patient size considerations, equipment selection, spatial requirements, weight-bias awareness, cultural sensitivity, and empathy development.</p> <p>Preliminary testing demonstrates VR's potential to transform education through immersive learning opportunities unavailable in conventional training facilities. This technology aligns with growing evidence supporting VR as an effective cognitive healthcare education tool across Australasia and globally. We will share initial findings from user testing and outline future development plans for this approach to bariatric education that aims to improve patient experiences, enhance staff safety, and address systemic biases in healthcare delivery.</p>
12.05 – 12.55	Panel Discussion Aideen Gallagher NSW Aust	<p><b>Patient moving and handling – we have come so far and there is a lot left to do;</b></p> <p><b>Panel Members:</b> Susan Mitchell SA, Tony Johnston QLD, Jenny Bates QLD, Pippa Wright Vic</p>
<b>Plaza Room 1 Concurrent sessions</b>		
14.00 – 14.30	Jacinta Maurin NSW Aust	<p><b>Enhanced clinical seating improving manual handling in the health and aged care setting.</b> Clinical Manager Seating, Matters</p> <p>Enhanced clinical seating solutions can greatly impact health outcomes. From falls reduction to pressure injury prevention, seating solutions have a vast array of clinical and health benefits.</p> <p>In this session we will outline the four principles of clinical seating and use a range of case studies to outline the benefits of alternate seating solutions with an emphasis on manual handling solutions in the health and aged care setting.</p> <p>At the end of this session participants will be confident in justifying an alternate seat as part of a participants 24-hour postural management program. During the session,</p>



		we will present the research conducted by Ulster University and Seating Matters looking at real-world trials of specialised seating for long term care participants. This research addresses pressure care, postural support, falls prevention and other critical issues relating to the safety and wellbeing of people who spend long periods sitting. The session also includes a demonstration of the Seating Matters range of chairs, including an explanation of dementia accredited seating solutions and bariatric considerations, which are widely used in the NDIS, aged care and hospital sectors
14.30 – 16.00	Practical Workshop	<b>Julie Adsett Zoe Moss and Tracey Carr.</b> Time to get moving: Finding the balance between falls prevention and safe mobility and retrieving the inevitable fall. Multiple equipment scenario's

## Plaza Room 2 Concurrent sessions

14.00 – 14.30	Susan Mitchell SA Aust	<p><b>How do we sell the unsellable?</b> Pinnacle APAM, Pinnacle Workplace Consultants.</p> <p><b>Background/Introduction:</b> How to lift Training doesn't work but the majority of employers believe they must provide "How to lift training" to meet their Duty of Care (1). As Trainers this paper gives recommendations and evidence to guide what will meet the Employer's (PCBU) requirements. Providing information on factors that impact on workers wellbeing and a healthy lifestyle, which may not reduce the immediate risk of injury, will enhance worker wellbeing and influence their risk of chronic disease. (2)</p> <p><b>Goals/Objectives/Justifications:</b> The Heads of Workplace Safety Authorities released a statement based on work by Oakmann et al "How to Lift training doesn't work". The position statement outlines what should be included in training. (1) These will be presented as topic headings and a brief review of what each could include will be shown. There is a body of evidence (4) regarding reducing chronic disease risk factors which will be summarised into 5 topics - healthy eating, stress management, sleep, hydration and physical activity. Allied Health and WHS skilled trainers can integrate these factors into a presentation to promote a healthy workplace. There is also a growing recognition of the connection between psychosocial health and physical health in the workplace. The current approach to managing chronic pain is also relevant to training - a worker who has a fear of movement will then possibly be compromising their body positions or avoiding tasks. In generic training. Manual Handling Trainers and Physiotherapists should encourage a normalisation of movement and a belief that our spine is resilient. (3).</p> <p><b>Methodology</b> This will be a facilitated session to upskill trainers.</p> <p><b>Results/Outcomes/Conclusions</b> This is relevant to anyone who has a role in providing Risk Management based training to workers and will summarise recent work in the field of Manual Handling. Worker wellbeing is more than just understanding 'how to lift' Manual Handling Trainers should move on from 'spine' focus to risk management focus Providing a PCBU with the answers regarding their obligations and ways to reduce their worker injury rates through an overall Risk Management program will assist them to meet their obligations under the WHS Act.</p>
14.30 – 16.00	Mark Enders QLD Aust	<p><b>The evolution of bariatric patient management in the Townsville HHS</b> The evolution of bariatric patient management in the Townsville HHS - THHS has been caring for a significant cohort of bariatric patients for around 15 years now. Initial management was heavily focused staff education and the provision of the necessary facilities and equipment to prepare the service for the projected growth in</p>



		<p>bariatric patient presentations. In the intervening years we have seen bariatric patients become a growing proportion of our patient population resulting in almost all wards having a bariatric patient admitted at any given time. Injury data from the last 5 years has shown that around 80% of patient handling injury costs occur with patients weighing less than 140kg with most of those injuries occurring with patients who weighed between 100 and 140kg, necessitating a different approach to risk management.</p>
15.00 – 16.00	<p><b>Aideen Gallager NSW Aust</b></p>	<p><b>Rolling – an objective evaluation of three devices</b> Risk Managed (B.SC.OT, MOHS, MPH)</p> <p>A key focus of the National Disability Insurance scheme has been choice and control for the person with a disability. Whilst this has been a positive step in enabling people to have a voice that was long absent, this has caused significant problems when health and safety, becomes a problem. How does a health and safety professional intervene, respecting choice and control, if the client says no to a critical safety measure?</p> <p>This workshop will present several case studies where choice and control has been ‘unboundaried’ and the problems it has presented. Participants will problem solve the impact of ‘unboundaried’ choice and control on the health and safety factors as well as the psychological safety of the client.</p> <p>We will then present a model for addressing these problems using ‘boundaried’ choice and control. We will show how an organisation can plan health and safety interventions and policies to give a strong basis for addressing health and safety issues for your clients whilst keeping the ethos of choice and control at the core.</p>