HLTWHS002

Follow safe
work practices for
direct client care

Aspire
Learning Resources

HLTWHS002
Follow safe work practices for direct client care

Release 2

Learner Guide

Aspire Version 1.1

Contents

Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *HLTWHS002 Follow safe work practices for direct client care,* Release 2.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	These highlight learning points and provide realistic examples of workplace situations.
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	• Understanding how documents are presented and being able to navigate through documents • Understanding industry and job-specific terminology • Interpreting key information in relevant documents • Understanding routine workplace checklists and documentation
Writing	• Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	• Clarifying instructions • Providing information • Supporting others through encouragement, negotiation and conflict resolution • Using body language to model desired behaviour and responding to others' body language
Numeracy	• Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks

Foundation skill area	Foundation skill description
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1: Follow safe work practices for direct client care	1A Follow workplace policies and procedures for safe work practices	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Identify, report and record existing and potential workplace hazards	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Identify, report and record client-related risk factors or behaviours of concern	❑ Confident ❑ Basic understanding ❑ Not confident
	1D Follow workplace policies and procedures to minimise risk	❑ Confident ❑ Basic understanding ❑ Not confident
	1E Identify and report incidents and injuries to designated persons	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 2: Follow safe work practices for manual handling	2A Follow manual handling procedures and work instructions to minimise risks	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Identify and report manual handling hazards	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Apply control measures to minimise manual handling risk	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 3: Follow safe work practices for infection control	3A Routinely follow standard precautions to prevent the spread of infection	❑ Confident ❑ Basic understanding ❑ Not confident
	3B Recognise situations when additional infection control procedures are required	❑ Confident ❑ Basic understanding ❑ Not confident
	3C Apply additional control procedures as needed to prevent transmission of infection	❑ Confident ❑ Basic understanding ❑ Not confident
	3D Identify and report risks of infection	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 4: Contribute to safe work practices in the workplace	4A Raise WHS issues with designated persons	❑ Confident ❑ Basic understanding ❑ Not confident
	4B Participate in workplace safety meetings, inspections and consultative activities	❑ Confident ❑ Basic understanding ❑ Not confident
	4C Contribute to the development and implementation of safe workplace policies and procedures	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 5: Reflect on own safe work practices	5A Identify ways to maintain currency of safe work practices	❑ Confident ❑ Basic understanding ❑ Not confident
	5B Reflect on and report stress and fatigue levels	❑ Confident ❑ Basic understanding ❑ Not confident
	5C Participate in workplace debriefing	❑ Confident ❑ Basic understanding ❑ Not confident

Topic 1: Follow safe work practices for direct client care

1A   Follow workplace policies and procedures for safe work practices

1B   Identify, report and record existing and potential workplace hazards

1C   Identify, report and record client-related risk factors or behaviours of concern

1D   Follow workplace policies and procedures to minimise risk

1E   Identify and report incidents and injuries to designated persons

1A
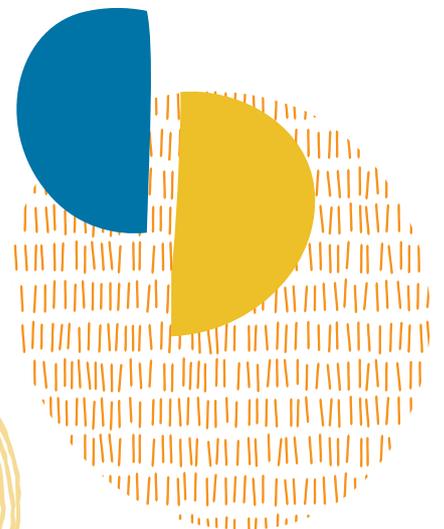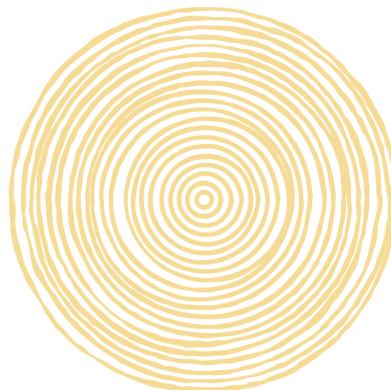
Follow workplace policies and procedures for safe work practices

Work health and safety (WHS) is one of the most important aspects of providing direct client care in aged care, community and home-based environments.

Providing direct client care and support is a rewarding profession. You could be a home care assistant, a lifestyle support officer, a residential care worker or one of many other employees working in this industry. Often, you will work alongside other health professionals such as nurses, doctors and physiotherapists. In addition, you may interact with the client's family and friends, their religious advisers or, in some cases, bereavement counsellors.

To ensure your health and safety as well as that of the client, their family and other health providers, it is important to maintain safe work practices and environments.

Workplace policies and procedures, including those about WHS, help direct you to abide by rules and regulations and avoid dangerous incidents in the workplace.

Workplace policies

A workplace policy is usually a statement about how things should be done in a particular organisation. There could be policies about behaviour, dress code and what the community can expect from the organisation. Here is an example of part of a workplace policy.

Jewellery: Staff working with the client base in a personal care capacity must ensure the jewellery they wear does not have the potential to impact on skin integrity. This means no rings other than smooth ones, no earrings unless they are studs and no necklaces, no watches or bracelets. No nose, lip or eyebrow rings, studs only.

Fingernails: Must not be over the top of fingers for all care staff, client skin integrity must be maintained in a safe & hygienic manner.

Clear nail polish only for care staff, to ensure nails can be visually verified as clean.

Excerpt from the Share & Care Community Services Group *Policies and procedures manual*. www.shareandcare. com.au/docs/aaa_policies_procedures/S-C-POLICY-NoV2018.pdf

Workplace procedures

Workplace procedures describe what an employee must do, including the order of tasks, equipment to be used and any safety precautions to take. Procedures can also describe what steps the organisation will follow regarding particular policies. Often, a checklist is used to ensure all steps in a procedure have been completed. This is especially important when providing direct client care.

A procedures checklist might look something like this:

Process

1. Note that your client may need only a little help to shower. It's important to let them do as much of bathing as possible to promote independence and self-esteem.

2. Communicate as you move through each step of the showering process with a relaxed and cheery attitude.

3. Begin washing the face with water only, or very mild face-washing soap.

4. Allow the client to cover their eyes with the face-cloth while you wash their hair. encourage them to place their head back as much as possible, and work quickly (providing scalp massage as you clean their head and hair is generally appreciated).

5. Cover the face-cloth with soap and have your client wash as much of their body as they are able to.

6. Have the client hold the hand-held shower head if they are able to.

7. With the second washcloth, soap and clean the client's back and sections, they cannot reach. Remember to communicate with the client, asking whether to scrub harder or gentler.

8. Work downwards from their back, the underarms, arms, legs and feet.

9. Completely rinse off all soap.

Excerpt from Ausmed: 'Showering, bed-bathing and hygiene for caregivers'.

Work health and safety (WHS)

WHS means making sure the health and wellbeing of everybody in the workplace is taken care of. WHS is referred to as OHS (occupational health and safety) in Victoria.

Employers must provide a safe workplace, and employees have a legal obligation to familiarise themselves with WHS lawand their organisation's WHS policies and procedures. These give guidance to support workers about their responsibilities, reporting procedures, recording requirements, emergency procedures and WHS housekeeping in the work area.

WHS policies and procedures for direct client care include:

- personal protective clothing and equipment (PPE)

- standard and safety precautions

- handling hazardous/dangerous materials and goods, including completing safety data sheets (SDSs)

- emergency procedures

- standard housekeeping

- infection control

- hazard identification and control systems

- manual handling

- staff development and training programs

- waste management

- WHS personnel.

WHS policies and procedures in every organisation should reflect the legislation and the supporting regulations and codes of practice.

Safety in the workplace: the law

Employers and employees have a legal obligation to ensure the safety of themselves and others in the workplace.

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect. This legislation was developed by the Commonwealth government to harmonise WHS laws across Australia.

Every state and territory in Australia has WHS legislation, which is managed by a regulator to ensure all workplaces are healthy and safe.

The table below provides the name of the health and safety legislation and the regulator responsible for its implementation in each state and territory of Australia at the time of publication.

State/Territory	Health and Safety Legislation	Regulator responsible for implementation
Commonwealth of Australia	*Work Health and Safety Act 2011* (Cth)	Comcare aspirelr.link/comcare
Australian Capital Territory	*Work Health and Safety Act 2011* (ACT)	WorkSafe ACT aspirelr.link/worksafe-act
New South Wales	*Work Health and Safety Act 2011* (NSW)	SafeWork NSW aspirelr.link/safework-nsw
Northern Territory	*Work Health and Safety Act 2011* (NT)	NT WorkSafe aspirelr.link/worksafe-nt
Queensland	*Work Health and Safety Act 2011* (Qld)	WorkSafe QLD aspirelr.link/worksafe-qld
South Australia	*Work Health and Safety Act 2012* (SA)	SafeWork SA aspirelr.link/safework-sa
Tasmania	*Work Health and Safety Act 2012* (Tas.)	WorkSafe Tasmania aspirelr.link/worksafe-tas
Victoria	*Occupational Health and Safety Act 2004* (Vic.)	WorkSafe Victoria aspirelr.link/worksafe-vic
Western Australia	*Work Health and Safety Act 2020* (WA)	WorkSafe WA aspirelr.link/worksafe-wa

Regulations and codes of practice

The *Work Health and Safety Act 2011* (Cth) legislation is supported by further tiers of law including:

- regulations

- codes of practice

- guidance notes.

These regulations, codes of practice and guidance notes assist organisations to meet the requirements of the legally binding legislation.

Employers have a significant and extensive obligation to provide a safe workplace for employees. Depending on what area of community services you are working in, there may be specific legislation that you need to uphold.

More information about legislation, regulations, codes of practice and guidelines is provided in the table below.

The *Work Health and Safety Act 2011* (Cth)	
WHS legislation	The WHS Act regulates workplace health and safety for the Commonwealth and • specifically aims to protect people at workplaces from risks to their health or safety and to promote safe and healthy work environments • was updated nationally in January 2012, with the *Work Health and Safety Act 2011* (Cth) coming into effect. • replaces the *Occupational Health and Safety Act 1991* (Cth). At this time, all states and territories implemented harmonised WHS laws based on this new Act, except Victoria, which continues to enforce state-based safety laws at present. Information about each state or territory and the regulators can be obtained from Safe Work Australia.
WHS regulations	Regulations set out mandatory requirements under the Act and may also prescribe minimum standards. They include information about a wide range of various matters relating to WHS. The WHS regulations set out guidelines for: • managing risks to health and safety • general workplace management • WHS responsibilities. Contact the WorkCover agency in your state or territory for information about WHS legislation and its administration. A useful starting point for locating the government agencies responsible for regulating and monitoring WHS in each jurisdiction is Safe Work Australia.

The Work Health and Safety Act 2011 (Cth)	
Codes of practice	Codes of practice, including community services codes of practice, are sometimes referred to as compliance codes. They provide practical guidance on how to meet the standards contained in WHS Acts and regulations. Codes of practice are generally developed through consultation with representatives from industry, workers and employers, special interest groups and government agencies. Codes of practice provide guidance on a range of matters, including: • duty of care • hazard identification • risk assessment processes • risk control. Codes of practice are available on the Safe Work Australia website and from your state's/territory's WHS authority. Although they are not enforceable by law, codes of practice should be followed unless there is an alternative course of action that achieves the same or better standards. Employers and workers fail to meet their obligations if they do not adopt a method as safe as, or safer than, the code. The following are examples of model codes of practice developed by Safe Work Australia: • WHS consultation and cooperation and coordination • first aid in the workplace • hazardous manual tasks.
Guidance notes/fact sheets	Guidance materials and fact sheets are explanatory documents providing detailed information on the requirements of: • legislation • regulations • standards • codes of practice • matters relating to WHS. They are designed to ensure compliance with WHS laws. For an example of guidance material, see *Dealing with workplace bullying – a worker's guide* on the Safe Work Australia website.

Industry standards

Industry standards is the term used to describe the accepted way of doing things and the safety requirements in a particular industry, such as client care.

Some WHS regulations and codes may refer to Australian Standards, which describe particular safety requirements and provide guidance for people working in

particular areas or who work with certain equipment. To be legally binding, these Standards must be incorporated into legislation.

Information relating to Australian Standards is available from this site:

aspirelr.link/standards-australia

Industry standards provide detailed technical advice about particular aspects of work or the safe operation of equipment that may be used in a workplace.

In the community services and health sector, there are standards that apply to the provision of services regarding mental health, residential aged care, home care and disability.

Example
The Aged Care Quality Standards

The eight aged care quality standards are:

1. Consumer dignity and choice

2. Ongoing assessment and planning with consumers

3. Personal care and clinical care

4. Services and supports for daily living

5. The organisation's service environment

6. Feedback and complaints

7. Human resources

8. Organisational governance.

For more detailed information about each of the Aged Care Quality Standards, visit the Australian Government Aged Care Quality and Safety Commission website:

aspirelr.link/aged-care-quality-standards

Rights and responsibilities of employers and workers

Everyone in the community services environment, including visitors, workers, officers and employers, has duties under WHS legislation.

In any work setting, workers have a legal obligation to take reasonable steps to keep themselves and other people safe. In a community services or healthcare situation, 'other people' include consumers, visitors and co-workers. Safety includes ensuring physical safety and psychological or emotional safety. When workers commence employment, their induction must include information about the organisation's WHS policies and procedures and their WHS obligations.

These policies and procedures include:

- hazard identification
- hazard, incident and injury reporting
- risk assessment and control
- consultation and participation
- quality system documentation.

Duty of care

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Community services organisations and workers have a responsibility to provide a **duty of care** to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery and promote the safety and wellbeing of people.

Duty of care describes the moral or legal obligation to ensure the safety and wellbeing of others. This includes individuals and employers anticipating and acting on possible causes of injury and illness that may exist in their work environment or as a result of their actions. A person or employer must do everything they can to remove or minimise possible causes of harm. A duty of care exists when someone's actions could reasonably be expected to affect another person.

While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Everyone in the community services environment has a responsibility of duty of care for themselves, the people they support, visitors and each other.

Example
Workers' obligations under law

The *Work Health and Safety Act 2011* (Cth) explains workers' obligations under law.

Sec. 28 – Duties of workers

While at work, a worker must:

a. take reasonable care for his or her own health and safety; and

b. take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and

c. comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act; and

d. cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

Practice Task 1

Question 1

The *Work Health and Safety Act 2011* (Cth) was introduced to harmonise work, health and safety laws across Australia. Which of the following statements demonstrate the impact of the Act on the Australian workplace? Tick all that apply.

❑ All Australian states and territories have WHS legislation.

❑ The regulator for health and safety legislation in Victoria is WorkSafe Victoria.

❑ Every organisation that provides services such as client care must meet industry standards.

❑ WHS regulations set out guidelines for managing risks to health and safety for workers, clients and the broader community.

❑ Employers and workers are not responsible for reporting hazards, incidents or injuries.

❑ Community services organisations and workers have a duty of care to ensure the safety and wellbeing of clients.

Question 2

Codes of practice provide organisations with guidance on how to meet WHS standards. List three areas of guidance for employers and employees involved in direct client care.

Question 3

Which of the following are usually found in WHS policies and procedures? Tick all that apply.

❑ Personal protective clothing and equipment

❑ Emergency procedures

❑ Handling safe materials and goods, including completing SDSs

❑ Infection control

❑ Hazard identification and control systems

1B Identify, report and record existing and potential workplace hazards

Workers have a legal obligation to keep themselves and others safe by identifying, reporting and recording hazards in the workplace.

Workers providing direct client care can contribute to a safe workplace by providing feedback on the effectiveness of risk controls in work- and home-based environments.

In an overview on its website titled 'Identify, assess and control hazards', Safe Work Australia provides a step-by-step approach to managing reasonably foreseeable hazards and associated risks.

The four steps for managing WHS risks, according to Safe Work Australia, are:

1. Identify hazards.

2. Assess risks.

3. Control risks.

4. Review control measures.

There is a variety of mechanisms available to identify hazards and assess their risks in the workplace and in home-based environments.

These include:

- hazard identification checklists

- risk assessment matrices

Organisations have policies and procedures that provide guidance on how workers can contribute to WHS. Workers should familiarise themselves with this documentation.

For more information about identifying hazards, visit: aspirelr.link/swa-identify-risk

Hazards and risks

The terms 'hazard' and 'risk' have quite different meanings, although they both relate to maintaining a safe work environment.

It is often difficult for someone unfamiliar with WHS to accurately understand or describe the difference between a hazard and a risk. Take a look at these definitions.

What is a hazard?
A hazard is a source or situation with the potential for harm in terms of: • human injury or ill-health • damage to property, the environment or a combination of these. For example, a loose carpet square in a room represents a trip or slip hazard for clients and workers; and poor maintenance of alarm systems represents a communication hazard.

What is a risk?
A risk is the chance or probability that a hazard will cause harm, injury or ill-health and is measured in terms of likelihood and consequence.

It is important to differentiate a risk from a hazard accurately so that all members of a work group understand how hazards and risks impact their work environment.

Workers must be provided information about:

- any current hazards

- what is being done to rectify them

- the actions required to avoid the hazards.

This may be communicated verbally or in writing.

> Workers need to understand these definitions so they can be alert to the hazards in their environment and understand the level of risk they present.

Identifying hazards

Hazard identification is the process of identifying sources of harm and is the first step in preventing or minimising risk.

Hazards can be categorised according to whether they are obvious and apparent to the senses or concealed and not apparent to the senses; some hazards emerge over time, while others can be intermittent or temporary. In your role, you will encounter various hazards and associated risk factors and you may be required to identify existing or potential risks. Hazard identification may be required:

- before new forms of work are organised and implemented

- before changes are made to equipment, work processes or work arrangements

- as part of planning major tasks or activities, such as equipment shutdowns

- following an incident report

- when new knowledge becomes available

- at regular intervals during usual operations

- prior to disposal of equipment or materials.

Identifying existing or potential hazards

It is important to be able to recognise existing or potential hazards to prevent injury or harm to individuals.

Safe Work Australia identifies the following types of workplace hazards on its website *(Model code of practice: How to manage work health and safety risks).*

Hazard	Description
Manual tasks	Overexertion or repetitive movement can cause muscular strain
Gravity	Falling objects, falls, slips and trips can cause fractures, bruises, lacerations, dislocations, concussion, permanent injuries or death
Electricity	A potential ignition source; exposure to live electrical wires can cause shock, burns or death from electrocution
Machinery and equipment	Being hit or caught by moving parts can cause fractures, bruises, lacerations, dislocations, permanent injuries or death
Hazardous chemicals	Chemicals (acids and heavy metals) and dusts (asbestos and silica) can cause respiratory illnesses, cancers or dermatitis
Extreme temperatures	Heat can cause burns, heat stroke or fatigue; cold can cause hypothermia or frostbite
Noise	Exposure to loud noise can cause permanent hearing damage
Radiation	Ultraviolet, welding-arc flashes, microwaves and lasers can cause burns, cancer or blindness
Biological	Microorganisms can cause hepatitis, legionnaire's disease, Q fever, HIV/AIDS or allergies
Psychosocial hazards	The effects of work-related stress, bullying, violence and fatigue

For more information on managing risks, visit:

aspirelr.link/manage-whs-risks-code-of-practice

Workplace procedures for hazard identification

The community services environment in which you work will have procedures for identifying hazards. You may be part of a team involved in developing a plan to identify hazards.

The hazard identification plan may include:

- writing reports

- analysing incident reports

- analysing injury and illness records

- analysing work processes

- collecting information on trends and developments in WHS

- consulting other community services workers, supervisors, and health and safety committee (HSC) members

- investigating workplace incidents and near-miss reports

- performing inspections or safety audits

- reviewing new work practices or equipment introduced into the workplace.

Common workplace hazards: hazardous manual tasks

Manual task
Task involving the use of your body to lift, lower, push, pull, carry, hold or restrain a person, animal or object.

Working in the community services environment will involve **manual tasks** that need to be managed to prevent injury.

For workers in support roles, these manual tasks can be hazardous and are often associated with sustained awkward postures when providing direct client care. Repeating movements when assisting in transfers and exposure to high and unexpected loads when assisting combative, resistive or unpredictable people can also be hazardous.

Many workplace hazards can be eliminated or appropriately minimised by ensuring correct risk-management strategies and clear communication.

Common hazardous manual tasks may include:

- assisting transfers of people on and off non-adjustable furniture

- adopting awkward postures due to space constraints

- dealing with heavy loads due to working alone

Infection
The reaction of the body to its invasion by a disease-causing agent.

- swift postures and actions from providing the same care routine to multiple people.

Common workplace hazards: infection control risks

Cross-infection
Transfer of germs from person to person or object to person.

The community services environment has **infection** control risks that need to be managed to prevent **cross-infection** and illness.

The risks of infection in a care setting can be high and could include exposure to biological materials such as:

- blood
- sweat
- sputum
- urine
- faeces.

Depending on your role, you may also be at risk of:

- needle stick injuries

- increased exposure to airborne diseases such as:

  - colds

  - flu

  - some forms of gastroenteritis.

Exposure to these biohazardous substances can place you at higher risk of contracting and spreading contagious diseases.

Many of these hazards can be eliminated or appropriately minimised by applying correct infection control strategies, using universal precautions such as hand hygiene and using PPE.

To control risk of infection, follow the tips listed here:

- Follow the infection control plan.

- Be aware of Vancomycin-resistant enterococci (VRE), methicillin-resistant Staphylococcus aureus (MRSA) and contagious disease statuses.

- Apply effective hand hygiene techniques.

- Wash equipment between clients to the correct infection control standard.

- Use gloves where appropriate.

- Use face masks and eye goggles where appropriate.

- Dispose of biological waste appropriately.

- Ensure access to and use of sharps containers for needles.

- Ensure your vaccinations and booster shots are up to date.

Common workplace hazards: personal safety risks

Providing direct client care and support to people with challenging behaviours can lead to risks to your personal safety.

These behaviours may include physical and verbal aggression and sexually inappropriate advances. They can pose physical and psychological risks to the personal safety of the person the behaviours are aimed at.

Identify any such personal safety risks in the workplace or home-based environment when providing direct client care. With the support of your supervisor, develop strategies to manage these risks to prevent harm to yourself or others.

Most of these personal safety risks can be appropriately managed using the following strategies:

- de-escalation processes

- aggression management strategies

- behaviour support plans in your workplace.

If you feel that your personal safety is at risk at any time during your workday, you need to tell your supervisor immediately. They will assist you in developing an appropriate risk-management plan.

Example
Personal safety risk

Eli is employed as a mental health support worker. He is currently working with Brian, an ex-serving veteran diagnosed with post-traumatic stress disorder (PTSD).

Brian experiences mood swings, anxiety and depression as a result of his PTSD. In recent months, Brian's behaviour towards Eli has become increasingly unpredictable and he is becoming more verbally abusive to Eli. Brian sometimes makes derogative and threatening remarks that Eli finds offensive and stressful.

In the most recent incident, Brian stood over Eli in an intimidating way after Eli attempted to discuss the situation with Brian. When Eli suggests they discuss the situation with Eli's supervisor, Brian becomes angry and aggressive.

Eli reports Brian's behaviour to his supervisor, together with a concern for his personal safety and the stress Brian's abuse is causing him. Counselling is arranged for Brian; however, on his next visit Eli is again confronted by Brian, who accuses Eli of 'dobbing him into management'.

When Eli leaves Brian's house he phones his supervisor, informing her that he feels stressed and unsafe because of Brian's behaviour.

Example

How risky is that hazard?

Clara starts her shift as a personal assistant in the aged care ward of the local hospital. She knows it will be a busy day. Clara has to help the patients in beds 1 to 4 to shower, get dressed and have breakfast. Her co-worker, Brinda, has to do the same with the patients in beds 5 to 8.

As Clara walks over to get Mr Spanos some clean pyjamas, she sees a very small pool of water at the end of bed 6 in Brinda's section.

Clara can see that Brinda has her hands full with a patient who is confused and needs to be calmed. She considers whether to tell Brinda about the water or whether to clean it up herself.

At that moment, one of her own patients, Bill, starts yelling that he needs to go to the bathroom. Clara decides that the pool of water is only small and is un;ikely to cause a problem, so she continues with her work.

Two other assistants, Pedro and Cathy, come on duty after lunch. Cathy walks towards Mrs Yao in bed 6, who has asked for another blanket. Cathy stands at the end of the bed and arranges the blanket and then turns suddenly when another patient calls out. Cathy tries to quickly walk away from Mrs Yao's bed but slips in the pool of water and falls heavily on the floor. Pedro runs over to help her, and he can see that her arm looks broken.

Later that day, the supervisor asks the staff if anyone noticed the pool of water. Clara says that she did but was too busy to clean it up and thought the risk of anyone slipping was low.

The staff discuss other workplace hazards and the importance of assessing risks in the workplace.

Completing a risk assessment

Once a hazard has been identified, you need to conduct an assessment of the risk of injury, harm or damage. Risk is the likelihood of a hazard resulting in an injury or disease, together with the seriousness of the injury or disease.

The five steps in carrying out a risk assessment are shown below.

The five steps in risk assessment
1. Evaluate the likelihood of an injury or illness occurring and the likely severity of any injury or illness.
2. Review health and safety information relevant to the hazard such as incident reports, SDSs, results of workplace monitoring and inspections and supplier information.
3. Identify factors that contribute to the risk such as the physical layout of the workplace, the knowledge, skills and experience of workers and existing work practices.
4. Identify actions necessary to eliminate or control the risk.
5. Complete any relevant records.

Recording the results of a risk assessment

Always record the results of a risk assessment to help prevent similar incidents in the future.

Risk assessments should be recorded in a risk assessment form. Your supervisor or WHS specialist is responsible for determining how best to control or eliminate the risk based on the information contained in the risk assessment form. When a risk assessment is conducted, the assessment should be recorded and made available to employees affected by the hazard that has been assessed. It is important that employees are made aware of the control measures that are to be implemented.

Video: Hazard identification

Watch the following video: aspirelr.link/yt-hazard-identification

Pay attention to the various types of hazards and the examples provided. Think about the types you are most likely to encounter when working in health and community services.

Example

Risk assessment forms

Probability of harm

Risk consequence	Value descriptor	Explanation
5	Almost certain	100% possibility of the event occurring. Is expected to occur in most circumstances
4	Likely	High chance of event occuring. Will probably occur in most circumstances
3	Possible	Reasonable chance of event occuring. Might occur at some time
2	Unlikely	Slight possibility of the event occurring. Unlikely to occur, but history of event exists in the business
1	Rare	1 in a 100 chance of the event occurring. May occur only in exceptional circumstances

Risk consequences

Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	High	High	Very High	Very High	Very High
Likely	Moderate	Moderate	High	Very High	Very High
Possible	Low	Moderate	High	High	Very High
Unlikely	Low	Low	Moderate	Moderate	High
Rare	Low	Low	Low	Low	Moderate

Risk evaluation

Result/impact of risk event occurring		
Rating	Descriptor	Equates to
1	Insignificant	
2	Minor	
3	Moderate	
4	Major	
5	Catastrophic	

Risk treatment

Avoid	
Reduce	
Transfer	
Retain	

Reporting hazards

All organisations require employees to report identified hazards and risk control measures that are not adequate.

Organisational policies and procedures provide guidance about how to report hazards in the workplace. Follow the details of the reporting process, the time frame for reporting and who to report to.

While reports of safety concerns may be verbal in the first instance, once a hazard or risk is brought to the attention of your supervisor or designated person, the matter should be formally recorded using the appropriate WHS hazard reporting documentation.

Designated persons are those people in an organisation who have a formalised role to provide WHS support. They may include:

- team leaders

- supervisors

- health and safety representatives (HSRs) or HSC members

- organisation WHS personnel such as safety officers

- managers and supervisors

- other persons designated by the organisation.

Example
Identify and report hazards

When cleaning a client's room, Marla notices that a carpet join has started to separate and is beginning to lift. Over time, the vacuum cleaner head passing over the spot is making it bigger.

Marla decides to report this as a hazard, even though it is quite minor, because she is concerned that it would be easy for her or one of the clients trip on.

Marla fills out a hazard report form and lets her supervisor know about the issue. She also makes a note in the repairs register.

Recording hazard information

Organisations will provide guidance on the completion of documentation in their WHS policies and procedures. This will include information about what documentation needs to be completed and the appropriate time frame for completion. There is a range of WHS documentation that needs to be completed. This includes:

- incident forms

- job checklists and schedules

- workplace inspection checklists

- hazard identification forms

- risk assessments.

If workers need additional assistance to complete the documentation, they can ask for help from their HSR.

Example
Incident report form

Below is an example of an incident form template that could be used in the workplace.

Workplace incident report					
Report no.:		Date form completed:		Date of incident:	
Person affected					
Name:					
Address:					
Telephone number:					
Witness					
Name					
Address:					
Telephone number:					
Details of injury					
Date of injury:		Time:			
Description of incident by witness:					
Signature of witness:			Date:		
When was the injury reported?			Time:		
Name of the person the injury was reported to:			Position:		

Workplace incident report		
Internal records only – to be completed by manager/HSR		
Details of action by management:		
Date ceased work:	Time ceased work:	
Total time lost (days, hours, minutes):		
Details of preventative measures taken (to be completed by health and safety representative):		
Signed:	Date:	

Recording residual risks

Organisational procedures for the identification and control of hazards direct you and your co-workers on how to report and record hazards, risks and **residual risks**.

Organisational procedures generally include a monitoring and review element to ensure the hazard has been addressed once it has been reported and the details recorded.

If there is risk remaining after controls have been implemented, this should be reported to the relevant person; this may be you, your or the worker's supervisor and/ or the organisation's designated HSR.

Sometimes a hazard cannot be completely eliminated. In this case, the remaining risk must be managed. Workers must report residual risk to the relevant person in their workplace and should contribute to the development and implementation of any strategies to manage the remaining risk.

Residual risk
Harm that may remain after strategies have been taken to address a hazard.

Practice Task 2

Question 1

Match each workplace hazard on the left with its description on the right.

Gravity	Overexertion or repetitive movement can cause muscular strain
Hazardous chemicals	A potential ignition source;exposure to live electrical wires can cause shock, burns or death from electrocution
Manual tasks	Microorganisms can cause hepatitis, legionnaire's disease, Q fever, HIV/AIDS or allergies
Electricity	Falling objects, falls, slips and trips can cause fractures, bruises, lacerations, dislocations, concussion, permanent injuries or death
Biological	Chemicals (acids and heavy metals) and dusts (asbestos and silica) can cause respiratory illnesses, cancers or dermatitis

Question 2

Number the steps from 1 to 5 in the order you would follow to conduct a risk assessment on an identified workplace risk.

	Identify actions necessary to eliminate or control the risk.
	Evaluate the likelihood of an injury or illness occurring and the likely severity of any injury or illness.
	Identify factors that contribute to the risk such as the physical layout of the workplace, the knowledge, skills and experience of workers and existing work practices.
	Review health and safety information relevant to the hazard such as incident reports, SDSs, results of workplace monitoring and inspections and supplier information.
	Complete any relevant records.

Question 3

Which of the following statements about existing and potential hazards in the workplace are correct? Select yes or no for each one.

a. A hazard is any object, person or situation that could cause injury or ill-health to people or damage to property or the environment.	Yes / No
b. All manual tasks associated with direct client care are hazardous.	Yes / No
c. Signage to warn people of wet floors is an example of risk control.	Yes / No
d. If a hazard cannot be eliminated, strategies should be taken to minimise the risk of injury or harm to people and property.	Yes / No
e. When providing direct client care, risks to personal safety can be managed with soothing music.	Yes / No
f. There is little risk of cross-infection in a setting where direct client care is being provided.	Yes / No

1C Identify, report and record client-related risk factors or behaviours of concern

Physical and psychological conditions may cause people to act in socially unacceptable and frightening ways.

Direct client care may be provided in the workplace or in a home-based environment. In either of these environments, it is important to be aware of the risk that other people's behaviour may pose to the health and safety of individuals. This includes risks to those receiving care and their visiting friends and family as well as yourself and other workers in the care environment.

Some physical and psychological conditions and stressors can affect the parts of the brain responsible for mood, self-control and inhibition and may result in mood disturbances. These can cause people to act in socially unacceptable and frightening ways such as yelling and screaming for no apparent reason or being physically aggressive.

Behaviours of concern can be a source of distress for the person, their loved ones and others observing the person's actions. Prevention is always the preferred response. It is important that you can identify, report and record behaviours of concern in accordance with your workplace procedures.

Working in a home-based environment

Direct client care in a home-based environment can involve hazards and risks that are different from those in the workplace.

The home environment will not have the environmental design, risk and infection controls, emergency management and security precautions that are inherent to the design of health and other care facilities.

Workers need to be aware of the risks to their personal safety and the safety of others. They must understand their rights and responsibilities when ensuring their own safety and the safety of others while working in a home-based environment.

Rights and responsibilities of workers and clients

Under WHS legislation, workers and clients have the right to be safe and free from harm and the responsibility to ensure others are safe.

In accordance with WHS laws, employers and workers have a duty of care to ensure their own safety and the safety of others while working in a home-based environment. This can often be challenging when a person receiving care has a right to choose how they live and behave in the safety of their own home.

Example
Rights and responsibilities

Li provides support for clients in their homes. She has had recent experiences where her clients, or their friends and family, have engaged in potentially hazardous behaviour. These include smoking in bed and allowing visitors who seem intoxicated and were aggressive towards her.

Li speaks to her supervisor, Punam, about her concerns. Punam explains that clients have entered into an agreement to receive support in their home have agreed to comply with reasonably practicable WHS standards. The agreement is set up for the safety of both the person receiving support and the worker. According to these standards, a worker has the right to a hazard-free work environment. This includes the right to request a person does not smoke or drink alcohol in their presence; additionally, workers can refuse access to others who may threaten the health or safety of the support worker for the duration of their care visit.

Basic home fire safety

A basic fire plan should be included in the comprehensive assessment of potential clients and their home environment before providing any service.

If you work in a home-based environment, your workplace should have policies and procedures that ensure a comprehensive assessment of potential clients and their homes. This should be completed before you commence providing a service in that person's home. This may include a basic fire management plan.

A basic fire management plan includes:

- identifying phone locations
- marking building emergency evacuation exits
- checking for fire hazards.

Common fire hazards include:

- faulty or overloaded power points
- curtains or draperies close to heaters
- the location of commonly used flammable household substances.

Some groups that you work with are at higher risk of danger from fire.

High-risk groups include:

- older people

- children

- people with disabilities, including limited or reduced mobility

- people with memory loss and/or psychological issues

- people who smoke or are affected by alcohol and other drugs.

People experiencing social and financial disadvantage who live in old buildings or use old appliances are also at risk and are less likely to install or maintain working smoke alarms.

Behaviours that contribute to fire injury and fatalities can include:

- unattended cooking or unattended burning candles

- careless smoking – not extinguishing butts or falling asleep while smoking

- alcohol and/or drug consumption, including prescription medications

- hoarding or careless storage of materials

- falling asleep and forgetting to turn off appliances or extinguish fire sources

- young children playing with fire.

Reporting fire hazards to your supervisor

Community sector workers should report to their supervisor immediately about identified fire hazards and any clients they identify as high risk because of their behaviour or home environment.

You need to know when to act and when to wait for professional help. It is essential that you are provided with basic fire safety training so that you can identify high-risk clients and fire hazards and know how to respond appropriately in the emergency of a home-based fire.

> Fire Rescue Victoria has developed a valuable booklet called *Home Fire Safety* that is available in several languages. Access this resource at: aspirelr.link/mfb-home-safety-booklet

Smoke alarms

Smoke alarms save lives, so make sure they are installed and working in the client's home before you commence providing in-home support.

As part of a home-based safety inspection, you will be required to check for working smoke alarms.

The general principle is that the smoke alarms in the client's home should be located

in areas where smoke can be detected before reaching sleeping occupants.

There are different laws regarding the number and location of smoke detectors in a residential dwelling. The laws are based around the design of the building and the functional use of its rooms.

As a general rule, smoke alarms should be located on or near the ceiling of every bedroom or corridor or hallway associated with a bedroom. You should avoid areas with strong drafts and areas such as laundries that have a high level of airborne particles, which can cause a reaction from the smoke alarm.

In care facilities smoke alarms should be placed in the following areas:

- each patient care area

- each public corridor

- any other internal public space associated with a patient care area.

Installing a smoke alarm

You may be required to help install a smoke alarm in a home-based environment where you are providing support. Many battery-powered smoke alarms can be easily installed without the help of a professional; however, only do so if you are comfortable and able to safely complete the installation. Smoke alarms that require hardwiring will need to be installed and maintained by a trained professional.

Smoke alarms should be routinely maintained, including:

- cleaning

- testing

- replacing the batteries in accordance with the manufacturer's instructions.

Risks to personal safety

Avoid risks of injury when providing direct client care in the home by following workplace policies and procedures.

According to Australian Government WorkCover and WorkSafe data, workers who perform their duties in home-based care organisations are most commonly injured through:

- manual tasks
- slips, trips and falls
- aggressive incidents.

Manual tasks

Workers in home-based support are most at risk of injury from hazardous manual tasks.

These are usually tasks that involve transferring and handling clients due to the environmental set-up and lack of available equipment and additional workers.

Other considerations for manual tasks in the home environment include:

- working in awkward sustained positions due to environmental constraints, such as working in a small bathroom while assisting a client with showering tasks

- handling heavy loads when no-one else is able to assist, such as loading/unloading wheelchairs into cars or carrying shopping bags.

Aggressive incidents

To prevent behaviour-related incidents, especially from aggression, a pre-assessment check should be completed.

When providing support in a home-based environment, be aware of the risk of aggression and other inappropriate behaviours. This could be from people receiving support or others who may be present in the home-based environment.

Items that pre-assessment checks should determine include:

- having systems for identifying potentially aggressive clients

- using service agreements to set out the terms of service cessation due to inappropriate behaviours

- having training requirements to help workers recognise signs of aggression and appropriate communication for and management of inappropriate behaviours

- having available procedures to ensure timely and appropriate debriefing and counselling

- using a policy to restrain pets in the home while support is being provided

- using a policy to restrict visitors at the home during care visits.

Common sources of infection

Risk of infection in home-based support environments can be greater than in the workplace.

When providing home-based support services you need to be aware of common sources of infection in the home-based environment. In particular, you should be aware of the risk of exposure to biological hazards through:

- direct contact with blood and other bodily fluids, especially onto broken skin and mucosal surfaces

- ingestion via contaminated hands, food and surfaces

- inhalation of infectious aerosol droplets from coughing or sneezing.

Being aware of these sources of infection will enable you to encourage clients to practise good environmental and personal hygiene. You can also guide clients in respiratory etiquette and how to be mindful of what they ingest while in the home-based environment.

Minimising transfer of infectious diseases

Standard infection control precautions should be used in every home-based environment where services are provided.

You should be provided with training on requirements for standard infection control precautions. As a support worker, you should also receive additional precautions that should be applied to control the risk of infection in the home-based environment.

You should also be provided with transportable equipment, such as hand sanitiser, and appropriate PPE such as face masks and gloves. These can be used as protection against biological hazards.

Standard infection control precautions include:

- effective hand hygiene
- use of PPE
- use of aseptic techniques
- safe management of sharps
- maintaining a clean physical environment
- cleaning reusable items after each use
- implementing respiratory precautions
- handling and disposing of waste materials appropriately.

The musculoskeletal system

Support workers need to be aware of the potential risk of injury to the musculoskeletal system while working in the home-based environment.

The musculoskeletal system is made up of the bones, ligaments and muscles of the body. This system is at risk of harm when performing hazardous manual tasks. Injuries can occur through high and sudden force causing instant damage or through wear and tear from repetitive movement and forces that happen over time.

To protect the musculoskeletal system, it is important to follow the manual handling policies and procedures for home-based environments of your organisation.

Specific risk-management strategies for the home-based environment include:

- using mechanical aids and lifting devices
- using trolleys to carry laundry baskets and shopping
- installing grab rails around showers, bathrooms and steps
- using long-handled equipment for cleaning to avoid overextending
- adjusting bed heights to a higher level for transfers and bed making where possible
- arranging for rooms to be set up with sufficient space for care tasks.

Minimising injury to self and clients

Both support workers and clients can be injured in the home-based environment unless steps are taken to minimise the risk.

These hazards may be related to the physical environment, the nature of the tasks being performed or the behaviour of the people involved.

All support workers have a duty of care to participate in hazard identification, risk assessment and risk control processes. These steps will minimise the risk of injury to you and to those receiving your support.

Below is a sample hazard identification checklist that may be used in the home-based environment to reduce the risk of injury to both workers and those receiving support.

Example
Hazard identification checklist

Hazard identification checklist Tick relevant hazard box and record comments and/or action taken		
Type of hazard		Comment/action taken
Inadequate lighting	❑	
Appropriate household cleaning equipment	❑	
Manual handling (for example, lifting loads)	❑	
Limited ventilation	❑	
Infectious diseases	❑	
Open wounds/cuts	❑	
Chemicals or medications	❑	
Faulty electrical equipment	❑	
Overloaded power points	❑	
Pets	❑	

Hazard identification checklist Tick relevant hazard box and record comments and/or action taken		
Type of hazard		**Comment/action taken**
Bathroom equipment and supplies	❑	
Loose floor coverings	❑	
Client behaviour (e.g. aggressive behaviours)	❑	

Identifying risk factors or behaviours of concern

Behaviours of concern can cause harm or make people feel uncomfortable, frightened or unsafe.

It is important to keep in mind that these behaviours are often a form of communication. The individual exhibiting these behaviours of concern may not know how to communicate their feelings or needs in any other way.

Community services workers must be able to identify and plan appropriate responses to behaviours of concern in line with their organisation's policies and procedures and their own level of authority. This helps ensure they meet duty-of-care and safety obligations and address the client's behaviours and needs according to planned responses.

The following is a list of behaviours of concern with descriptions.

Physical aggression	Physical aggression can be directed at people or property and can include hitting, pushing, shoving, biting, scratching and other violent attacks.
Social withdrawal	Social withdrawal can be a coping mechanism, and people may refuse to interact with carers, family and significant others. Ongoing social withdrawal can compound mental health problems.
Verbal disruption	Examples of verbal disruption are screaming, yelling, laughing, grunting and making other sounds that are loud and inappropriate for the situation.

Verbal repetition	Examples of verbal repetition include a person asking the same question several times. This is not because they didn't listen to your response, but because they have forgotten that they have asked the question already.
Resistance to support	People may not be aware that they need support, such as with the activities of daily living (like a bath), and may react physically. Others may refuse support as a form of self-harm or neglect.
Sexually inappropriate behaviour	Examples include masturbating in public, touching others inappropriately and exposing sexual organs.
Refusal of services	People may believe they have all the required skills needed to live independently and refuse to accept services in an attempt to maintain autonomy.
Eating	People may forget to eat, eat continually, eat foods and other items that are toxic or, in severe cases, lose the ability to chew and swallow.

Reporting behaviours of concern

Workers have a duty of care to report known hazards in the workplace, including any observed behaviours of concern.

There are so many possible triggers for behaviours of concern that it can be difficult to identify which of these triggers results in the observed behaviour of concern. Documentation can be used to identify patterns of behaviour and their related triggers.

You can report behaviours of concern to show that you have been compliant with your legislative requirements and have followed the policies, procedures and care plans in your workplace.

Reported behaviours of concern can be a useful source of information when reviewing policies, procedures and care plans and for identifying the need to make changes to them. You may be required to report such observations in care plans, progress notes and formal assessments or as your workplace practices require.

Things to document regarding behaviours of concern are:

• when the behaviour took place (time/date)

• what you observed (include specific details)

• where the behaviour occurred (include details on the location and the environment)

• who was present (include details of what they were doing at the time)

• why the observed behaviour took place (include any relevant behavioural triggers)

• any outcomes or consequences that occurred as a result of the behaviour.

Example
Identify, report and record client-related risk factors or behaviours of concern

Roqya works for a community service that provides domestic assistance and personal care to people in their own home. There are many documentation requirements that Roqya must complete every time she goes to work.

This morning she is doing a home visit to shower and dress Maisy, an 81-year-old person with mild Alzheimer's disease . Because this is her first visit to Maisy's house, she calls Maisy beforehand and goes through a home safety checklist that will ensure she will not be put at unnecessary risk by visiting her.

On arriving at Maisy's house, she also has to complete a risk assessment to alert herself and the team of any hazards that are present in the environment. This includes looking out for hazards that might result from inadequate space in which to complete support tasks and those that might cause slips, trips and falls or fire danger. She also has to check for any behaviours of concern from Maisy and any of her visitors.

Completing the checklists and risk assessments ensures that everyone is aware of things like dogs, uneven steps, syringes and aggressive family members.

The team she works with needs to know about these things when going into someone else's home. Roqya's workplace also has infection control policies and procedures to help her provide best-practice care while minimising infection risk in the home-based environment.

Practice Task 3

Question 1

Which of the following relate to safety when working in a home-based environment? Select yes or no for each one.

a. Identifying risks to personal finances	Yes / No
b. Basic home fire safety, including the placement of smoke alarms	Yes / No
c. Practices to minimise injury to the nervous system when providing direct client support	Yes / No
d. Practices to manage aggressive or unacceptable behaviour in clients	Yes / No
e. Identifying sources of infection and minimising the transfer of infection	Yes / No

Question 2

List three ways to decrease the risk of injury to the musculoskeletal system when working in a home-based environment.

Question 3

Match the type of fire hazard in a home-based environment on the left to the correct example on the right.

A basic fire plan includes	identifying phone locations, building emergency evacuation exits and checks for fire hazards.
Common fire hazards include	faulty or overloaded power points, curtains or draperies close to heaters, the location of commonly used flammable household substances.
High-risk groups in danger of fire include	older people, children, people limited or reduced mobility, people with memory loss, people who smoke.
Behaviours that contribute to fire injury or fatalities include	unattended cooking or unattended burning candles, careless smoking, hoarding, falling asleep and forgetting to turn off appliances, young children playing with fire.

Question 4

What information about behaviours of concern should be included in a report?
Tick all that apply.

❑ When the behaviour took place (time/date)

❑ What you observed, including specific details

❑ Where the behaviour took place (location and environment)

❑ Who was missing at the time of the incident (names)

❑ What the temperature was at the time of the incident

1D Follow workplace policies and procedures to minimise risk

Minimising risk of injury or illness and following workplace emergency procedures is the responsibility of all employees providing direct client care.

All workplaces have their own policies and procedures for dealing with an emergency or hazard and controlling risks. An emergency can be any hazard or risk that requires immediate action. This can include a:

- chemical spill

- fire

- serious injury or illness.

Emergencies can occur in the workplace, and it is very important that you understand what to do if an emergency happens and how hazards and risks can be reduced or controlled. This includes understanding safety symbols and their meanings, using emergency equipment and PPE and knowing how to manage the risks associated with specific workplace hazards.

Following policies and procedures

Following workplace policies and procedures to minimise risk requires that you first address any existing or potential hazards in the work environment. This will enhance safety for yourself, clients, other employees and members of the wider community.

Ways in which you can do this are outlined below.

Address the likelihood of harm
Before undertaking a task: • identify hazards and assess their risks • determine whether it is within the scope of your role to reduce or remove the hazard or whether this is the responsibility of an appropriately trained person. For example, if there is evidence of sharps being left without proper disposal, a risk assessment will determine that in handling the sharps you should use PPE and the correct clean-up procedures. Part of your hazard/risk assessment will be to report the incident to determine causes.

Apply control measures
The best way to control hazards and risks is to identify them before they cause harm.
As a way of minimising risk, you, your colleagues and anyone under your supervision should only undertake tasks for which you are trained. This also applies to addressing hazards you identify; do not undertake a task that you deem to be unsafe.
Report, record and seek assistance where necessary.

Evaluate and monitor control
You can now evaluate whether the steps you have taken adequately control the hazard. Continue to monitor the hazard as necessary to ensure it remains controlled.   For example: • determine that the sharps are being disposed of incorrectly because a worker is unsure of the location of a proper disposal unit   • take steps to put a receptacle in an appropriate location in the area   • brief relevant staff.

Strategies for minimising risk

The best way to control a hazard is to eliminate it or at least apply effective management strategies to minimise the risks.

Workers and employers are required to ensure the health and safety of themselves and others by minimising and controlling risks and addressing hazards. It may not be possible to eliminate hazards completely, but if they are controlled effectively, the risk to employees or other persons can be minimised. Dealing with hazards may require you to take direct action to remove or report the hazard so that action can be taken. Prior to starting work or an assigned task, every employee should identify and address any hazards.

Using a risk assessment matrix to estimate risk

A risk assessment matrix is a useful tool for estimating risk and can help minimise risks to workers, clients and others.

Workers must know the outcomes of any risk assessment the organisation conducts. To use the matrix, estimate the likelihood and impact of the hazard on the matrix. Where these two points intersect gives the level of risk. To deal with risks, focus on the situations likely to cause the most serious injuries or harm to health and make these the highest priority. If something is high risk, do something about it immediately.

Consider the probability and impact of a risk you may face in your workplace and use the risk assessment matrix below to estimate whether it is an acceptable or unacceptable risk.

Example

Risk assessment matrix

If Clara sees water on the floor at her workplace, she can use this risk assessment matrix to determine the likelihood of an accident occurring. Some questions Clara could ask herself are:

- How likely is it that someone could slip on the water?

  - It is likely or very likely.

- What impact could a fall have on a person or the organisation?

  - It could have a moderate or major impact.

- How acceptable is it to leave the water on the floor?

  - It is an unacceptably high risk.

		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	**Almost certain**	High	High	Very High	Very High	Very High
	Likely	Moderate	Moderate	High	Very High	Very High
	Possible	Low	Moderate	High	High	Very High
	Unlikely	Low	Low	Moderate	Moderate	High
	Rare	Low	Low	Low	Low	Moderate

Risk controls

Staff and support workers should be consulted for their opinions about effective control measures because they are most familiar with the work environment. In addition, all organisations have in place **risk control** measures as part of a hierarchy of control.

> **Risk control**
> Eliminating a hazard or minimising the risk/s associated with the hazard.

The hierarchy of control is a framework for prioritising the implementation of the most effective and reliable measures, starting with the goal of eliminating a hazard at the source.

Risk controls include:

- policies to influence behaviour; for example, a no-lift policy

- practices to guide the use of equipment

- designs that reduce risk; for example, a reception area providing physical protection for staff

- elimination of risk; for example, removing branches of trees that overhang walkways

- signage to warn people of risk; for example, 'wet floor' signs before and after spills have been cleaned.

Hierarchy of control

The hierarchy of control provides a set of steps or measures to be followed to eliminate or minimise risk.

The most effective risk control measure removes a hazard completely, eliminating the risk at its source. Where this is not possible, risk minimisation measures are implemented. The hierarchy of control is a set of levels or choices listed in a preferred order, starting with the best choice (eliminate the risk) and ending with the final choice. You should always eliminate risks if possible. If the risk cannot be eliminated, move to level 2, which is the second-best choice. Keep moving down the steps until you find the first step that you can use if none of the higher steps are possible.

The following table (adapted from Safe Work Australia) explains the hierarchy of controls used to control risks in the workplace.

Hierarchy of controls to manage risks in the workplace	
Control level	Description
Level 1 control	**Elimination** Eliminating the risk at its source should always be the first choice. The source of the risk is the hazard, so this usually means removing hazardous material or abandoning hazardous work practices. For example: • Clean up a spill immediately to avoid someone slipping, falling over and hurting themselves. • Stop using toxic substances that are not essential to the work. • Repair or replace equipment.

Hierarchy of controls to manage risks in the workplace	
Control level	**Description**
Level 2 controls	**Substitution**
	If elimination is not practicable, substitute the hazard with something of a lesser risk. This is also likely to be a less-expensive measure to implement.
	For example:
	• Use less-hazardous chemical materials.
	• Reduce the size of objects that need to be lifted.
	• Break a task down into smaller chunks so there is not as much risk; for example, share a task with another person.
	Isolation
	This involves physically separating the source of harm from people by distance or by using barriers.
	For example:
	• Install guard rails around exposed edges and holes in floors.
	• Use remote control systems to operate machinery.
	• Store chemicals in a fume cabinet.
	Engineering
	The next best possible solution is to implement engineering controls that involve changing equipment or tools.
	For example:
	• Provide a trolley to move heavy loads.
	• Use a hoist rather than trying to lift a client from the floor.
	• Install ventilation to remove chemical fumes.
	• Change the layout of work levels to minimise bending and twisting during manual handling.
Level 3 controls	**Administrative**
	This relates to work procedures and work organisation.
	For example:
	• Develop policies and procedures to minimise the risks to all people in the workplace.
	• Reduce the time the person is exposed to the hazard (e.g. job rotation).
	• Ensure equipment is maintained regularly.
	• Limit access to hazardous areas.
	• Perform risk assessments.
	• Provide safety awareness signage.
	• Provide training in infection control, manual handling, chemical training, fire and emergency procedures and how to use equipment safely.

Hierarchy of controls to manage risks in the workplace	
Control level	**Description**
Level 3 controls (cont).	**Personal protective equipment (PPE)**
	Wearing and using PPE is the least effective hierarchy of control measure. The use of personal protective clothing and equipment can be a hazard if it restricts movement, sight or hearing, and is the last option for risk control.
	Organisations must:
	• provide appropriate protective clothing and equipment
	• ensure the clothing fits well and is comfortable under work conditions
	• ensure people use equipment properly and when necessary
	• train workers in why the clothing is necessary
	• teach workers how to wear the right PPE for the task; for example, wearing waterproof foot protection when showering clients will help you avoid having wet footwear, so you will avoid or minimise the risk of fungal infection and the risk of slipping and injuring yourself.

WHS housekeeping

Good housekeeping involves establishing workplace and personal routines designed to improve health and safety and minimise risks.

Housekeeping for WHS purposes includes several activities that staff should build into their work routines. Responsibility for this aspect of WHS falls as much on employees as it does on employers. Housekeeping standards assist in maintaining a clean, organised working space, which reduces the likelihood of harm from risks and hazards.

Workers and their supervisors need to ensure that their obligations with respect to WHS and providing a safe workplace are met. This can be achieved through good housekeeping practices that minimise risks and eliminate hazards as far as possible. Whether you are providing support in the workplace or in a client's home, the same attention to WHS and correct housekeeping is required.

Routines to improve health and safety and minimise risks include:

• cleaning up spills

• keeping walkways, exits and traffic areas clear

• maintaining general workplace cleanliness and tidiness

• ensuring emergency exits are unobstructed

• maintaining safe underfoot conditions

- allowing adequate work space around equipment and machinery

- ensuring fully functioning services such as lighting, air flow and ventilation, and emergency lighting

- ensuring safe storage areas

- employing correct manual handling techniques

- wearing proper PPE

- displaying adequate and appropriate signage.

Example
Minimise the risk of workplace hazards

Francesca, a support worker, notices that the common-room floor in the residential aged care home is quite slippery. This is a result of humidity, recent rain and residents not wiping their feet properly before coming inside.

Francesca decides to take action and not wait for the cleaning staff to deal with the damp floor. After reporting the hazard, she gets a mop from the cleaners' store room to dry off the floor and puts a 'Wet floor' sign up at each end of the room. Francesca also asks an administration staff member if she could prepare a large sign to go on the outside doors. The sign will ask residents and guests to carefully wipe their feet before entering the facility. Francesca then makes a note in the support workers' daily record book for other staff to see.

Understanding safety instructions

To minimise risks in the workplace, all workers need to understand emergency communications and alarm signals.

In any workplace, it is critical for all workers to understand all workplace procedures – particularly emergency procedures – to ensure everyone's safety. It is important for all workers to have access to written procedures and protocols and general evacuation information for emergencies. These should be available in plain English, and the employer should take steps to ensure all workers understand the information.

Emergency procedures

Workplace risks can be minimised when everyone follows the correct emergency procedures.

The response to emergencies may vary according to the type of situation, the organisation and the location of the emergency. It is vital that procedures are followed because they prescribe the best actions for different circumstances. Procedures take into account the emergency responses standards and guidelines, which include:

- number and locations of exits

- placement of fire extinguishers and smoke detectors

- emergency signage and lighting

- assembly point locations.

Standards and guidelines for the correct implementation of emergency response procedures ensure that a workplace has the correct processes, procedures and equipment in place to address all emergency situations.

By following emergency procedures correctly, the risk of further injury or damage is minimised.

Further information regarding emergency procedures is outlined below.

Equipment
Procedures relating to the use of emergency equipment cover: • general emergency action • the correct use of emergency equipment and/or PPE. Procedures for the use of lifesaving appliances must be followed. Lifesaving appliances include: • respirators • automatic defibrillators • fire extinguishers.
Drills
One of the best ways to reinforce actions that need to be performed in an emergency situation is to perform drills. A drill is the repetition of a series of actions until they become embedded in people's memories. In an emergency situation, actions embedded in the subconscious become second nature when it is not possible to think a problem and solution through due to urgency or panic.
Feedback
Feedback provides an opportunity for reflection and improvement. After any emergency procedure has occurred, all employees and members of the public should be encouraged to provide feedback. Often, it is after an event that processes and procedures can be evaluated and improvements can be made for future situations.

Access
Emergency procedures must be accessible to all staff and visitors to a workplace. Emergency evacuation drills are one way to educate people about procedures. To ensure new staff and visitors always have access to the procedures outside of drills, the following steps can be taken: • Provide a manual containing emergency policies and procedures and ensure it is placed somewhere where all stakeholders can readily access it. • Instigate a 'read and sign' sheet. This provides supervisors with evidence that employees and any visitors have read and understand the workplace emergency procedures.

Emergency signage

Reading the signs can minimise risk and save lives.

Most workplaces have safety signs and symbols. Particular signs provide information or direction when responding to emergency situations. For example:

Emergency situation	Sign	
Evacuation of a building due to fire, explosion or another emergency	• Green exit signs • Assembly area	
Fire	• Sign indicating fire extinguisher and type	
Injury (cuts & abrasions)	• Sign indicating first-aid kit	
Chemical hazard	• Sign indicating location of appropriate PPE	

Understanding safety signs and symbols

Make sure you understand safety signs and symbols displayed in community services environments.

The use and design of occupational safety signs must meet the requirements stipulated by Australian Standard AS1319–1994.

The main purpose of using safety signs is to prevent injury by warning people of a potential hazard in the workplace. These signs may also be used to direct workers on how to respond in emergency situations.

All workers in the community services environment should have adequate knowledge of safety symbols and their meanings. They should also be able to accurately read and interpret:

- workplace safety signs

- dangerous goods classifications

- safety instructions.

Hazardous chemicals classifications

Working in the community services environment may expose you to **hazardous chemicals**, so you need to minimise the risk of exposure in this environment.

Hazardous chemicals include:

• paints	• detergents	• corrosives
• drugs	• gas cylinders	• chemically reactive or highly toxic substances.
• cosmetics	• flammable liquids and gases	
• cleaning chemicals		

Hazardous chemical
A substance that can cause adverse health effects.

Under the WHS regulations, a manufacturer or importer of substances, mixtures and articles has a duty to determine whether they are hazardous to the health and safety of people. This should be done before they are supplied for workplace use.

Your workplace should have SDSs to inform workers of how to manage the risk associated with hazardous chemicals.

For further information on the GHS, visit: aspirelr.link/unece-ghsclc

Safety signs and symbols: poisons

Poisons are clearly labelled to warn people not to consume them.

The skull and crossbones symbol is used as a warning for poisonous substances. The symbol indicates that care should be taken to limit exposure to the poison by avoiding direct contact and ingestion.

This symbol may or may not be accompanied by the word 'poison' and may be a hazard sign with a black symbol on a yellow triangular background.

Alternatively, the poison symbol and words may be presented on a danger sign that acts as a warning when a hazard or a hazardous condition is likely to be life threatening. If this signage is used, then the word 'Poison' or the poison symbol will be on a black, white and red sign. The word 'Danger' will be featured inside a red oval located inside a black rectangle.

DANGER

POISON

Safety signs and symbols: emergency equipment

Signs indicating the location of emergency equipment can help speed up responses to incidents in the workplace.

Emergency equipment signs and symbols inform workers about the location of emergency equipment. The words and pictures on these signs will always be white on a green rectangular background.

Evacuation maps	
First-aid kit	
Defibrillator	
Showering devices	

Breathing apparatus	

Safety signs and symbols: PPE

Wearing appropriate PPE during an emergency can minimise the risk of further injury or illness.

PPE signage indicates the location of important protective equipment. These symbols are always white on a blue circular background and may include the following depictions:

Goggles or protective eyewear	
Face mask or shield	
Gloves	

Safety signs and symbols: specific hazards

Take note of any other signs and symbols that may indicate a hazard to minimise the risk of injury or illness to yourself or others.

The community services environment may also use signs to indicate specific hazards that could cause harm to a person if they do not take appropriate notice or action. Warning signs should always have a black symbol on a yellow triangular background. These signs may or may not include words, depending on the hazard.

Examples of hazard signs found in the community services environment include:

Flammable material	
Hazardous chemical	
Biological hazard	
Biohazard sharps receptacle	
Bloodborne pathogen kit	
Radiation	
Toxic hazard	

Example

Follow workplace policies and procedures to minimise risk

The information below provides examples of how different workplace policies and procedures can help to minimise the risk of harm or injury.

Manual handling policies and procedures

Kyoko works in an aged-care home. She regularly refers to the manual handling policy and procedures in her workplace that provide information about available equipment and the correct way to use it. This ensures her safety as well as that of the people she is assisting during every lift or transfer by reducing the risk of musculoskeletal damage when handling and transferring people.

Equipment and equipment procedures

Ben works in a large residential care home that uses a lot of mechanical devices such as hoists and electric wheelchairs. Ben prefers to refer to the equipment policies and procedures to confirm the right type of equipment is chosen to ensure he correctly cleans and maintains it. These documents contain all the instructional information he requires to make safe decisions for himself and the people he is assisting.

Emergency management procedures

Alev is the warden nominated to carry out an emergency procedure in the event of an emergency in his workplace. Alev's workplace has an emergency management procedure that outlines the roles, responsibilities, actions and equipment requirements for emergency situations such as fire or a bomb threat. Alev's team runs regular drills to ensure everyone is aware of the procedures, thereby minimising the risk of injury should a real emergency ever occur.

Practice Task 4

Question 1

Which of the following statements apply to minimising risk at work? Select yes or no for each one.

a. Ignore workplace emergency procedures and safety instructions if you have been involved in a workplace emergency before.	Yes / No
b. Only use emergency equipment that you have been trained to use.	Yes / No
c. Green 'Exit' signs indicate where to leave a building during an evacuation and to reach assembly points.	Yes / No
d. A skull and crossbones symbol indicates the substance in the container is usually safe to consume.	Yes / No
e. Safety signs and symbols for specific hazards are found in the workplace; for example, flammable materials, biological hazards and radiation.	Yes / No
f. The main purpose of using safety signs and symbols is to prevent injury by warning people of a potential workplace hazard.	Yes / No

Question 2

Explain three ways that policies and procedures related to emergency situations are used in the workplace.

Question 3

Match each of the safety signs/symbols on the left to their correct description on the right.

	Hazardous substance
	Treatment of minor burns and injuries
	Personal protective equipment (PPE)
	Evacuation route

1E Identify and report incidents and injuries to designated persons

Reporting incidents and near misses ensures that the organisation is aware of hazards and can take steps to avoid them recurring.

Organisations should have policies and procedures for reporting incidents and injuries. Reporting incidents and near misses ensures that the organisation is aware of the hazard that contributed to the event so that strategies can be put in place to ensure the event is not repeated.

An incident includes any event that has caused or has the potential to cause injury, illness or damage. Outcomes may be observable (e.g. sprains or abrasions) or less obvious (e.g. being subjected to aggressive behaviours from a client).

Near misses should also be reported. A near miss occurs when something almost happens; for example, a person almost walks into a glass sliding door but someone stops them.

Identifying incidents and injuries

A workplace incident is any event or set of circumstances that has resulted in, or could have resulted in, injury or illness. Incidents are categorised into groups based on the severity of the possible outcome.

All incidents must be recorded on an incident report form and reported to management as soon as possible. This includes scenarios where harm could have occurred but did not as such information can be used to eliminate future risk from the identified hazards.

The table below outlines the five categories of workplace incidents that should be recorded and reported to management.

Incident category	Description
Near miss	An incident or accident in which a person only just avoids being injured
Damage to equipment	A serious occurrence where equipment is damaged but no-one is hurt
Minor injury	A less serious incident where someone was harmed; may still indicate a more serious safety problem
Major injury	A serious incident that results in a worker's death, permanent disability or hospitalisation
Work-related travel injury	An injury that occurs while a worker is travelling to or from work

Reporting incidents and injuries

Incidents and injuries should be reported in the prescribed time frame and in the manner your organisation requires; often, you will need to make a report within 24 hours of an incident taking place. Notifying the relevant person of any risks, incidents and near misses that do not result in injury could alert the organisation to a potential hazard that should be addressed. This will prevent injuries and provides feedback on the effectiveness of responses to an incident, possibly identifying training needs or amendments to policy.

Include the following details when reporting an incident or near miss:

- a concise description of what happened

- the precise location of where the incident occurred

- when the incident took place

- who was involved, including witnesses

- whether first aid was provided and/or medical treatment sought.

Written incident reports and other records

Incident reports are vital records, particularly if the notifiable incident warrants investigation by a WHS regulator or will be used in court proceedings.

Every incident report should be treated as a legal document and completed honestly and accurately. Other documents include reports workers may have completed relating to risk and hazard identification. In addition, records of what WHS training people have done must be kept so managers and supervisors can be confident that a person is fully competent to do their work. Training records are also essential in identifying the gaps that need to be filled in people's skills and knowledge.

Reporting incidents is extremely important. Reporting should be used not only for incidents but also for hazards. An incident is where an accident has happened or where a person has slipped, fallen or tripped. A hazard is where you can see that there is a potential for an incident to occur. For us to be able to manage the risks involved with incidents and hazards, we need to be able to look at that hazard or incident on paper. If incidents are not documented, employers cannot reduce the risk; employers need to reduce risks as much as possible.

Example
Workplace incident report excerpt

Report no: 121X		
Surname: Treminner	**First name:** Melina	
Address: 37 Waylord Rd, Launceston, Tas.		
Telephone no: 5959 5959	**Mobile phone:** 0404 000 444	
Date of injury: 05/12/21	**Time of injury:** 7.30am	
Details of injury: Fractured right arm	**Bodily location of injury:** Lower right arm	
Description of the circumstances of the accident: In the staff kitchen I slipped on some liquid on the floor and landed heavily on my right arm.		
Signature: *M Treminner*	**Date:** 05/12/21	
Description of accident by witness: I turned around when Melina cried out. I saw that she was lying awkwardly on the floor on her right arm. I helped her up and we followed first-aid procedures for what we thought may be a broken arm.		
Signature of witness: *P Singh*	**Date:** 05/12/21	
Please print name: Purindhar Singh		
When was the injury reported?	**Date:** 05/12/21	**Time:** 7.50am
Who was the injury reported to?	**Name:** Ghazi Radich	**Position:** Unit Supervisor

Reporting injuries to statutory agencies

It is a legal obligation for employers or self-employed persons to report to their state or territory WHS regulator any work-related injury, illness or dangerous incident as soon as possible. Under the WHS Act, the regulator must be notified immediately of a 'notifiable incident', and the incident site must be preserved until an inspector arrives for investigation or directs otherwise.

A notifiable incident, as outlined in the WHS Act, is any of the following:

- the death of a person

- a serious injury or illness

- a dangerous incident.

To learn more about incident notifications and notifiable incidents, read Safe Work Australia's *Incident notification fact sheet* at:
aspirelr.link/incident-notification-fact-sheet-swa

Example
Incident reporting process

Here is an example of an incident reporting process that you can use as a reference guide.

Incident reporting process		
Step	Action	Person/s responsible
1	Complete a workplace incident report and make an entry in the injury register (if injured). Documents must be completed and the incident reported to management within 24 hours.	• Person involved in incident • Witness
2	Report injury to insurer and WorkCover authority (if applicable) within the statutory reporting time frames.	• Responsible manager
3	Ensure immediate interim action is taken as required to either eliminate the hazard or minimise risk in the workplace.	• Management • HSR • HSC • Employees
4	Form an investigation team, investigate the incident and review concerns raised.	• Responsible manager
5	Carry out necessary interviews and review documentation.	• Responsible manager
6	Complete the final section of the workplace incident report.	• Responsible manager

Incident reporting process		
Step	Action	Person/s responsible
7	Complete the necessary risk-management documentation; that is, the risk register and action plan.	• Responsible manager
8	Implement corrective actions according to the risk action plan.	• Responsible manager
9	Keep all documentation on file for easy access and retrieval.	• Responsible manager
10	Review all incidents and organisational responses.	• Management • HSR

Practice Task 5

Question 1

Which of the following details should be included in a report about an incident or injury in the workplace? Tick all that apply.

❑ When the incident took place

❑ A lengthy description of what happened

❑ Who was involved, including witnesses

❑ First aid provided and/or medical treatment sought

❑ The precise location where the incident occurred

Question 2

Which of the following are considered notifiable incidents in the workplace and should be reported to the state or territory WHS regulator? Select yes or no for each one.

a. The birth of a child	Yes / No
b. Open heart surgery	Yes / No
c. A serious injury or illness	Yes / No
d. The death of a person	Yes / No
e. A dangerous incident	Yes / No

Question 3

The incident reporting process involves various people in an organisation. Match the description of the step in the incident reporting process on the left with the person/s responsible on the right.

Review all incidents and organisational responses.	• Responsible manager
Carry out necessary interviews and review documentation.	• Management • HSR • HSC • Employees
Keep all documentation on file for easy access and retrieval.	• Management • HSR
Complete a workplace incident report.	• Responsible manager
Ensure immediate interim action is taken as required to eliminate the hazard or to minimise risk.	• Person involved in incident • Witness

Summary

- In Australia, all employers and employees must comply with relevant WHS legislation, standards and codes of practice.

- Employers must provide a safe workplace, and workers must work in a manner that does not endanger them or others.

- Employees have a legal obligation to familiarise themselves with WHS law and their organisation's WHS policies and procedures, which give guidance to workers about their responsibilities, reporting procedures, recording requirements, emergency procedures and WHS housekeeping in the work area.

- Organisational procedures include the policies and procedures underpinning the management of WHS, such as hazard, incident and injury reporting; hazard identification, risk assessment and control; consultation and participation; and quality system documentation.

- You have a legal obligation to identify and report workplace hazards and participate in the risk-management processes in the workplace that aim to minimise the risk from those hazards.

- All workers in the community services environment should have adequate knowledge of safety signs and symbols and their meanings and be able to accurately read and interpret workplace safety signs, dangerous goods classifications and safety instructions.

- A workplace incident is any set of circumstances that have taken place and resulted in an injury or illness, or that could have resulted in an injury or illness.

- All incidents must be recorded on an incident report form and reported to management as soon as possible.

- Under the WHS Act, immediate notification of a 'notifiable incident' to the regulator is required, and the incident site must be preserved until an inspector arrives for investigation or directs otherwise.

Learning Checkpoint 1

Follow safe work practices for direct client care

Part A

1. Define the term 'manual task' and describe two factors that would make a manual task hazardous.

2. Which of the following statements about the musculoskeletal system and workplace hazards are correct? Tick all that apply.

    ❑ The musculoskeletal system is made up of the bones, ligaments and muscles of the body.

    ❑ The musculoskeletal system is at risk of harm when performing hazardous manual tasks.

    ❑ Injuries to the musculoskeletal system can occur through high and sudden force.

    ❑ The musculoskeletal system can withstand wear and tear from repetitive movements.

    ❑ Injuries to the musculoskeletal system can occur from forces over time.

3. Briefly explain what a 'hazard' is.

4. Give a brief description of the hierarchy of control.

5. Which of the following are steps involved in reporting a hazard, incident or injury? Tick all that apply.

❑ Follow the workplace reporting process, including using the correct form.

❑ Record the required information and submit the form within the correct time frame.

❑ Ensure all records are in hard copy for ease of use.

❑ Submit the hazard report to the supervisor or designated person.

❑ Make sure all workers are aware of any immediate risks to their health and safety.

6. Explain where smoke alarms should be placed in the home and support environments.

7. Briefly describe the maintenance requirements for smoke alarms.

8. Give two examples of basic home fire safety considerations.

9. Briefly describe why safety signs and symbols are used in the workplace.

10. Which of the following are examples of safety signs and symbols that are commonly used in the community services environment? Tick all that apply.

❑ Poisons

❑ Personal protective equipment

❑ Unattended reception

❑ Spills on the floor

❑ Sharps container

11. List two examples of notifiable incidents.

12. Number the steps from 1 to 4 in the order you would manage WHS risks according to Safe Work Australia.

	Review control measures
	Identify hazards
	Control risks
	Assess risks

13. Which of the following statements are examples of abiding by the duty of care principle? Tick all that apply.

❑ Take reasonable care of your own health and safety when providing direct client care.

❑ Take reasonable care that your actions do not adversely affect the health and safety of other persons.

❑ Take reasonable care that any forgetfulness or neglect on your part is not noticed.

❑ Take reasonable care to ensure the safety and wellbeing of people in receipt of services.

❑ Take reasonable care to remove or minimise any potential hazard that may cause harm.

Part B

Read the case study and then answer the questions that follow.

Case study

Anthony is the manager of a care support team that provides personal care services direct to people who live in their own home. Last week, Anthony received an incident report advising that Minoli, a support worker, had been harassed by an abusive visitor while attending one of her home visits.

When investigating the incident, Anthony identified a range of contributing factors, such as a lack of home visit safety procedures and out of date staff training.

Anthony decided to request that Minoli and the other workers work with him to identify and prioritise some of the WHS issues related to working in people's homes.

They mapped out and prioritised a list of WHS issues and Anthony gained valuable insights into the operational hazards and risks that he had not previously been aware of. The discussion also raised awareness about workplace risk and provided the workers with an opportunity to participate in the risk-management process.

1. List two Australian safety legislation and guidance materials that apply to staff working in a community services environment.

2. Identify three legal obligations Minoli and the other workers have under the *Work Health and Safety Act 2011*.

3. Which of the following should Minoli be able to find in her WHS policies and procedures? Tick all that apply.

    ❑ The risk-management processes

    ❑ How to identify hazards that can be ignored

    ❑ How to assess tasks

    ❑ Control measures for managing the risk associated with hazards

    ❑ Unusual risks in the workplace

4. Give two examples of codes of practice that may be applied to Minoli's workplace.

5. List two sources that Minoli can use to access WHS information.

6. Which of the following are examples of WHS policies that staff can use to comply with WHS legislation? Tick all that apply.

    ❑ Manual handling policy

    ❑ Hazard identification policy

    ❑ Infection control policy

    ❑ Company function policy

    ❑ Incident reporting and investigation policy

7. List two procedures staff can use when looking into hazards and risks in the workplace.

8. List at least three characteristics of a hazardous manual task.

9. Identify two examples of safety legislation that relate to how infection control risk is dealt with in Minoli's workplace.

10. Which of the following are ways to comply with infection control principles in the workplace? Select yes or no for each one.

a. Apply effective hand hygiene techniques.	Yes / No
b. Dispose of biological waste in the closest bin.	Yes / No
c. Wear gloves when washing hands.	Yes / No
d. Follow the infection control plan.	Yes / No
e. Use face masks and eye goggles where appropriate.	Yes / No

11. Identify two methods that Anthony could use to identify hazards in the workplace.

12. Suggest when Anthony might be required to identify hazards in his workplace.

13. Identify at least three steps that would be found in a workplace hazard identification plan.

14. Give three examples of common manual handling hazards that staff may experience working in the community services environment.

15. List five ways staff can manage infection control risk at work.

16. Give an example of how behaviour can be a personal safety risk to Minoli when she is working in the community services environment.

17. List five common workplace hazards that Minoli may identify while working in the community services environment.

18. Identify five commonly used risk controls that Anthony could trial in his workplace.

19. Describe four risk-management strategies that Minoli could use to reduce risks from hazardous manual tasks in the home-based environment.

20. Provide examples of common causes of infection transmission in the home-based environment.

21. Provide examples of behaviours of concern that Minoli needs to be aware of when she is providing support in a home-based environment.

22. Which of the following should be included in a report regarding behaviours of concern? Tick all that apply.

❑ When the behaviour took place (time/date)

❑ What the worker observed (include specific details)

❑ Where the behaviour occurred (include details on the location and the environment)

❑ Why the observed behaviour took place (include any relevant behavioural triggers)

❑ Any unusual weather conditions

Topic 2: Follow safe work practices for manual handling

2A Follow manual handling procedures and work instructions to minimise risks

2B Identify and report manual handling hazards

2C Apply control measures to minimise manual handling risk

2A
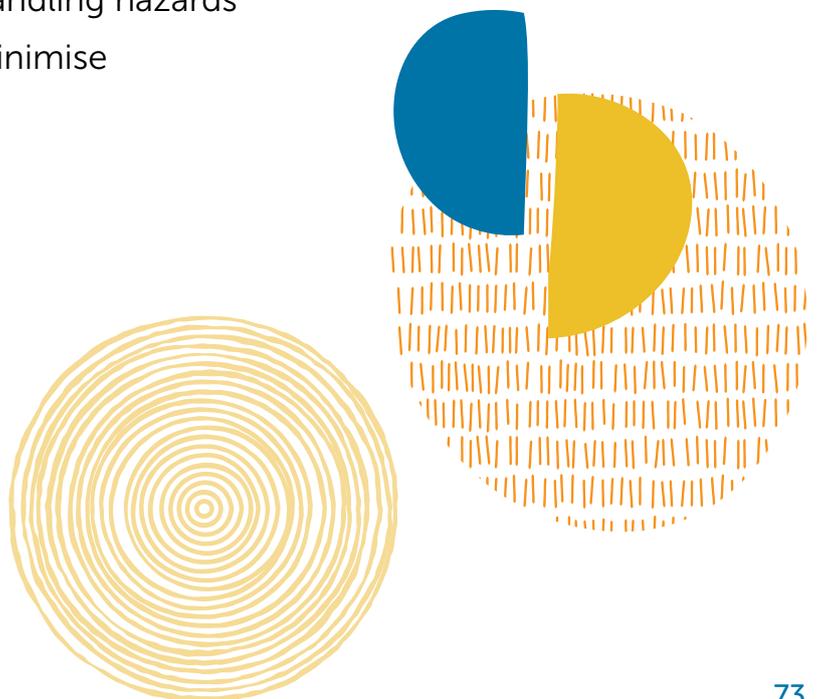
Follow manual handling procedures and work instructions to minimise risks

Providing direct client care involves manual handling tasks that can be hazardous to your health if not managed correctly.

A manual task is any activity that requires a person to push, pull, lift, lower, hold or carry a person or object.

Manual handling tasks that are commonly undertaken when providing care include:

- manually lifting clients from a bed to a chair

- moving furniture to make the client more comfortable

- handling heavy weights such as boxes.

Hazardous manual tasks

A hazard is anything or any situation that has the potential for human injury or illness or damage to property or the environment.

Hazardous manual tasks are tasks that have a risk of causing harm to a person. Not all manual tasks are hazardous.

Repetitive or sustained force
• Repetitive movements are those that are performed more than twice a minute.
• Sustained means holding a posture for more than 30 seconds at a time.
• **Example:** holding the shower hose and directing the water around the client for long periods
High or sudden force
• Forceful muscular exertions place high stress on the muscles, tendons, joints, ligaments and vertebral discs.
• Fast movements and sudden speed changes can injure muscles, tendons and ligaments.
• Forces applied or stopped suddenly can overload the muscles, joints, tendons, ligaments and vertebral discs.
• **Example:** assisting and holding a care client who is walking and leaning on you heavily and who suddenly falls
Repetitive movement
• Using the same parts of the body to repeat similar movements over a long period of time
• **Example:** providing a therapeutic massage for a care client

Awkward or sustained postures
• Awkward postures occur when any part of the body is in an uncomfortable or unnatural position. • **Example:** squatting while washing a client's feet • Sustained postures occur where part of or the whole body is kept in the same position for a prolonged period. • **Example:** continually standing with weight mainly on one leg while providing support to a client who is trying to stand or walk.
Exposure to vibration
• Vibration can be transferred through a vibrating tool or piece of equipment and can cause carpel tunnel syndrome and other physical problems. • **Example:** using a handheld massaging device on a client

Source: www.safeworkaustralia.gov.au

Policies and procedures for WHS

The *Work Health and Safety Act 2011* (Cth) (WHS Act) guides employers and workers in the care industry to protect the health, safety and welfare of themselves and the people they support.

Your organisation's WHS policies should explain:

- your legislative WHS duties as a worker in the care industry

- what specific action should be taken in the event of an incident or injury

- directions on how to carry out the action

- information about who is responsible for the action

- reporting and documentation requirements.

WHS policies and procedures are tools to assist support workers to carry out their roles in the most efficient, effective and safe way.

Under the *WHS Act,* while at work, all workers must cooperate with any reasonable policy or procedure of the person conducting the business or undertaking (PCBU), in relation to health or safety in the workplace that they have been notified about.

Policies and procedures for manual handling tasks are essential reading for employers and workers providing support in the community.

Manual handling policies and procedures

Familiarise yourself with your organisation's policies and procedures related to manual handling before commencing work.

Manual handling incidents and injuries make up a large percentage of the total work-related injuries and incidents that take place annually in Australia.

In the community services environment, manual handling policies and procedures outline how manual handling risk should be managed in compliance with WHS legislation. This includes but is not limited to identifying and reporting manual handling hazards and ensuring appropriate controls are implemented according to the hierarchy of control.

Manual handling policies and procedures should include:

- the risk management process, including:

  - identifying manual handling hazards

  - assessing hazardous manual tasks

  - outlining control measures for managing the risk

- common manual handling tasks in the care environment

- rights, roles and responsibilities of both the workers and the employer in managing risks, including:

  - the provision of risk assessment forms

  - task-specific training

  - manual handling equipment

  - instructional information sheets on handling people and objects safely.

Manual handling instructions

Following workplace instructions for manual handling tasks ensures efficiency, safety for all and a better client experience.

It is important that you follow the manual handling instructions in your workplace. This may include a manual handling plan for assisting a person, using a piece of equipment or carrying out a specific task.

Here are some common instructions to help manage manual handling risks from hazardous manual tasks in the community services environment:

- Wear appropriate footwear.

- Set up the environment ready for the task.

- When assisting a person, have them participate as much as they can.

- Use clear communication and explain the roles and movement cues to everyone involved in the task.

- Make sure you are trained to use all equipment and know how to safely assist with transferring people and objects.

- Plan ahead and identify the most suitable route to transport the person, equipment or object.

- Ensure all equipment is in good working condition.

- Make sure all passengers and equipment are adequately restrained or secured when moving in a vehicle.

- Ensure there is sufficient clearance for accessing a vehicle or using equipment.

Example
Follow manual handling procedures

Anna was excited and proud to complete her Certificate IV in Ageing Support and begin her new job as a residential support worker at Aged to Perfection. Anna started work two weeks ago and really loves her job, but she has started to experience aches and pains in her arms, back and legs. She forgets about the pain as she prepares to shower Parvin, a 75-year-old resident who is overweight and has limited mobility.

Almost as soon as Anna begins the showering process, she starts to feel pain in her back and neck. She realises she is standing in an awkward position, reaching up to get the shower hose and then twisting to reach around Parvin. Anna also feels pain when helping Parvin wash her feet as she has to bend repeatedly and then turn and reach for the soap and washcloth.

During her morning tea break, Anna mentions the pain she is experiencing to Slavko, the support team leader. Slavko asks Anna to describe how she performs the showering process with Parvin and the other residents. Slavko realises that although Anna is a keen worker, she has not been following the correct procedures to minimise risk.

Slavko explains to Anna that she could avoid further pain or injury by following the organisation's care procedures for showering.

Their procedure for showering a client is as follows:

- Get the client to hold the shower head for more directed water stream, where possible.

- Place required items in an easy-to-access location.

- Avoid holding the shower head for long periods – place it in a bracket where possible.

Anna follows Slavko's instructions, and her aches and pains disappear.

Practice Task 6

Question 1

List three steps of the risk management process that may be included in manual handling policies and procedures.

Question 2

What information would you expect to find in your workplace manual handling policies and procedures? Tick all that apply.

❑ Manual handling risk management process

❑ Warnings to avoid manual handling

❑ Methods to assess hazardous manual tasks

❑ Rights, roles and responsibilities of both workers and employers in managing manual handling risks

❑ Control measures for managing the risk associated with hazardous manual tasks

Question 3

Give three examples of characteristics of hazardous manual handling tasks.

Question 4

Which of the following instructions for completing manual handling tasks in a community services environment are correct? Select yes or no for each one.

a. Set up the environment ready for the task.	Yes / No
b. Plan ahead.	Yes / No
c. Use clear communication.	Yes / No
d. Wear any footwear that is comfortable.	Yes / No
e. Encourage the client to assist with the task as much as possible.	Yes / No

2B Identify and report manual handling hazards

Reporting manual handling hazards in community services work environments helps prevent injuries to support workers and their clients.

Workers providing direct client care have a legal obligation to keep themselves and others safe. This is consistent with government WHS legislation regarding the rights and responsibilities of workers, including a duty of care. This applies to workers providing support in community, residential and home-based environments.

Identifying, assessing and reporting hazards to the appropriate person so that **hazards** can be addressed forms part of this obligation.

Identifying manual hazards

Hazard
A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Risk
The probability and consequences of injury, illness or damage resulting from exposure to a hazard.

All manual tasks contain an element of **risk**; learn to identify those that are considered hazardous.

For a manual task to be hazardous, it must contain one or more of the known characteristics of hazardous manual handling tasks.

Characteristics of hazardous manual handling tasks include:

- repetitive or sustained force

- high or sudden force

- repetitive movement

- sustained and/or awkward posture

- exposure to vibration.

The information below outlines the methods for identifying hazardous manual tasks as detailed in the Hazardous Manual Tasks Code of Practice 2018:
aspirelr.link/swa-practice-hazard-code

Consult workers

Workers can provide valuable information about tasks that cause discomfort or muscular aches and pains and those that may signal potential hazards. Employers should ask workers to identify tasks that:
- are difficult to do (or appear harder than they should be)
- are very tiring (muscle fatigue reduces work capacity)
- are awkward or dangerous (e.g. difficulty controlling loads)
- cause discomfort.

Review available information

The following records should be reviewed to help identify manual tasks that may cause harm:

- workplace injuries and incidents
- inspection reports
- any workers' compensation claims made for musculoskeletal disorders.

Information and advice about hazardous manual tasks and risks relevant to particular industries and work activities are available from:

- regulators
- industry associations
- unions
- technical specialists
- safety consultants.

Look for trends

You may be able to identify trends or common problems from the information you collect.

Trends may show that:

- certain tasks have characteristics that make them hazardous, or some characteristics are more common in certain jobs
- workers in a particular location are exposed to more hazardous manual tasks than in other areas. This could indicate a problem with the design and layout of that work area or the way work is carried out there.

These trends may help in deciding which manual tasks should be addressed as a priority.

Observe manual tasks

Hazardous manual tasks can also be identified by looking at how people actually work and focusing on their postures and movements. Take note of whether the worker is displaying any of the characteristics of hazardous manual handling tasks such as:

- repetitive or sustained force
- high or sudden force
- repetitive movement
- sustained and/or awkward posture
- exposure to vibration.

Source: Hazardous Manual Tasks Code of Practice 2018

Example
Identify manual hazards

Cammie works at a facility that has a minimum-lift approach to manual handling. The manual handling policies and procedures in Cammie's workplace outline that workers must be trained in the use of all manual handling equipment. A competency checklist must be signed by the manager every year.

New equipment has been purchased recently for Cammie's work area, but, as yet, no-one has had any instruction on how to use it safely.

Cammie does not want to complain, but she feels the new equipment is difficult to manoeuvre and use. Cammie mentions her concerns to the team and discovers they all agree that the new equipment is difficult to use and requires extra effort.

They speak to their supervisor, Chandra, who realises that a good way to identify manual hazards is to consult with the workers directly involved.

Reporting manual hazards

Report all manual tasks that contain characteristics of hazardous manual tasks.

Follow the policies and procedures in your workplace to report hazardous manual tasks to the appropriate person. This could be your supervisor or the HSR of your organisation.

Example
Hazard identification report form

Your workplace will have hazardous incident report forms similar to this one.

Business name:	
Conducted by:	In attendance:
Location of hazard:	Date:

What is the hazard?
What are the risks associated with the hazard?
People/person who may be affected by the hazard:
What has already been done to control the hazard? *(Note: leave this section blank if nothing has been done)*
Initial risk rating: ❑ low ❑ moderate ❑ high ❑ critical ❑ catastrophic *(Note: further action needs to be taken if the initial risk rating for the hazard is higher than 'low')*
What further action needs to be taken? *(e.g. provide training, review safe work procedure, provide manual task equipment)*
By when (date):
Residual risk rating: ❑ low ❑ moderate ❑ high ❑ critical ❑ catastrophic *(Note: the residual risk rating should be 'low' at this stage; if this is not the case, think of a more effective way to control the hazard)*

Completion date:	Completed by:

Further action

You may be required to participate in the risk assessment and risk management processes for controlling the risk associated with the identified hazard.

Source: www.sampleforms.com/hazard-report-forms.html

Example

Identify and report manual handling hazards

Support worker Brooke wants to transfer her client, Daniel, from his bed to the commode chair. She notices that the hoist she is using is awkward and difficult to manoeuvre.

Brooke feels more tired than usual after transferring Daniel and mentions it to her fellow support worker, Micael.

Micael reminds Brooke that according to their manual handling policy Brooke should report her discomfort to the manager as a potential hazard.

Brooke fills in the hazard report form, which is followed up by her manager. Brooke's manager advises that the reason the task feels more difficult than usual is because the hoist is malfunctioning and needs to be recalibrated.

Thanks to Brooke's hazard report, the hoist is fixed before it can cause injury to clients or support workers.

Practice Task 7

Question 1

Which of the following methods to identify hazardous manual tasks are recommended by the Hazardous Manual Tasks Code of Practice 2018? Select yes or no for each one.

a. Observe manual tasks.	Yes / No
b. Consult workers.	Yes / No
c. Look for trends.	Yes / No
d. Disregard any available information.	Yes / No
e. Read previous incident reports.	Yes / No

Question 2

Which of the following statements about manual handling tasks in the support environment are correct? Tick all that apply.

❑ Employers and employees have rights and responsibilities, including a duty of care, when performing manual handling tasks in community and home-based environments.

❑ The Hazardous Manual Tasks Code of Practice 2018 provides strategies and procedures for identifying hazardous manual handling tasks in the workplace.

❑ A hazard is something with the potential to cause harm to a person, property or the environment.

❑ Eating lunch in the lunchroom of a residential care facility can be a hazardous manual handling task.

❑ Exposure to strong vibration can cause a manual task to become hazardous.

Question 3

Explain three ways to identify hazardous manual handling tasks in the workplace.

2C

Apply control measures to minimise manual handling risk

All employers and employees providing direct client care have the right to feel safe and a responsibility to minimise manual handling risks in the workplace.

Hazardous manual handling tasks place workers at risk of a musculoskeletal disorder (MSD).

An MSD, as defined in the WHS regulations, is an injury to, or a disease of, the musculoskeletal system, whether occurring suddenly or over time.

The musculoskeletal system provides a framework for the human body like the framework of a house. However, because the musculoskeletal system is involved in a range of movements, it is at greater risk of injury and even permanent damage.

Musculoskeletal system components	
Bones	Cartilage
Ligaments	Tendons
Muscles	
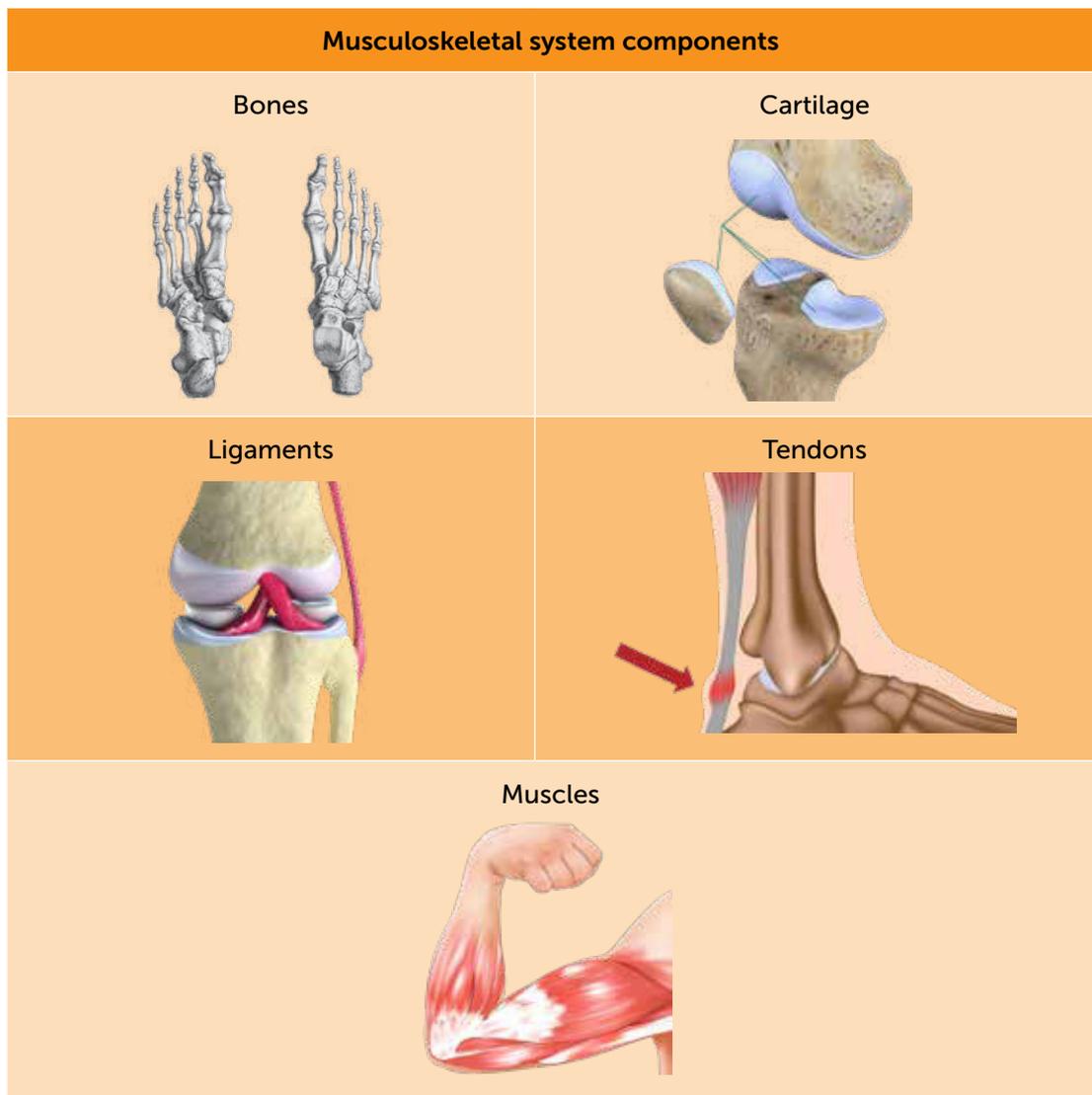
Gradual injury

According to the Hazardous Manual Tasks Code of Practice 2018, MSDs may occur over time. The gradual wear and tear to joints, ligaments, muscles and intervertebral discs is caused by repeated or continuous use of the same body parts. Static body positions can also cause MSDs.

Sudden injury

MSDs may also occur through sudden damage caused by strenuous activity or unexpected movements such as when the client you are assisting to walk changes their position suddenly.

Types of injury

The table below identifies injuries that are classified as MSDs and those that are not, according to the Hazardous Manual Tasks Code of Practice 2018.

MSD injuries
Injuries classified as MSDs include: • sprains and strains of muscles, ligaments and tendons • back injuries, including damage to the muscles, tendons, ligaments, spinal discs and nerves • joint and bone injuries or degeneration, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands and feet • nerve injuries or compression (e.g. carpal tunnel syndrome) • muscular and vascular disorders caused by hand-arm vibration • soft tissue hernias • chronic pain.
Other injuries
Injuries caused by caused by: • crushing • entrapment (such as fractures and dislocations) • cutting resulting from the mechanical operation of plant.

Source: Hazardous Manual Tasks Code of Practice 2018

Control measures for manual handling risks

You cannot eliminate all manual handling risks in the workplace, but they can be controlled to minimise the risk of injury or illness.

Once risk factors have been identified in the community services environment, control measures can be implemented to manage the risks.

Hierarchy of control

WHS regulations require those working in the support environment to use the hierarchy of control to choose the best method to eliminate or minimise risk in each situation.

Ranking

The hierarchy of control is simply a method of ranking the measures that can control the risk of MSDs when working in the support environment. The highest level of protection is ranked first, and the lowest level of protection is ranked last.

The table below provides more detail for each level of the hierarchy of control. Direct client care workers and their employers are directed by WHS regulations to choose the control measure that will best eliminate or minimise a risk.

More than one control measure can be used together to achieve the best results.

Hierarchy of control			Examples of control measures

Level 1	1	Elimination	Highest level of protection and most effective control
			• Remove the hazardous work process/task, situation or material from use completely
			  – remove dangerous cleaning chemicals
			  – vaccinate all support workers and clients
			  – remove trip hazards from floors

Level 2	2	Substitution	• Minimise the risk by substituting the hazardous work process/task with one that is safer for both workers and their clients
			  – reduce time spent in awkward positions by shortening clients' showering time
			  – avoid holding the shower head for long periods; place it in a bracket where possible
			  – replace tiles in the bathroom with non-slip tiles

	3	Isolation	• Minimise the risk by separating people at risk from the hazard
			  – lock up chemicals to prevent access by residents or visitors
			  – isolate infectious people
			  – install barriers or guard rails around hazardous equipment

Level 2 (Cont).	4	Engineering	• Minimise the risk by using engineering controls such as: – sensor mats – mechanical lifting equipment – adjustable bed/trolley heights (electric or manual) – spring-loaded bases in linen baskets to avoid bending
Level 3	5	Administrative controls	• Minimise risk with administrative controls such as: – increase job variety and rotation – provide training in the safe use of equipment and techniques – use safety signs and symbols – have written procedures for higher-risk tasks
	6	Personal protective equipment	• Minimise risks with the use of PPE. PPE must be carefully selected for the particular task and correctly fitted: – gloves – masks – safety goggles/glasses – non-slip shoes – aprons

Applying control measures

When selecting a manual handling risk control, the highest possible level of control should always be applied.

In some circumstances, a higher level of control may not be possible for budgetary and political reasons. In such cases, a lesser control may be suitable for the short term while a long-term solution is being developed.

Adjusting to changes

Once a control has been applied, it may take some time for employees to adjust to the change. This should be taken into consideration before the control measure is evaluated. The use of new equipment, skills and muscle groups may initially seem difficult and, therefore, be falsely mistaken as an ineffective control.

Evaluating control measures

Once the control is ready to be evaluated, the task should be reassessed using a risk matrix to determine whether the risk has been reduced to an acceptable level.

The Hazardous Manual Tasks Code of Practice 2018 recommends the following strategies to ensure the most effective control is implemented.

Strategies for risk control implementation	
Trial solutions	Allow workers to trial solutions before decisions are made to make the solution permanent.
Review controls	Review controls after an initial testing period as they may need modification.
Develop procedures	Develop work procedures to ensure that controls are understood and responsibilities are clear.
Communicate with workers	Communicate the reasons for the change to workers and others.
Provide training	Provide training to ensure workers can implement the risk controls for the task competently.

Example

Apply control measures to minimise manual handling risk

Farzaneh is the manager of an aged care home that has recently been trialling new mechanical beds to reduce manual handling risks.

The beds are being trialled in response to several complaints from workers that the older wind-up manual beds are awkward to use and cause discomfort.

The new beds are a bit wider than the old ones, leading to other staff complaints. Support workers now feel awkward providing support to clients due to the increased width of the beds.

Farzaneh is aware that it takes time for any changes in the workplace to be accepted. She has informed the staff that the beds will not be evaluated until the six-week trial period is over.

Farzaneh arranges demonstrations of the new beds' features and task-specific training around use of the beds to allow staff to adjust to the changes.

At the end of the six-week period, the staff no longer feel the new beds are awkward to use. There is an overall agreement that the new mechanical features eliminate the awkward postures and discomfort that were associated with the wind-up beds.

Practice Task 8

Question 1

List two pieces of information you would find in your workplace's manual handling policies and procedures.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Tendons, ligaments and muscles are part of the musculoskeletal system.	Yes / No
b. MSDs always occur suddenly.	Yes / No
c. The only way to control manual handling risks in the support environment is to eliminate them completely.	Yes / No
d. Workers providing direct client care need time to adjust to control measures that have been implemented by management.	Yes / No
e. Use of mechanical lifting equipment is a control measure that will eliminate or minimise the risk of MSDs.	Yes / No

Question 3

Match each term about strategies for risk control implementation on the left to its description on the right.

Communicate with workers	Allow workers to trial solutions before decisions are made to make the solution permanent.
Provide training	Review controls after an initial testing period as they may need modification.
Trial solutions	Develop work procedures to ensure that controls are understood and responsibilities are clear.
Develop procedures	Communicate the reasons for the change to workers and others.
Review controls	Provide training to ensure workers can implement the risk controls for the task competently.

Summary

- Your workplace will have WHS policies and procedures that aim to prevent harm and injury to you and others while carrying out manual handling tasks.

- Manual handling policies and procedures provide instructional information about common manual handling hazards in your workplace and how to reduce the risk associated with those hazards.

- It is important that you follow the manual handling instructions in your workplace.

- Workers have a legal obligation to identify and report known manual handling hazards.

- Manual handling hazards can be identified by consulting workers, reviewing available information, looking for trends and observing manual tasks.

- Hazardous manual tasks place workers at risk of MSDs.

- Hazardous manual task risk should be controlled by implementing the highest possible level of the hierarchy of control.

Learning Checkpoint 2

Follow safe work practices for manual handling

Part A

1. Which of the following statements about safe work practices for manual handling are correct? Select yes or no for each one.

a. Responsibilities of employers and workers include following WHS procedures and work instructions related to manual handling tasks and workplace hazards.	Yes / No
b. Hazardous manual handling tasks that can cause MSDs include those that involve repetitive or sustained force.	Yes / No
c. It is quite safe to engage in manual handling tasks where the speed of movements changes rapidly or heavy forces are suddenly applied.	Yes / No
d. Talking with workers about the manual tasks they are performing is one strategy to identify hazardous manual handling tasks in the support environment.	Yes / No
e. The musculoskeletal system is at risk of injury through hazardous manual handling tasks common in the support environment.	Yes / No

2. Number the levels of protection for controlling the risk of MSDs from most effective to least effective.

	Engineering controls
	Personal protective equipment
	Elimination
	Isolation
	Substitution
	Administrative controls

3. Which of the following statements relate to safe work practices for manual handling? Tick all that apply.

❑ More than one control measure can be used to minimise manual handling risks in the support environment.

❑ Trialling risk control solutions allows workers time to adjust to new procedures or equipment and to report any concerns.

❑ Use a hazard identification form to report any manual tasks that have the characteristics of hazardous manual tasks.

❑ Workplace instructions for manual handling tasks ensure all workers are wearing the same clothes when they complete the same tasks.

❑ Always plan ahead before assisting a person in the support environment and make sure all the equipment you need is close by.

4. Give one example for each of the control measures listed below.

- Elimination

- Isolation

- Administration

Part B

Read the case study and then answer the questions that follow.

> ### Case study
>
> Joan is 70-years old and has severe lymphoedema in her legs, which causes a build-up of fluid in soft body tissues. This has resulted in Joan's legs swelling to three times their original size. Each leg weighs approximately 50 kilograms and is too heavy for Joan to lift into bed on her own.
>
> Bronwyn is a support worker who assists Joan with her transfers and showering.
>
> Last week Bronwyn reported several identified hazards regarding the manual handling involved in Joan's care to her manager, Lyssa. Bronwyn recognised that these risks were due to a lack of space in Joan's room, lack of additional staff to help roll her and the lack of well-fitted equipment.

1. List three kinds of information on manual handling Bronwyn can find in her workplace WHS policies and procedures.

2. What are five common manual handling work instructions that might apply in Bronwyn's workplace?

3. Which of the following manual handling hazards can Lyssa identify by consulting with her team? Select yes or no for each one.

a. Tasks that cause discomfort	Yes / No
b. Tasks that are difficult to do or appear harder than they should be	Yes / No
c. Tasks that are very tiring	Yes / No
d. Tasks that are awkward or dangerous	Yes / No
e. Tasks that require minimal amount of effort	Yes / No

Topic 3: Follow safe work practices for infection control

3A Routinely follow standard precautions to prevent the spread of infection

3B Recognise situations when additional infection control procedures are required

3C Apply additional control procedures as needed to prevent transmission of infection

3D Identify and report risks of infection
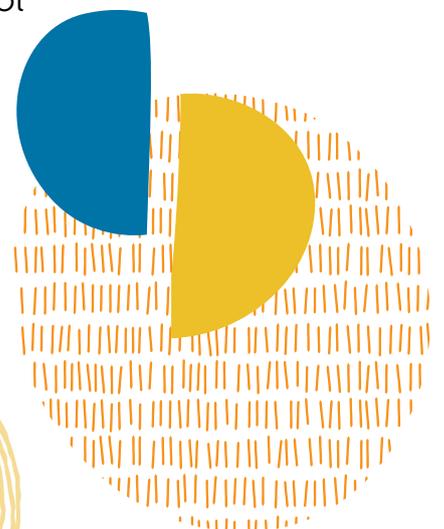
3A Routinely follow standard precautions to prevent the spread of infection

Everyday activities in health care, aged care and home and community care involve the risk of infections being transmitted.

Infection
The reaction of the body to its invasion by a disease-causing agent.

The risk of **infection** will always be present; however, with careful planning these risks can be reduced. Despite these measures, there may be times when you are exposed to hazards in your workplace. The consequences of exposure can be reduced by following your organisation's standard infection control precautions.

Infection is a medical condition caused by micro-organisms. Microorganisms are very small biological agents that lodge in the human body and multiply, causing disease. One of the most common infections is the common cold. A **disease** is a medical condition caused by infection or other stimuli such as lifestyle or environmental factors..

Disease
An illness, sickness or medical condition.

Food handling, personal care and cleaning are all activities that involve exposure to a number of hazards, including infectious agents.

Standard precautions

Standard precautions are work practices that should be applied to everyone, regardless of their perceived or confirmed infectious disease status. These precautions aim to provide a basic level of infection prevention and control.

In most community services environments, standard precautions are recommended for the treatment and care of all people and in any situation that has a risk of exposure to or from:

- blood products, including dried blood

- bodily fluids, secretions and excretions

- lacerations and all forms of broken skin

- mucosal membranes.

WHS guidelines on infection control

Standard 3 of the National Safety and Quality Health Service (NSQHS) Standards outlines governance and management for healthcare-associated infections.

The National Health and Medical Research Council (NHMRC) provides the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2019), which includes information on risk management and precautions.

Your workplace will have policies and procedures for managing the risks associated with infectious diseases. You will be required to adopt standard precautionary work practices for infection control. These can include correct hand-washing techniques and use of PPE such as gloves and eyewear.

When following infection control principles, you should assume that you or anyone you are working with may be carrying a contagious disease. This means you must comply with hand hygiene standards, take appropriate precautions if exposed to bodily fluids, follow correct health recommendations for food safety and dispose of waste products appropriately.

Video: Handwash hygiene

You can watch a video from Queensland Health on handwash hygiene at: aspirelr.link/handwash-hygiene

Why do you think proper handwashing hygiene is important as a support worker?

Standard infection control precautions

Standard infection control precautions aim to prevent the transmission of disease.

Transmission can occur through contact with contaminated surfaces such as a person's body or hands, equipment and the surrounding environment.

It is important to familiarise yourself with these standard infection control precautions. This will help to minimise the risk of infection or cross-infection when providing direct client care in the community or in a home-based environment.

Topic	Standard infection control precautions
Hand hygiene	**Hand washing** The single most important measure in reducing the risk of cross-infection in the community services environment is effective hand hygiene.
PPE	**Use of PPE** When selecting PPE, you should first complete an assessment and determine the risk of transmission of infectious agents to yourself and the people receiving care. You should also take into consideration the risk of your skin and clothing becoming contaminated from exposure to another person's: • blood • bodily substances • secretions • excretions.
Sharps	**Management of sharps** The use of sharps in your workplace can place you and others at risk of injury. You can potentially be exposed to bloodborne viruses, including: • hepatitis B • hepatitis C • human immunodeficiency virus (HIV). Prevent injuries caused by needles, razors, scissors and other sharp instruments by following these standard precautions: • Do not pass sharps directly from hand to hand. • Dispose of sharps immediately after use in a safe and appropriate manner.

Topic	Standard infection control precautions

Physical environment	**Work environment**
	Keep the work environment hygienic and clean to reduce the risk of transmission of infections. This includes:
	• appropriate cleaning methods for particular risks
	• appropriate cleaning products for particular risks
	• disinfecting as well as washing the following surfaces if necessary:
	  – beds
	  – bedrails
	  – bedside tables and equipment
	  – remote controls
	  – door handles
	  – light switches
	  – floors.

Reusable items	**Clean reusable items** Some equipment used in the care environment is reusable, but it is vital that it is thoroughly cleaned between uses by: • washing it with a suitable cleaning product and hot water • disinfecting it with appropriate grade disinfectant • sterilising it using an appropriate sterilisation machine. Wherever possible, sharing of equipment and facilities should be kept to a minimum. This includes restricting restroom use to those receiving care and ensuring visitors use the available public facilities.
Respiratory	**Respiratory precautions** Covering sneezes and coughs can prevent the dispersion of respiratory secretions into the air and environment. Remember that hands should be washed with soap and water after contact with respiratory secretions or objects contaminated by such secretions.
Waste	**Waste management** Handling and disposal of general and clinical waste may increase potential exposure to blood and bodily substances. Whenever you handle waste product, standard precautions should be followed. Waste should be contained in an appropriate receptacle identified by colour and label and disposed of according to the facility's waste management protocol. Appropriate PPE should be worn to prevent the transmission of infection.

Topic	Standard infection control precautions
Linen	**Linen management** Linen must be handled and laundered in such a way that it does not spread potentially pathogenic microorganisms to other people and the environment.

Personal protective equipment (PPE)

PPE is anything used or worn by a person to minimise risk to their health and safety.

PPE may include special clothing, shoes, masks, hats, gloves, goggles and a range of other protective wear.

In the community services environment, PPE is often used as a standard precaution to prevent the spread of infection and disease. Safe Work Australia's 2019 *Model work health and safety regulations* outline that PPE must be worn by all workers if it has been provided by the employer and is required as part of any workplace policy, procedure or practice.

More information about the PPE most commonly used to prevent the spread of infection and disease in the community services environment can be found in the table below.

PPE	When to use
Gloves	Gloves must be worn whenever you are likely to come into direct contact with: • blood • bodily fluids • mucous membranes • non-intact skin • other potentially infectious material. Gloves should also be worn whenever you handle or touch visibly or potentially contaminated items and surfaces, such as: • soiled linen • used tissues.

PPE	When to use
Gloves (cont.)	Once you have finished the task that required the use of gloves: • remove and dispose of gloves in the contaminated area • wash your hands and apply fresh gloves before moving between a contaminated body site and a clean body site, and before touching clean items or surfaces. It is a standard precaution that hand hygiene must be performed before and after glove use. **Remember** Disposable gloves are intended for single use only and should be considered contaminated once they have touched a surface, person or site that is considered unclean.
Gowns and aprons	In some workplaces, an apron or gown may be required depending on the potential risk of contact with infectious material and the potential for blood and bodily substances to penetrate through the clothes to the skin. During procedures and/or care activities that are likely to generate splashing and/or sprays of blood or bodily substances, you may be required to wear a clean, non-sterile apron or gown to protect skin and prevent soiling of clothing. If there is a risk that clothing may become contaminated with blood and bodily substances, secretions or excretions, you may be required to wear a long-sleeved fluid-impervious gown. **Remember** Once you have used a gown or apron, you should assume it is contaminated. Therefore, remove the apron/gown and perform hand hygiene before moving between environments.
Face masks and goggles	It is important to ensure that contaminated substances do not come into contact with your: • eyes • nose • mouth • airways. **Remember** If a procedure has a known risk of potentially generating splashes of blood, bodily substances, secretions or excretions, a face shield or mask should be worn, along with protective eyewear.

Video: PPE in aged care

For more information on the use of PPE, watch the video on wearing personal protective equipment in aged care from the Australian Government Department of Health here: aspirelr.link/ppe-aged-care

How might you determine the type of PPE your role requires?

Example
Routinely follow standard precautions to prevent the spread of infection

The following information provides three examples of using standard precautions in a community services environment.

PPE

Use of PPE

Miguel assists people with various disabilities to shower, dress and toilet. Miguel's workplace applies standard infection control precautions requiring him to wear gloves in situations where he may be exposed to bodily fluids. This could include changing bed linen, washing people, assisting with personal care and handling used continence pads, tissues and dentures.

Wash hands

Hand hygiene

Jim's workplace infection control policy uses standard precautions based on the principle that anyone may be carrying transmittable microorganism. This policy requires Jim to wash his hands before and after touching a person or their environment or performing a procedure and after touching any material that is considered unclean.

Cleaning

Clean shared equipment

Mohammad works at a facility where they only have three sling hoists. These hoists must be shared among 15 people who require this kind of mechanical device to transfer them from bed to chair. To minimise the risk of cross-infection, each person has their own sling. The hoists have to be cleaned between use and each person's individual sling attached. This precaution strongly minimises infection risk to the residents.

Practice Task 9

Question 1

Give three examples of potential sources of infection to which community services employees may be at risk of exposure when providing care.

Question 2

Which of the following are examples of standard precautions to prevent the spread of infection? Tick all that apply.

❑ Wearing gloves, gowns and goggles when there is a risk of exposure to blood or other bodily fluids

❑ Following the *Model work health and safety regulations* on wearing PPE if it has been provided by employers and is required as part of workplace policies and procedures

❑ Washing hands before and after touching a person, performing a procedure or touching anything that is unclean

❑ Washing and disinfecting the physical environment such as door handles, bed rails, bench tops and floors

❑ Using disposable gloves on two different clients if they are having the same procedure

Question 3

Which of the following statements about standard infection control are correct? Select yes or no for each one.

a. Hand-washing is only required if there is visible evidence of contamination, such as blood or excrement.	Yes / No
b. Anyone could be carrying a contagious disease.	Yes / No
c. Covering sneezes and coughs can prevent the spread of airborne viruses.	Yes / No
d. Handling and disposing of waste may increase the risk of infection.	Yes / No

3B Recognise situations when additional infection control procedures are required

Learn to identify when more than one method of infection control might be needed to minimise the risk of infection.

Standard infection control precautions should be followed for all people receiving care in the community services environment, regardless of confirmed disease status.

In cases where a person receiving care is known or suspected to be infected with a highly contagious virus, additional infection control precautions should be adopted.

Additional precautions are required if there is a risk of the spread of infection through any modes of transmission described in the table below.

Airborne transmission	Occurs with pulmonary tuberculosis, chickenpox and measles
Droplet transmission of respiratory secretions	Occurs with the common cold, rubella, pertussis and influenza
Contact transmission (direct or indirect)	People or surfaces that may be contaminated, especially with infectious agents such as multi-resistant staphylococcus aureus (MRSA) contamination and/or vancomycin-resistant enterococci (VRE)
Inherent resistance to standard sterilisation procedures	Other disease-specific means of transmission where standard precautions are not sufficient, such as occurs with Creutzfeldt-Jakob disease

Additional infection control procedures: transmission precautions

Use additional infection control procedures when providing direct client care whenever necessary.

Additional infection control precautions for preventing the spread of infection from airborne, droplet and contact transmission should always be used in conjunction with standard precautions. Policies, procedures and practices in your workplace that involve additional precautions should be developed and applied in consultation with the infection control unit or specialist.

Additional precautions are influenced by the nature of the transmittable disease, the current mix and disease susceptibility of the people in the unit and the available resources. These resources include:

- staffing

- isolation rooms

- available equipment.

Sometimes, when isolation is not possible, an infected person can be placed with others who have the same infection. However, vulnerable people, such as those who are experiencing immunosuppressant treatments or conditions, should be isolated from those with known infections.

Example
Recognise situations where additional infection control procedures are required

The following information provides three examples of situations where additional infection control procedures are required.

1. Airborne transmission	Lilitha works in a care facility that has additional precautions for situations where there is a risk of infection spreading through airborne transmission.
	Yesterday, a man called Ronald was transferred back from another facility, and the handover indicated he had been in contact with a confirmed case of measles.
	Lilitha and her team reviewed their workplace policies and procedures to ensure that they followed all additional precautions required to prevent themselves and others being exposed to the risk of measles.
2. Droplet transmission	Saska works in a care facility that has additional precautions for situations where there is a risk of infection spreading through droplet transmission.
	Last week, a lady was admitted for respite, and she had a suspected case of influenza.
	Saska and the rest of the support team knew that there was a risk of the influenza spreading through droplet transmission. They made sure to follow their workplace policies and procedures regarding additional precautions required to prevent themselves and others being exposed to the risk of contracting influenza.

3. Contact transmission	Johan works as a support worker in a busy care facility that has additional precautions for situations where there is a risk of infection spreading through contact transmission.
	This is important to Johan as he provides physical and personal assistance to many people during the course of a regular workday. He knows that if he ignores these precautions, there is a risk of him rapidly infecting many people.
	Johan is currently providing care to four people with confirmed MRSA, which has a known risk of spreading through contact transmission. He makes sure to follow his workplace policies and procedures regarding additional precautions required to prevent the spread of MRSA to himself and others.

Practice Task 10

Question 1

Which of the following potential risks require additional infection control procedures? Select yes or no for each one.

| a. Airborne transmission	Yes / No
b. Soundwave transmission	Yes / No
c. Contact transmission (direct or indirect) by people or surfaces that may be contaminated with infectious agents	Yes / No
d. Droplet transmission of respiratory secretions	Yes / No

Question 2

List four kinds of information that should be considered in relation to the use of additional infection control procedures.

Question 3

Give four examples of conditions that require additional infection control procedures.
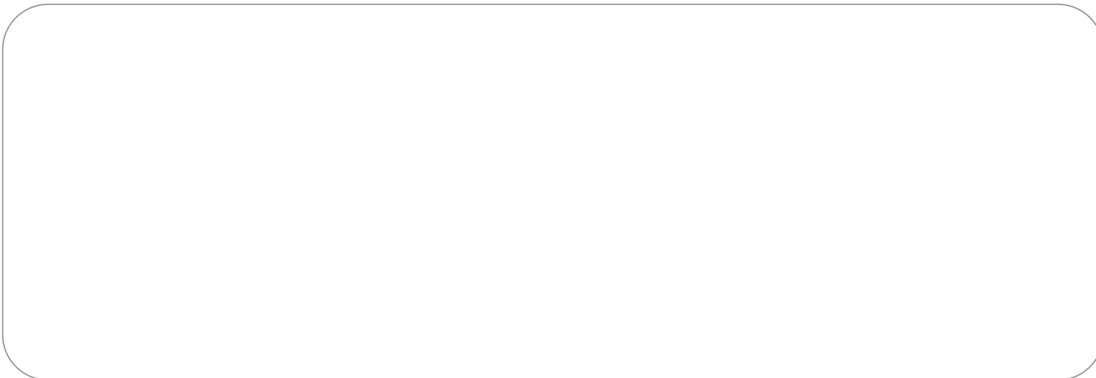
3C Apply additional control procedures as needed to prevent transmission of infection

Be prepared to apply more than one method to control the risk of infection in some circumstances.

Additional precautions are designed to prevent the transmission of infection when standard precautions may not be considered sufficient.

When applying additional precautions, it is important to assess each individual situation. Then, apply the specific preventative strategies or combined strategies to prevent infection.

By assessing each type of infectious agent, you will be able to tailor the additional precautions to effectively address the mode of transmission.

Additional precautions may include one or more of the preventative strategies shown below.

Additional precaution	Preventative strategy
Single room	Use of a single room with ensuite facilities minimises the risk of transmission
Dedicated toilet	A dedicated toilet for those with conditions such as gastroenteritis that place others at risk from faecal exposure
Shared rooms	Sharing of rooms and facilities by people with the same infection
Ventilation	Special room ventilation such as negative pressure rooms to reduce the movement of airborne contaminants
PPE	Special PPE such as respiratory masks for people with tuberculosis and respiratory infections
Staff rosters	Rostering on staff with disease immunity through vaccination Rostering on designated staff to only provide care to infected people
Equipment	Dedicated equipment such as single-use slings and walking aids
Workflow	Managing the flow of activities by starting care provision with non-infected people and finishing with infected people

Applying additional precautions

When applying additional precautions, you will need to tailor your selection based on the transmission route and infection control procedures for the specific infection.

The information below details how additional precautions may be tailored to specific transmission routes.

Pulmonary tuberculosis (TB)
This infection is spread through airborne transmission, and the following additional precautions should be applied: • Use a negative pressure room if available. • Use a single room with ensuite facilities or a dedicated bathroom. • Keep the door of the room closed. • Use PPE such as gloves, gowns, eyewear and special face masks. • Visitors should wear a mask. • Use dedicated equipment. • Have the infected person wear a mask if they need to leave the room for a procedure. • Organise a full terminal clean for a room being vacated by an infected person before any other person uses the room. • Do not allow any medical records and shared devices to be taken into the room.
Influenza (the flu)
This infection is spread through droplet transmission, and the following additional precautions should be applied: • Use a single room with ensuite facilities or a dedicated bathroom or allocate a room with others who have the same infection. • Keep the door of the room closed. • Allow at least 1.5 metres of separation for care providers and visitors when the person is coughing. • Use PPE such as gloves, gowns, eyewear and special face masks. • Visitors should wear a mask. • Have the infected person wear a mask if they have to leave the room for a procedure. • Organise a full terminal clean for a room being vacated by an infected person before any other person uses the room. • Do not allow any medical records and shared devices to be taken into the room. • Arrange for designated staff rostering.

Methicillin-resistant staphylococcus aureus (MRSA)

This infection is spread through contact transmission, and the following additional precautions should be applied:

- Use a single room with ensuite facilities or a dedicated bathroom or allocate a room with others who have the same infection.
- Use PPE such as gloves, gowns, eyewear and special face masks.
- Visitors should wear a mask if there is a risk of sneezing, coughing or spitting.
- Organise a full terminal clean for a room being vacated by an infected person before any other person uses the room.
- Do not allow any medical records and shared devices to be taken into the room.
- The care provider's routine should ensure immune-suppressed, surgical and non-infected people are seen first. These clients should not have contact with care staff who have been in contact with infected people during that workday.

Example
Apply additional control procedures to prevent transmission of infection

The following information provides three examples of applying additional infection control precautions.

Type of infection	Application of additional control procedures
Tuberculosis	Miyuki works in a care facility that has additional precautions for situations in which there is a risk of infection spreading through airborne transmission.
	She has been assigned to take care of Mrs Singh, who has a confirmed case of tuberculosis.
	Miyuki is required to follow all standard infection control precautions and also the additional precautions of:
	• using a negative pressure room
	• having dedicated bathroom and equipment
	• always keeping the door closed
	• using gloves, gowns, eyewear and a special face mask
	• making sure she does not take medical records and shared devices into Mrs Singh's room.

Type of infection	Application of additional control procedures
Influenza	Ayaan works in a residential facility that has recently had an outbreak of the flu. This was caused when a resident, Mei Ling, was placed in a shared room before it was known that Mei Ling had the flu.
	To contain the spread of the flu, Ayaan, along with other residential support workers, applied additional precautions. This included:
	• containing those with the flu to their own shared facilities, bathroom and equipment
	• keeping the door closed
	• allowing 1.5metres of separation between room beds and chairs
	• wearing PPE such as gloves, gowns, eyewear and special face masks
	• making sure infected persons wear a mask if they must leave the room for a procedure
	• making sure that medical records and shared devices are not taken into the room.
	Claire is a home support assistant and provides help with activities of daily living to 78-year-old Advik, an Indian man with little English. Some members of Advik's family have recently contracted the flu.
	Claire is determined that Advik will not become infected as she knows this could be very serious for someone his age. The additional precautions Claire introduces to prevent Advik being infected include:
	• not allowing any infected family members to visit Advik
	• restricting visits from family members who have been in contact with infected family members until they are tested and cleared of the infection
	• asking all visitors to perform hand hygiene and to wear a fitted medical mask before entering Advik's room
	• ensuring all visitors maintain a one-and-a-half-metre distance between themselves and Advik
	• making sure Advik wears a mask whenever possible to prevent any airborne germs entering his respiratory system
	• keeping the door to Advik's room closed as much as possible
	• ensuring that all eating implements are sanitised before allowing Advik to use them.

Type of infection	Application of additional control procedures
MRSA	Imani is a nurse's assistant in an aged care facility, and she is currently providing support to four people with confirmed MRSA.
	The aged care facility Imani works in cannot allocate individual rooms for these people. Therefore, Imani is required to follow additional precautions to prevent the spread of MRSA to other people.
	These additional precautions include:
	• isolating those residents who are infected with MRSA to the same shared areas
	• using PPE such as gloves, gowns, eyewear and special face masks
	• making sure that medical records and shared devices are not taken into the room
	• ensuring that the room undergoes a full terminal clean once the infected residents no longer need it and before any non-infected people use the room.

Practice Task 11

Read the case study and then answer the questions that follow.

Case study

Phyllis is an 80-year-old lady who is admitted to a care facility for support while she recovers from a bad case of pertussis (whooping cough). Bibi is one of the support workers involved with providing physical and personal support to Phyllis and other people in the care facility.

Unfortunately, the care facility is very full, and Phyllis cannot be assigned her own carer.

Bibi asks Rita, the care team leader, what additional precautions are required to protect herself and others from the spread of pertussis.

Bibi is particularly concerned for Abdul Malik, a frail man of 80, who is currently undergoing immunosuppressant treatment for cancer.

Question 1

Which of the following statements are correct? Select yes or no for each one

a. Phyllis should be isolated in her own room.	Yes / No
b. Support workers vaccinated against influenza should provide support for Phyllis.	Yes / No
c. The same carers can assist Phyllis and Abdul Malik because they are the same age.	Yes / No
d. Phyllis and any other infected person should wear a mask.	Yes / No
e. A 1.5 metre distance should be maintained between Phyllis and other residents or visitors.	Yes / No

Question 2

List three types of PPE that Bibi should wear when she is caring for Phyllis.

Question 3

Match the additional precautions on the left with the prevention strategies on the right.

Single room	For those with conditions such as gastroenteritis that place others at risk from faecal exposure
Ventilation	Dedicated equipment such as single-use slings and walking aids
Dedicated toilet	Special room ventilation such as negative pressure to reduce the movement of airborne contaminants
Equipment	Use of a single room with ensuite facilities to minimise the risk of transmission

3D Identify and report risks of infection

Early detection of infections in care environments reduces the risk of cross-contamination.

A person receiving care, or workers providing support, may have existing illnesses, health conditions or infectious conditions. Alternatively, they may become infected while in a facility or through contact with others in a home-based environment.

Occasionally, an infected person is unaware of their condition and they inadvertently transfer an infection to others. Support workers can pass infections from one resident to another without realising it. Family members and visitors could be putting their loved ones and support workers at risk.

Identifying the risk of infection

Identifying the risk of infection is the process of examining potential sources of infection, potential transmission routes and potential hosts and how each may contribute to the spread of infection.

The first step in identifying the risk of infection is by being aware of common sources of infectious microorganisms. These include:

- blood products
- bodily fluids
- secretions and excretions
- broken skin
- mucosal membranes.

Once you know the potential source of infection it is important to understand how that infection may spread from the source to the next host.

Common causes of disease transmission in the community services environment include:

- putting contaminated fingers and objects into your mouth, nose or eyes
- breathing in infectious pathogens from the air, such as respiratory discharges from a cough or sneeze
- contaminated dust or spray from air-conditioning units
- procedures that involve blood or other bodily fluids splashing into the eye and other mucous membranes
- microorganisms making contact with broken skin
- needle-stick and other penetrating injuries
- biting and spitting from a contaminated person.

Being aware of these potential transmission routes will enable you to identify and prevent the risk of infection. If you identify a potential source of infection risk in your workplace, it is important that you report it to your supervisor as soon as possible.

Reporting risks of infection

It is a legal obligation of all workers in the community services environment to report known hazards, including risks of infection.

This means that you are responsible and legally required to report any task that involves a biological hazard or has the potential to expose you and others to infectious diseases.

You should also report any breaches of infection control policies, procedures and practices.

Your workplace will have a process and report form for reporting hazards.

After identifying an infectious hazard, complete the appropriate paperwork and give it to your HSR, supervisor or manager as per your workplace hazard reporting procedure.

You may then be required to participate in the risk assessment and risk management processes for controlling the risk of infections in your workplace.

The law on infections

It is important to be aware that some health facilities have obligations to report certain transmittable diseases to government bodies. Sections 127 and 128 of the *Public Health and Wellbeing Act 2008* specify that medical practitioners and other health services must notify the health department of dangerous infections in the community.

This information helps the government track the spread of these diseases in the community and put in place strategies to protect the general public from contamination.

You also have a legal responsibility to identify and report the risk of infection in accordance with your workplace's policies and procedures. Check your workplace reporting requirements to ensure you are aware of any notifiable diseases and the reporting processes.

> A list of notifiable infections can be viewed at: aspirelr.link/health-vic-not-inf

> ## Example
> ### Identify and report risks of infection
>
> Sam is a support worker and is aware that common sources of infectious microorganisms include:
>
> - blood products
>
> - bodily fluids
>
> - secretions and excretions
>
> - broken skin
>
> - mucosal membranes.
>
> Sam is caring for Gustav when she notices that he has a chesty cough. She also notes that Gustav has been positioned in a chair less than one metre away from a frail older lady called Amelie.
>
> Sam knows that breathing in infectious pathogens from the air, such as respiratory discharges from a cough or sneeze, is a common cause of disease transmission.
>
> Once Sam has identified this risk of infection, she reports it to her supervisor using the correct process according to the policies and procedures of her workplace. Together, they implement the infection control precautions required to protect Amelie and others from Gustav's chest infection.

Practice Task 12

Question 1

Describe five common causes of disease transmission in the community services environment.

Question 2

Which of the following statements about identifying and reporting risks of infection are correct? Select yes or no for each one.

a. Employers and workers have a responsibility and legal obligation to report any infections or risk of infections in the community services environment.	Yes / No
b. Follow workplace policies and procedures for reporting risks of infection using the appropriate reporting form.	Yes / No
c. Identify risks of infection by examining potential sources of infection and potential transmission routes.	Yes / No
d. Being aware that some infections can be undetected can help minimise risks.	Yes / No
e. Only infections that cause death need to be reported to the health authorities.	Yes / No

Question 3

Which of the following hazards are common sources of infection? Tick all that apply.

❑ Blood products

❑ Bodily fluids

❑ Curly hair

❑ Secretions and excretions

❑ Broken skin

Summary

- Standard precautions are work practices that should be applied to everyone, regardless of their perceived or confirmed infectious disease status.

- Standard infection control precautions aim to prevent the transmission of disease, which can occur through contact with contaminated surfaces such as a person's body or hands, equipment and the surrounding environment.

- In the community services environment, PPE such as gloves, gowns, eyewear and masks is often used as a standard precaution to prevent the spread of infection and disease.

- In cases where a person receiving support is known or suspected to be infected with a highly transmissible infection, the use of additional infection control precautions is required.

- When applying additional precautions, you need to tailor your selection based on the transmission route and infection control procedures for the specific colonisation or infection.

- Identifying the risk of infection is the process of examining potential sources of infection, potential transmission routes and potential hosts and how each may contribute to the spread of infection.

- One of the legal obligations of all workers in the community services environment is to identify and report known hazards, including known biological hazards, that have the potential to expose themselves and others to infectious diseases.

Learning Checkpoint 3

Follow safe work practices for infection control

Part A

1. Provide three legal obligations workers need to be aware of when identifying and reporting the risk of infections in the community services environment.

2. Which of the following are common sources of infection in the community services environment? Select all that apply.

❑ Blood products

❑ Bodily fluids including secretions and excretions

❑ Bad odours

❑ Broken skin

❑ Mucosal membranes

3. Describe three ways that infectious diseases are commonly transmitted in the community services environment.

4. List the three steps involved in the process of identifying the risk of infection.

5. Which of the following statements about infection control are correct? Select yes or no for each one.

a. It is the responsibility of employers and workers to report infections or the risk of infections identified in a community services environment.	Yes / No
b. Workplace procedures for identifying, assessing and reporting infections can be found in the WHS policies and procedures manual of each workplace.	Yes / No
c. Sometimes additional control procedures are required to prevent transmission of infection.	Yes / No
d. PPE is only required if there is a risk of infection from blood splatters.	Yes / No
e. Placing residents in shared rooms is always the preferred option to minimise the risk of spreading infection.	Yes / No

Part B

Read the case study and then answer the questions that follow.

Case study

Yindi works in the infection control unit of a care facility. This week, a large number of people with known infections have been admitted to the care facility where Yindi works.

Anna is a support worker and is also in charge of bed allocation at the same care facility.

Anna receives a phone call to tell her that Mr Hewitt's swab has come back and confirms that he has MRSA.

Mr Hewitt is admitted with a chest infection and has a very productive cough, increasing the likelihood of exposure to blood and sputum.

Anna phones Yindi to get some advice on what additional infection control precautions are required for Mr Hewitt and others, where standard precautions are not sufficient to prevent the spread of infection.

1. Give a brief of explanation of standard precautions and how they can decrease the risk of infection in Anna's workplace.

2. Describe three instances when Anna should use standard infection control precautions.

3. Which of the following are standard precautions that Anna may use in her workplace? Select all that apply.

❑ Aseptic techniques

❑ Use of PPE

❑ Management of sharps

❑ Physical environment cleaning methods

❑ Cleaning and reusing disposable gloves

4. List three situations that would require Anna to use additional infection control precautions.

5. Describe two examples of PPE that Anna may be required to use as an infection control precaution.

6. List four infectious diseases or conditions that would require Anna to apply additional infection control precautions.

7. Which of the following are factors that will influence Yindi's advice to Anna on additional infection control precautions? Select all that apply.

❑ The nature of the transmittable disease

❑ The length of time current staff have been rostered on

❑ The current mix of people requiring support

❑ The current disease susceptibility of people requiring support

❑ The risk of cross-contamination

8. Describe four of the additional precautions that Anna may use to prevent MRSA spreading from Mr Hewitt to the other people receiving support in the same facility.

9. Describe four of the additional precautions Anna might need to use if Mr Hewitt's cough is thought to be due to an infectious airborne pathogen.

10. Explain four of the additional precautions Anna could use if Mr Hewitt's cough was thought to be due to influenza.

Topic 4: Contribute to safe work practices in the workplace

4A Raise WHS issues with designated persons

4B Participate in workplace safety meetings, inspections and consultative activities

4C Contribute to the development and implementation of safe workplace policies and procedures

4A Raise WHS issues with designated persons

You must follow organisational procedures when raising WHS concerns in the community services environment.

To keep yourself and others in the workplace safe, you should share any information you have on safety or unsafe practices at work with supervisors and colleagues.

In most workplaces, there will be a formal reporting procedure supplemented by an informal process of alerting designated or relevant staff.

When raising WHS issues, you must determine the urgency of the matter. If there is an immediate risk of harm, you should contact your supervisor or HSR, who has the authority to stop work if necessary.

Under WHS legislation, workers have the rightto refuse to perform unsafe work. Unsafe work can include:

- performing tasks without appropriate PPE

- lifting heavy residents without assistance from another worker or a mechanical lifting device

- providing care for aggressive or threatening clients.

WHS issues in the care environment can include:

- hazard identification

- assessment of hazards and risks

- development, implementation and evaluation of risk-control measures

- analysis of training needs and provision of and access to training on WHS matters

- WHS induction processes for new workers.

Raising issues

If there is no immediate risk, you should raise WHS issues as directed by workplace policies and procedures. Every staff member should have been trained in the procedure during induction. Generally, accepted practice holds that if the matter does not represent an immediate safety concern, you should advise your supervisor or HSR and then complete the appropriate documentation, such as a WHS feedback form.

The process may follow the steps listed below.

How to raise WHS issues
1. Raise the WHS issue with your supervisor.
2. If you are unable to resolve the issue with your supervisor, raise it with your HSR.
3. If you are unable to resolve the issue with your HSR, raise it with the HSR coordinator (usually only available in larger organisations with several HSRs).
4. If you are unable to resolve the issue with the HSR coordinator, raise it with the HSC; for example, at a WHS meeting.
5. If the WHS issue is still not resolved, contact your state or territory WHS regulator.

Example
WHS feedback form

Below is a WHS feedback form that shows the type of information you may need to provide.

WHS feedback form					
Name:			Area:		
Date:					
WHS issue type (circle):					
Hazard	Improvement	Audit	Outcome	Complaint	Compliment
Briefly describe issue:					
What are the potential risks if the issue is not addressed?					
Suggested solution/change/improvement:					
Reported to:					

Practice Task 13

Question 1

Which of the following relate to WHS issues in a residential, community or home-based care environment? Tick all that apply.

❑ Hazard identification

❑ Assessment of hazards and risks

❑ Elimination of risk-control measures

❑ Training needs analysis

❑ WHS induction process for new workers

Question 2

Number the steps from 1 to 5 in the process you would follow for a WHS issue.

	If you are unable to resolve the issue with the HSR coordinator, raise the issue with the HSC; for example, at a WHS meeting.
	Raise the WHS issue with your supervisor.
	If you are unable to resolve the issue with your HSR, raise it with the HSR coordinator.
	If you are unable to resolve the issue with your supervisor, raise it with your HSR.
	If the WHS issue is still not resolved, contact your state or territory WHS regulator.

Question 3

Which of the following considerations can impact WHS issues in the care environment? Select yes or no for each one.

a. Informal processes for covering up the issue	Yes / No
b. Formal reporting procedures	Yes / No
c. Urgency of the matter	Yes / No
d. WHS legislative right of workers to refuse to perform unsafe work	Yes / No
e. Relevant workplace policies and procedures	Yes / No

4B Participate in workplace safety meetings, inspections and consultative activities

Keep talking about WHS issues when providing direct client care to keep everyone safe.

WHS matters affect everyone, including you, your colleagues, your supervisors and your employer. Your employer is required by the relevant legislation, regulations, codes of practice and workplace procedures to consult with you and your co-workers about any WHS matters that affect you.

Consultation is the process of gathering information, sharing ideas and giving feedback.

Participating in consultation processes in your organisation enables you to contribute to decisions that affect health and safety. Workers can make a valuable contribution to workplace safety because they are familiar with the work environment and its hazards, so they are able to make suggestions for addressing hazards and can provide feedback about the effectiveness of risk controls.

Workplace safety meetings

Team meetings are a particularly useful way to consult with team members about safety issues.

You may find that time is allowed for discussion of WHS matters at each team meeting. If you wish to raise a WHS issue, you should:

- clearly explain it

- refer to any evidence that you may have

- make suggestions about how to solve any problems raised.

Your supervisor may use this WHS information to investigate the matter further. Any issues that cannot be resolved or that may affect other areas of the organisation will be referred to relevant staff, such the HSC or the HSR.

Your supervisor may share the following WHS-related information with you and your colleagues during regular team meetings.

Report on recent workplace incidents	• Infection outbreak • Worker injury when lifting a resident • Visitors slipping on water
Report on production time lost to workplace injuries	• Delay in serving residents' meals • Inability to provide full range of activities to residents or clients
Report on new practices to improve WHS	• New lifting machinery • Upgraded PPE
Ask team members to raise WHS issues	• Poor-quality PPE • Insufficient hoists for the number of residents • Poor ventilation • Insufficient scope to isolate infected residents
Ask team members to describe any hazards that have been identified	• Leaking tap (water on floor) • Broken chair in shower room • Poorly fitting lids on waste disposal units

Note: Your supervisor will provide you with a copy of the minutes of recent HSC meetings and answer any questions.

Workplace safety inspections

Workplace safety inspections help to keep everyone safe and provide opportunities for improvement.

Consultative WHS activities are an essential requirement to ensure compliance with WHS legislation and the Work Health and Safety Consultation, Cooperation and Coordination Code of Practice. Workers have a legal obligation to participate in WHS issues by contributing to consultative processes such as work safety inspections.

Workers also have valuable firsthand information about and experience of various situations that may give rise to hazards in the workplace. Therefore, it is important that managers allow employees providing care in residential, home and community-based settings to participate in work safety inspections.

By participating in work safety inspections, workers also gain valuable insight into:

• other workplace hazards

• assessing risks

• use of controls to effectively manage WHS issues.

Issues that may be observed and recorded during a safety inspection are listed in the table below.

Safety inspection checklist
❑ Concerns of workers and their representatives
❑ The number of workplace hazard and incident reports
❑ Environmental factors contributing to risk
❑ Equipment-related factors contributing to risk
❑ Task-related factors contributing to risk
❑ Routine checks of:
❑ Noise   ❑ Temperature
❑ Vibration   ❑ Ventilation
❑ Lighting
❑ Signs of:
❑ Stress   ❑ Heat
❑ Wear   ❑ Corrosion
❑ Impact   ❑ Chemical reaction
❑ Vibration   ❑ Misuse of facilities and equipment
❑ Deviations from workplace policies, procedures and practices

Workplace safety consultation

Consultation can be particularly effective in managing WHS issues.

Employers have a legal obligation to consult with workers about hazard identification and risk control under the *Work Health and Safety Act 2011* (Cth) (Section 47).

Workers who provide direct client care have firsthand information about and experience of situations that may give rise to hazards in residential, home and community-based settings. Consultation enables organisations to use this important information as part of their WHS strategy to eliminate or minimise potential risks.

The WHS issues that you and your colleagues will be consulted on, and the methods of consultation, are outlined in the table below.

Issues	Methods of consultation
• Changes to policies, work practices and procedures • Changes to premises, plant or substances used at work • Conducting workplace risk assessments	• Appointing HSRs and providing them with reasonable access to staff during working hours • Involving you in workplace inspections and/or asking for your feedback during workplace inspections

Issues	Methods of consultation
• Incorporating new health and safety requirements imposed by legislation, regulations and codes of practice • Making decisions about the adequacy of facilities for the health and safety of workers • Making decisions about the organisation's consultative procedures • Reviewing policies, procedures and work practices • Controlling risk	• Involving you in risk assessments and/or asking for your feedback during risk assessments • Encouraging WHS discussions at regular team meetings • Forming an HSC and providing HSC members with reasonable access to workers during working hours • Asking you for your feedback during informal conversations

As required by WHS legislation, the organisation will consult with its workers:

• when assessing and reviewing risk

• when decisions are undertaken to eliminate or control risks

• when implementing risk control measures

• when there are proposed changes to the work premises, systems or methods and/or equipment used at work

• when making decisions about the procedures for resolving health or safety issues, consulting with workers and/or monitoring the health of workers

• before changes are made to the procedures for WHS consultation and other WHS policy and procedures

• when providing information and training to workers that may affect health and safety.

Information to record and retain

Some organisations provide template forms that can be filled in for WHS reporting. If you do not have access to such forms, follow the recording requirements outlined in your organisation's procedures. The absence of an appropriate form does not mean that information does not have to be recorded. Ensure you accurately complete all necessary information when making a WHS report. It is important to demonstrate that any issues raised were taken seriously and addressed promptly.

Consultation information to record

Information that must be recorded as a minimum in relation to the outcomes of WHS consultation includes:

• the name of the person making the inquiry or raising the issue

• the name of the person who received the inquiry or was informed of the issue

- a description of any advice offered

- the name and position of any party to whom the issue was referred

- the date, time and place of the report

- any additional pertinent information; for example, actions taken, particularly if they were contrary to the advice provided.

Practice Task 14

Read the case study and then answer the questions that follow.

Case study

Chau works as a care team leader and forms part of the team responsible for developing and updating WHS procedures. The infection control procedure is due to be updated and requires several changes to comply with the industry standards.

Chau develops a draft of the new procedure and sends it out to all the workers who will be affected by the changes, requesting their feedback.

After two weeks, Chau has only received two emails providing the requested feedback, so she discusses the issue with her manager, Jane.

Jane explains to Chau that one email is probably not considered a 'reasonable opportunity' to participate in the process. Jane gives Chau permission to run a few small information sessions to discuss the changes. Jane also recommends that Chau allows for an anonymous feedback form to be completed at the end of each session.

Chau discovers that this process is much more effective.

The great results support changing the consultation process to include an information sheet, a face-to-face group-based discussion forum and a follow-up advisory email. An anonymous feedback form also gives participants a chance to be candid without fear of criticism.

Question 1

List four examples of information that Chau should keep as a record of the consultation outcomes that can be used to minimise future risks.

Question 2

Which of the following situations require Jane to consult with workers according to WHS legislation? Tick all that apply.

❑ When assessing and reviewing risks in residential, home and community-based settings

❑ When providing information and training to support workers that may affect health and safety

❑ When implementing risk control measures to stop the spread of gastroenteritis

❑ When there are proposed changes to the lifting equipment used to assist in moving residents

❑ When providing information and training to workers in regard to making their own lunches

Question 3

Describe four issues Jane and her workers could observe and record if they were to conduct their own work safety inspection.

4C

Contribute to the development and implementation of safe workplace policies and procedures

Organisational WHS policies and procedures provide guidance to workers about how to raise WHS issues.

It is a legislative requirement that employers consult with staff about WHS matters. Workers can enhance workplace safety by participating in the consultative process and sharing their knowledge of the workplace and its hazards and their suggestions for improvements on WHS.

As a worker, you can assist other workers by monitoring their work practices and providing them with support and advice to work safely. You can also support your HSR by contributing information and ideas.

Workplace documents and procedures

WHS information used or required by organisations offering direct client care needs to be shared among workers.

While the specific kind of information varies according to the workplace, there are documents that most workers need to be aware of. Senior staff members or team leaders may need to be familiar with how to access some or all of this information, which is outlined here.

WHS documents	WHS procedures
- Hazard and incident reports - Workplace inspection reports - Incident investigation reports - Minutes of meetings and reports from the HSC - Job safety analyses, safe method work statements and risk assessments - SDSs and registers - Employee handbooks	- Hazard identification, incident reporting and investigation - WHS committee management - Induction - Training requirements - Standard operating procedures - Manual handling and lifting - Batch specifications, particularly those relating to storing and using drugs or chemicals

WHS documents	WHS procedures
• Manufacturers' manuals and specifications • Information from HSRs • Information from external sources on hazards and risks relevant to the work group	• Operator or manufacturer manuals; these may relate to an office photocopier or equipment specific to a consumer's needs • Procedures for selecting, fitting, using and maintaining PPE

Health and safety representatives (HSRs)

HSRs are a key link between workers and employers.

An HSR is a person from your workplace who has been elected by the workers to represent them on WHS issues. They bring issues to the attention of the employer, attempt to resolve these issues and provide information to workers about health and safety.

To be an HSR, the person must be currently employed at the workplace and they must be elected to the position of HSR by their fellow workers. Usually, individuals nominate themselves or another worker, and then there is a voting process. The election process may be informal, with workers raising their hands to vote. An HSR is usually elected for three years. At the end of this period, they can be re-elected for another term.

Employers do not appoint HSRs because the HSR's role is to represent members of their designated working group and their health and safety interests.

Managers do not usually take on the role of an HSR because this can create a conflict of interest.

More information about HSRs is included in the table below.

HSR representatives' roles	
Inspect	• Workplace areas
Investigate (immediately)	• Accidents or risk of serious injury or harm
Keep up with	• information provided by the employer on hazards in the workplace and liaise with government and other bodies
Refer to the appropriate HSC	• Hazards in the workplace • Any health and safety matters they think appropriate
Liaise	• With workers about health and safety
Be informed by the employer	• About dangerous situations or accidents

HSR representatives must:	
Be notified of	• Any changes in the workplace that may affect the health and safety of workers
Attend	• Any health and safety discussions between an employer and an employee if the employee asks them to be there
Be provided with	• Space to help them carry out their duties; for example, they will need storage space to keep records • Extra time; for example, time off work on normal pay to attend to health and safety functions • Training according to the regulations – they can get paid leave to attend accredited introductory training on WHS

Health and safety committees (HSCs)

Workplaces providing direct client care might have an HSC, which is responsible for discussing WHS issues and identifying how they can be resolved. The committee shares its ideas with the managers or your employer.

The HSC may include support workers, maintenance staff, other health professionals, supervisors or managers. It is a good idea for a committee to have people from different parts of the organisation. For example, if you do not include maintenance staff, you might miss out on important ideas about how to keep equipment operating safely.

The functions of HSCs are generally outlined in WHS legislation. The functions of HSCs are to:

• foster cooperation between management and workers to develop, implement and monitor measures that ensure the health and safety of workers

• assist in resolving workplace health, safety and welfare issues

• assist in the development and review of workplace health, safety and welfare policies, practices and procedures

• consult on any proposed changes to workplace health, safety and welfare policies, practices or procedures.

Contributing to safety policies and procedures

Each workplace is different, so it is important when commencing a new role that you know the process for raising any WHS issues. It could be a different process from the one in your previous place of work.

Organisations must have procedures in place to deal with safety issues quickly and effectively. There may be serious consequences if health and safety issues are left unattended.

The issue might be resolved through management action, discussion with the work group or person involved or through a referral to an HSC. If a matter is not resolved, workers have the option of making a complaint to their state or territory WHS regulator.

Consider the information shown below regarding the raising of WHS issues.

Employer requirements

• Legislation places a significant responsibility on employers to ensure workers are adequately trained for the tasks they are required to undertake.
• Training in WHS issues ensures that all workers are aware of their responsibilities and is crucial for enabling a safe workplace.
• WHS legislation requires that HSRs attend relevant training programs to enable them to effectively carry out their responsibilities.
• Being aware of current WHS issues and practices may also extend to ensuring that workers and supervisors are aware of any changes to:
  – systems
  – procedures
  – equipment that may affect the way a task is carried out.
• Ongoing training should be provided as circumstances change.

Worker requirements

• You must make sure you know about and follow your organisation's procedures as they relate to your work role. This includes identifying and reporting:
  – hazards
  – incidents
  – injuries and near misses.
• You must also ensure you always:
  – use correct PPE
  – follow emergency response procedures
  – participate in issue resolution and consultation as required.
• In some circumstances, ensuring currency of skills and knowledge may be a mandatory part of a person's job requirements. For example, in community and health services, all support workers may be required to maintain currency of first-aid credentials.
• Workers can maintain and update their knowledge of WHS issues by:
  – attending any required training
  – reading and applying information in WHS documentation or workplace bulletins
  – discussing WHS issues with their supervisor.

Currency of safe work practices is vital for maintaining safety in the workplace.

You can maintain currency by accessing online the most up-to-date version of WHS documentation, such as Acts, standards and regulations. If you are working from a hard copy, remember to go online and compare your version with the most current one.

Sharing information

There may be times when you notice your colleagues using unsafe work practices. First, raise your concerns with the person in a professional and supportive manner. However, be aware that it is not always easy to raise your concerns with the individual concerned. For example, they may be your supervisor and you might be worried about how they will react. In this case, you should bring your concerns to their superior for them to address.

Modelling appropriate WHS behaviour

It is also important to model appropriate WHS behaviour. If you need help, ask for assistance and share any new information or techniques that you learn with your colleagues.

You can model appropriate WHS behaviour by:

- working safely and following all training, processes and procedures

- not putting anyone else in danger

- reporting any hazards or incidents, including near misses

- following the instructions that are provided for a task

- using equipment properly according to its training and manufacturer's instructions, including PPE

- cooperating with your supervisor and employer

- understanding that everyone's rights and responsibilities are equally important.

Checking the workplace for hazards

It is helpful to use a checklist when looking for hazards in residential, home or community-based care settings because sometimes:

- hazards are not identified

- hazards are identified but no-one thinks to report them

- workers may believe that someone else has already reported a hazard.

Checking for hazards and using a checklist should be done regularly. In large organisations, HSCs may undertake a hazard identification process, targeting particular work areas.

Organisational policy will provide guidance on the time frame for using checklists. However, it should be remembered that if a hazard is identified at any time, it must be reported as soon as possible.

Further information about hazard identification and a sample hazard identification checklist for preventing slips and trips are available at the Safe Work Australia website: aspirelr.link/slips-trips-fact-sheet

Contributing to risk assessments
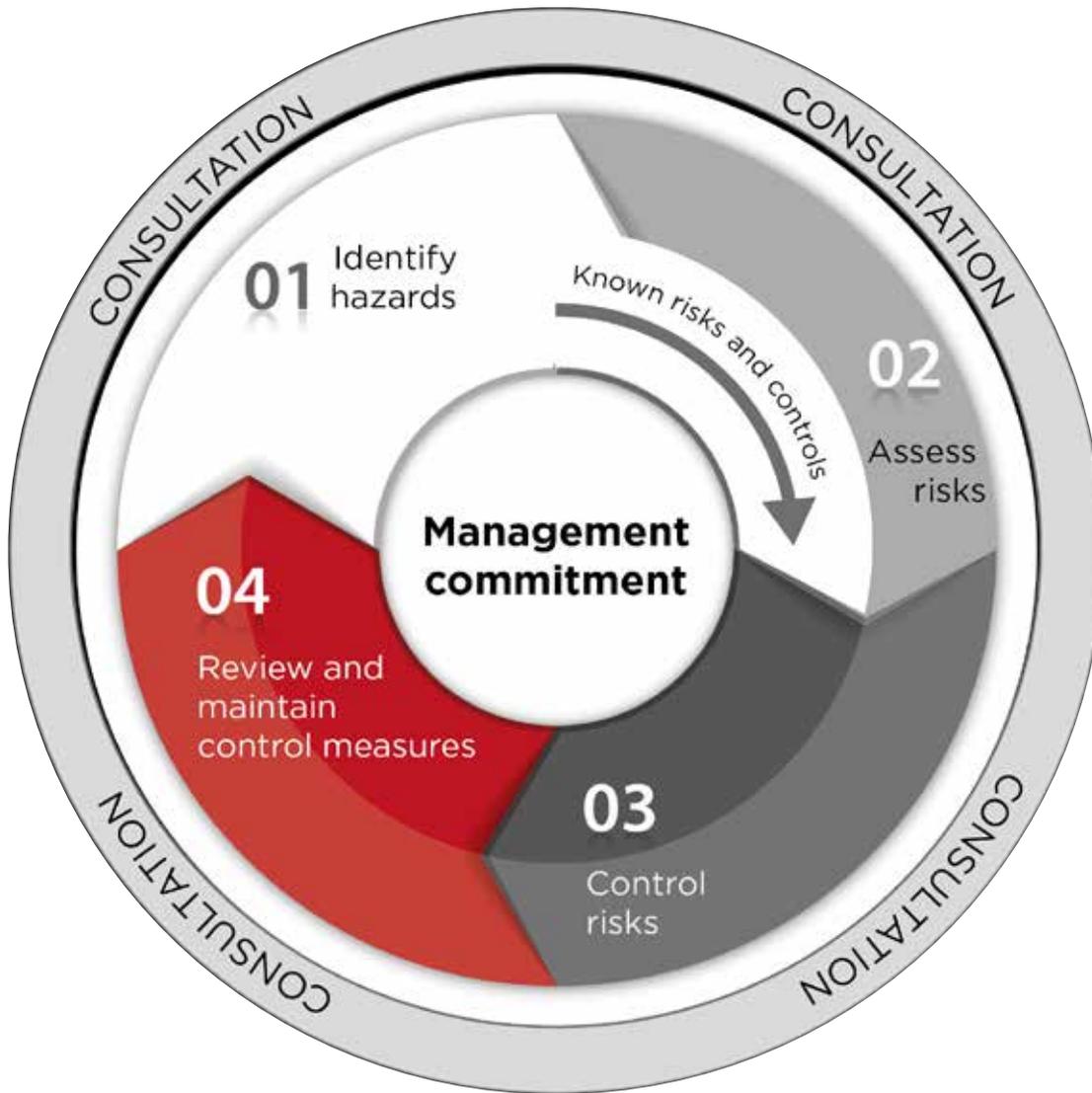
Risk assessment
Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.

The **risk assessment** process assists workers in a care environment to determine what should be done to address a hazard. It also addresses the urgency of the action required.

Risk assessment in a care setting is most effective when it is done in consultation with those workers providing direct client care. They are familiar with the workplace and the hazards and potential hazards in residential, home and community-based care settings.

The steps involved in assessing risks in care environments are listed in the table below.

Steps for assessing health and safety risks in the workplace
1. Gather information about each identified hazard.
2. Consider the level of exposure to the risk: • The number of people exposed • The duration of the exposure
3. Use the information to assess the likelihood of harm: • Very likely • Likely • Unlikely • Highly unlikely
4. Assess the consequence or impact of the hazard: • Death • Significant injury or illness • Minor injury or illness • Negligible injury or illness
5. Use a risk-assessment matrix to work out the risk associated with each hazard.

Here are some common questions you may find useful to ask when undertaking risk assessment.

Categorise risks	• What is the nature of the hazard? (e.g. fatigue, aggressive behaviour, trip hazard) • What is the location of the hazard? • Does the hazard represent a danger to public safety?
Determine likelihood	Consider the expected or actual frequency of exposure to the hazard. How likely is it that a person is exposed to the hazard? For example: • very likely – can be expected to occur in most circumstances • likely – a strong chance of occurring or will probably occur in most circumstances • unlikely – could occur at some time or may only occur in rare circumstances

Determine impact	What is the consequence or outcome of the hazard? What is the severity of the harm? Could the hazard:
	• kill or cause permanent injury (major impact)
	• cause long-term illness or injury
	• cause someone to need first aid?
Estimate risks	• Risks are usually assessed as being high, medium or low.
	• High risks are unacceptable and may include spills on the floor and incorrect use of equipment.
	• Medium risk is when there is a chance that someone may get hurt; an example is not having breaks when doing repetitive tasks.
	• Low risk is when there is little chance that someone will be hurt.

Example

Contribute to the development and implementation of safe workplace policies and procedures in own work area

Marie is an HSR in an aged care facility. She currently works with a small team of people who are developing a procedure for equipment storage in their workplace. The team decides that involving the workers in the procedure's development is the best way to ensure the procedure will accurately reflect and support current work practices.

The team members also agree that they should meet regularly and that relevant hazard identification, risk assessment and risk control considerations should be discussed at every meeting.

By including risk management and consultation early in the development process, Marie and her team are able to develop an equipment storage procedure that effectively meets the needs of the workplace and reduces associated risks.

Practice Task 15

Question 1

Number the steps from 1 to 5 in the order you would follow to assess health and safety risks in the workplace.

	Use a risk-assessment matrix to work out the risk associated with each hazard.
	Use the information to assess the likelihood of harm.
	Gather information about each identified hazard.
	Consider the level of exposure to the risk.
	Assess the consequence or impact of the hazard.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. HSCs assist in resolving workplace health, safety and welfare issues.	Yes / No
b. Checklists are a good method to use when identifying hazards in the workplace.	Yes / No
c. HSRs liaise with workers about workplace social functions.	Yes / No
d. Workers can contribute to risk assessments in the workplace.	Yes / No
e. Employers have a responsibility to ensure workers are properly trained to avoid WHS issues.	Yes / No

Question 3

Match the terms related to risk assessment on the left with their descriptions on the right.

Category of risk	Expected or actual frequency of exposure to a hazard such as very likely or unlikely
Estimate of the level of risk	The consequence or outcome of a hazard such as death or long-term illness or injury
Likelihood of it happening	Assessing risks as being high, medium or low
Impact of it happening	The type of hazard, such as fatigue, aggressive behaviour, trip hazard or faulty equipment

Summary

- If there is no immediate risk, workers should raise WHS issues as directed by workplace policies and procedures.

- Your employer is required by the relevant legislation, regulations, codes of practice and workplace procedures to consult with you and your work colleagues about any WHS matters that affect you.

- Participating in consultation processes in your organisation enables you to contribute to decisions that affect health and safety.

- Workers can make a valuable contribution to workplace safety because they are familiar with the work environment and its hazards.

- By participating in work safety inspections, workers gain valuable insight into workplace hazards, risk assessment and the use of controls to effectively manage WHS issues.

- An HSR is a person from your workplace who has been elected by the workers to represent them on WHS issues.

- Some workplaces might have an HSC, which is responsible for discussing WHS issues and identifying how they can be resolved.

- Risk assessment is the process of determining the level of risk associated with a particular hazard.

- Risk assessment is most effective when it is done in consultation with workers who are familiar with the workplace and aware of the hazards.

Learning Checkpoint 4

Contribute to safe work practices in the workplace

Part A

1. List three responsibilities that workers have towards contributing to WHS policies and procedures in their workplace.

2. Which of the following statements relate to employer responsibilities for contributing to WHS policies and procedures in their workplace? Tick all that apply.

    ❑ Provide training for any tasks that workers are very unlikely to undertake

    ❑ Provide training in WHS issues so that all workers are aware of their responsibilities

    ❑ Ensure HSRs attend relevant training programs and meetings to enable them to effectively carry out their responsibilities

    ❑ Provide training for the tasks that workers are required to undertake

    ❑ Ensure that workers and supervisors are aware of any changes to systems, procedures or equipment that may affect the way a task is carried out

3. List one of the steps you should take after considering the level of exposure in the risk-assessment process.

Part B

Read the case study and then answer the questions that follow.

Case study

Ben has recently moved interstate and started a new job in an aged care facility as a residential support worker. On his first day at the new workplace, Ben identifies a hazard and tells his colleague Ciara about it. Ciara tells Ben that he needs to report it, but Ben doesn't know if this is part of his duty of care.

Ben searches the internet and finds the WHS Act and regulations relevant to his new state. He then locates the section of the Act and regulations relevant to duty holders who are workers. The information confirms that Ben has a duty of care to report this hazard to his manager.

Ben knows that every workplace has a different system for managing WHS issues. So, he refers to the WHS policy, procedures and code of conduct of his new workplace. As he reads through the documents, he discovers that there is an elected HSR who can help him with WHS matters.

Ben consults with the HSR, Joshua, about the issue, and Joshua explains that he will raise the matter with the HSC immediately so that the hazard can be addressed.

1. Which of the following factors should Ben take into consideration when responding to WHS issues? Tick all that apply.

   ❑ The immediate risk of harm to workers

   ❑ The organisational reporting procedure

   ❑ The relevant workplace policies and procedures

   ❑ The dress code

   ❑ The urgency of the matter

2. Number from 1 to 5 the steps that could be taken in Ben's workplace to resolve WHS issues.

	Raise the issue with the HSC if the HSRs coordinator is unable to resolve the issue.
	Raise the issue with Ben's manager.
	Raise the issue with the HSR coordinator if Joshua is unable to resolve the issue.
	Contact the state or territory WHS regulator if the issue cannot be resolved by the HSC.
	Raise the issue with the HSR, Joshua, if the manager is unable to resolve the issue.

3. Which of the following statements are correct? Select yes or no for each one

a. Ben's manager must consult with him regarding any changes to WHS policies, work practices and procedures that may help to minimise risks.	Yes / No
b. Ben's manager must incorporate new health and safety requirements imposed by legislation, regulations and codes of practice.	Yes / No
c. Safety inspections should include routine checks of noise, vibration, lighting, temperature and ventilation.	Yes / No
d. Recent workplace incidents should be discussed at staff meetings.	Yes / No
e. Conducting workplace risk assessments is the responsibility of the families of those receiving care.	Yes / No

4. List four things that should be included when recording details of workplace WHS consultations.

Topic 5: Reflect on own safe work practices

5A Identify ways to maintain currency of safe work practices

5B Reflect on and report stress and fatigue levels

5C Participate in workplace debriefing

5A Identify ways to maintain currency of safe work practices

Workplace emergency procedures are a set of instructions outlining all workers' responsibilities in the event of a workplace emergency.

In any workplace, it is critical for all workers to always operate in a safe manner and to maintain the currency of their work practices. For this to occur, workers must have knowledge of current policies, procedures and protocols as well as general evacuation information for emergencies.

As emergencies include any abnormal or sudden event that requires immediate action, it is important that staff members are prepared for such situations. They must be aware of the types of emergency they may face in their workplace and, most importantly, what to do if such an event occurs. We are all familiar with the need for a fire evacuation emergency plan, but there are other emergencies that may require action at the workplace. For example:

- serious injury events such as a broken arm or leg due to a fall

- fires and explosions that require evacuation

- hazardous substance and chemical spills that require evacuation

- explosions and bomb alerts that require evacuation

- security emergencies such as armed robberies, intruders and disturbed persons

- internal emergencies such as loss of power or water supply and structural collapse

- external emergencies and natural disasters such as flood, storm and traffic accidents impacting the organisation.

When you provide direct client care, you are responsible for assisting residents or clients in the event of an emergency. So, it is important that you understand the procedures put in place by your organisation.

Identifying signals and alarms

Recognising and reacting to a safety signal or alarm can save lives.

On commencement of employment, all workers must receive a WHS induction, which includes instruction in how to identify and respond to emergency signals and alarms. The exact type and nature of alarms, signals and emergency announcements will vary according to the workplace.

Types of emergency signals and alarms include:

- machinery malfunction alarms

- fire alarms

- evacuation alarms or announcements

- emergency lockdown alarms.

Providing an immediate response

In the case of an emergency you must act quickly to protect your personal safety and the health and safety of other people around you.

This is regarded as an immediate response in an emergency situation. You should talk to your supervisor about what is expected of you in regard to protecting or safeguarding lives and the property of the organisation.

An important part of your response to any emergency is to report the emergency to the appropriate person. Your workplace policies and procedures will advise you on the correct person to contact in specific emergency situations.

Here are some examples of appropriate people to contact:

- emergency services (such as police, ambulance or fire services)

- fire warden or floor warden

- first-aid officer

- HSR

- supervisor, team leader or coordinator.

Emergency procedures and workplace drills

The response to different emergencies may vary according to the type of situation, the organisation and the location of the emergency. You should adhere to organisational procedures because these prescribe the best course of action to follow by taking all of these factors into account. The procedures for an emergency in a residential care facility may differ from those you should follow in a home-based environment.

These procedures will also incorporate the standards and guidelines related to emergency responses, which include specifying things like:

- the number and locations of exits

- the location of fire extinguishers and smoke detectors

- emergency signage and lighting

- assembly points.

Consider the information below about procedures for using emergency equipment and emergency drills.

1. Emergency equipment procedures

These procedures will include:
• the correct use or employment of emergency equipment including:
 – lifesaving appliances
  - respirators
  - automatic defibrillators
 – firefighting equipment
  - fire extinguishers
• the correct type and use of PPE.
You should never attempt to use any emergency equipment that you have not received training for.

2. Emergency drills
Organisations will regularly test alarms and evacuation procedures. Staff must participate in these drills to familiar with the sound of alarms and be able to respond correctly to the emergency response and evacuation procedure. This will include assisting: • clients/residents • visitors • other staff when necessary. Do not: • enter a building while an alarm is sounding • re-enter an evacuated building until the 'all clear' has been announced by the designated person or the attending emergency services.

Example
Emergency procedure for a fire

The table below shows an organisation's workplace fire emergency policies on the left. On the right are the correct procedures to be followed by all workers in the event of a fire.

Policy	Details	Procedure

Participate in emergency training	All new workers will receive emergency training within one week of beginning work	In case of fire:
		• stay calm
		• follow the directions of the team leader/fire warden
		• activate the nearest fire alarm
		• assist any person in immediate danger, if safe to do so
		• close doors and windows
		• notify other staff and call code red if applicable
		• call 000 and tell them:
		  – your name and phone number
		  – the exact location of the fire
		  – what is on fire
		  – if there are any chemicals/gases nearby and what they are
		  – if there are any people injured or trapped
		• put out the fire if you are trained and it is safe to do so
		• assemble at designated area
		• wait until you are given the authority to return.

Follow emergency procedures	All staff must follow procedures when there is an emergency such as a fire, bomb threat or accident	
Participate in fire drills	Practice emergency evacuations (drills) will be conducted every six months	
Aids to be available for use in the event of a fire	The following aids will be available: • duress buttons in each room • three emergency exits • a fire extinguisher and blanket in each area	

Keeping workplace systems and processes current

Housekeeping is the practice of maintaining order and adhering to standards of presentation and performance in the workplace.

It is also about maintaining workplace systems to ensure a safe and healthy environment is provided at all times. This relates to how WHS is managed and implemented in the workplace.

WHS housekeeping activities include addressing each of the items in the table below.

Cleanliness and tidiness	Keeping the workplace free from debris, spills and mess decreases the chance of: • fire hazards • blocked exit ways • pest infestation • cross-contamination and the associated health risks. Having adequate storage protocols prevents items or objects being stacked or placed in walkways or near exits which could hinder an evacuation process.

Flooring	Flooring refers to underfoot conditions and can be a hazard if the following recommendations are not followed:
	• Ensure floors are free from:
	  – spills
	  – slip and trip hazards (such as uneven surfaces or loose tiles or carpet).
	• Provide anti-slip or anti-skid floor coverings.
	• All indoor and outdoor surfaces, including footpaths, must be safe and in good repair.

Work space	Work space refers to space around equipment and machinery. Keep this space free from clutter.
	• Clutter, especially around machinery or equipment, can:
	  – cause workplace accidents
	  – prevent adequate access to equipment or machinery
	  – encroach too closely onto moving machinery parts, causing
	    - fire hazards
	    - electrical hazards
	    - mechanical hazards.

Functioning services	Functioning services include: • lighting • airflow and ventilation • emergency lighting. When adequate and fully functional, all these elements provide a safe workplace. Stuffy workspaces without adequate lighting or ventilation present a number of health and wellbeing risks to those working there, including: • asthma • allergy-related illnesses • trips caused by poor lighting • lowered mood.

Storage areas	This includes access to and availability of PPE. If PPE is not available or is stored incorrectly, its effectiveness may be compromised. Storage areas can also become hazards themselves if they are neglected or items are not stored adequately. There may be manual handling issues associated with storage such as removing or putting away a heavy box without adequate support.
Signage	Signs are everywhere in workplaces today, including signs for: • emergency exits • first-aid points • fire extinguishers • PPE • hazardous chemicals • poisons • evacuation assembly points. Signage can also be placed simply to provide guidance for the safe use of a photocopier, for example. As a minimum, there is a legal requirement for a workplace to adequately sign emergency exits, evacuation procedures and emergency contact numbers.
Accessibility	WHS information needs to be accessible to all employees. This includes clearly documented policies and procedures that are: • updated regularly • clearly identifiable and available in a known location of the workplace • if relevant, placed next to associated equipment or areas • written in plain English.

Monitoring housekeeping practices and addressing deficiencies

In workplaces with good housekeeping standards, it is easy to identify when something is out of place.

It may be your responsibility to routinely monitor housekeeping practices on a daily basis to help ensure the safety of the work group. This can be done during a morning walk around and does not necessarily require any specialist knowledge.

Ensure you effectively monitor practices and address deficiencies using the guide below.

Monitor practices
Monitoring may involve seeing a person: • undertaking a task incorrectly • neglecting to do a task. In such a case, you may need to explain and/or demonstrate the correct housekeeping procedure to the person. In your explanation, you should also outline why a procedure is undertaken in a specific way (i.e. to ensure their health and safety and because this has been determined as the safest and most efficient way) to help the person understand the importance of following the procedures.

Address deficiencies
When someone identifies an issue, whether it is inside or outside their work area, they need to report it to an appropriate person. This can include the: • area supervisor • group leader • HSR. This also applies when the workplace is off-site, such as during an outing. Once the issue or deficiency has been reported, steps should be taken to address it. There should then be a process of follow-up to ensure the issue has been totally resolved and standards are being maintained.

Insurance claims

If an injury or illness occurs or is brought on in the workplace, it can financially impact the organisation. Insurance premiums, WorkCover costs and even fines for not meeting the required workplace safety standards can be costly.

Ensuring PPE is available and functional

No employer wants to see any of their staff sick, injured or killed in the line of work.

Apart from being a very distressing experience for all those involved, if a worker becomes sick or injured at work, this affects the day-to-day running of the service. Another support worker will need to cover the responsibilities of the absent person.

To avoid illness and injury, ensure the required PPE is available and in good working order and that all employees are trained to use it correctly.

Types of PPE

PPE includes any clothing and/or equipment that is worn by a person to ensure they are protected from hazards by providing a physical barrier between the person and the hazard.

Check whether the PPE available in a particular work area is suitable for the range of duties to be performed in that area, according to the workplace procedures. For example, in aged care, disposable gloves are required for some personal care tasks. Ensuring PPE is available also means that all workers must know where and how to access it and when to use it.

Head protection	• Broad-brimmed sun hats • Bicycle helmets
Face and eye protection	• Safety goggles/face shields • Sunscreen • Sunglasses
Respiratory protection	• Masks • Ventilators or respirators (not usually required in a community services environment)
Hearing protection	• Ear muffs • Ear plugs (not usually required in a community services environment)
Hand protection	• Gloves and mitts
Clothing and footwear	• Enclosed anti-slip footwear • Long trousers • Aprons and waterproof gowns • Hairnets

Maintaining PPE

The information below outlines how to ensure the required PPE can be kept in good working order.

Equipment functionality
• Check expiry dates on PPE such as disposable gloves. • Check that PPE is in good working order and that it can still fulfil its intended function. For example, check that oven mitts and aprons used in food preparation areas are not worn or torn. • Check the PPE maintenance schedule to ensure equipment has been maintained. • If the schedule is not available, check with the HSR or an HSC member. They may be able to arrange any required servicing or purchases where there is found to be a deficiency.

Servicing equipment
• If PPE is not in a serviceable state, or you are not sure, you can seek expert advice from one of several professional service providers: – fire departments and professional fire equipment providers – safety equipment providers – pharmacies – work clothing retailers and manufacturers – helmet manufacturers – hospitals and medical services providers.

Example
Check PPE

In the kitchen of a large aged care facility, a WHS review is conducted to determine the availability and functionality of the kitchen's PPE. The kitchen supervisor, Vera, who is also in charge of all the volunteers who help prepare the meals, inspects all the safety equipment. This includes several different types of safety gloves and oven mitts, aprons and even goggles.

Each staff member's and volunteer's footwear is also inspected as they come into the kitchen. Vera wants to ensure footwear is in good condition, enclosed, well-fitted, non-slip and provides adequate foot protection.

Vera discovers that not all food preparation areas have access to mitts (for hot food) or disposable gloves for food handling, so she reports this to the manager.

Maintaining safety equipment

All workers should know where safety emergency equipment is situated in their workplace.

This saves valuable time in an emergency and also serves to decrease anxiety in a crisis event.

Emergency equipment needs to be easily accessible and identifiable and must comply with relevant standards, guidelines and codes of practice. It also needs to be situated in a central or easily accessed area.

Maintenance of safety equipment is very important, and sometimes this requires specialists with the appropriate skills be contracted to carry out the checks (e.g. when checking fire extinguishers).

Different organisations have their own procedures and protocols for maintenance and training associated with each piece of emergency and general use equipment. However, all organisations must ensure the procedures meet the required standards and guidelines.

Emergency equipment

The best practice for maintenance of emergency equipment is for all organisations to have a documented approach in their WHS policy or emergency procedures. If this is not the case, it may be up to the supervisor to initiate one and have the process appropriately recorded.

Non-emergency equipment

Non-emergency equipment must also be routinely checked for any wear or malfunctions that may cause safety issues. Equipment (especially specialised equipment such as hoists) will have procedures that indicate when checks should be done and what is required with each check.

You need to make sure you know about these procedures and carry out the required processes.

Here are the key points for checking emergency and general-use equipment in a residential, home or community-based environment:

- The logical time to check emergency equipment is in preparation for an evacuation or emergency drill.

- Supervisors need to be aware of expiration dates/times and expected shelf lives of all equipment used in a work area.

- The best way to do this is to maintain a register of all emergency equipment, where it is located and when the equipment (or batteries and so on) needs to be replaced.

- Checking for functionality may also involve people from outside the organisation, such as a representative from a fire equipment services company checking extinguishers.

Practice Task 16

Question 1

List three emergency contacts to whom you could report a workplace emergency.

Question 2

Describe one thing you should not do after an emergency evacuation of a building.

Question 3

Which of the following are emergency situations that could occur in the community services environment? Tick all that apply.

❑ Serious injury events such as a broken arm or leg due to a fall

❑ Fires and explosions that require evacuation

❑ Loss of power to the common area television

❑ Internal events such as loss of water supply

❑ Hazardous substance and chemical spills that require evacuation

Question 4

Which of the following actions will keep WHS housekeeping practices current?
Select yes or no for each one.

a. Keep the workplace free from debris, spills and mess.	Yes / No
b. Store empty boxes next to exit doors for easy disposal.	Yes / No
c. Adequately sign emergency equipment, PPE, hazardous chemicals, emergency exits, evacuation procedures and emergency contact numbers.	Yes / No
d. Ensure adequately documented procedures are in place and displayed clearly in the workplace.	Yes / No
e. Provide adequate storage areas with good access to available items such as PPE.	Yes / No

Question 5

Give two examples of alarms you may hear during a workplace emergency.

Question 6

List two hazards that clutter around machinery or equipment can cause.

5B Reflect on and report stress and fatigue levels

In addition to immediate danger, workers may experience ongoing stress or fatigue.

Stress
Responses to work-related stress may be physical, mental, emotional or behavioural.

Unless properly managed, **stress** or fatigue can present unnecessary risk factors to workers and clients alike. Stress and fatigue are often hidden but are nevertheless very real hazards. If you feel yourself becoming stressed or fatigued, you should raise this with your supervisor or HSR. They are responsible for helping you develop strategies that can be implemented to address this issue.

While there are no specific requirements in WHS legislation that deal with work-related stress, general duty-of-care principles apply to the employer and the worker. The causes, symptoms and effects of work-related stress are outlined below.

Causes	- Excessive or demanding workload - Insufficient organisational support or resourcing - Client behaviour - Conflict with co-workers or management - Constant change - Job insecurity - Harassment, bullying or discrimination - Inadequate training for the job
Symptoms	- Anxiety or feelings of being unable to cope - Decrease in work performance - Depression - Absenteeism - Sleeping difficulties, such as insomnia - Cognitive difficulties, such as a reduced ability to concentrate or make decisions - Fatigue - Increased aggression
Effects	- Being more susceptible to workplace or other accidents - Deteriorating work and personal relationships - Illness - Risk of health problems, including increased risk of cardiovascular disease or mental illness - Difficulty managing workplace relationships - Becoming withdrawn or aggressive - Burnout and inability to continue working

Fatigue

Fatigue is more than feeling tired and drowsy; it is a state of mental and/or physical exhaustion.

Working long hours with intense mental or physical effort or during some or all of the natural time for sleep can cause fatigue. Fatigue affects a person's health, increases the chance of workplace injuries occurring and reduces performance and productivity in the workplace.

Workplace and personal factors can equally contribute to fatigue.

Factors that contribute to fatigue include:

- roster patterns and length of shifts

- insufficient recovery time between shifts

- inadequate rest breaks

- a challenging, physically demanding or difficult work environment

- sleep disorders, poor quality of sleep or sleep loss

- social life

- family needs

- travel time.

Managing your level of stress and fatigue

Self-care involves taking positive steps to ensure that physical and psychological wellbeing is maintained.

Workers providing care in community and health sectors have stressful jobs. You can manage stress and fatigue by:

- being aware of the symptoms and their causes

- being assertive about what you can realistically deal with

- communicating boundaries and limitations to your employer or supervisor.

You must also take action to maximise your physical and emotional wellbeing so you are in optimum health to manage the demands of your job. Some workplaces have assistance programs that provide counselling and support for workers suffering workplace stress.

Example
Responsibility for safe work

While there is no WHS regulation that specifically mentions workstation design and seating, poor design can cause wrist, neck or back pain and injury. All WHS legislation requires that employers provide and maintain a working environment that is safe and without risks to health (so far as is reasonably practicable). This means that the workstation should not create risks to your health and safety.

Safe design can be achieved more effectively when all the parties who control and influence the design outcome collaborate on incorporating safety measures into the design.

Similarly, workers have a responsibility to work in a safe manner. In the case of workstations and work practices, this includes keeping yourself healthy by taking regular breaks, sitting properly, reporting faulty equipment, monitoring overuse injuries and so on.

Reporting stress and fatigue levels to designated persons

A supervisor or senior staff member has an equal obligation to recognise and address the signs of stress and fatigue in workers.

If an employer is unaware of the stress or fatigue being experienced by an employee, they are unable to address it.

Early intervention increases the chance of successfully managing these hazards and ensuring work processes are safe and sustainable.

If you are feeling stressed and/or fatigued, you should let your supervisor know so they can help you address these issues.

Example
Worker stress and fatigue

Tony is a support worker at a supported accommodation facility that is staffed 24 hours per day. He lives with his husband Jack in a town about 100 kilometres away and travels 55 minutes by car to get to work.

Tony works a rotating roster; so over the course of a month he works day, afternoon and night shifts. During the night, workers can sleep on the premises; however, Tony finds that he has trouble getting a sound sleep.

Tony has worked five consecutive long night shifts and has noticed how drowsy he feels when he drives home afterwards. Both Tony and his husband worry that he may have an accident on the drive home after his shift. Tony decides to report his concerns to his team leader.

Practice Task 17

Read the case study and then answer the questions that follow.

Case study

Brad works as a support worker and is a hardworking and supportive member of his team. Lately, a lot of people on Brad's team have been off sick. Some days Brad feels like he is the only one still working and as though he is doing the job of three people all at once.

Yesterday, Brad had so much work to do he didn't think he could possibly get it all done. He was also assisting a resident with memory loss who takes a long time to do simple tasks.

By lunchtime, he was so far behind that he felt overwhelmed. Unfortunately, at about the same time, another support worker named Anya asked Brad if he could show her how to do something. It felt like the last straw for Brad, and he yelled, 'Am I the only person on this team with a brain? Can't anyone else do anything for themselves around here?'

Anya burst out crying and said not to worry and that she would work it out herself.

Later that afternoon, Brad felt terrible about his behaviour and spoke to his supervisor, Punam, about what had happened and how he was feeling. Brad told Punam that he hadn't been sleeping very well and noticed that he was always worrying about work and no longer had the energy to spend time on the things he enjoyed. Punam arranged for Brad to have a mentor at work to help him find ways to cope with stress. She also recommended that Brad spend more time on things he enjoyed doing as well as getting enough rest and eating a well-balanced diet.

Brad has noticed that since implementing these self-care strategies, he feels calm and more in control at work when dealing with stressful situations.

Question 1

Which of the following statements relate to Brad's workplace stress? Tick all that apply.

❑ Excessive and demanding workload

❑ Client behaviour

❑ Insufficient organisational support or resourcing

❑ Lack of adequate rest breaks

❑ Offers of help from fellow workers

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Fatigue is a type of clothing worn by members of the armed forces.	Yes / No
b. Punam should recognise the signs of stress and fatigue in employees.	Yes / No
c. Awareness of the symptoms and causes of stress and fatigue can help workers to manage them better.	Yes / No
d. Workers have a responsibility to keep themselves healthy.	Yes / No
e. Roster patterns and lengths of shifts can contribute to workplace stress or fatigue.	Yes / No

Question 3

What are five factors that could be contributing to Brad's fatigue?

5C

Participate in workplace debriefing

Debriefing can reduce stress and anxiety and provide a learning opportunity.

The stresses of working in the community services environment can place support workers at risk of psychological harm. Research has shown that a well-facilitated debriefing session is a good way to address the individual needs of the team and help provide much needed support and solutions.

It is important that workers feel comfortable about participating in debriefing sessions. That way, these sessions can provide a forum for workers to voice their opinions in a safe environment.

Debriefing also helps to build a culture of teamwork and decrease feelings of isolation by providing an opportunity for individuals to express their concerns and have them discussed as issues that are relevant to the whole group.

Debriefing sessions

A debriefing session is a group discussion where the ideas and concerns of every member of the group are considered equal.

Although the debriefing session may have a chair (the person leading the session), its aim is to facilitate discussion and not impose an agenda.

The debriefing session should follow a format that encourages discussion regarding the relevant task or issue. For this reason, it should start with a retelling of the objectives of the session. Next, the facts of what took place should be outlined, and any deviations from the planned performance should be acknowledged in a non-judgmental way. Then, the details regarding unplanned deviations should be discussed objectively.

At the end of the session the group members should all have the same information about what has happened, why it has happened and an ongoing plan of action to move forward.

Debriefing is a useful workplace tool because it provides a way to acknowledge workers' feelings and opinions. Debriefing also builds a culture of information sharing and transparency, acts as a non-threatening forum for feedback and helps team members feel that they are an important part of the bigger vision of their unit.

Example
Participate in workplace debrief to address individual needs

Maddox works in a team of support workers that provide domestic and personal care to people with long-term health issues.

Last week the team experienced an incident involving Mr Wong, a frail man with terminal cancer, over a miscommunication regarding a new shower sling.

Idris thought the new sling that had arrived was the one he had ordered for Mr Wong. Unfortunately, it was actually the sling for Mrs Singh, even though her order was placed after the order for Mr Wong's sling.

Idris informed Maddox of the new sling, and Maddox tried it out with Mr Wong. The sling was far too small and ended up causing a small skin tear on the inside of Mr Wong's thigh.

Everyone was very upset about the situation, so their manager, Graham, arranged a debriefing session.

By the end of the debriefing session, the whole team understood the events that had led up to the use of the incorrect sling and were aware of the preventative actions that would follow.

Discussing the situation helped to unify the team and turn their feelings of frustration into constructive criticism of their workplace processes instead of an opportunity to blame individuals.

Practice Task 18

Question 1

Which of the following statements about workplace debriefing are correct? Select yes no for each one.

a. A debriefing session should follow a format that encourages discussion regarding the relevant workplace, task or issue that caused concern.	Yes / No
b. The chair of the debriefing session leads, directs and ends all discussions.	Yes / No
c. Debriefing builds a culture of information sharing and transparency.	Yes / No
d. A debriefing session is a group discussion where the ideas and concerns of every member of the group are ignored.	Yes / No
e. Debriefing provides a way to acknowledge workers' feelings and opinions.	Yes / No

Question 2

Which of the following statements relate to debriefing in the community services environment? Tick all that apply.

❑ Debriefing helps to build a culture of teamwork among support workers.

❑ Debriefing only occurs for those working in aged care facilities.

❑ Debriefing sessions can reduce stress and anxiety in those providing support to clients with challenging behaviours.

❑ Debriefing helps to decrease feelings of isolation among those providing support in home-based environments.

Question 3

Give three reasons why it is important for workers to participate in debriefing sessions.

Summary

- Workplace legislation, policies, procedures and practices are part of an ongoing continual improvement process and are always being updated.

- It is important that you are able to reflect on your own safe work practices and ensure they best practice and current legislation, national standards and codes of practice.

- Reflecting on your practice includes checking the currency of your workplace practices and your own levels of workplace stress and fatigue.

- Self-care involves taking positive steps to ensure that physical and psychological wellbeing is maintained.

- Workers in community and health sectors can manage stress and fatigue by being aware of the symptoms and their causes; being assertive about what they can realistically deal with; and communicating boundaries and limitations to their employer or supervisor.

- If you feel you are not coping with stress and fatigue, you should report it to your supervisor and participate in a debriefing session or find other stress management solutions.

- The stresses of working in the community services environment can place support workers at risk of psychological harm.

- Research has shown that a well-facilitated debriefing session is a good way to address the individual needs of the team and provide much needed support and solutions.
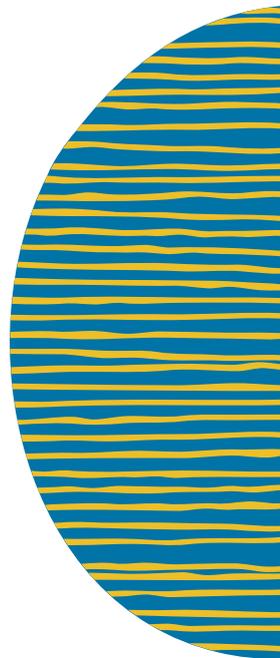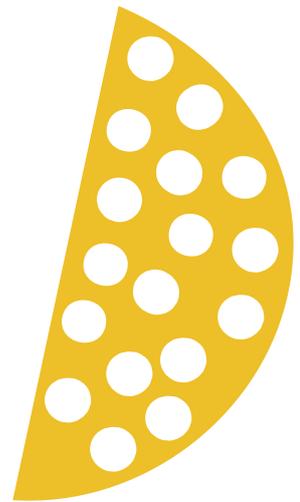
Learning Checkpoint 5

Reflect on own safe work practices

Part A

1. Which of the following statements relate to emergency management in the community services workplace? Tick all that apply.

   ❑ Workers need to know where to find the emergency information in their relevant workplace policies and procedures.

   ❑ Workers know that someone else will sort out the emergency situation, so they don't need to worry about it.

   ❑ Workers must be aware of the types of emergency situations they may face when providing direct client care in a home, residential or community-based environment.

   ❑ Workers should be aware of their roles and responsibilities in emergency situations.

   ❑ Workers should be able to recognise the signs for emergency equipment and PPE to use in the case of an emergency.

2. List four types of emergency situations that may occur in the community services environment.

3. Describe three WHS legislative requirements regarding safety and emergency equipment.

4. Number the steps from 1 to 6 in the order you would follow if there were a fire emergency in the workplace.

	Close doors and windows.
	Evacuate the building and assemble in the designated area.
	Stay calm and follow the directions of the team leader or fire warden.
	Assist any person in immediate danger, if safe to do so.
	Activate the nearest fire alarm.
	Call 000 and state that the emergency is a fire.

5. Describe two ways to check PPE functionality.

Part B

Read the case study and then answer the questions that follow.

> ### Case study
>
> Ariella is a support worker in a busy care facility. She provides care for many residents who have dementia, and she is often challenged when dealing with behaviours of concern.
>
> Sometimes Ariella works with people with moderate dementia who do not recognise her or what she does for them. Sometimes she feels overwhelmed by how long each task can take depending on the behaviour of the person she is assisting.
>
> Last week, Ariella was assisting a 71-year-old man named Sharvi with showering when he started behaving in a sexually inappropriate way.
>
> Ariella was very distressed by the incident and reported it to her manager, Patricia.
>
> Patricia suggested that the team members should have a debriefing session and reflect on how they might be able to improve their current WHS practices.

1. Which of the following statements are correct? Select yes or no for each one.

a. Ariella and her co-workers need to keep up to date with current WHS safe work practices.	Yes / No
b. Ariella has a legal obligation to identify and report stress and fatigue to her supervisor.	Yes / No
c. Patricia should organise a very formal debriefing session with all the team so she can tell the other workers what Ariella did wrong.	Yes / No
d. If Ariella had not discussed her concerns about Sharvi's inappropriate sexual behaviour, she may have started to exhibit signs of stress.	Yes / No
e. If Ariella did shift work, she would not be so stressed or fatigued.	Yes / No

2. Which of the following statements relate to Patricia's team ensuring that their WHS housekeeping practices are current? Tick all that apply.

   ❑ Empty boxes stored in stairwells

   ❑ Adequately signed emergency exits, evacuation procedures and emergency contact numbers

   ❑ Adequate storage areas with good access to available items such as PPE

   ❑ A workplace free from debris, spills and mess

   ❑ Access to functioning services, including lighting, airflow and ventilation and emergency lighting

3. List four symptoms of workplace stress that Ariella may be experiencing.

4. What are five potential causes of stress in Ariella's workplace?

5. What are three factors that could potentially contribute to Ariella feeling fatigued when she is at work?

6. Describe why it is important for Ariella to report feelings of stress and fatigue to Patricia.

7. Give three positive steps that Ariella can take to manage her stress and fatigue at work.

8. Outline the format and sequence Patricia's debriefing session should follow.

9. Describe the potential benefits Ariella and her team can gain from participating in debriefing sessions.

Glossary

Cross-infection

Transfer of germs from person to person or object to person.

Disease

An illness, sickness or medical condition.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Hazardous chemical

A substance that can cause adverse health effects.

Infection

The reaction of the body to its invasion by a disease-causing agent.

Manual task

Task involving the use of your body to lift, lower, push, pull, carry, hold or restrain a person, animal or object.

Residual risk

Harm that may remain after strategies have been taken to address a hazard.

Risk

The probability and consequences of injury, illness or damage resulting from exposure to a hazard.

Risk assessment

Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.

Risk control

Eliminating a hazard or minimising the risk/s associated with the hazard.