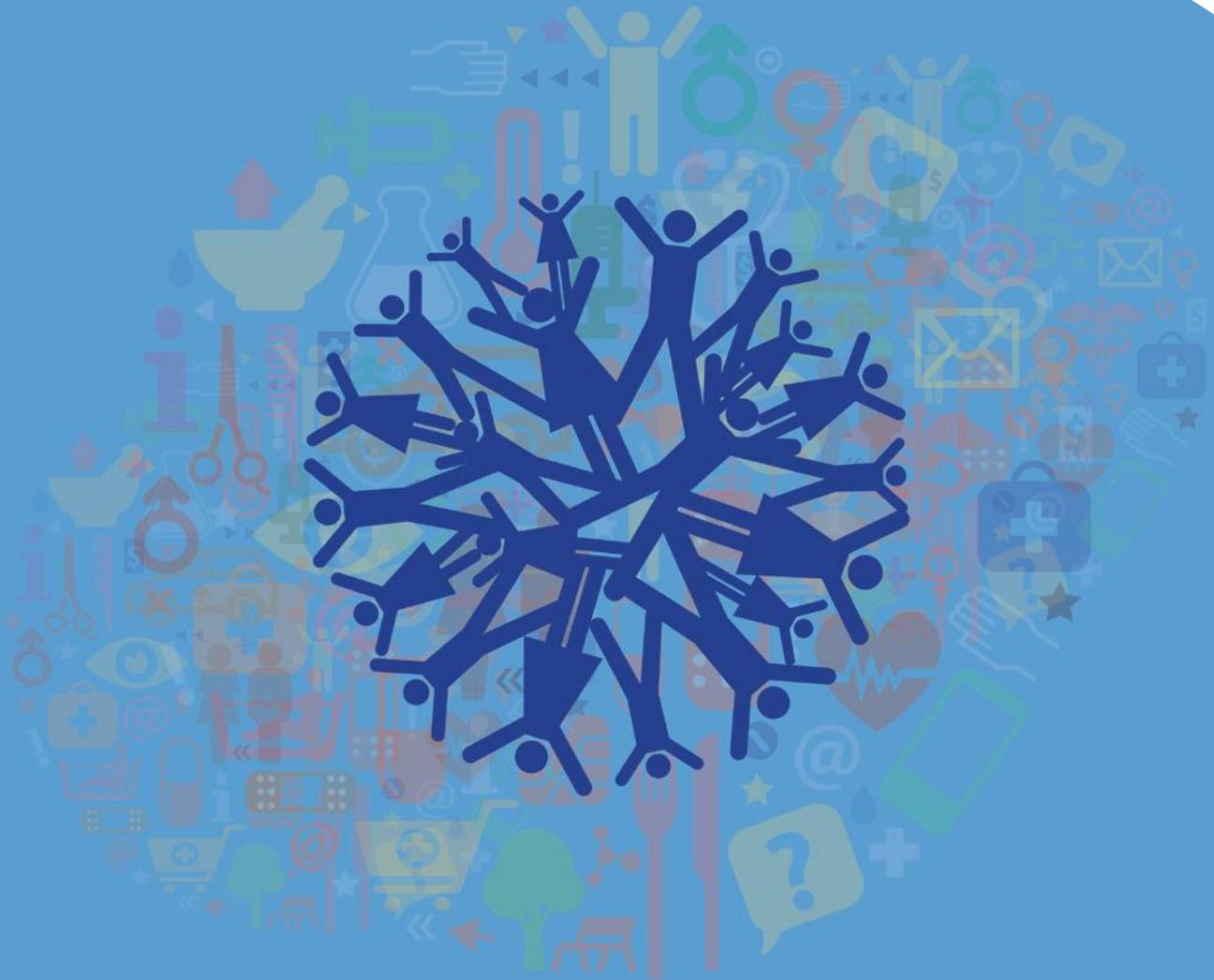


HLTWHS002

Follow safe work practices for direct client care

Release 2



Learner guide

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Learner guide

Aspire Version 1.2



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Version control and modification history

Version	Release date	Modification
Release 2, version 1.1	April 2017	First release
Release 2, version 1.2	September 2018	Health and safety table updated on page 3. Minor corrections as part of our continuous improvement process.

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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. You can access the unit of competency and assessment requirements at: www.training.gov.au.

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. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ 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 and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

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.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

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 outcomes	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	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify hazards then report and record in accordance with workplace procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify client-related risk factors or behaviours of concern, report and record in accordance with workplace procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Follow workplace policies and procedures to minimise risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Identify and report incidents and injuries in accordance with workplace procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Follow safe work practices for manual handling	2A Follow manual handling procedures and work instructions to minimise manual handling risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify manual handling hazards and report in line with workplace procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Apply control measures to minimise manual handling risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	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	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Recognise situations when additional infection control procedures are required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Apply additional precautions when standard precautions alone may be insufficient to prevent transmission of infection	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Identify and report risks of infection in accordance with workplace procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Contribute to safe work practices in the workplace	4A Raise WHS issues with designated persons in accordance with organisational procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Participate in workplace safety meetings, inspections and consultative activities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Contribute to the development and implementation of safe workplace policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Reflect on own safe work practices	5A Identify ways to maintain currency of safe work practices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Reflect on and report stress and fatigue levels in accordance with workplace procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5C Participate in workplace debrief to address individual needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Follow workplace policies and procedures for safe work practices**

- 1B Identify hazards then report and record in accordance with workplace procedures**

- 1C Identify client-related risk factors or behaviours of concern, report and record in accordance with workplace procedures**

- 1D Follow workplace policies and procedures to minimise risk**

- 1E Identify and report incidents and injuries in accordance with workplace procedures**

Follow safe work practices for direct client care

Every workplace has hazards that have the potential to result in harm to both the workers in that workplace and others who receive products or services from that workplace. To minimise the risk from these hazards, your workplace will have procedures that explain how to control risks and make the work environment as safe as possible for everyone. Many risks can be avoided if you follow workplace policies and procedures and participate in the risk management and reporting requirements of your workplace.

1A Follow workplace policies and procedures for safe work practices

In Australia all employers and employees must comply with relevant work health and safety (WHS) legislation, standards and codes of practice. Employers must provide a safe workplace and workers must work in a manner that does not endanger themselves 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.



Depending on what area of community services you are working in, there may be specific legislation that you need to uphold.

Safety in the workplace



Employees in any work setting have a legal obligation to plan and carry out their work in a manner that provides for the safety of themselves and others.

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 work health and safety laws across Australia. For the Act to be legally binding, it must be passed by the Parliament in each state and territory.

The *Work Health and Safety Act 2011* (Cth) legislation is supported by a further tier of law, commonly referred to as regulations, with a lower tier of non-statutory codes of practice and guidance notes. These regulations, codes of practice and guidance notes assist organisations to meet the requirements of the legally binding legislation. Organisational WHS policy and procedures should reflect the legislation and the supporting regulations and codes of practice.

The importance of WHS

WHS is referred to as OHS (occupational health and safety) in Victoria and Western Australia. One of the most important aspects of working in aged and community care is OHS. OHS stands for occupational health and safety and means making sure the health and wellbeing of everybody in the workplace is taken care of.



State/territory WHS authorities

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

The Commonwealth health and safety regulator is Comcare, which can be accessed at: <http://aspirelr.link/comcare>.

Australian Capital Territory	<p><i>Work Health and Safety Act 2011 (Cth)</i></p> <p>The regulator for the Australian Capital Territory is WorkSafe ACT.</p> <p>http://aspirelr.link/worksafe-act</p>
New South Wales	<p><i>Work Health and Safety Act 2011 (Cth)</i></p> <p>The regulator for New South Wales is SafeWork NSW.</p> <p>http://aspirelr.link/safework-nsw</p>
Northern Territory	<p><i>Work Health and Safety Act 2011 (Cth)</i></p> <p>The regulator for the Northern Territory is NT WorkSafe.</p> <p>http://aspirelr.link/worksafe-nt</p>
Queensland	<p><i>Work Health and Safety Act 2011 (Cth)</i></p> <p>The regulator for Queensland is Workplace Health and Safety Queensland.</p> <p>http://aspirelr.link/worksafe-qld</p>
South Australia	<p><i>Work Health and Safety Act 2012 (SA)</i></p> <p>The regulator for South Australia is SafeWork SA.</p> <p>http://aspirelr.link/safework-sa</p>
Tasmania	<p><i>Work Health and Safety Act 2012 (Tas.)</i></p> <p>The regulator for Tasmania is WorkSafe Tasmania.</p> <p>http://aspirelr.link/worksafe-tas</p>
Victoria	<p><i>Occupational Health and Safety Act 2004 (Vic.)</i></p> <p>The regulator for Victoria is WorkSafe Victoria.</p> <p>http://aspirelr.link/worksafe-vic</p>
Western Australia	<p><i>Occupational Safety and Health Act 1984 (WA)</i></p> <p>The regulator for Western Australia is WorkSafe WA.</p> <p>http://aspirelr.link/worksafe-wa</p>

Workplace policies and procedures

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 must adhere to the following policies and procedures when you carry out your duties.

WHS policy and procedures

These usually include important information regarding:

- ▶ personal protective clothing and equipment
- ▶ standard and safety precautions
- ▶ handling hazardous/dangerous materials and goods, including completing safety data sheets (SDSs)
- ▶ emergency procedures
- ▶ standard housekeeping
- ▶ hazard identification and control systems
- ▶ manual handling
- ▶ staff development and training programs
- ▶ waste management
- ▶ WHS personnel.

Personal protective equipment procedures

You may be required to wear personal protective equipment (PPE) to perform some aspects of your work. PPE is clothing and equipment designed to protect workers from direct exposure to blood, body fluids, potentially infectious materials and other harmful agents in the work environment. Your WHS policies and procedures and/or your supervisor will provide information on the use of PPE. Your workplace must provide all essential PPE and ensure it is ready for use at all times.

Workers must use PPE correctly to protect their own health and safety. Your supervisor must be notified immediately if PPE requires repair or replacement.

Using PPE to eliminate or reduce risks to health and safety is a last resort. PPE should only be used when particular risks cannot be eliminated or reduced.

Standard precaution procedures

You may be required to follow workplace precautionary procedures; for example, you may adopt standard precautionary work practices for infection control such as correct hand-washing techniques. These precautions may be developed according to the recommendations presented in the National Health and Medical Research Council's *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2010) at: <http://aspirelr.link/nhmrc-infection-guidelines>. The Department of Health also publishes a number of resources relating to infection control at: <http://aspirelr.link/aged-care-infection-control-resources>.

WHS legislation and regulations

Workers have an obligation to keep themselves and others safe at work and must plan their work with these obligations in mind. You need to read, know and understand your WHS policies and procedures. For their part, employers have a more significant and extensive obligation to provide a safe place of work for employees. More information is provided here.

WHS legislation

The WHS Act regulates workplace health and safety for the Commonwealth. It specifically aims to protect people at workplaces from risks to their health or safety and to promote safe and healthy work environments. WHS legislation was updated nationally in January 2012 with the *Work Health and Safety Act 2011* (Cth) coming into effect. This replaces the *Occupational Health and Safety Act 1991* (Cth). At this time, all states and territories have implemented harmonised WHS laws based on this new Act except Western Australia and Victoria, which continue 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 work health and safety. WHS regulations set out guidelines for managing risks to health and safety, general workplace management and WHS responsibilities.

In seeking information about WHS legislation and its administration, you should first contact the WorkCover agency in your state or territory. A useful starting point for locating the government agencies responsible for regulating and monitoring work health and safety in each jurisdiction is Safe Work Australia.

Printed information

Guidance materials and fact sheets are explanatory documents providing detailed information on the requirements of legislation, regulations, standards, codes of practice or matters relating to work health and safety. They are designed to ensure compliance with WHS laws. An example of guidance material is the *Dealing with workplace bullying – a worker's guide*.

Codes of practice

Codes of practice, sometimes referred to as compliance codes, 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. They provide guidance on a range of matters, including duty of care, hazard identification, risk assessment processes and risk control.

The following are examples of model codes of practice developed by Safe Work Australia:

- ▶ Work health and safety consultation cooperation and coordination
- ▶ First aid in the workplace
- ▶ Hazardous manual tasks

Community services codes of practice



You need to be familiar with the codes of practice that apply to the community services environment. Codes of practice are available on the Safe Work Australia website and from your state/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. If an organisation applies the information provided in the relevant code of practice, they will be deemed to have complied with the obligations prescribed by the WHS Act. You can keep up to date with your state or territory's codes of practice by regularly visiting the website of your state or territory's WHS authority or Safe Work Australia.

Industry standards

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: <http://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 provision of service regarding mental health, residential aged care, home care and disability.

Rights and responsibilities of employers and workers

Everyone in the community services environment, including visitors, workers, officers and employers, have 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' includes 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, incident and injury reporting, hazard identification, risk assessment and control, consultation and participation, and quality system documentation.



WHS responsibilities

WHS issues are everybody's responsibility. Your organisation will provide training, information and step-by-step procedures for you to follow so that you know what to do.

This training will help you to recognise hazards or dangers that can cause injury or infection to people; assess the level of risk in performing certain work duties; follow procedures to deal with unsafe situations; and report on WHS issues.



Duty of care

Duty of care describes the legal obligation that individuals and employers have to anticipate and act 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 the possible cause 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 service environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other.

Community service 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 that promotes and enhances the safety and wellbeing of people.

Example

Workers' obligations under law

Work Health and Safety Act 2011 (Cth)

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.



Emergency signage

Most workplaces have signs that provide information or direction when responding to emergency situations. For example, if there is a fire, explosion or other emergency requiring evacuation of a building, green exit signs should remain lit from an emergency power source; fire extinguishers should be clearly identifiable; and first-aid kits should be located in each work area. It may be necessary (for example, if responding to a chemical spill), to wear personal protective equipment (PPE), which includes gloves, goggles, boots, coats, disposable coveralls and mask respirators. Only respond to a spill if you have been trained to do so; assess the severity of the spill and decide on your ability to control or confine it.

Here are three examples of emergency signage.

- ▶ Fire extinguisher
- ▶ Radiation danger
- ▶ Emergency assembly point

Hazardous manual tasks

A manual task is any task that requires a person to push, pull, lift, lower, hold, carry or otherwise restrain any animal, person or object. Hazardous manual tasks are manual tasks that are at risk of causing harm to a person. Not all manual tasks are hazardous.

Hazardous manual tasks can be identified by the following characteristics:

- ▶ Repetitive or sustained force
- ▶ High or sudden force
- ▶ Repetitive movement
- ▶ Awkward or sustained postures
- ▶ Exposure to vibration

If one or more of these factors is present in a task then you could be at risk of an injury. The more of these factors that any one task contains, the higher the chance that the task will cause harm.

To manage the risk associated with hazardous manual tasks you should follow correct risk management processes and implement the recommendations outlined in the Hazardous Manual Task Code of Practice. According to this model code of practice, if a manual task contains a high force or heavy load then the risk must be assessed and controlled.

Infection control

Standard 3 of the National Safety and Quality Health Service Standards outlines governance and management for healthcare associated infections. The National Health and Medical Research Council provides *Australian Guidelines for Prevention and Control of Infection in Healthcare* (2010), which includes information on risk-management and precautions.

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

Infection control principles require that you assume that everyone you are working with may carry a contagious disease, even yourself. This means that 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.

You can download the government *How to wash hands* poster here:
<http://aspirelr.link/how-to-wash-hands>

Example

Follow workplace policies and procedures for safe work practices

Jenny works in a community service environment as a support worker. Jenny assists Anthea to get in and out of bed, shower and dress on a daily basis. Anthea is just one of many people that Jenny provides physical support to throughout her workday.

Anthea has a manual handling plan that tells Jenny and the other support workers the safety requirements for assisting her to get in and out of bed.

Last week a worker named Cindy was working with Jenny and told her that she knew a better way to help Anthea and that she was not going to follow the plan.

Jenny politely refused to help Cindy with her transfer method, advising that the workplace manual handling policy and the Hazardous Manual Task Code of Practice required all workers to follow the manual handling safety plan.

Jenny discussed the issue with her supervisor Tom who supported her decision. Tom told Jenny that by not following the manual handling policies and procedures that Cindy was breaching her duty of care under the WHS Act, and thereby placing herself, fellow workers and Anthea at risk.

Practice task 1

1. What legal obligation does the WHS Act place on workers?

.....
.....

2. What important information is usually found in WHS policies and procedures?

.....
.....

3. What characteristics make a manual task hazardous?

.....
.....
.....
.....

Click to complete Practice task 1

1B Identify hazards then report and record in accordance with workplace procedures

Workers have a legal obligation to keep themselves and others safe. Identifying and reporting hazards to the appropriate person so the hazards can be addressed forms part of this obligation. A hazard is something with the potential to cause harm; perhaps human injury or ill health; damage to property or the environment; or a combination of these. When hazards have been identified they must be assessed to determine the risk of harm. Risk means the probability and consequences of injury, illness or damage resulting from exposure to a hazard.



Workers can contribute by giving feedback to managers and supervisors, health and safety representatives, health and safety committees or other designated people about the effectiveness of risk controls. There are a variety of mechanisms available to identify hazards and assess risk. These include hazard identification checklists and risk assessment matrixes. Organisations have policies and procedures that provide guidance on how workers can contribute to WHS. Workers should familiarise themselves with this documentation.

Hazards and risks

Often it is difficult for someone not familiar with WHS to accurately understand or describe the difference between a hazard and a risk. These terms have very different meanings – although they both relate to maintaining a safe work environment. Here are the definitions of a hazard and a risk.

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; 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 all members of a work group understand how hazards and risks impact their work environment.

Ensuring workers understand definitions and differences

- ▶ 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. They must also be provided information about any current hazards, what is being done to rectify them and the actions to avoid the hazards. This may be communicated verbally or in written documents.

Identify existing or potential hazards

A hazard is defined as anything that might cause injury or ill health to anyone in your workplace or damage to property or the environment.

Once existing or potential hazards are identified, they need to be reported to the designated person and recorded according to workplace procedures.

Safe Work Australia, in their *Model Code of Practice – How to Manage Work Health and Safety Risks* (<http://aspirelr.link/manage-whs-risks-code-of-practice>) identify the following types of workplace hazards.

Examples of common hazards

- ▶ Manual tasks – overexertion or repetitive movement, which can cause muscular strain
- ▶ Gravity – falling objects, falls, slips and trips can cause fractures, bruises, lacerations, dislocations, concussion, permanent injuries or death
- ▶ Electricity – 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, 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 – these are the effects of work-related stress, bullying, violence and fatigue

Hazard identification

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. It may be part of your job to identify these factors. Hazard identification is the process of identifying sources of harm and is the first step in preventing or minimising risk.

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.

Hazard identification plan

The community service environment in which you work will have procedures for identifying hazards. You may be part of a team involved in identifying 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 work health and safety
- ▶ consulting other community services workers, supervisors, and health and safety committee 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

The community service environment may contain hazardous manual tasks. In support roles these hazards are often associated with sustaining awkward postures when providing care, repeating forces or movements when assisting in transfers and exposure to high and unexpected loads when assisting combative, resistive or unpredictable people.

Many of these hazards can be eliminated or appropriately minimised by applying correct risk management strategies and clear communication.

Common hazardous manual tasks may include:

- ▶ assisting transfers of people on and off non-adjustable furniture
- ▶ working in awkward postures due to space constraints
- ▶ dealing with heavy loads due to working alone
- ▶ receptive postures and actions from providing the same care routine to multiple people.

Common workplace hazards: infection control risks

There may be infection control risks in your community service environment. These may include exposure to biological materials such as blood, sweat, sputum, urine and faeces.

Depending on your role you may also be at risk of needle stick injuries and increased exposure to airborne diseases such as colds, flus and some forms of gastroenteritis.

Exposure to these bio-hazardous 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 personal protective equipment. When managing infection control follow the tips listed here.

Tips for managing infection control risks

- ▶ Follow the infection control plan
- ▶ Be aware of VRE, MRSA and contagious disease statuses
- ▶ Apply good hand hygiene techniques
- ▶ Wash equipment between client use 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 and use of sharps containers for needles
- ▶ Ensure your vaccinations and booster shots are up-to-date

Example

Infection control procedure for spills of body fluids

- ▶ Isolate the area.
- ▶ You must wear appropriate PPE, including goggles, gloves and a plastic apron. You may need to wear disposable shoe coverings if there is massive blood contamination on floors.
- ▶ Soak up the fluid with paper towels.
- ▶ The spill area must be covered with a granular chlorine releasing agent for a minimum of 10 minutes. The granules and any waste should be removed using cardboard placed in a plastic bag and disposed of.
- ▶ Spills of human waste in bathrooms and toilets can be hosed off into the sewerage system and area flushed with water and detergent. The area should then be disinfected with an appropriate product.
- ▶ Broken glass and sharps should be removed using forceps.
- ▶ A mixture of one part bleach to 10 parts water should be applied for 10 minutes.
- ▶ The area should be washed with hot water and detergent.
- ▶ Dry the area using paper towel. The affected area must be left clean and dry.
- ▶ Paper towelling and gloves should be disposed of appropriately.
- ▶ Wash your hands.

Contaminated clothing should be rinsed in cold running water, soaked in bleach solution for half an hour, and then washed separately in hot water and detergent.

Common workplace hazards: personal safety risks

Working in the community service environment may involve providing support to people with challenging and inappropriate behaviours. These behaviours may include physical and verbal aggression and sexually inappropriate advances.

These behaviours can pose physical and psychological risks to the personal safety of the person the behaviours are aimed at.

Most of these personal safety risks can be appropriately managed through following the de-escalation processes, aggression management strategies and behaviour support plans in your workplace.

If you feel that your personal safety is at risk at any time during your work day, then you need to tell your supervisor immediately and 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 exserviceman diagnosed with post-traumatic stress disorder (PTSD).

Brian suffers mood swings, anxiety and depression as a result of his illness. In recent months Brian’s behaviour towards Eli is 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 stands over Eli in an intimidating way after Eli attempts 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 for Brian is arranged; however, on his next visit Eli is again confronted by Brian, who accuses Eli of ‘dobbing him in to management’.

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

Carrying out a risk assessment

Once a hazard has been identified, you need to conduct an assessment of the risk of injury, harm or damage. An example of a 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.

There are 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

Record results of a risk assessment

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.



The best way to control a hazard is to eliminate it.

Strategies to minimise risk



Workers and employers are required to ensure health and safety 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 direct action by a worker to remove the hazard 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.

Use the risk matrix to estimate risk

The risk assessment matrix is a useful tool for estimating risk. The work group 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 assign 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 work and use the matrix below to estimate whether it is an acceptable or unacceptable risk.

LIKELIHOOD	VERY LIKELY	Acceptable risk Medium	Unacceptable risk High	Unacceptable risk Extreme
	LIKELY	Acceptable risk Low	Acceptable risk Medium	Unacceptable risk High
	UNLIKELY	Acceptable risk Low	Acceptable risk Low	Acceptable risk Medium
		MINOR	MODERATE	MAJOR
		IMPACT		

Risk controls

'Risk control' is the term used to describe the devices and methods used to eliminate the hazard or, where this is not practicable, minimise the risk/s associated with the hazard. Staff and support workers should be consulted for their opinions about effective control measures as they are most familiar with the work environment. In addition, an organisation will have in place risk control measures as part of a hierarchy of control. 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 can include:

- ▶ policies to influence behaviour; for example, a no-lift policy
- ▶ practices to guide the use of equipment
- ▶ design to 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.

Hierarchy of control

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 can't be eliminated, move to level two, 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 other steps are possible.

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

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 straight away to avoid anyone else slipping and falling over and hurting themselves.
- ▶ Stop using toxic substances that are not essential to the work.
- ▶ Repair or replace equipment.

Level 2 control

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 controls

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 consumer 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 control

Administrative controls

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 (for example, 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.

Personal protective equipment (PPE)

Wearing and using personal protective clothing or equipment 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 properly and when necessary
- ▶ train workers in why the clothing is necessary
- ▶ teach workers how to wear the right protective equipment for the task; for example, wearing waterproof foot protection when showering consumers 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.

Report hazards

Organisational policies and procedures provide guidance about how to report hazards, giving details of the reporting process, the time frame for reporting and who to report to. All organisations require employees to report identified hazards and risk control measures that are not adequate.

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 within an organisation who have a formalised role to provide WHS support.

Designated persons may include:

- ▶ team leaders
- ▶ supervisors
- ▶ health and safety representatives or committee members
- ▶ organisation WHS personnel such as safety officers
- ▶ managers and supervisors
- ▶ other persons designated by the organisation.

Example

Identify and report hazards

When cleaning the 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 for, even though it is currently quite minor, she is concerned that it would be easy for her or someone else to trip on it.

Marla reports the trouble spot to her supervisor and fills out a hazard report form. Marla also makes a note in the repairs register.



Record hazard information

Organisations will provide guidance on the completion of documentation in their WHS policies and procedures, including 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. These include incident forms, job checklists and schedules, workplace inspection checklists, hazard identification forms, and risk assessments.

If workers need additional assistance to complete the documentation they can get help from their health and safety representative.

Record residual risks

Organisational procedures for the identification and control of hazards direct you and your co-workers in 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 then this should be reported to the relevant person; this may be you, your supervisor or the workers' supervisor; and/or the organisation's designated health and safety representatives. 'Residual risk' is the term used to describe the harm that may remain after strategies have been put in place to address a hazard.

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

Practice task 2

1. What are five common workplace hazards that you may find in the community service environment?

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2. What are the five steps involved in carrying out a risk assessment?

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3. What are some examples of commonly used risk controls?

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Click to complete Practice task 2

1C Identify client-related risk factors or behaviours of concern, report and record in accordance with workplace procedures

When working in the community service environment it is important to be aware of the risk that other people's behaviour, including those receiving care and their visiting friends and family, may pose to the health and safety of yourself and those in the care environment.

Some physical and psychological conditions and stressors can impact the parts of the brain that affect mood, self-control and inhibition as well as mood disturbances and 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 are able to identify, report and record behaviours of concern in accordance with your workplace procedures.

Work in a home-based environment

Working in a home-based environment can involve hazards and risks unique to the home-based environment. This is because 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 care facilities.

Workers need to be aware of the risks to their personal safety and the safety of others, and also what their rights and responsibilities are to ensure their own safety and the safety of others while working in a home-based environment.

Rights and responsibilities of workers and clients

Under the WHS legislation every worker has the right to a safe workplace that is, so far as reasonably possible, free of risk or harm to the worker's health and safety.

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 within the safety of their own home. For example a person may usually smoke in their home, leave dirty dishes on the tables and entertain visits from intoxicated family members.

However, under WHS legislation if a person enters into an agreement where they receive care within their own home, then they are agreeing to comply with reasonably practicable work health and safety standards that are used in any care providing facility. This agreement is for the safety of both the person receiving care and the worker. By these standards a worker has the right to a hazard-free environment and has the right to request a person does not smoke or drink alcohol in the presence of the care worker and may also refuse access to others who may threaten the health or safety of the care worker, for the duration of their care visit.

Basic home fire safety

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 home environment is completed before you commence providing a service in that person's home. This may include a basic fire management plan, including identifying phone locations, marking building emergency evacuation exits and checking for fire hazards such as faulty or over-loaded power points, curtains or draperies close to heaters and the location of commonly used flammable house hold 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 and 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 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.

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.

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

The Metropolitan Fire and Emergency Services Board (MFB) has developed a valuable resource Home Fire Safety Booklet, which is available in several languages. Access this resource at: <http://aspirelr.link/mfb-home-safety-booklet>

Smoke alarms



As part of your home-based safety inspection you will be required to check for working smoke alarms. The general principle is that the smoke alarms in your 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 are to be located on or near the ceiling of every bedroom, 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 that can cause a reaction from the smoke alarm.

In care facilities smoke alarms should be placed in each patient care area, each public corridor and any other internal public space associated with a patient care area.

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

Smoke alarms should be routinely maintained, including cleaning, testing and the replacing the batteries in accordance with the manufacturer's instructions.

Risks to personal safety

According to the 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 handling

Workers in home-based care are most at risk of injury from hazardous manual 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 postures due to environmental constraints like 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

When providing care in a home-based environment it is important to be aware of the threat of aggression and other inappropriate behaviours from people receiving care and others who may be present in the home-based environment.

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

Pre-assessment checks should determine:

- ▶ systems for identifying potentially aggressive clients
- ▶ use of service agreements to set out the terms of service cessation due to inappropriate behaviours
- ▶ training requirements to help workers to recognise signs of aggression and appropriate communication for and management of inappropriate behaviours
- ▶ available procedures to ensure timely and appropriate debriefing and counselling
- ▶ use of a policy to restrain pets in the home while care is being provided
- ▶ use of a policy to restrict visitors at the home during care visits.

Common sources of infection

Workers providing home-based care services need to be aware of common sources of infection in the home-based environment. In particular care workers should be aware of the risk of exposure to biological hazards through:

- ▶ direct contact with blood and other bodily fluids especially into broken skin and mucosal surfaces
- ▶ ingestion via contaminated hands, food and surfaces
- ▶ inhalation of infectious aerosol droplets from coughing or sneezing



By knowing about these sources of infection, workers can encourage the practice of good environmental and personal hygiene, respiratory etiquette and be mindful of what they ingest while in the home-based environment.

Minimise transfer of infectious diseases

All workers should be provided with training on requirements for standard infection control precautions and additional precautions that should be applied to control risk of infection in the home-based environment.

All support workers should also be provided with transportable equipment such as hand sanitiser and appropriate personal protective equipment such as gloves that can be used as protection against biological hazards.

The standard infection control precautions that follow should be used in every home-based environment where services are provided.

Standard infection control precautions

- ▶ Effective hand hygiene
- ▶ Use of PPE
- ▶ Use of aseptic techniques
- ▶ Safe management of sharps
- ▶ Maintain a clean physical environment
- ▶ Clean reusable items after each use
- ▶ Implement respiratory precautions
- ▶ Handle and dispose of waste materials appropriately

The musculoskeletal system

Support workers need to be aware of 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 happens over time.

To protect the musculoskeletal system it is important that workers follow the manual handling policies and procedures that apply to the home-based environment.

Specific risk management strategies for the home-based environment may 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 over extending
- ▶ 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.

Minimise injury to self and clients

Injuries in the home-based environment can occur to both the care support worker and those receiving care as a result of hazards present in the home-based environment.

These hazards may be due to physical environment, the nature of tasks being performed or as a result of the behaviour of the people involved.

All care support workers have a duty of care to participate in hazard identification, risk assessment and risk control processes to minimise the risk of injury to themselves and those receiving their care.

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

Hazard identification checklist		
Tick relevant hazard box and record comments and/or action taken		
Type of hazard		Comment/action taken
Inadequate lighting	<input type="checkbox"/>	
Appropriate household cleaning equipment	<input type="checkbox"/>	
Manual handling (for example, lifting loads)	<input type="checkbox"/>	
Limited ventilation	<input type="checkbox"/>	
Infectious diseases	<input type="checkbox"/>	
Open wounds/cuts	<input type="checkbox"/>	
Chemicals or medications	<input type="checkbox"/>	
Faulty electrical equipment	<input type="checkbox"/>	
Overloaded power points	<input type="checkbox"/>	
Pets	<input type="checkbox"/>	
Bathroom equipment and supplies	<input type="checkbox"/>	
Loose floor coverings	<input type="checkbox"/>	
Client behaviour (for example, aggressive behaviours)	<input type="checkbox"/>	

Identify risk factors or behaviours of concern

Behaviours of concern refers to any behaviour that has the potential to cause harm or to 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 service workers must be able to identify and plan appropriate responses to behaviours of concern in line with organisation 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.

Here is a description of some behaviours of concern.

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 and repetition

Examples of verbal disruption are screaming, yelling, laughing, grunting and making other sounds that are loud and inappropriate. People may ask the same question several times. This is not because they didn't listen to your response. It is because they have forgotten that they have asked the question.

Resistance to personal care

People may not be aware that they need personal care, such as a bath, nor the role of workers providing the care and may react physically. Others may refuse services 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 continuously, eat foods and other items that are toxic, and in severe cases, lose the ability to chew and swallow.

Report factors or behaviours of concern

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

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

Reporting behaviours of concern can be used 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.

When reporting behaviours of concern you should document:

- ▶ 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 client-related risk factors or behaviours of concern, report and record in accordance with workplace procedures

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

This morning he did a home visit to shower and dress Maisy, an 81 year old lady with Alzheimer's disease and mild dementia. As this was his first visit to Maisy's house he had to call Maisy beforehand and go through a home safety checklist that would ensure that he would not be put at unnecessary risk by visiting her.

On the first visit to Maisy's house he also had to complete a risk assessment to alert himself and his team of any hazards that are present in the environment, including looking out for hazards from inadequate space to complete care tasks, hazards that might cause slips, trips and falls, fire danger and any behaviours of concern from Maisy and any of her visitors.

A lot of documentation is required but the checklist and risk assessment makes sure that everyone is aware of things like dogs, uneven steps, syringes and aggressive family members. The team need to know about these things when going into someone else's home.

Jonathon's work place also has infection control policies and procedures to help him to provide best practice care, while minimising infection control risk in the home-based environment.



Practice task 3

1. What are some examples of behaviours of concern that may pose a risk to both the person receiving care and the worker who is providing care in a home-based environment?

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2. What are common causes of infection transmission in the home-based environment?

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3. What are some ways to decrease the risk of injury to the musculoskeletal system when working in the home-based environment?

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Click to complete Practice task 3

1D Follow workplace policies and procedures to minimise risk

All workplaces have their own policies and procedures for dealing with an emergency or hazard, and for controlling risks. An emergency can be any hazard or risk that requires immediate action; for example, a chemical spill, a fire or a 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.



Follow policies and procedures

Following workplace policies and procedures to minimise risk requires that you address hazards and contribute to safety in the workplace. Ways in which you can do this are outlined here.

Address the likelihood of harm

Before undertaking a task, identify hazards and assess their risks. You then need to 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 clean-up procedures. Part of your hazard/risk assessment will be to report the incident to determine causes.

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

Undertake WHS housekeeping in the work area

Good housekeeping involves establishing workplace and personal routines designed to improve health and safety. Housekeeping for WHS purposes includes a number of activities that staff should build into their work routines. Responsibility for this aspect of WHS falls as much on employees as it does employers. Housekeeping standards assist in maintaining a clean organised working space, which reduces the likelihood of harm from risks and hazards.

Housekeeping

Workers and their supervisors need to ensure that their obligations in respect of WHS and providing a safe workplace are met through good housekeeping practices that minimise risks and eliminate hazards as far as possible. Remember also that as part of a support worker's role is to visit a client's home to provide a service, the home is a workplace requiring the same attention to WHS and correct housekeeping.

Routines to improve health and safety 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 and wearing proper personal protective equipment
- ▶ displaying adequate and appropriate signage.

Example

How a worker addresses a workplace hazard

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

Tony decides that it would be dangerous to wait for one of the cleaning staff to deal with the floor so, after reporting the hazard, he deals with it himself. He gets a mop from the cleaners store to dry off the floor and puts a wet floor sign up at either end of the room. Tony also asks one of the administration staff if she would prepare a large sign to go on the outside doors to ask residents and guests to carefully wipe their feet. Tony then makes a note in the support worker's daily record book for other staff to see.



Understand safety instructions

In any workplace, it is critical for all workers to understand all the workplace procedures – particularly emergency procedures – to ensure everyone’s safety. It is important for all workers to have access to the written procedures and protocols and general evacuation information for emergencies. All workers must understand emergency communications and alarm signals so they can be used in accordance with procedures and regulatory requirements.



Emergency procedures

The response to emergencies may vary according to the type of situation, the organisation and location of the emergency. It is vital that procedures are followed, as they prescribe the best actions for different circumstances. Procedures will take into account the emergency responses standards and guidelines that include numbers and locations of exits, placement of fire extinguishers and smoke detectors, emergency signage and lighting, and assembly point locations. Standards and guidelines for the correct implementation of emergency response procedures ensure that a workplace has the correct process, procedures and equipment in place to address all emergency situations. Further information regarding emergency procedures is outlined here.

Equipment

Procedures relating to the use of emergency equipment will not only cover general emergency action, but also the correct use of emergency equipment and/or PPE. There are procedures for the use of lifesaving appliances (such as respirators and automatic defibrillators) that must be followed and procedures related to using fire extinguishers.

Drills

Often the best way to reinforce actions that need to be performed in an emergency situation is to perform drills. A drill in this sense is the repetition of a series of actions until they become embedded in people’s memories. In an emergency situation, the 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

For emergency procedures to be effective and useful, they must be accessible to all staff and visitors to a centre. To ensure everyone is aware of the procedures, workplaces can run emergency evacuation drills. However, new staff and visitors still require access to the procedures outside these times, so they must be accessible; for example, located in the policy and procedures manual where all stakeholders can readily access them.

Access

The best way to ensure the work group understands and can access these procedures is to instigate a ‘read and sign’ sheet or some other type of acknowledgment that provides supervisors with evidence that the members of the work group have read and understand the workplace emergency procedures.

Understand safety signs and symbols

Safety signs and symbols are an important health and safety strategy used in the community service environment. The use and design of occupational safety signs must meet the requirements stipulated by the Australian Standard 1319.

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 in how to respond in emergency situations.



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

Hazardous Chemical classifications

Working in the community service environment may expose you to hazardous chemicals. Hazardous chemical means a substance, mixture or article that satisfies the criteria for a hazard class in the Globally Harmonised System of Classification and Labelling of Chemicals (GHS).

Hazardous chemicals may include explosives, flammable liquids and gases, corrosives, chemically reactive or highly toxic substances.

Under the WHS Regulations, a manufacturer or importer of substances, mixtures and articles to has a duty determine whether they are hazardous to the health and safety of persons, before they are supplied for workplace use.

Your workplace should have safety data sheets (SDS) to inform workers of how to manage the risk associated with hazardous chemicals.

Source: *Globally Harmonised System of Classification and Labelling of Chemicals*, 2009



Safety signs and symbols: poisons

The skull-and-crossbones symbol, consisting of a human skull and two bones crossed together behind the skull, is used as a warning that there are poisonous substances present and that care should be taken to limit exposure to the poison through avoiding direct contact and ingestion.

This symbol may or may not be accompanied by the words 'poison' and may be a hazard sign with a black symbol on the 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 that is inside a black rectangle.

Safety signs and symbols: emergency equipment

Emergency equipment signs and symbols inform workers about important emergency information regarding the location of emergency equipment such as evacuation mats, first aid kit and defibrillators, showering devices and breathing apparatuses.

The words and pictures on these signs will always be white on a green rectangular background.



Safety signs and symbols: PPE

Signs and symbols that contain images of personal protective equipment indicate the location of important protective equipment that must be worn in the area where the sign is located. These symbols will always be white on a blue circular background and may include the following depictions:

- ▶ Use of goggles or protective eye wear
- ▶ Use of a face mask or shield
- ▶ Use of gloves



Safety signs and symbols: specific hazards

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

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

- ▶ flammable materials
- ▶ hazardous chemical
- ▶ biological hazards
- ▶ 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 work policies and procedures can minimise risk in the community services environment.

Manual handling policy and procedures

Donna works in a care facility and regularly refers to the manual handling policy and procedures in her workplace to ensure the safety of herself and the people she is assisting throughout every transfer. These documents tell Donna important information about available equipment and how she can reduce her risk of a musculoskeletal disease when handling and transferring heavy people.

Equipment and equipment procedures

Eric works in a busy care facility that uses a lot of mechanical devices such as hoists and electric wheel chairs. At times Eric finds that choosing the right type of equipment and knowing how to clean and maintain it can be confusing. Whenever Eric has this difficulty he refers to the equipment procedures in his workplace and they contain all the instructional information he requires to make safe decisions for himself and the people he is assisting.

Emergency management procedures

Aaron works in a care facility and is the nominated warden to carry out the emergency procedure in the event of an emergency. Aaron'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. Aaron's team run regular drills to ensure everyone is aware of the procedures and thereby minimise the risk of injury should a real emergency ever occur.

Practice task 4

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

Case study

Dennis has just started a new job as a support worker at a care facility. As part of Dennis' orientation to the workplace he was required to attend an induction session that gave an overview of all the work health and safety policies and procedures that aim to keep the workplace free from harm.

One of the speakers at the induction session gave a presentation on commonly used safety signs and their meanings so that all the new workers would know how to use this important information.

After the session Dennis tried to remember what all the symbols meant and became confused and unsure due to trying to process so much information all in one day.

1. Describe for Dennis what an emergency equipment sign looks like and how it should be used.

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2. Describe for Dennis what a poison sign may look like and how it should be used.

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3. Describe for Dennis what a PPE sign may look like and how it should be used.

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Click to complete Practice task 4

1E Identify and report incidents and injuries in accordance with workplace procedures

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 for injury, ill-health or damage, and can be an event that causes observable injury, such as a sprain or abrasion; it can also be a less obvious outcome, such as a person being subjected to aggressive behaviour from a consumer. 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.



Identify incidents and injuries

A work place 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. 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 interactivity below outlines the five categories of workplace incidents that should be recorded and reported to management.

Incident categories

There are five categories of incidents you may have to report on:

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 one in which no-one is hurt.

Minor injury

A less serious incident where someone was harmed, but may still indicate a more serious safety problem.

Major injury

A serious incident that results in a workers death, permanent disability or hospitalisation.

Work related travel injury

An injury that occurs while a worker is travelling to or from work.

Report 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 to prevent injuries, and provides feedback on the effectiveness of responses to an incident, possibly identifying training needs or amendments to policy.

When reporting, provide all available details, including:

- ▶ a concise description of what happened
- ▶ the precise location of where the incident occurred
- ▶ when the incident took place
- ▶ who was involved, including witnesses
- ▶ first aid 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 have to be kept of what WHS training people have done so managers and supervisors can be confident that a person is fully competent to do their work. The 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, not only an incident but a hazard. An incident is one where an accident has happened, where a person has slipped or fallen or tripped. And 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 that incident on paper. If incidents aren't documented then we can't reduce the risk and as an employer we 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: 05/01/18		Time of injury: 7.30 am
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: 05/01/18
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: S Smith		Date: 05/01/18
Please print name: Sandy Smith		
When was the injury reported?	Date: 05/01/18	Time: 7.50 am
Who was the injury reported to?	Name: Joanna Simon	Position: Unit Supervisor

Report injuries to statutory agencies

It is a legal obligation for employers or self-employed persons to report to the state's or territory's WHS regulator any work-related injury, illness or dangerous incident 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.

A notifiable incident, as outlined in the WHS Act, is either 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: <http://aspirelr.link/incident-notification-fact-sheet-swa>.

Example

Incident reporting process

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

Incident reporting process

- 1 The employee witnesses or person involved in an incident must 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.
- 2 The responsible manager will report injury to insurer and WorkCover authority (if applicable) within the statutory reporting time frames.
- 3 Management, in consultation with the responsible Health and Safety Representative, Health and Safety Committee and employees, will ensure immediate interim action is taken as required to either eliminate the hazard or to minimise risk within the workplace.
- 4 The responsible manager will form an investigation team, investigate the incident and review concerns raised.
- 5 The responsible manager will carry out necessary interviews and review documentation.
- 6 The responsible manager will complete the final section of the Workplace incident report.
- 7 The responsible manager will complete the necessary risk management documentation; that is, the risk register and action plan.
- 8 Corrective actions will be implemented according to the risk action plan.
- 9 All documentation must be kept on file for easy access and retrieval.
- 10 All incidents and organisational responses will be reviewed by management and health and safety representatives.

Practice task 5

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

Case study

Kaveh is the health and safety representative (HSR) in a care facility. Part of Kaveh's HSR role includes reading hazard, incident and injury report forms and following up on those forms by completing risk assessments and identifying appropriate controls in consultations with the workers and management.

Last week Kaveh received an incident report from a care support worker named Malachai. Malachai's incident report stated that he had felt discomfort in his back after assisting another staff member to help transfer Cyril out of bed.

Cyril weighs 189 kg and has had weakness in the left side of his body ever since his stroke.

1. What is a notifiable incident and is Malachai's incident considered one?

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2. What are some important steps that Malachai's manager may take to complete the incident reporting process?

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3. What are the five types of incidents that Malachi had to choose from when identifying this incident?

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Click to complete Practice task 5

Summary

1. In Australia all employers and employees must comply with relevant work health and safety (WHS) legislation, standards and codes of practice.
2. Employers must provide a safe workplace and workers must work in a manner that does not endanger themselves or others.
3. 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.
4. 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.
5. 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.
6. All workers in the community service environment should have adequate knowledge of safety symbols and their meanings, and be able to accurately read and interpret workplace safety signs, dangerous goods classifications and safety instructions.
7. A work place 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.
8. All incidents must be recorded on an incident report form and reported to management as soon as possible.
9. 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

This learning checkpoint allows you to review your skills and knowledge in following safe work practice for direct client care.

Part A

1. What is a manual task and what factors make it hazardous?

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2. What is the musculoskeletal system and what type of workplace hazards place it at risk of injury?

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3. What is a hazard?

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4. What is the Hierarchy of Control?

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5. What are the steps involved in reporting a hazard, incident or injury?

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6. Where should smoke alarms be placed in the home and care environments?

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7. What are some important maintenance requirements for smoke alarms?

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8. What are some important basic home fire safety considerations?

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9. What are safety signs and symbols used for in the community service environment?

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10. What are some example safety signs and symbols that are commonly used in the community service environment?

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11. What is a notifiable incident?

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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 provide personal care services direct to a person's home in the community. Last week Anthony received an incident report advising that Sandra, a care support worker, had been harassed by an abusive visitor while attending one of her home visits.

When investigating the incident Anthony discovered there was a range of contributing factors, from lack of home visit safety procedures through to identified training and medical response needs.

Anthony decided that the best way to handle the issue was to request that Sandra and the other workers assist him in identifying the WHS needs in the workplace and help prioritise those needs.

Together Anthony and the workers mapped out and prioritised all of the WHS issues for their community service environment. By involving the workers Anthony gained valuable insight into operational hazards and risks that he had not previously been aware of. The discussion process also raised awareness amongst the workers around workplace risk and provided the workers with an opportunity to participate in the risk management process.

1. What Australian safety legislation and guidance materials apply to Anthony when he is working in the community service environment?

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2. What legal obligations does Sandra have under the WHS Act 2011?

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3. What important information should Sandra be able to find in her WHS policies and procedures?

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4. What are three examples of model Codes of Practice that may be applied to Sandra's workplace?

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5. What are some sources that Sandra can use to access WHS information?

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6. What are some examples of WHS policies that Sandra may need to follow in order to comply with WHS legislation?

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7. What procedures might Sandra have regarding hazards and risks in her workplace?

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8. What characteristics of hazardous manual tasks should Sandra be aware of?

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9. What Australian safety legislation impacts how infection control risk is dealt with in Sandra's workplace?

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13. What are some steps that Sandra would find in her workplace hazard identification plan?

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14. What are some common manual handling hazards that Sandra may experience working in the community service environment?

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15. What are five ways that Sandra can manage infection control risk while she is at work?

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

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17. What are five common workplace hazards that Sandra may identify while working the community service environment?

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18. What are five commonly used risk controls that Anthony could trial in his workplace?

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19. What are some risk management strategies that Sandra could use to reduce risk from hazardous manual tasks in the home-based environment?

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20. What are common causes of infection transmission in the home-based environment that Sandra should be aware of?

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21. What are some examples of behaviours of concern which Sandra needs to be aware of when she is providing care in a home-based environment?

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22. What information should Sandra report regarding behaviours of concern?

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Topic 2

In this topic you will learn how to:

- 2A Follow manual handling procedures and work instructions to minimise manual handling risk**
- 2B Identify and report manual handling hazards in line with workplace procedures**
- 2C Apply control measures to minimise manual handling risk**

Follow safe work practices for manual handling

Manual handling incidents and injuries contribute a large percentage of the total work related injuries and incidents that take place annually in Australia. In the community service environment manual handling policies and procedures outline how manual handling risk should be managed in compliance with work health and safety (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.

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

Hazardous manual tasks contribute to a large percentage of workplace incidents and injuries that occur in Australia every year. Your workplace will have WHS policies and procedures that aim to prevent harm and injury to yourself and others while carrying out manual tasks. These policies and procedures will provide instructional information about common manual handling hazards in your workplace and how to reduce the risk associated with those hazards.

The manual handling policies and procedures in your workplace should be consistent with the overarching WHS risk management framework of your workplace.



Policies and procedures for WHS



The WHS policies and procedures in your workplace outline the course of action that is required in order for you to meet your obligations under the WHS Act.

Your WHS policies should explain your legislative WHS duties, what action is to be done, how that action is to be carried out, who is responsible for the action and any documentation requirements. The 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 2011, 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 at the workplace, that they have been notified about.

Manual handling policies and procedures

The manual handling policies and procedures in your work place should outline how your workplace will comply with the legislative requirements of the WHS Act, regulations and the hazardous manual task code of practice, with regard to managing risk from hazardous manual tasks.

Your manual handling policies and procedures should provide instructional information on the risk management process, including how to identify manual handling hazards, how to assess hazardous manual tasks, and outline control measures for managing the risk associated with hazardous manual tasks.

The policy and procedures should also alert workers to common manual handling risks in the workplace and provide important information on the roles and responsibilities of both the workers and the employer in managing such risks. This may include the provision of risk assessment forms, task specific training, manual handling equipment and instructional information sheets on handling people and objects.



Manual handling work instructions

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.

The table outlines common manual handling instructional information to help reduce manual handling risk in the community services environment.

Managing risk from hazardous manual tasks

- ▶ Wear appropriate footwear.
- ▶ Set up the environment ready for the task.
- ▶ When assisting a person, get them to participate as much as they are able.
- ▶ 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 and work instructions to minimise manual handling risk

Amelia is a support worker at a care facility. This morning Amelia found Gerald on the floor of his room after he had an un-witnessed fall.

Amelia immediately called for help and checked Gerald over and found that he had not sustained any injuries.

Three other workers arrived to assist Gerald off the floor. One of the workers named Simon suggested that they all help lift Gerald off the floor using a sheet and put him back on his bed.

Amelia pointed out to Simon that lifting Gerald on a sheet would breach their workplace minimal-lift policy.

Amelia reviewed the instructional information in her workplace and identified that there was a floor level lifting device that could be used to safely transfer Gerald from the floor to his bed.

Together the team followed the manual handling instructional information and safely assisted Gerald back onto his bed without breaching the minimal-lift policy.

Practice task 6

1. What is the purpose of the manual handling policies and procedures in your workplace?

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2. What information would you expect to find in your workplace manual handling policies and procedures?

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3. What are some manual handling instructions that might apply in your community services environment?

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Click to complete Practice task 6

2B Identify manual handling hazards and report in line with workplace procedures

Workers have a legal obligation to keep themselves and others safe. Identifying and reporting hazards to the appropriate person so the hazards can be addressed forms part of this obligation. A hazard is something with the potential to cause harm; perhaps human injury or ill health, damage to property or the environment, or a combination of these. When hazards have been identified they must be assessed to determine the risk of harm. Risk means the probability and consequences of injury, illness or damage resulting from exposure to a hazard.



Identifying manual hazards

Although all manual tasks contain an element of risk not all are considered hazardous. For a manual task to be hazardous it must contain one or more of the known characteristics of hazardous manual tasks.

The information below outlines the methods for identifying hazardous manual tasks as detailed in the Hazardous Manual Tasks Code of Practice 2011.

Consult workers

- ▶ Workers can provide valuable information on tasks that cause discomfort, muscular aches and pains and 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 (for example, difficulty controlling loads)
 - cause discomfort.

Review available information

- ▶ Records of workplace injuries and incidents, inspection reports and any workers compensation claims made for musculoskeletal disorders should be reviewed to help identify which manual tasks may cause harm.

Information and advice about hazardous manual tasks and risks relevant to particular industries and work activities is available from regulators, industry associations, unions, technical specialists and 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 more characteristics that make them hazardous or that some characteristics are more common in certain jobs. Trends may also show that workers in a particular location are exposed to more hazardous manual tasks than in other areas and 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 focussing on their postures and movements. A manual task is hazardous if it involves any of the following characteristics:
 - repetitive or sustained force
 - high or sudden force
 - repetitive movement
 - sustained and/or awkward posture
 - exposure to vibration.

Report manual hazards

One of the legal obligations of all workers in the community services environment is to report known hazards. This means that you are legally required to report any task that you identify as difficult to do, very tiring, awkward or dangerous to complete or that causes you discomfort.

You should also report any manual tasks that contain characteristics of hazardous manual tasks.

Your work place will have a process and report form for reporting hazards. Once you have identified a hazard you should complete the appropriate paper work and give it to your health and safety representative, 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 associated with the identified hazard.



Example

Identify manual handling hazards and report in line with workplace procedures

Daniel is an 80 year old man with Parkinson’s disease. Daniel requires physical assistance with all of his transfers and mobility related tasks. The care facility where Daniel lives has special equipment including slide sheets and mechanical hoists to help to assist Daniel with his mobility without harming him or the support workers assisting him.



Last week a support worker named Brooke noticed that the hoist she was using to transfer Daniel from his bed to the commode chair was awkward and difficult to manoeuvre.

Brooke felt more tired than normal after transferring Daniel and mentioned it to a fellow support worker named Anna.

Anna reminded Brooke that according to their manual handling policy Brooke should report her discomfort as a potential hazard.

Brooke filled in the hazard report form and it was followed up by her manager. Brook’s manager advised that the reason the task felt more difficult than usual was because the hoist was malfunctioning and needed to be recalibrated. Thanks to Brooke’s hazard report the hoist was fixed before it could cause injury to Daniel and the workers.

Practice task 7

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

Case study

Jason works at a facility that has a minimum-lift approach to manual handling. The manual handling policies and procedures in Jason’s workplace outline that workers must be trained in the use of all manual handling equipment and signed off on a competency check list every year.

Recently there has been some new equipment introduced to Jason’s work area and no one has had any instruction on how to safely use it.

Jason does not want to complain but he feels like the new equipment is hard to manoeuvre and use. Jason mentions his thoughts to the rest of the team and discovers they all agree that the new equipment seems hard to use and requires extra effort.

1. What legal obligations does Jason have regarding manual handling hazards in his workplace?

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2. According to the Hazardous Manual Task Code of Practice 2011, what are the four ways to identify hazardous manual tasks?

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3. According to the Hazardous Manual Task Code of Practice 2011, what characteristics make a manual task hazardous?

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Click to complete Practice task 7

2C Apply control measures to minimise manual handling risk

Manual handling risks must be controlled by applying the hierarchy of control. The Hierarchy of Control is a three tier method for managing risk. The highest level of risk management is elimination. However, sometimes it is not reasonably practicable to eliminate the risk and in such cases the next level down of substitution, isolation and engineering should be implemented. The lowest and least effective level of controls is administrative controls and personal protective equipment.



Manual handling risks

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

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

According to the Hazardous Manual Tasks Code of Practice 2011, MSDs may occur over time by gradual wear and tear to joints, ligaments, muscles and inter-vertebral discs caused by repeated or continuous use of the same body parts, including static body positions.

MSDs may also occur through sudden damage caused by strenuous activity, or unexpected movements such as when loads being handled move or change position suddenly.

The following table identifies what injuries are classified as MSDs and those that are not as detailed in the Hazardous Manual Tasks Code of Practice 2011.

MSDs	Other Injuries
<p>Injuries classified as MSDs include:</p> <ul style="list-style-type: none"> ▶ sprains and strains of muscles, ligaments and tendons ▶ back injuries, including damage to the muscles, tendons, ligaments, spinal discs, 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 as a result of hand-arm vibration ▶ soft tissue hernias ▶ chronic pain. 	<p>Injury caused by:</p> <ul style="list-style-type: none"> ▶ crushing ▶ entrapment (such as fractures and dislocations) ▶ cutting resulting from the mechanical operation of plant.

Control measures for manual handling risks

The following table is an example of manual handling risk controls as provided in the Hazardous Manual Tasks Code of Practice 2011.

Level 1 control – Eliminate hazards

Example: Eliminate hazards

This aims to eliminate the risk at its source and 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:

- ▶ automate the manual task (such as using remote controls)
- ▶ deliver goods directly to the point of use to eliminate multiple handling.

Level 2 control – Substitution

Example: Substitute control measures

If elimination is not practicable, the next best control is to substitute the hazard with something of a lesser risk. This is also likely to be a less expensive measure to implement. For example:

- ▶ replace heavy items with those that are lighter, smaller and/or easier to handle
- ▶ replace hand tools with power tools to reduce the level of force required to do the task.

Level 2 control – Isolation

Example: Isolate control measures

This involves physically separating the source of harm from people by distance or using barriers. For example:

- ▶ isolate vibrating machinery from the user, by providing fully independent seating on mobile plant.

Level 2 control – Use of engineering controls

Example: Use engineering control measures

The next best possible solution is to implement engineering controls that involve changing equipment or tools. For example:

- ▶ use mechanical lifting aids
- ▶ provide workstations that are height adjustable.

Level 3 control – Use administrative controls

Example: Use administrative control measures

This relates to work procedures and work organisation. For example:

- ▶ rotate workers between different tasks
- ▶ train workers to use control measures implemented when carrying out manual tasks.

Level 3 control – Use personal protective equipment (PPE)

Example: Use PPE control measures

Wearing and using personal protective clothing or equipment is the least effective hierarchy of control measure. For Example:

- ▶ heat resistant gloves for handling hot items
- ▶ shock absorbent shoes for work on hard concrete floors.

Apply 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 due to 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.

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

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 2011 recommends the following strategies to ensure the most effective control is implemented:

Strategies for risk control

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

Suzanna is the manager of a community services team that have recently been trialling new mechanical beds to reduce manual handling risk.

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 newer beds are wider than the old ones and the staff are now complaining that they feel awkward providing care to the clients due to the width of the beds.

Suzanna is aware that any change in a workplace takes time to adjust to and has informed the staff that the beds will not be evaluated until the six-week trial period is over.

Suzanna also arranged demonstrations of the new bed 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 felt the new beds were awkward and there was an overall consensus that the new mechanical features eliminated the awkward postures and discomfort that were associated with the wind-up beds.

Practice task 8

1. What are some examples of MSDs that may result from uncontrolled hazardous manual task risk?

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2. What are some examples of Level 2 controls for managing manual handling risk?

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3. What are some strategies that can be used to ensure the most effective manual handling control is implemented?

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Click to complete Practice task 8

Summary

1. Your workplace will have WHS policies and procedures that aim to prevent harm and injury to yourself and others while carrying out manual tasks.
2. 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.
3. It is important that you follow the manual handling instructions in your workplace.
4. Workers have a legal obligation to identify and report known manual handling hazards.
5. Manual handling hazards can be identified by consulting workers, reviewing available information, looking for trends and observing manual tasks.
6. Hazardous manual tasks place workers at risk of musculoskeletal disorders (MSDs).
7. 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

This learning checkpoint allows you to review your skills and knowledge in following safe work practice for manual handling.

Part A

1. What Australian safety legislation impacts the way hazardous manual tasks are managed in the workplace?

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2. What is a musculoskeletal disease (MSD) according to the WHS regulations?

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3. What are five characteristics that are known to make a manual task hazardous?

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4. What is the Hierarchy of Control and how does it apply to hazardous manual tasks?

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Part B

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

Case study

Kylie is a 70 year old lady who has severe lymphodema in her legs. The lymphodema has resulted in Kylie's legs swelling to three times their original size. Each leg weighs approximately 50 kilograms and is too heavy for Kylie to lift them into bed on her own.

Adam is a care support worker that assists Kylie with her transfers and showering.

Last week Adam reported several identified hazards regarding the manual handling involved in Kylie's care, to his manager Susan. Adam identified these risks were a result of lack of space in her room, lack of additional staff to help roll her and the lack of well fitting equipment.

1. What important information on manual handling should Adam be able to find in his workplace WHS policies and procedures?

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2. Why is it important for Adam to be familiar with and comply with the manual handling WHS policies in his workplace?

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3. What are five common manual handling instructions that might apply in Adam's workplace?

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4. What are Adam's legal obligations regarding manual handling hazards in his workplace?

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5. How can Susan consult workers to identify manual handling hazards in the workplace?

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6. How can Susan use trends to identify manual handling hazards in the workplace?

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7. How can Susan use observe manual tasks to identify hazardous manual tasks in the workplace?

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8. What are some examples of musculoskeletal diseases that Adam is at risk of when completing hazardous manual tasks?

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9. What are some examples of Level 3 administrative controls for managing manual handling risk that might be used in Adam's workplace?

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10. What are some strategies that Susan can use to ensure the most effective manual handling control is implemented?

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Topic 3

In this topic you will learn how to:

- 3A Routinely follow standard precautions to prevent the spread of infection**
- 3B Recognise situations when additional infection control procedures are required**
- 3C Apply additional precautions when standard precautions alone may be insufficient to prevent transmission of infection**
- 3D Identify and report risks of infection in accordance with workplace procedures**

Follow safe work practices for infection control

Everyday activities in health care, aged care and home and community care involve the risk of infections being transmitted. Food handling, personal care and cleaning are all activities that involve exposure to a number of hazards, including infectious agents.

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 relevant infection control policies and procedures and by early identification and reporting of infection risks.

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

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 any situation that has a risk of exposure to or from:

- ▶ blood products, including dried blood
- ▶ body fluids, secretions and excretions
- ▶ lacerations and all forms of broken skin
- ▶ mucosal membranes.



Standard infection control precautions

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

The following outlines standard precautions for the community services environment.

Hands

Hand Hygiene

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, body substances, secretions or excretions.

Physical

Physical environment

Poor environmental hygiene such as ineffective or lack of cleaning and decontamination techniques can increase the transmission of infectious agents in the healthcare setting.

All cleaning methods and cleaning agents should be appropriate to the infection risk. Considerations should be made regarding whether disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces is required.

Sharps

Management of sharps

The use of sharps in your workplace can place yourself and others at risk of injury and potential exposure to blood borne viruses including hepatitis B, hepatitis C and human immunodeficiency virus (HIV).

All workers should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments by following these standard precautions:

- ▶ Do not pass sharps directly from hand to hand
- ▶ Ensure the person who generated the medical sharp is responsible for its containment and disposal
- ▶ Never recapped, bend or break a needle after use
- ▶ Make sure you dispose of sharps waste straight after use in a safe and appropriate manner

Reusable items

Clean reusable items

All reusable environmental facilities and equipment must be cleaned and reprocessed appropriately between uses. This may include routine cleaning, disinfection or sterilisation. 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 onto the 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 disposing of general and clinical waste may increase potential exposure to blood and body substances. Whenever handling 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 facility waste management protocol.

Linen

Linen management

Linen must be handled and laundered in such a way that it does not spread potentially pathogenic micro-organisms to other people and the environment.

Personal protective equipment (PPE)

Personal protective equipment (PPE) is anything used or worn by a person to minimise risk to the health and safety of that person. 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. The model *WHS Act and Regulations 2011* 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 work practice.

The PPE most commonly used to prevent the spread of infection and disease in the community services environment is shown here.

Wearing gloves

Gloves must be worn whenever you are likely to come into direct contact with blood, body fluids, mucous membranes, non-intact skin and 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 or used tissues.

Once you have finished the task that required the use of gloves you should remove and dispose of them within the contaminated area. You should then 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 hygiene must be performed before and after glove use.

When using gloves remember that 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.

Use of 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 body substances to penetrate through the clothes to the skin.

You may be required to wear a clean non-sterile apron or gown to protect skin and prevent soiling of clothing during procedures and/or care activities that are likely to generate splashing and/or sprays of blood or body substance.

You may be required to wear a long sleeved fluid impervious gown if there is a risk that clothing may become contaminated with blood and body substances, secretions or excretions.

Remember that once you have used a gown or apron you should assume it is contaminated and should 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 mucosal surfaces, including your eyes, nose, mouth and airways. You may therefore be required to use masks and protective eyewear to reduce the risk of exposure from splashes or sprays of blood and other body substances.

If a procedure has a known risk of potentially generating splashes of blood, body substances, secretions or excretions then a face shield or a mask should be worn, along with protective eyewear.

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.



Use of PPE

Amy assists people with various medical conditions to shower, dress and toilet. Amy's workplace applies standard infection control precautions and requires that she wears gloves in situations where she may be exposed to bodily fluids, such as changing bed linen, washing people, assisting with personal cares and handling uses continence pads, tissues and dentures.



Hand Hygiene

Jim's infection control policy uses standard precautions based on the principle that anyone may have a transmittable micro-organism. This policy requires that Jim wash his hands before and after touching a person, performing a procedure, touching a person's environment and after touching any material that is considered unclean.



Clean shared equipment

Lorraine works at a facility where they only have three sling hoists that must be shared between 15 people who require this kind of mechanical device to transfer from bed to chair. To minimise the infection control risk each person has their own sling and the hoist is required to be cleaned between uses, so that it is cleaned before it is moved to a new environment and used on the next person.

Practice task 9

1. When should you use standard precautions in the community services environment?

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2. What are four examples of standard precautions used in the community services environment?

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3. What personal protective equipment is commonly used in the community services environment to prevent the spread of infection?

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Click to complete Practice task 9

3B Recognise situations when additional infection control procedures are required

Standard infection control precautions should be followed for all people receiving care in the community services environment, regardless of a confirmed disease status. In cases where the person receiving care is known or suspected to be infected with, or colonised by, epidemiologically important or highly transmittable pathogens then the use of additional infection control precautions is required.



Additional precautions are required if there is a risk of the spread of infection through:

- ▶ airborne transmission, as occurs with pulmonary tuberculosis, chickenpox and measles
- ▶ droplet transmission of respiratory secretions, as can occur with rubella, pertussis and influenza
- ▶ contact transmission (direct or indirect) by people or surfaces that may be disseminators of infectious agents such as multi-resistant staphylococcus aureus (MRSA) contamination and/or vancomycin-resistant enterococci (VRE)
- ▶ inherent resistance to standard sterilisation procedures or 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

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 will be influenced by the nature of the transmittable disease, the current mix and disease susceptibility of people within the unit and the available resources including staffing, isolation rooms and available equipment.

Sometimes when isolation is not possible a colonised or infected person can be placed with others who also have confirmed colonisation from the same microorganism. Some types of colonisations and infections can become worse when cross contaminated with other micro-organisms. Such cross contaminations should be taken into account when allocating rooms, beds and shared equipment or facilities.

Vulnerable populations, such as those who are experiencing immunosuppressant treatments or conditions should be isolated from those with known colonisation or infection.

Example

Recognise situations when additional infection control procedures are required

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



Airborne transmission

Lynette 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. Lynette 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.



Droplet transmission

Rhys 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. Rhys and the rest of the support team knew that there was a risk of the influenza spreading through droplet transmission and made sure to follow their workplace policies and procedures regarding additional precautions required to prevent themselves and others being exposed to the risk of influenza.



Contact transmission

Jodie 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 Jodie as she provides physical and personal assistance to many people throughout the course of a regular work day and knows that if she ignores these precautions that she could rapidly infect many people. Jodie is currently providing care to four people with confirmed MRSA that has a known risk of spreading through contact transmission. Jodie makes sure to follow her workplace policies and procedures regarding additional precautions required to prevent the spread of MRSA to herself and others.

Practice task 10

1. When are additional infection control procedures required in the community services environment?

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2. What information should be considered regarding the use of additional infection control procedures?

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3. What are some examples of conditions that require additional infection control procedures?

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Click to complete Practice task 10

3C Apply additional precautions when standard precautions alone may be insufficient to prevent transmission of infection

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

When applying additional precautions it is important to assess each individual situation and apply the specific preventative strategies, or combined strategies, that are indicated when microorganisms have a set or multiple routes of transmission.

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 precautions
▶ Use of a single room with ensuite facilities
▶ A dedicated toilet for those with conditions such as gastroenteritis that place others at risk from faecal exposure
▶ Sharing of rooms and facilities by people with the same infection or colonisation
▶ Special room ventilation such as negative pressure room to reduce the movement of airborne contaminants
▶ Special PPE such as respiratory masks for people with tuberculosis and respiratory infections
▶ Rostering on staff with disease immunity that has been confirmed by serology testing
▶ Dedicated equipment such as single use slings and walking aids
▶ Manage flow of activities by starting care provision with non-infected people and finishing with the colonised or infected people
▶ Rostering on designated staff to only provide care to colonised or infected people

Apply 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 colonisation or infection.

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

Pulmonary Tuberculosis

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

- ▶ Use of a negative pressure room if available.
- ▶ Use of a single room with ensuite facilities or dedicated bathroom.
- ▶ Keep the door of the room closed.
- ▶ Use of PPE such as gloves, gowns, eyewear and special face masks should be worn.
- ▶ Visitors must wear masks.
- ▶ Use of dedicated equipment.
- ▶ Have the infected person wear a mask if they have to leave the room for a procedure.
- ▶ Once the infected person no longer needs the room it will require a full terminal clean before any other person uses the room.
- ▶ Medical records and shared devices must not be taken into the room.

Influenza

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

- ▶ Use of a single room with ensuite facilities or dedicated bathroom or room allocation with others who have the same microorganism.
- ▶ Keep the door of the room closed.
- ▶ Allow one metre of separation for care providers and visitors when the person is coughing.
- ▶ Use of PPE such as gloves, gowns, eyewear and special face masks should be worn.
- ▶ Visitors should wear a mask.
- ▶ Have the infected person wear a mask if they have to leave the room for a procedure.
- ▶ Once the infected person no longer needs the room it will require a full terminal clean before any other person uses the room.
- ▶ Medical records and shared devices must not be taken into the room.
- ▶ Designated staff rostering is recommended.

MRSA

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

- ▶ Use of a single room with ensuite facilities or dedicated bathroom or room allocation with others who have the same microorganism.
- ▶ Use of 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.
- ▶ Once the infected person no longer needs the room it will require a full terminal clean before any other person uses the room.
- ▶ Medical records and shared devices must not be taken into the room.
- ▶ The care provider's routine should ensure immune-suppressed, surgical and non-colonised people are seen first and that these populations do not have contact with care staff once those staff members have been in contact with colonised persons during the course of that work day.

Apply additional precautions when standard precautions alone may be insufficient to prevent transmission of infection

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

Tuberculosis precautions

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

Influenza precautions

Tamika works in a care facility that has recently had an outbreak of influenza due to an infected person being allocated to a shared room before it was known that the person had influenza.

To contain the spread of the influenza Tamika and the other care support workers were required to apply additional precautions of containing those with influenza to their own shared facilities, bathroom and equipment, keeping the door closed, allowing one metre 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 have to leave the room for a procedure and making sure that medical records and shared devices are not taken into the room.

Multi-resistant staphylococcus aureus precautions

Aaron works as a support worker in a busy care facility and is currently providing care to four people with confirmed MRSA.

The facility Aaron works in cannot allocate individual rooms for these people but requires him to follow other additional precautions to prevent the spread of MRSA to other people. These additional precautions include isolated colonised people who have MRSA to the same shared areas, use of PPE such as gloves, gowns, eyewear and special face masks, making sure that medical records and shared devices are not taken into the room and ensuring that once the colonised people no longer need the room that it undergoes a full terminal clean before any other non-colonised people use the room.

Practice task 11

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

Case study

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

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

Amelia asks her supervisor Nathaniel what additional precautions are required to protect herself and others from the spread of pertussis.

Amelia is particularly concerned for John, a frail man who is currently undergoing immunosuppressant treatment for his cancer.

1. What information should Nathaniel consider when selecting what additional precautions are required to prevent the pertussis from spreading to John and the other people receiving care at the same facility?

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2. What are some additional precautions that could be used to protect John?

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3. What are some additional precautions that could be used to stop the spread of pertussis through airborne transmission?

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Click to complete Practice task 11

3D Identify and report risks of infection in accordance with workplace procedures

Infection is a medical condition that is caused by micro-organisms. These are very small biological agents that lodge in the human body and multiply, causing disease. A disease is an illness, sickness or medical condition. One of the most common infections is the common cold. Infection is a risk for everybody. A person receiving care may have existing illnesses, health conditions and infectious conditions or they may become infected while in a facility or through contact with others. Sometimes, a person receiving care may be infectious and this may not be detected until the condition becomes quite serious. Their support worker can take this infection from one person to another without realising it.



You have a legal responsibility to identify and report risk of infection in accordance with your workplace's policies and procedures.

Identify risks of infection

Identifying 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 risk of infection is by being aware of common sources of infectious micro-organisms. These include blood products, body fluids, secretions and excretions, broken skin and mucosal membranes. Once you know the source of infection risk it is then 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 splashes of blood and other body fluids into the eye and other mucous membranes
- ▶ micro-organisms making contact with broken skin
- ▶ needle-stick and other penetrating injuries
- ▶ biting and spitting from a contaminated person.



By being aware of these potential transmission routes you will be able 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.

Report risks of infection

One of the legal obligations of all workers in the community services environment is to report known hazards. This means that you are legally required to report any task that contains a biological hazard or has the potential to expose yourself 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. Once you have identified a hazard you should complete the appropriate paper work and give it to your health and safety representative, 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.

It is also important to be aware that certain health facilities have obligations to report certain transmittable diseases to government bodies. 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 should check your workplace reporting requirements to ensure you are aware of any notifiable diseases and the reporting processes.



Example

Identify and report risks of infection in accordance with workplace procedures

Sam works as a care support worker and is aware that common sources of infectious micro-organisms include blood products, body fluids, secretions and excretions, broken skin and mucosal membranes.

This morning Sam was caring for Thomas when she noticed that he had a chesty cough and had been positioned in a chair less than one metre away from a frail older lady called Heather.

Sam knew that breathing in infectious pathogens from the air, such as respiratory discharges from a cough or sneeze was a common cause of disease transmission.

Once Sam had identified this risk of infection she reported it to her supervisor using the correct process and together they implemented the infection control precautions required to protect Heather and others from Thomas' chest infection.



Practice task 12

1. What are some common sources of infection that are important to know in order to identify and report the potential spread of infection in the community services environment?

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2. What are some common ways that infectious diseases are transmitted in the community services environment?

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3. What are some important obligations that you need to be aware of regarding identifying and reporting risk of infections in the community services environment?

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Click to complete Practice task 12

Summary

1. Standard precautions are work practices that should be applied to everyone, regardless of their perceived or confirmed infectious disease status.
2. Standard infection control precautions aim to prevent the transmission of disease that can occur through contact with contaminated surfaces such as a person's body or hands, equipment, plant and the surrounding environment.
3. In the community services environment PPE such as gloves, gowns, eyewear and masks are often used as a standard precaution to prevent the spread of infection and disease.
4. In cases where a person receiving care is known or suspected to be infected with, or colonised by, epidemiologically important or highly transmissible pathogens then the use of additional infection control precautions is required.
5. When applying additional precautions you will need to tailor your selection based on the transmission route and infection control procedures for the specific colonisation or infection.
6. Identifying 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.
7. 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

This learning checkpoint allows you to review your skills and knowledge in following safe work practices for infection control.

Part A

1. What legal obligations do workers need to be aware of regarding identifying and reporting risk of infections in the community service environment?

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2. What are some common sources of infection that are important to know in order to identify and report the potential spread of infection in the community service environment?

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3. What are three ways that infectious diseases are commonly transmitted in the community service environment?

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4. What steps are involved in the process of identifying risk of infection?

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Part B

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

Case study

Kaylee 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 Kaylee works.

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

Anna just received a phone call to tell her that Mr Hewitt's swab just came back and confirmed that he has MRSA.

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

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

1. What are standard precautions and how can they decrease the risk of infection in Anna's workplace?

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2. When should Anna use standard infection control precautions?

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3. What are five standard precautions that Anna may use in her workplace?

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4. What situations will require Anna to use additional infection control precautions?

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5. What are some examples of PPE that Anna may be required to use as an infection control precaution?

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9. What additional precautions might Anna need to use if Mr Hewitt's cough was thought to be due to an infectious airborne pathogen?

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10. What additional precautions might Anna need to use if Mr Hewitt's cough was thought to be due to influenza?

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Topic 4

In this topic you will learn how to:

- 4A Raise WHS issues with designated persons in accordance with organisational procedures**

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

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

Contribute to safe work practices in the workplace

To keep themselves and others in the workplace safe, workers should share the information they have on safety at work with colleagues. In a large workplace there will be common work health and safety (WHS) obligations and needs shared by all work groups. However, the WHS needs within one work group may not necessarily be shared by different work groups across the organisation. For example, the needs of workers in a supported accommodation service may be different from workers in an intake team. It is more effective if WHS information is specific to the needs of workers or presented in a way that allows them to put it into context for themselves.

4A Raise WHS issues with designated persons in accordance with organisational procedures

When raising WHS concerns, you must follow workplace procedures. Generally there will be a formal reporting procedure supplemented by an informal process of alerting designated or relevant staff. Workers, when raising WHS issues, must determine the urgency of the matter. If there is an immediate risk of harm workers should contact their supervisor or HSR who has the authority to stop work if necessary. Workers have a right, according to WHS legislation, to refuse to perform unsafe work.

WHS issues can include:

- ▶ hazard identification
- ▶ assessment of hazards and risk assessment
- ▶ development, implementation and evaluation of risk-control measures
- ▶ training needs analysis and provision of and access to training on WHS matters
- ▶ WHS induction process for new workers.

Raise issues

If there is no immediate risk, workers should raise WHS issues as directed by workplace policies and procedures. Every staff member should have been shown 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; for example, a WHS feedback form.

The process may follow the steps listed below.

How to raise WHS issues

Raise the WHS issue with your supervisor.

If you are unable to resolve the issue with your supervisor, raise the issue with your HSR.

If you are unable to resolve the issue with your HSR, raise the issue with the Coordinator of the HSR (usually only available in larger organisations with several HSR).

If you are unable to resolve the issue with the Coordinator of the HSR, raise the issue with the HSC; for example, at a WHS meeting.

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 which shows the types of information you will need to provide when filling out this form.

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

1. What are some issues that would be considered a matter of WHS in the community service environment?

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2. What are five steps involved in resolving a WHS issue?

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3. What are some considerations that impact on WHS issues?

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Click to complete Practice task 13

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

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. 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. They will have suggestions for addressing hazards and can provide feedback about the effectiveness of risk controls.

Work safe meetings

Team meetings are a particularly useful way to consult with team members about safety issues. You may find that time is provided for discussion of workplace health and safety 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, and if possible, make a suggestion about how to solve any problems raised.

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

During team meetings, your supervisor may:

- ▶ report on recent workplace incidents
- ▶ report on production time lost to workplace injuries
- ▶ report on new practices to improve workplace health and safety
- ▶ ask team members to raise WHS issues
- ▶ ask team members to describe any hazards that have been identified
- ▶ provide you with a copy of the minutes of recent HSC meetings.

Work safety inspections

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 work health and safety issues by contributing to consultative processes, such as work safety inspections.

Workers have valuable first-hand information and experience of the various things that may give rise to hazards in the workplace. It is therefore important that managers allow workers to participate in work safety inspections.

By participating in work safety inspections the workers will also gain valuable insight into workplace hazards, assessing risk and use of controls to effectively manage workplace health and safety issues.

A work safety inspection may observe and record:

- ▶ 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, vibration, lighting, temperature and ventilation
- ▶ signs of stress, wear, impact, vibration, heat, corrosion, chemical reaction or misuse of plant and equipment
- ▶ deviations from workplace policies, procedures and practices.

Workplace safety consultation

According to WHS legislation, 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). Consultation can be particularly effective in managing workplace health and safety. Workers have first-hand information and experience of the various things that may give rise to hazards in the workplace. Consultation enables organisations to use this important information as part of their WHS strategy.

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

Issues

- ▶ Changes to policies, work practices and procedures
- ▶ Changes to premises, plant or substances used at work
- ▶ Conducting workplace risk assessments.
- ▶ 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
- ▶ Reviews of policies, procedures and work practices
- ▶ Risk control

Methods

- ▶ 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
- ▶ Involving you in risk assessments and/or asking for your feedback during risk assessments
- ▶ Encouraging WHS discussion at regular team meetings
- ▶ Forming a health and safety committee (HSC), and providing HSC members with reasonable access to workers during working hours
- ▶ Asking you for your feedback during informal conversations

Example

Workplace policy for consultation

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 work 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. 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 points shown here.

WHS consultation record keeping

- ▶ 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, then answer the questions that follow.

Case study

Jason works within a community services environment 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.

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

After two weeks Jason has only received two emails providing the requested feedback so he discusses the issue with his manager Greg.

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

John discovers that this process is much more effective and the 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.

1. What information should Jason keep as a record of WHS consultation outcomes?

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2. According to WHS legislation when does Greg have to consult with workers?

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3. What information would Greg and his workers observe and record if they were to conduct their own work safety inspection?

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Click to complete Practice task 14

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, sharing their knowledge of the workplace, its hazards and their suggestions for improvements on WHS. Workers can assist each other by monitoring work practices and providing support to others to work safely. They can also support the contribution of their health and safety representative to work health and safety.



Workplace documents and procedures

There is a range of WHS information that organisations use or require that need 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

- ▶ Hazard and incident reports
- ▶ Workplace inspection reports
- ▶ Incident investigation reports
- ▶ Minutes of meetings and reports from the health and safety committee (HSC)
- ▶ Job safety analyses (JSAs), safe method work statements (SMWSs) and risk assessments
- ▶ Safety data sheets (SDSs) and registers
- ▶ Employee handbooks
- ▶ Manufacturers' manuals and specifications
- ▶ Information from health and safety representatives (HSRs)
- ▶ Information from external sources on hazards and risks relevant to the work group

WHS procedures

- ▶ 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
- ▶ 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 personal protective equipment

Health and safety representatives

Health and safety representatives (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 employed at the workplace, have worked there for at least two years, and have two years' experience in the type of work involved or have completed suitable training if they don't have the experience.

Health and safety representatives:

- ▶ inspect workplace areas
- ▶ immediately investigate accidents or risk of serious injury or harm
- ▶ must keep up with information provided by the employer on hazards in the workplace, and liaise with government and other bodies
- ▶ report hazards in the workplace
- ▶ refer health and safety matters they think appropriate to the health and safety committee (if the workplace has one)
- ▶ liaise with workers about health and safety
- ▶ must be informed by the employer about dangerous situations or accidents, or when an inspector visits the workplace
- ▶ must be notified of any changes in the workplace that may affect the health and safety of workers
- ▶ can attend any health and safety discussions between an employer and an employee if the employee asks them to be there
- ▶ can expect space to help them carry out their duties; for example, they will need storage space to keep records
- ▶ can expect extra time; for example, time off work on normal pay to attend to health and safety functions
- ▶ can expect to be trained according to the regulations – they can get paid leave to attend accredited introductory training on WHS.

Health and safety committees

Some workplaces might have a health and safety committee (HSC), which is responsible for discussing WHS issues and identifying how they can be resolved. They will then share their 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 all different parts of the organisation. For example, if you did not include maintenance staff, you may miss out on important ideas about how to keep equipment operating safely. The functions of health and safety committees are generally spelt out in WHS legislation.

Here are some of the functions of the committee.

Functions of HSCs

- ▶ 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.

Contribute to safety policy and procedure

Each workplace is different so it is important when starting work to note the process to raise WHS issues. Organisations must have procedures in place to deal with safety issues quickly and effectively as they are raised. There may be serious consequences if issues are left to continue. The issue might be resolved through management action, discussion with the group or person involved or referral to a WHS committee. 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 here 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. For HSRs, WHS legislation requires that they attend relevant training programs to enable them to effectively carry out their responsibilities.
- ▶ Currency of knowledge of WHS issues and practices may also extend to 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. 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; using correct protective clothing and equipment; following emergency response procedures and participating 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, and discussing WHS issues with their supervisor.

Maintain safety in the workplace

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.



Share information

It is important for you to share information about any hazards or potential hazards. There may also be times when you notice your colleagues using unsafe work practices, and you should raise your concerns with the person in a professional and supportive manner. However, if you don't think you can raise your concerns with the individual (for example, it is your supervisor or you are fearful of their reaction), you should bring your concerns to your supervisor or their superior for them to address.

It is also important to model appropriate WHS behaviour. If you need help, ask for assistance and share what you learn with your colleagues.

These responsibilities are for all workers, who must:

- ▶ work safely and follow all training, processes and procedures
- ▶ not put anyone else in danger
- ▶ report any hazards or incidents, including near misses
- ▶ follow the instructions given
- ▶ use equipment, including personal protective equipment, properly in the way they have been trained and follow the manufacturer's instructions
- ▶ cooperate with their supervisor and employer
- ▶ understand that their rights and responsibilities are equally important.

Check the workplace for hazards

A checklist provides a methodical way of carrying out a workplace inspection and identifying any real or potential risks and hazards. This is helpful because sometimes hazards are not identified, they are identified but no-one thinks to report them or workers believe that someone else has made the report. Checking for hazards 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 the checklist but 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 is available at the Safe Work Australia website: <http://aspirelr.link/slips-trips-fact-sheet>.

Contribute to risk assessments

Risk assessment is the process of determining the level of risk associated with a particular hazard. This assessment process assists to determine what should be done to address the hazard and the urgency of the action required. Risk assessment is most effective when it is done in consultation with workers who are familiar with the workplace and aware of the hazards.

Here are the steps involved in assessing risks.

Assessing risks

Gather information about each identified hazard.

Consider the level of exposure to the risk; that is, the number of people exposed and the duration of the exposure.

Use the information to assess the likelihood of harm (very likely, likely, unlikely, highly unlikely).

Assess the consequence or impact of the hazard (death, significant injuries, minor injuries, negligible injuries).

Use a risk assessment matrix to work out the risk associated with each hazard.

Assess risk

Commonly asked questions that you may find useful to use during your risk assessment processes are shown here.

Categorise risks

- ▶ What is the nature of the hazard? (For example: fatigue, aggressive behaviour, trip hazard, etc.)
- ▶ 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 circumstance.

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 repetitious tasks.
- ▶ Low risk is when there is little chance that someone will be hurt.

Practice task 15

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

Case study

Sherrie is an HSR and currently works in a small team of people who are developing a procedure for equipment storage in their workplace. The team decided that involving the workers in the procedure's development was the best way to ensure the procedure would accurately reflect and support current work practices.

The team members also agreed 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, Sherrie and her team were able to develop an equipment storage procedure that effectively met the needs of the workplace and reduced associated risks.

1. What are some duties that Sherrie may perform in her role as an HSR?

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2. What steps should Sherrie and her team follow when completing a risk assessment of the equipment storage area?

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3. What responsibilities do workers have regarding the procedure which Sherrie and her team are developing?

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Click to complete Practice task 15

Summary

1. If there is no immediate risk, workers should raise WHS issues as directed by workplace policies and procedures.
2. 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.
3. Participating in consultation processes in your organisation enables you to contribute to decisions that affect health and safety.
4. Workers can make a valuable contribution to workplace safety because they are familiar with the work environment and its hazards.
5. By participating in work safety inspections the workers will also gain valuable insight into workplace hazards, assessing risk and use of controls to effectively manage workplace health and safety issues.
6. An HSR is a person from your workplace who has been elected by the workers to represent them on WHS issues.
7. Some workplaces might have a health and safety committee (HSC), which is responsible for discussing WHS issues and identifying how they can be resolved
8. Risk assessment is the process of determining the level of risk associated with a particular hazard.
9. 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

This learning checkpoint allows you to review your skills and knowledge in contributing to safe work practices in the workplace.

Part A

1. What responsibilities do workers have to contribute to WHS policies and procedures in their workplace?

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2. What responsibilities do employers have to contribute to WHS policies and procedures in their workplace?

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3. What steps are involved in the risk assessment process?

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4. What are the functions of a health and safety committee?

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Part B

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

Case study

Shawn has recently moved interstate and started a new job. On his first day at the new workplace Shawn identifies a hazard and tells his colleague John about it. John tells Shawn that he needs to report it, but Shawn doesn't know if this is part of his duty of care.

Shawn goes on 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 that are workers. The information confirms that Shawn has a duty of care to report this hazard to his manager.

Shawn knows that every work place has a different system for managing work health and safety 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 Health and Safety Representative (HSR) that can help him with WHS matters.

Shawn consults with the HSR Robert about the issue and Robert explains that Shawn needs to raise the issue with the PCBU Tua, and that Tua will be responsible for following it up with Shawn, the HSR and other workers until the issue is resolved.

1. What are some examples of work practices that would be considered a WHS matter in Shawn's workplace?

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2. What factors should Shawn take into consideration when responding to WHS issues?

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3. What are five possible steps involved in resolving WHS issues in Shawn's workplace?

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4. What type of information might Tua discuss at Shawn’s work safety meetings?

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5. What are five examples of WHS issues that Tua is required to consult with his workers about in order to meet his WHS consultation obligations?

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6. What are three methods that Tua may use to consult with his workers regarding WHS matters?

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7. What information should Tua keep as a record of WHS consultation outcomes?

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8. What information should Tua and his workers record if they were to conduct their own work safety inspection?

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9. What are some duties that Tua may request Robert to participate in as part of his role as a HSR?

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Topic 5

In this topic you will learn how to:

- 5A Identify ways to maintain currency of safe work practices**

- 5B Reflect on and report stress and fatigue levels in accordance with workplace procedures**

- 5C Participate in workplace debrief to address individual needs**

Reflect on own safe work practices

Work health and safety (WHS) legislation, policies, procedures and practices are part of an ongoing continuous improvement process. For this reason, WHS matters are always being updated and it is important that you are able to reflect on your own safe work practices and ensure they are best-practice and in compliance with the current legislation, national standards and codes of practice.

Reflecting on your practice includes checking the currency of your workplace practices and also being able to reflect on your own levels of workplace stress and fatigue. If you feel that you are not coping with stress and fatigue then you should report it to your supervisor and participate in a debriefing session or other stress management solutions.

5A Identify ways to maintain currency of safe work practices

In any workplace it is critical for all workers to work safely at all times and maintain the currency of their work practices. For this to occur, workers must have knowledge of procedures and protocols, as well as general evacuation information for emergencies.

Organisations update and change safety and emergency procedures over time and everyone needs to know about these changes as soon as they happen.

In addition, new equipment and processes are continually being developed and used within the community services industry. You need to ensure that you know how to use all new and unfamiliar equipment correctly by reading the instructions before use.



Workplace emergency procedures

As emergencies may 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 within their workplace and, most importantly, what to do if such an event occurs. Everyone acknowledges the need for a fire evacuation (emergency plan), but there are other emergencies that may require action at the workplace.

Emergencies may include:

- ▶ 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 on the organisation.

Identify signals and alarms

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.

Emergency signals and alarms may include:

- ▶ machinery malfunction alarms
- ▶ fire alarms
- ▶ evacuation alarms or announcements
- ▶ emergency lock-down alarms.

Provide an immediate response

Your immediate response in any emergency situation is to act quickly to protect your personal safety and the health and safety of other people around you. You should talk to your supervisor about what is expected of you in regard to protecting or safeguarding 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 examples of appropriate people to contact.

Emergency contacts

- ▶ Emergency services (such as police, ambulance or fire service)
- ▶ Fire warden or floor warden
- ▶ First-aid officers
- ▶ Health and safety representative
- ▶ Supervisor, team leader or coordinator

Emergency procedures and workplace drills

The response to the different emergencies may vary according to the type of situation, the organisation and location of the emergency. Follow organisation procedures because these prescribe the best course of action to follow by taking these factors into account. These procedures will also take into account the standards and guidelines related to emergency responses that include specifying the number and locations of exits, location of fire extinguishers and smoke detectors, emergency signage and lighting, assembly points and so on.

Consider the information below about equipment procedures and emergency drills.

Equipment procedures

- ▶ Procedures relating to the use of emergency equipment will not only cover general emergency action, but also the correct use or employment of emergency equipment and/or PPE. There are procedures for the use of life-saving appliances (such as respirators or automatic defibrillators) that must be followed, along with those related to using fire extinguishers; for example, you should never attempt to fight a fire if you have not been trained to do so and it is unsafe to do so.

Emergency drills

- ▶ Organisations will regularly test alarms and evacuation procedures. Staff must participate in these drills to be familiar with the sound of the alarms and to be able to respond correctly to the emergency response and evacuation procedure. This will include assisting consumers, visitors and other staff when necessary.

Do not enter a building while an alarm is sounding, or 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

Here is a table that shows the workplace emergency policy for an organisation and a procedure which all workers must follow in the event of a fire.

Policy

- ▶ All new workers will receive emergency training within one week of beginning work.
- ▶ All staff must follow procedures when there is an emergency such as fire, bomb threat or accident.
- ▶ Practice emergency evacuations will be conducted every six months.
- ▶ The following aids will be available:
 - Duress buttons in each room
 - Three emergency exits
 - A fire extinguisher and blanket in each area

Procedure

In case of fire:

- ▶ stay calm
- ▶ follow 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 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.

Keep workplace systems and processes current

Housekeeping is the practice of maintaining order and adhering to standards of presentation and performance in the workplace and workplace systems to ensure a safe and healthy environment is maintained at all times. This relates to how WHS is managed and implemented within the workplace.

WHS housekeeping practices address items such as outlined below.

General workplace cleanliness and tidiness

Keeping the workplace free from debris, spills and mess decreases the chance of fire hazards, blocked exit ways and the chance of 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 exists, which could hinder an evacuation process.

Flooring

Flooring refers to underfoot conditions. Ensure floors are free from spills or slip and trip hazards (such as uneven surfaces or loose tiles or carpet); this also extends to the provision of 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. Clutter is the cause of many workplace accidents, especially around machinery or equipment. Clutter can prevent adequate access to equipment, or encroach too closely onto moving machinery parts. Several hazards are present including fire, electrical and mechanical hazards.

Functioning services

Functioning services include lighting, air flow and ventilation, and 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 and allergy-related illnesses.

Storage areas

This includes access to and availability of PPE. If PPE is not available, or is not stored correctly, its effectiveness can be deteriorated or performance degraded. Storage areas can also become hazards themselves, if they are neglected or items are not stored adequately. There may be manual-handling issues such as a heavy box that requires two people to lift and carry it, being stored on a top shelf.

Signage

Signs are everywhere in workplaces today – they mark emergency exits, first-aid points or fire extinguishers, or simply provide guidance for the safe use of the photocopier. As a minimum, there is a legal requirement for a workplace to adequately sign emergency exits, evacuation procedures and emergency contact numbers.

Accessibility

An additional housekeeping issue may relate to ensuring adequately documented procedures are in place and displayed clearly in the workplace; for example, next to a piece of equipment that is not used very often to ensure staff follow the correct operating procedures. As mentioned previously, inadequate, incomplete or outdated procedures can be a hazard.

Monitor housekeeping practices and address deficiencies

It may be your responsibility to monitor the housekeeping practices on a daily basis, as a matter of routine, to help ensure the safety of the work group. This can be done during a morning walk around, which does not necessarily require any specialist knowledge. In a workplace with generally good housekeeping standards it is easy to identify when things are out of place.

Here is how to ensure you effectively monitor practices and address deficiencies.

Monitor practices

Monitoring may involve seeing a person undertaking a task incorrectly, or 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 (that is, to ensure their health and safety and that 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 in that work area, such as the area supervisor or group leader, or the HSR. This also applies when the workplace is off-site, such as during an excursion. Once the issue or deficiency has been reported and steps taken to address it, there should be a process of follow-up to ensure the issue has been totally resolved and standards are being maintained.

Ensure personal protective equipment 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, as allowance will have to be made to cover the responsibilities of the sick person while they are away from work. If the injury or illness occurs or is brought on in the workplace, it can financially impact the PCBU through insurance premiums, WorkCover costs, and even fines for not meeting the required workplace safety standards. One way to avoid illness and injury is to ensure the required personal protective equipment is available and in good working order.



Personal protective equipment

As a last line of defence for all workers where a hazard exists, employers are required to provide personal protective equipment (PPE). This is any clothing and/or equipment that is worn by a person to provide protection from hazards, by providing a physical barrier between the person and the hazard.

PPE may include:

- ▶ head protection such as broad-brimmed sun hats and bicycle helmets
- ▶ face and eye protection such as safety goggles, sunscreen or sunglasses
- ▶ respiratory protection such as masks, ventilators or respirators (these are not usually required in a community services environment)
- ▶ hearing protection such as ear muffs and ear plugs (these are not usually required in a community services environment)
- ▶ hand protection such as gloves and mitts
- ▶ clothing and footwear such as enclosed anti-slip footwear, long trousers, aprons and hairnets.

Maintain personal protective equipment

It is relatively easy to determine whether PPE is available for designated tasks in a workplace. This is done by attending each work area and physically identifying the safety equipment that is present, and comparing this against the range of duties required to be performed in that area, according to the workplace procedures. For example, in child care, disposable gloves are required for nappy changes. Ensuring PPE is available also means that all workers must know where and how to access it, and when to use it.

The following outlines how to ensure the required PPE can be kept in good working order.

Equipment functionality

Some PPE, such as disposable gloves, may carry service-by or expiry dates, similar to the use-by dates on food. For other forms of PPE it may simply be a case of checking that the equipment is in good working order by ensuring it can still fulfil its intended function; for example, checking that oven mitts and aprons used in food preparation areas are not worn or torn. Always check with the HSR or an HSC member in the first instance, as the organisation will probably have a safety register, or a PPE maintenance schedule, for testing and checking the various PPE in the workplace. If not, they may be able to arrange any required servicing or purchases where there is found to be a deficiency.

Servicing equipment

There may be occasions when PPE is not in a serviceable state, or where you are unable to determine if it is. If so, you can seek expert advice from one of several professional service providers that may include:

- ▶ 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, Jill, who is also in charge of all the volunteers who help prepare the meals, inspects all the safety equipment, including several different types of safety gloves and oven mitts, aprons and even goggles. Each person's footwear is also inspected as staff and lunch volunteers come in, to ensure they are wearing adequate foot protection that is enclosed, non-slip and isn't worn or ill-fitting.

Jill understands exactly what is required in the kitchen, so she realises that the food preparation areas don't all have access to mitts (for hot food) or disposable gloves for food handling, so she reports this to the manager.

Maintenance of safety equipment

All workers should know where safety emergency equipment is situated within 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, identifiable and comply with relevant standards, guidelines and codes of practice. It also needs to be situated within a central or easily located area.

All safety and emergency equipment should be routinely checked to ensure it is working correctly. Sometimes this requires that specialists with the appropriate skills be contracted to carry out the checks (for example when checking fire extinguishers).

Check equipment for functionality

Different organisations will 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.

For emergency equipment, the best way to proceed is for all organisations to have a documented approach for the maintenance of emergency equipment within 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 must also be routinely checked for wear or malfunction which may cause safety issues. Equipment (especially specialised equipment such as hoists) will have procedures which indicate when checks should be carried out 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 some key points for checking equipment.

Checking equipment

- ▶ The logical time to check emergency equipment is in preparation for an evacuation or emergency drill.
- ▶ A supervisor needs 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

1. What are some examples of emergency situations that might occur in the community services environment?

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2. What are some important considerations when checking PPE functionality?

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3. What are some important considerations for keeping WHS housekeeping practices current?

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Click to complete Practice task 16

5B Reflect on and report stress and fatigue levels in accordance with workplace procedures

In addition to immediate danger workers may be exposed to ongoing stress or experience fatigue. Unless properly managed, stress or fatigue can represent unnecessary risk factors to workers and consumers alike. Stress and fatigue are often hidden but nevertheless very real hazards. If you feel yourself becoming stressed or fatigued you should raise this with your supervisor or health and safety representative so strategies can be developed and implemented to address this issue.



Stress

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 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

- ▶ 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 unable to continue working

Fatigue

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 within the workplace. Workplace and personal factors can equally contribute to fatigue.

Some factors contributing 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.

Recognise own level of stress and fatigue

Self-care involves taking positive steps to ensure that physical and psychological wellbeing is maintained. Workers in community and health sectors have stressful jobs. You can manage stress and fatigue by firstly being aware of the symptoms and their causes; by being assertive about what you can realistically deal with; and by 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 addresses 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 the worker's health and safety.

Similarly, workers have a responsibility to work in a safe manner. In the case of workstations and work practices, this includes keeping themselves healthy by taking regular breaks, sitting properly, reporting faulty equipment, monitoring overuse injuries and so on.

Report stress and fatigue levels

All workers have a legal obligation to identify risks and hazards; stress and fatigue are hazards. Likewise, 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 they are unable to act 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 that they can help you address these issues.

**Example****Worker stress and fatigue**

Lauren is a worker at a supported accommodation facility in an outer suburb of Adelaide that is staffed 24 hours per day. She lives in an expanding commuter town about 100 kilometres away and travels 55 minutes by car to get to work.

Lauren works a rotating roster so, over a month, she works day, afternoon and night shifts. During the night workers can sleep on the premises; however, Lauren finds that she has trouble getting a sound sleep.

Lauren has worked four consecutive night shifts and is feeling quite tired. From previous experience she knows the dangers of over-extending herself: twice before she has nearly gone to sleep at the wheel when driving and run off the road; on another occasion she found herself slowing down for non-existent animals on the road. Both Lauren and her husband worry that she may have an accident on the drive home after her shift. Lauren decides to report her concerns to her team leader.



Practice task 17

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

Case study

Simon works in a community services environment and is a hardworking and supportive member of his team. Lately there have been a lot of people on Simon's team who have been off sick. Some days Simon finds himself feeling like he is the only one still working and as though he is doing the job of three people all at once.

Yesterday Simon had so much work to do that he didn't even know how he could possibly get it all done. To make it worse he had to provide care to a lady with memory loss who took forever to do even the simplest things.

By lunch time he was so far behind that he felt overwhelmed. Unfortunately right about the same time a fellow memory support worker named Carla asked Simon if he could show her how to do something. It felt like the last straw for Simon and he yelled 'Am I the only person on this team with a brain? Can't anyone else do anything for themselves around here?'

Carla burst out crying and said not to worry and that she would work it out herself.

Later that afternoon, Simon felt terrible about his behaviour and spoke to his supervisor Elliot about what had happened and how he was feeling. Simon told Elliot 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. Elliot arranged for Simon to have a mentor at work to help him to find ways to cope with stress. He also recommended that Simon spend more time on things he enjoyed doing and as well as getting enough rest and eating a well-balanced diet.

Simon has noticed that since implementing these self-care strategies that he feels calm and in control at work even though the work environment has not changed.

1. What are some possible causes of Simon's workplace stress?

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2. What are some factors that could be contributing to Simon's fatigue?

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3. Why was it important for Simon to report his stress and fatigue to his manager Elliot?

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Click to complete Practice task 17

5C Participate in workplace debrief to address individual needs

The stresses of working in the community service 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 are comfortable to participate in debriefing sessions to allow such sessions to provide a forum for workers to voice their opinions in a safe environment.

Debriefing also helps to build a culture or 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.



Debrief 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, their 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 the session should follow a sequence of retelling the objectives of the session,

outlining the facts of what took place, acknowledging deviations from planned performance in a non-judgemental way, and then objectively discuss the details regarding those unplanned deviations.

At the end of the session the group should all have the same information about what has happened, why it has happened and the ongoing plan of action to move forward.

Debriefing is a useful workplace tool because it provides a way to acknowledge the value of worker's 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 to feel like 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 aged man with terminal cancer, over a miscommunication regarding a new shower sling.

Gilbert thought that the new sling that arrived was the one he had ordered for Mr Wong. Unfortunately it was actually the sling for Mrs Hughes, even though her order was placed after the order for Mr Wong’s sling.

Gilbert informed Maddox of the new sling and Maddox went on to trial it 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 until their manager Graham arranged a debriefing session.

By the end of the debriefing session the whole team understood the events that led up to the use of the incorrect sling and were aware of the future 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 blaming individuals.



Practice task 18

1. What is a debriefing session?

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2. What format should a debriefing session follow?

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3. Why is it important for workers to participate in debriefing sessions?

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Click to complete Practice task 18

Summary

1. Workplace legislation, policies, procedures and practices are part of an ongoing continuous improvement process and are always being updated.
2. It is important that you are able to reflect on your own safe work practices and ensure they are best-practice and in compliance with the current legislation, national standards and codes of practice.
3. Reflecting on your practice includes checking the currency of your workplace practices and also being able to reflect on your own levels of workplace stress and fatigue.
4. Self-care involves taking positive steps to ensure that physical and psychological wellbeing is maintained.
5. Workers in community and health sectors can manage stress and fatigue by firstly being aware of the symptoms and their causes; by being assertive about what you can realistically deal with; and by communicating boundaries and limitations to your employer or supervisor.
6. If you feel that you are not coping with stress and fatigue then you should report it to your supervisor and participate in a debriefing session or other stress management solutions.
7. The stresses of working in the community service environment can place support workers at risk of psychological harm.
8. 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.

Learning checkpoint 5

Reflect on own safe work practices

This learning checkpoint allows you to review your skills and knowledge in reflecting on own safe work practices.

Part A

1. What important information should workers know about emergency management in their workplace ?

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2. What are some types of emergency situations that may occur in the community service environment?

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3. Why is it important for workers to know the location of safety emergency equipment in their workplace?

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4. What are some WHS legislative requirements regarding safety emergency equipment?

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5. What are some important considerations when checking PPE functionality?

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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. Ariella works with many people who have dementia and she is often challenged when dealing with behaviours of concern.

Sometimes Ariella works with people with moderate dementia that don't even 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 his shower 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 should have a debriefing session and reflect on how they might be able to improve their current WHS practices.

1. Why is it important for Ariella and her team to ensure their WHS policies, procedures and practices are current?

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2. What are five ways that Patricia's team can ensure their WHS housekeeping practices are current?

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3. What are some symptoms of workplace stress that Ariella may be experiencing?

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4. What are five potential causes of stress in Ariella's workplace?

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5. What are three factors that could potentially contribute to Ariella feeling fatigued when she is at work?

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6. Why is it important for Ariella to report feelings of stress and fatigue to Patricia?

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7. What are some positive steps that Ariella can take to manage her stress and fatigue at work?

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8. What format should Patricia’s debriefing session follow?

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9. What potential benefits can Ariella and her team gain from participating in debriefing sessions?

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