

North West Residential Support Services Inc.
Policies & Procedures
OCCUPATIONAL HEALTH & SAFETY BOOKLET

Number: <1>
Effective From: <January> <2016>
Replaces: <#>
Review: NWRSS Board
Contact: Neal Rodwell, General Manager
Review Date: <January> <2016>

**YOU HAVE DIRECT ACCESS TO THE MANAGER ON SAFETY MATTERS
REPORT A RISK
0418 140 000**

Who is at greatest risk?

Is this you?

North West Residential Support Services has always maintained a very low workers compensation claim rate. Our claims history is now revealing that this reputation is at risk because:

**We have an aging workforce
Some employees carry excess weight
Some employees are unfit**

What can we do about this?

Reduce weight

Get fit

At the very least, be very careful in the work place

Contents

Introduction
Occupational Health & Safety Policy
Employee Input into the Occupational Health and Safety Effort
Disciplinary Procedure for Non-compliance with OH&S Procedures
Drugs, Alcohol and Tobacco
Reporting Hazards
Reporting and Investigating Injuries and Incidents
Fire Emergency Procedures
Manual Handling and Manual Assistance
Motor Vehicles
Electrical Safety
Wet Floors
Infection Control
Occupational Rehabilitation Policy
Employee Support Service
Worker's Compensation

Introduction

This Occupational Health & Safety Booklet has been developed to provide you with the information you require to work safely. It addresses the general hazards that you might encounter and the safe work procedures that are required when working for NWRSS.

Occupational Health & Safety Policy

NWRSS believes that all employees have the right to work safely and without risk. Our policy is built on the following beliefs:

- As an employer, NWRSS is accountable for safety. This means providing, as far as practicable, a safe work environment, safe systems of work, and equipment in safe condition. Supervision, information and training will be provided to assist the health and safety of each employee
- The objectives of providing real homes and safe workplaces are compatible and achievable
- Everyone is personally responsible for working safely and preventing injuries. Working safely is a condition of employment

Key Responsibilities of Management & Supervisors:

- Match individual client's needs with a suitable program, appropriate equipment and a level of training for employees that minimizes the risk of injury/illness to both employees and clients
- Ensure employees have the appropriate training, supervision and qualifications to work safely
- Investigate all work-related incidents and keep information and records relating to work-related injuries. Take action to correct any identified hazards or safety issues
- Consult with employees on matters relating to health and safety. Where required this consultation should include clients and their families
- Liaise with Housing Tasmania and Disability Services where their input or influence has relevance to employee and client health and safety
- Provide appropriate personal protective equipment

Key Responsibilities of Employees:

- Become familiar with the clients they provide support for, and in particular, follow the individual plans developed for the health and safety of both employees and clients
- Care for and maintain equipment and vehicles in safe working order, and operate all equipment safely
- Work to the safety standards required of any qualification or other training
- Report all hazards and work-related injuries and incidents promptly

- Wear personal protective equipment as required, in particular for infection control
- Consult with NWRSS on matters relating to health and safety and obey any health and safety directive

Employee Input into the Occupational Health and Safety Effort

You may have ideas as to how your job, or the jobs of your fellow employees can be made safer. We welcome your involvement and suggestions. Please discuss them with your Supervisor as something occurs to you or bring it up at monthly staff meetings. Creating a safer working environment has the following benefits:

- Less human suffering and impact on the families of staff and clients
- Compliance with the law
- Cost savings that will strengthen the sustainability of the organisation

Disciplinary Procedure for Non-compliance with OH&S Procedures

Working safely is a condition of employment. Failure to comply with the health and safety requirements set out in this booklet, or with any other safety directions, will result in disciplinary action. Depending on the offence this could range from a verbal warning through to the termination of employment.

Drugs, Alcohol and Tobacco

Do not come to work under the influence of alcohol or drugs. You create a danger to yourself, the clients and your fellow employees. If you are taking medication that is making you feel drowsy, please talk to your supervisor about it so it can be determined which duties you can safely perform whilst taking medication.

Non-smokers should be able to work in a smoke-free environment. Where the requirements of smokers come into conflict with non-smokers, the rights of non-smokers will prevail. Smoking is not permitted:

- Inside homes
- In enclosed areas such as in work vehicles
- When a non-smoker asks that a smoker not smoke near them
- Any area designated as non-smoking
- In front of clients

If you must smoke whilst at work please do so outside in the designated area and limit smoking time to your scheduled breaks.

This smoking policy does not apply to clients. A management plan will be developed for each individual who smokes.

Reporting Hazards

A hazard is any unsafe condition or act that can, if not attended to, result in property damage, injury, or death.

If you are able to fix the hazard yourself then do so. If not, note it in the Home Communication Diary to warn others and place it on the agenda for the next staff meeting. Should you think the hazard poses an immediate and significant threat then contact your Supervisor or the Manager.

Under the Work Health and Safety Act 2012 workers have a duty of care not only to themselves but also to other workers. If you see a fellow employee working unsafely, do something about it. Speak to them about it, reminding them how the job should be done safely. Doing nothing may result in them or someone else being seriously hurt.

Reporting and Investigating Injuries and Incidents

If you require first aid treatment use the first aid kit kept in the vehicle, or at your work location. If the injury is more serious then speak to your Supervisor and they will assist you in getting medical treatment. Do not drive yourself to the hospital or doctor.

If the situation is an emergency which you believe requires the ambulance service then dial 000. You can dial from a locked mobile phone on 112 and tell them that you want to be connected to the Tasmanian Ambulance Service. They will want to know:

- Your name
- How many people are injured and the type of injuries you suspect
- Your location. Be as specific as you can. Give the street number, street name, area and the closest intersection
- The number of the phone you calling from

Employees are required to report:

- All injuries
- All property damage
- All near misses

There are three reasons for this compulsory reporting:

- It is required by law
- What starts out as a minor injury could develop into something more serious
- A minor injury or a near miss can be a warning signal of a more serious

problem

For first aid injuries, record details in the Home Communication Diary including date, name, part of the body treated, type of injury, cause of injury and the treatment given.

Near-miss incidents, and more serious injuries should be reported through an Accident/Incident Report Form.

The purpose of reporting and investigating injuries and incidents is to identify what caused the problems and put something in place to prevent them happening again.

Fire Emergency Procedures

In the event of a fire follow the FIRE response – Fight, Inform, Return, Evacuate:

Fight

If the fire is small and it is safe to do so, attempt to fight the fire. If the fire is too big to fight safely go to the next step. Do not use the fire hose to attempt to put out electrical fires. Use the dry chemical fire extinguishers for electrical, fat or oil fires. A fire blanket can be used to smother the fire. Do not use water on electrical fires.

Inform

Phone the fire brigade on 000.

Return

If the fire was not put out in the first instance, return to the area if it is safe to do so and attempt to contain the fire.

Evacuate

If the fire cannot be contained, evacuate the home/location in an orderly manner and go to the assembly point.

Vital Tips for Evacuation in the Event of a Fire:

- If you have to pass through smoke, hold a towel or handkerchief, wet if possible, to your face
- Smoke rises so get down low and move quickly
- Close windows and doors as you go. This helps confine the smoke to the original area
- Alert any fellow employees who may not be aware that the fire or smoke is coming their way
- Provide assistance to clients
- Go to the assembly area designated for your location. There is a notice on

- the wall by home phones telling you where this area is
- Do not attempt to re enter the home/location until advised to do so by an authorized fire fighter
 - Account for, and supervise the clients at the assembly point
 - Don't leave the scene without telling someone
 - As soon as you have seen to everyone's safety phone your supervisor and the manager

Manual Handling and Manual Assistance

Manual handling refers to any activity requiring people to lift, lower, carry, push, pull or restrain any object. Many tasks involve manual handling. Some examples of manual handling are making beds, mopping floors, vacuuming, and carrying groceries and so on. When the manual handling involves assisting people we prefer to use the term manual assistance. Some examples of manual assistance tasks are showering, toileting, and moving clients in and out of wheelchairs. Risk factors that can increase the risk of injury when handling objects and assisting people are:

- Postures involving the flexion (bending) and rotation (twisting) of the spine in standing, sitting and lying positions
- Lifting weights while assuming these postures
- Carrying out repetitive work while assuming these postures
- Lifting weights that are too heavy or of an awkward shape
- Being overweight, unfit and/or poor health
- Poor communication between lifters when doing team lifting

Objects do not have to be excessively heavy to present the risk of injury:

- In seated work it is advisable not to lift loads in excess of 4.5 kg
- From the standing position it is advisable to keep loads below 16-20 kg
- As weight increases from 16-55kg the risk of injury increases. Mechanical assistance or team lifting techniques should be adopted for these weights
- No one should manually handle loads exceeding 55kg. Mechanical assistance or team lifting techniques should be adopted

Reducing the risk of injury:

- Use mechanical equipment (e.g. hoists) to do the lifting or moving
- Do not carry too many items at once. Break larger loads down into smaller, lighter loads
- Park the vehicle as close to the house door as possible when unloading groceries
- Try to work in the "safe zone" between mid thigh and shoulder height. For example if you are unpacking a bag of groceries place it on a table or

bench so that it is at waist height, and inside the “safety zone”. If you place the bag on the ground it is below your knees and outside the “safety zone”

- Do not lift above shoulder height as this is outside the “safety zone”
- Use a stepladder or commercial step if working at heights
- Do not stand on chairs or boxes
- Do not climb on shelves

Vacuumping and Mopping:

- Do not over reach when mopping or vacuumping
- Get down on one knee rather than bend when vacuumping under beds
- Place your spare hand on the bed for improved balance

Bed Making:

- Encourage residents to have the sides of their beds positioned away from a wall so you can access both sides
- Retain a straight back when leaning over a bed

Lifting or Moving:

- Plan the lift by estimating the load and knowing exactly where it is to be placed
- Ensure that access to the area is clear
- Stand with your feet apart
- Get as close as possible to the object you wish to lift
- Bend your knees, not your back
- Keep your back straight and if possible maintain a lordosis (i.e. a hollow rather than a rounded back)
- Brace your stomach muscles to support your spine
- Change direction by using the muscles and joints of your legs rather than twisting and bending your spine
- Overall physical fitness, warm-up activities, and a gradual build up to a heavier work load will help you to avoid strain injuries

Team Lifting or Moving:

- Plan the lift by estimating the load and knowing exactly where it is to be placed
- Ensure that access to the area is clear
- Have one person assume control to direct the lift/move by giving verbal instructions when to “move” and “lower”
- Ensure everyone involved has a common understanding of when to exert effort
- No individual is to drop their part of the load when others are not expecting

this to happen and are not ready to take on the increased load. If you feel the load slipping let the person in charge of the lift know so they can control the load and have it lowered by the team

Assisting clients:

- In developing client profiles NWRSS will, with the assistance of Disability Services, determine whether a client will require manual assistance with daily activities. If this is necessary a Manual Assistance Care Plan will be written for that client. This plan will indicate the facilities and equipment required for the assistance techniques. Each support worker at that location will receive training in how to carry out the techniques
- The Manual Assistance Care Plan is kept in the Resident's Personal File
- Adhere to the techniques listed in the plan. They have been determined as the most appropriate for both employee and client safety
- Do not change them of your own accord. If you notice a change in a client's abilities (whether an improvement or deterioration) which you believe requires a change to the manual assistance plan, speak with your supervisor and they will arrange another assessment
- Speak to your supervisor if there is a change in your own physical condition, which means you are having difficulty providing manual assistance. They can then consider options such as alternative techniques and equipment or relocation to other workplaces

There are several "traditional" lifts, which are now recognized in the care industry as being potentially unsafe. The following techniques are not permitted unless there is an emergency situation such as the need to evacuate clients:

- Shoulder lift
- Cradle Lift
- Top-and-tail lift
- Lifting a resident up from the floor on one's own

Warm Up & Stretching Exercises

Going for a walk and performing stretching exercises before you commence work and at regular intervals throughout the day can help safeguard your body against discomfort and injury.

When performed correctly, stretching exercises:

- Relieve muscle tension
- Increase circulation
- Restore muscle balance
- Reduce muscle fatigue
- Improve relaxation

To improve flexibility this should be done prior to commencing work at the beginning of the day or after a rest break. A particularly good time is prior to providing manual assistance to a resident. To ease muscle tension, exercises should be done after being in the one position for extended periods.

Warning: If you have suffered any injury or illness that may be aggravated by stretching exercises then seek advice from your treating practitioner prior to commencing stretching exercises.

Motor Vehicles

Employees are expected to follow the rules of the road as set out in the Traffic Act and Regulations.

Ensure all items are adequately secured so they will not be dislodged in the event you have to brake suddenly or are involved in an accident. In station wagons, unless there is a cargo barrier fitted. Do not stack items above the top of the back seat.

Do not use a mobile phone unless a hands free facility is available.

Switch mobile phones off when refueling at a service station.

Electrical Safety

- Regularly inspect both equipment and electrical leads to make sure they are not damaged. Do not use equipment if it is damaged
- Do not tamper with wires or conduct your own repairs, unless you are a qualified electrician
- **Keep** electrical leads away from water. Be particularly careful with equipment such as hair dryers and electric shavers when used in the bathroom
- Keep electrical leads tucked out of the way when not in use to reduce trip hazards
- Turn off the equipment by the switch first before pulling out the plug
- Do not plug equipment into a general power outlet while the switch is on
- Do not leave an appliance turned on when not in use
- Do not have leads running across doorways

Wet Floors

- Clean up spills immediately
- Arrange floor mopping when there are fewer people around

Infection Control

- Infection control is the responsibility of the employee
- Always work to the principle that all blood and body fluids are potentially infectious. Employees must adhere rigorously to measures which minimise exposure to these agents
- Pay attention to hand washing as an essential safety precaution. Thorough use of moisturising hand cream is also recommended to prevent skin from drying out and cracking

Wash hands:

- Immediately they are contaminated with blood or bodily fluids
- Before eating, drinking, smoking, or leaving the workplace
- After using toilet facilities

How to Wash Your Hands in an infection control situation:

- Use soap and warm running water
- Rub your hands vigorously as you wash them – counting to ten
- Wash your hands all over including – back of hands, wrists, between fingers and under fingernails
- Rinse your hands well, counting to ten
- Turn off the tap with a single-use towel
- Discard the towel in the bin
- Press-dry your hands with a single-use, disposable towel
- Discard the towel in the bin

Exposure to Blood or Bodily Fluids

- Use protective clothing as a barrier to exposure. For example, use an apron if rinsing soiled linen
- Wear gloves when direct contact with blood or bodily fluids is expected. Gloves should be readily available, well fitting and disposable
- Wear safety glasses if there is a risk of blood or bodily fluids being splashed into your eyes
- Cover all skin defects (e.g. cuts or abrasions) with a waterproof dressing
- Soak up the blood or bodily fluid with an absorbent cloth and use a detergent to thoroughly clean the spill
- Wipe the spill site with disposable towels soaked in disinfectant solution
- Dispose of all contaminated waste material in a leak-proof bag
- Place the leak-proof bag in the outside rubbish receptacle

Washing Contaminated Clothes and Linen

- Complete prior to the end of the shift in which the contamination occurred

- Do not sort linen or clothes in the same work area as that used for folding clean clothes and linen
- Do not carry soiled linen against your clothing
- Soak fabrics stained with blood in cold water
- Use bleach according to instructions in a container designed for bleaching
- Rinse in cold water after bleaching

Laundry

- Use the trolley when hanging out the washing. Even if the load is a light one placing the wash basket in the trolley puts it in the manual handling “safe zone”
- Remove lint from the dryer each day the dryer is used

Immunization

All employees are offered the opportunity for vaccinations.

Detailed information on hepatitis is available from the Tasmanian Council on AIDS, hepatitis and related diseases on their website – www.tascahrd.org.au

Needle Stick Injury

In the event of a needle stick injury, the following procedures are recommended:

First Aid

- Remove the needle, if necessary
- Let the wound bleed freely for a few seconds
- Immediately flush the area with running water
- Wash the wound well with soap and running water. Do not use any other solution other than soap and water
- Thoroughly pat dry the area
- Apply a sterile waterproof dressing as necessary. If the wound appears to be bleeding, apply pressure through the dressing
- Retain the needle/syringe involved in the injury for medical assessment. Ensure that it is placed in a rigid, puncture resistant container with a lid
- Seek immediate medical attention (within hours) from an emergency department, clinic or doctor’s surgery
- If you are at work, notify your supervisor as you will need to fill out an incident report form

Most injuries are low risk for acquiring infections but they must be reported, documented and assessed by a medical professional.

At the Doctors

- The needle stick injury will be assessed
- Confidential HIV, hepatitis B and hepatitis C testing may be recommended
- Post exposure prophylaxis (e.g. immunoglobulin or antiviral therapy for hepatitis B and HIV) may be recommended

Delay or failure to seek medical attention may compromise the effectiveness of post exposure treatment.

Occupational Rehabilitation Policy

It is the intention of NWRSS to provide a Safe Working Environment for employees, and to encourage all employees who sustain a work related injury, illness or disability to return to work through the process of occupational rehabilitation.

The aim of this policy is to assist employees to return to their pre-accident position as early as possible or alternatively access the services of approved rehabilitation providers. NWRSS makes the following commitment in regard to occupational rehabilitation:

- To establish a systematic approach to occupational rehabilitation services for all employees
- To ensure that the occupational rehabilitation process is commenced as soon as possible after an injury or illness, in a manner consistent with medical advice
- When an employee will be off work for at least 14 days a Return to Work Plan will be developed within 5 days after that 14-day limit
- To develop and encourage the expectation that it is normal practice following work-related injury, illness or disability for people to return to meaningful, productive employment at the earliest possible time
- To provide, whenever practicable suitable duties/employment for an injured employee as an integral part of the rehabilitation process. This may involve working at other locations
- To appoint the General Manager as Rehabilitation Co-coordinator to oversee the workplace-based rehabilitation program and liaise with all interested parties – the injured person, the insurer, medical practitioner, rehabilitation provider
- To consult with the injured employee to ensure that our rehabilitation program operates effectively
- To ensure that participation in a rehabilitation program will not, of itself, prejudice an injured employee
- Any employee undergoing rehabilitation is expected to participate fully and co-operatively

Employee Support Service

NWRSS provides employees with access to a private and confidential, professional counseling service.

Contact details can be sought from your supervisor or the manager.

The service can be used in the following way:

- An employee can make direct contact with the service and receive one free private and confidential consultation
- If the employee and counsellor agree on the need for another or subsequent sessions the manager will need to be informed by the employee, counsellor or both

Worker's Compensation

The Worker's Rehabilitation and Compensation Amendment Act 2009 became law on 1 July 2010. An overview of this Act is posted on our website that shows clearly the steps in worker's compensation claims.

www.nwrss.org.au