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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: www.nhmrc.gov.au/guidelines/publications/cd33. The Department of Health also publishes a number of resources relating to infection control at: www.health.gov.au/internet/main/publishing.nsf/Content/ageing-bestpractice-program-resource-management-infection-control.

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.
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.
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
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.
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.
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.
Workplace incident report excerpt

<table>
<thead>
<tr>
<th>Report no: 121X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname: Treminner</td>
</tr>
<tr>
<td>First name: Melina</td>
</tr>
<tr>
<td>Address: 37 Waylord Rd, Launceston TAS</td>
</tr>
<tr>
<td>Telephone no: 5959 5959</td>
</tr>
<tr>
<td>Mobile phone: 0404 000 444</td>
</tr>
<tr>
<td>Date of injury: 05/01/14</td>
</tr>
<tr>
<td>Time of injury: 7.30 am</td>
</tr>
<tr>
<td>Details of injury: Fractured right arm</td>
</tr>
<tr>
<td>Bodily location of injury: Lower right arm</td>
</tr>
<tr>
<td>Description of the circumstances of the accident:</td>
</tr>
<tr>
<td>In the staff kitchen I slipped on some liquid on the</td>
</tr>
<tr>
<td>floor and landed heavily on my right arm.</td>
</tr>
<tr>
<td>Signature: M Treminner</td>
</tr>
<tr>
<td>Date: 05/01/14</td>
</tr>
<tr>
<td>Description of accident by witness:</td>
</tr>
<tr>
<td>I turned around when Melina cried out. I saw that</td>
</tr>
<tr>
<td>she was lying awkwardly on the floor on her right</td>
</tr>
<tr>
<td>arm. I helped her up and we followed first-aid</td>
</tr>
<tr>
<td>procedures for what we thought may be a broken arm.</td>
</tr>
<tr>
<td>Signature of witness: S Smith</td>
</tr>
<tr>
<td>Date: 05/01/14</td>
</tr>
<tr>
<td>Please print name: Sandy Smith</td>
</tr>
<tr>
<td>When was the injury reported?</td>
</tr>
<tr>
<td>Date: 05/01/14</td>
</tr>
<tr>
<td>Time: 7.50 am</td>
</tr>
<tr>
<td>Who was the injury reported to?</td>
</tr>
<tr>
<td>Name: Joanna Simon</td>
</tr>
<tr>
<td>Position: Unit Supervisor</td>
</tr>
</tbody>
</table>

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’

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 workplace 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.
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.

<table>
<thead>
<tr>
<th>MSDs</th>
<th>Other Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries classified as MSDs include:</td>
<td>Injury caused by:</td>
</tr>
<tr>
<td>▶ sprains and strains of muscles, ligaments and tendons</td>
<td>▶ crushing</td>
</tr>
<tr>
<td>▶ 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</td>
<td>▶ entrapment (such as fractures and dislocations)</td>
</tr>
<tr>
<td>▶ nerve injuries or compression (e.g. carpal tunnel syndrome)</td>
<td>▶ cutting resulting from the mechanical operation of plant</td>
</tr>
<tr>
<td>▶ muscular and vascular disorders as a result of hand-arm vibration</td>
<td></td>
</tr>
<tr>
<td>▶ soft tissue hernias</td>
<td></td>
</tr>
<tr>
<td>▶ chronic pain</td>
<td></td>
</tr>
</tbody>
</table>
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.

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
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.

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.
Pulmonary Tuberculosis

This is 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 is 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 is 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.
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.
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.

<table>
<thead>
<tr>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to policies, work practices and procedures</td>
</tr>
<tr>
<td>Changes to premises, plant or substances used at work</td>
</tr>
<tr>
<td>Conducting workplace risk assessments.</td>
</tr>
<tr>
<td>Incorporating new health and safety requirements imposed by legislation, regulations and codes of practice</td>
</tr>
<tr>
<td>Making decisions about the adequacy of facilities for the health and safety of workers</td>
</tr>
<tr>
<td>Making decisions about the organisation’s consultative procedures</td>
</tr>
<tr>
<td>Reviews of policies, procedures and work practices</td>
</tr>
<tr>
<td>Risk control</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Functions of HSCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster cooperation between management and workers to develop, implement and monitor measures that ensure the health and safety of workers.</td>
</tr>
<tr>
<td>Assist in resolving workplace health, safety and welfare issues.</td>
</tr>
<tr>
<td>Assist in the development and review of workplace health, safety and welfare policies, practices and procedures.</td>
</tr>
<tr>
<td>Consult on any proposed changes to workplace health, safety and welfare policies, practices or procedures.</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Employer requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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.
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.

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

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>In case of fire:</td>
</tr>
<tr>
<td>▶ stay calm</td>
</tr>
<tr>
<td>▶ follow directions of the team leader/fire warden</td>
</tr>
<tr>
<td>▶ activate the nearest fire alarm</td>
</tr>
<tr>
<td>▶ assist any person in immediate danger, if safe to do so</td>
</tr>
<tr>
<td>▶ close doors and windows</td>
</tr>
<tr>
<td>▶ notify other staff and call code red if applicable</td>
</tr>
<tr>
<td>▶ 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</td>
</tr>
<tr>
<td>▶ put out fire if you are trained and it is safe to do so</td>
</tr>
<tr>
<td>▶ assemble at designated area</td>
</tr>
<tr>
<td>▶ wait until you are given the authority to return.</td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th>Checking equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ The logical time to check emergency equipment is in preparation for an evacuation or emergency drill.</td>
</tr>
<tr>
<td>▶ A supervisor needs to be aware of expiration dates/times and expected shelf lives of all equipment used in a work area.</td>
</tr>
</tbody>
</table>
3. Why is it important for workers to participate in debriefing sessions?

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.