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FOREWORD

Welcome to Safety Pack, a handy package of information to help community service organisations improve the safety, health and welfare of people in the workplace.

Safety Pack was first published in April 2000 and revised in December 2000. The original edition was coordinated by the Council of Social Service of NSW (NCOS), and developed by Patricia Hall and Deborah Hammond of Hall and Hammond Consulting with funding assistance from WorkCover NSW through its 1999 Grants Program.

Since release of the 2000 edition of Safety Pack there have been changes such as:

- the Occupational Health and Safety Act 2000 and OHS Regulation 2001
- new resources and policies that affect OHS in the community services sector
- new information technologies and workplace practices
- an increase in emphasis on some OHS issues as a result of new evidence, trends or changing community expectations.

In 2002 the Health and Community Services Industry Reference Group of WorkCover NSW proposed that Safety Pack be updated. The updating process involved consultation with community service organisations to obtain feedback on the original Safety Pack, to pilot the revised Safety Pack and to seek information regarding emerging issues and needs in the sector.

The consultation process involved:

1. telephone surveys with 58 ‘grassroots’ organisations in metropolitan, regional and rural NSW, of which 34 had used the 2000 version of Safety Pack
2. interviews with 15 peak community service organisations
3. review and incorporation of a wide range of policies, resources and literature relating to the community service sector
4. review of Safety Pack by 36 community service organisations.

The structure and content of Safety Pack has been modified to emphasise the essential elements of the new Act and Regulation and to reflect recommended changes following consultation with community organisations.
ACKNOWLEDGEMENTS

Jane Elkington, Jenny Alcock and Kate Hunter of Jane Elkington and Associates have prepared Safety Pack on behalf of WorkCover NSW. The project was funded through WorkCover’s Industry Reference Groups.

WorkCover NSW would like to extend thanks to those agencies that assisted in the development of Safety Pack through review and comment during the draft stages. In particular:

- ACROD
- Aged and Community Services Association of NSW and ACT
- AIDS Council of NSW
- Anglican Retirement Villages
- Australian Nursing Homes and Extended Care Association
- Australian Services Union
- Blue Mountains Disability Services
- Brain Injury Association
- Burnside
- Centacare (Wagga Wagga)
- Central Coast Emergency Accommodation Services
- Council of Social Services of New South Wales (NCOSS)
- Employers First
- Local Community Services Association
- Mental Health Coordinating Council
- NSW Community Child Care Cooperative
- NSW Department of Community Services
- NSW Meals on Wheels Association
- OH&S Solutions
- Southern Youth and Family Services
- St Vincent de Paul
- Tamworth Youth Care
- The Kids Cottage
- Volunteering NSW
- Wesley Mission

WorkCover NSW and the authors recognise the value of the original Safety Pack to the community sector. The original Safety Pack was prepared for NCOS by Patricia Hall and Deborah Hammond, through the WorkCover Grants Program 1999.
1. THE COMMUNITY SERVICES SECTOR AND OHS

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1.1 The community services sector and OHS

**OHS is a legal requirement**

One of the best reasons for establishing a safety system in your organisation is that it improves service delivery. Workers and volunteers who are secure, safe, healthy and supported tend to stay in the service longer, and are better able to cope with the demands of client-centred work. This means that the whole of the community benefits.

It is a requirement of all places of employment that certain health and safety procedures be undertaken. The main legislation in NSW that relates to OHS and workers compensation is:

- the *Occupational Health and Safety Regulation 2001*
- the *Workers Compensation Act 1987*
- the *Workplace Injury Management and Workers Compensation Act 1998 (WIM & Workers Compensation Act 1998)*
- the *Workers Compensation Regulation 2003*
- the *Workplace Injury Management and Workers Compensation Regulation 2002.*

Duties of employers, employees and a range of other people, outlined in this legislation are explained in Section 2, *Safety essentials.*

You should note that each state and territory has its own legislation for OHS and workers compensation. If you operate in other jurisdictions you should contact the appropriate body to find out your legal obligations.

**OHS is good management practice**

Society has expectations that organisations will operate in a way that maintains contemporary ethical, moral and environmental standards. One of the highest community expectations involves managing risks to protect employees, clients, volunteers and the general public from harm. This cannot be achieved without health and safety being part of the ‘core business’ of the organisation. Effective OHS systems are integral to ongoing organisational planning, goal setting, and measuring of performance.
Ongoing safety concerns or a major injury can have a detrimental effect on the reputation and viability of an organisation.

By making OHS a priority an organisation demonstrates:

- commitment to welfare of employees, clients, volunteers and the public
- social responsibility towards legal, ethical and moral obligations
- credible management practice in managing safety in ways that improve organisational performance
- sound financial management by managing risks and preventing loss through illness and injury.

**What are the health and safety issues?**

Each year around 20 people per 1,000 workers in the community services sector incur a work-related injury or illness resulting in a major workers compensation claim (five or more days off work). During 2001/02 these claims totalled approximately 14,500 lost weeks of work and over $20 million in compensation. Of the 1,361 major claims during that 12-month period, 210 resulted in permanent disability and one was a fatality.

The most common injuries or illnesses in the community service sector arise from:

- manual handling
- slips and trips
- psychological injury
- violent incidents
- vehicle accidents
- falls from a height.

The rank order of these major claims varies depending upon the criteria used.

**Table 1: Top five workers compensation claims resulting in five or more days off work (2001/02)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of injury</th>
<th>No. Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Manual handling*</td>
<td>448</td>
</tr>
<tr>
<td>2</td>
<td>Falls on the same level</td>
<td>188</td>
</tr>
<tr>
<td>3</td>
<td>Vehicle accident</td>
<td>113</td>
</tr>
<tr>
<td>4</td>
<td>Exposure to mental stress factors</td>
<td>111</td>
</tr>
<tr>
<td>5</td>
<td>Falls from a height</td>
<td>86</td>
</tr>
</tbody>
</table>

* Manual handling includes: muscular stress while lifting, carrying, or putting down objects; and muscular stress while handling objects other than lifting, carrying or putting down.
### b) Total weeks off work (top 5 claims)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of injury</th>
<th>No. weeks off work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Manual handling</td>
<td>4444</td>
</tr>
<tr>
<td>2</td>
<td>Exposure to mental stress factors</td>
<td>2983</td>
</tr>
<tr>
<td>3</td>
<td>Falls on the same level</td>
<td>1468</td>
</tr>
<tr>
<td>4</td>
<td>Vehicle accident</td>
<td>1277</td>
</tr>
<tr>
<td>5</td>
<td>Falls from a height</td>
<td>840</td>
</tr>
</tbody>
</table>

### c) Severity of injury - No. people off work for over 6 months (top 5 claims)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of injury</th>
<th>No. claims for over six months off work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Manual handling</td>
<td>51</td>
</tr>
<tr>
<td>2</td>
<td>Exposure to mental stress factors</td>
<td>45</td>
</tr>
<tr>
<td>3</td>
<td>Falls on the same level</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>Vehicle accident</td>
<td>13</td>
</tr>
<tr>
<td>5</td>
<td>Falls from a height</td>
<td>10</td>
</tr>
</tbody>
</table>

### d) Percentage of claims resulting in more than six months off work (top 5 claims)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of injury</th>
<th>% of claims within each injury group that recorded over 6 months off work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Exposure to mental stress factors</td>
<td>41%</td>
</tr>
<tr>
<td>2</td>
<td>Falls from a height</td>
<td>12%</td>
</tr>
<tr>
<td>3</td>
<td>Vehicle accident</td>
<td>12%</td>
</tr>
<tr>
<td>4</td>
<td>Manual handling</td>
<td>11%</td>
</tr>
<tr>
<td>5</td>
<td>Falls on the same level</td>
<td>7%</td>
</tr>
</tbody>
</table>
These tables indicate that for the community services sector in 2001/02, manual handling ranked highest in terms of frequency and total number of weeks lost from work, however psychological injuries were more likely to result in more than six months off work (41% of claims) compared to manual handling claims where only 11% of claims were reported to be over 6 months off work. Other major causes of injury included falls and motor vehicle accidents. The Premier’s Department has recently released information related to psychological injury in the workplace. Refer to Premier’s Circular 2003-37 *Occupational Stress – Hazard Identification and Risk management Strategy*.

**OHS in your funding contracts**

Increasingly, funding bodies insist that community services demonstrate that they have safe systems of work.

* By using the information in *Safety Pack* and reviewing your systems of work regularly, you will be well on your way to meeting your legal obligations.

**Workers compensation costs**

Workers compensation insurance is compulsory for all employers in New South Wales. Funding bodies also expect community service organisations to have adequate insurance cover.

An employer’s basic insurance premium is wages X premium rate. Each industry class in the WorkCover Industry Classification (WIC) System has its own premium rate. The premium rate for each class is based on the costs of previous claims in that class.

If the annual costs of workers compensation claims in the community service sector increase, then the premium rate also increases.

### 1.2 Who this resource is intended for

*Safety Pack* is written for management committee members and managers (coordinators or directors) of community sector organisations and members of occupational health and safety committees. However, the content may be used in training for handouts to workers and volunteers or as part of an organisation’s operating procedures.
1.3 How to use this resource

How to begin developing an occupational health and safety management system

Step 1: Read Section 2 of this document - Safety essentials

This Section provides essential information for your organisation to ensure that you are aware of your legal obligations and explains how to establish an occupational health and safety management system. The information in this Section applies to all community service organisations and shows basic planning approaches that can be applied to all OHS issues.

Step 2: Review information on OHS issues relevant to your workplace (see Section 3)

This Section contains an overview of the major OHS issues affecting the community services sector. It also contains risk management worksheets to assist your organisation identify, assess and control specific workplace hazards.

You can modify the sample policies to meet your needs and put them on your letterhead. Place your organisation’s agreed policies on your staff noticeboard.

Step 3: Read Section 4 of this document - Preparing for and Managing Incidents and Claims

This Section covers first aid requirements and details what to do in the event of an incident or injury. It explains the legal requirements, and who you need to notify, as well as how to respond to serious incidents. A checklist of emergency procedures as well as sample documents are provided.

Step 4: Review Section 5 of this document - Resources

This Section includes information on where to go for further information or assistance, a glossary of terms, and further reading resources.

Step 5: Start the risk management system

The easiest way to make your organisation safe is to follow a system called a risk management system. It will involve discussions between management committee members, the coordinator, employees and volunteers.

Go back to Section 2 - Safety Essentials, which explains the risk management system and how to use the worksheets provided, to begin or to review your risk management system.
2. SAFETY ESSENTIALS
THE OHS ACT 2000 & OHS REGULATION 2001

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2.1 OHS responsibilities

Everyone in the workplace has a role to play in occupational health and safety – however under the *Occupational Health and Safety (OHS) Act 2000*, ultimate responsibility for providing a safe workplace rests with the employer. The NSW *OHS Act 2000* outlines the responsibilities of various people at work.

**Employers**

Employers must ensure the health and welfare of all employees by providing:

- a safe workplace environment, free of risks to health with safe entrances and exits
- safe work systems and procedures
- procedures for safe handling, storage and maintenance of equipment and chemicals
- information, instruction, training and supervision for all employees
- a process for consulting with employees, involving them in decisions and informing them of decisions that may affect their health and safety (Division 2 of Part 2 of the Act)
- processes for identifying hazards, assessing risks and elimination or control of risks
- processes for regular review of risk control measures
- personal protective equipment where necessary
- amenities including toilets and eating areas in safe and hygienic condition
- emergency procedures and first aid facilities.

Employers must also ensure that people other than employees, who are on the worksite, are not exposed to risks to their health and safety arising from the employers work systems or environments.
Management committees

Many employees in the community services sector are employed by Independent Associations. The employment role is carried out by the association’s management committee, which is responsible for ensuring safe working conditions. The occupational health and safety responsibilities for management committees are the same as for employers, even if those management committees comprise of volunteers, so long as the relationship between the committee and people working for the organisation is one of employment. Management committees hold the responsibility for safety and must ensure that processes are in place. If the management committee is not the employer, but is still a controller of the premises, it will have a broader duty to ensure that those premises are safe and without risks to health. It may have overlapping duties as both an employer and a controller of premises.

For the purposes of Safety Pack ‘employer’ should be read with the understanding that the term includes management committees.

Managers, coordinators and supervisors

It is the employer’s responsibility to ensure that managers, coordinators and supervisors are aware of and trained to undertake certain responsibilities with respect to OHS.

Managers, coordinators and supervisors have a responsibility to ensure that premises, equipment or substances under their control, are safe and without risks to health. They are accountable for taking practical measures to ensure that:

- the OHS program is complied with in the area under their control
- employees are supervised and trained to meet their requirements under this program
- identified hazards that are under their control are followed up on
- employees and volunteers are consulted on issues that affect their health and safety
- any OHS concerns are referred to management.

Employees

It is the responsibility of each employee:

- to take reasonable care of the health and safety of others in the workplace
- to cooperate with employers in their efforts to comply with OHS requirements such as following procedures and participating in hazard identification and reporting
- use equipment properly in order to provide for the health and safety of people in the workplace
• not to obstruct attempts to reduce risks, or to provide aid to injured workers, or disrupt a workplace by creating health or safety fears

• not to refuse a reasonable request for assistance to prevent a risk to safety or health.

Other people in the workplace

Employers and controllers of premises have a duty to provide for the safety of others in the workplace. This includes:

• clients
• volunteers
• contractors
• suppliers
• visitors
• children being cared for while their carers or parents are attending the workplace as clients or workers.

Within reason, employers need to ensure that these groups are given information and instruction regarding:

• their safe use of the site and equipment
• emergency procedures
• activities of clients
• other OHS issues to which they have exposure.

The level of information and instruction will depend on the level of exposure the person has to your workplace. If the person is frequently on site and very involved in the running of your organisation, such as a volunteer, you are advised to give them more thorough instruction and training in your policies and procedures.

Manufacturers and installers of plant, equipment and substances

If you have purchased equipment for the workplace, the manufacturer and or installer (if an outside person is installing it), must make sure that you have information on correct use of the equipment and that it is safe when used according to the instructions. It is important to ask for this instruction if it is not automatically provided.
What is a workplace?

Defining the workplace

According to the law, the workplace includes all sites and environments that the employee visits during the course of their work, i.e. employees ‘take the workplace with them’. The duties of employers and employees, therefore, extend to all the environments within which work is carried out, such as client homes and community settings.

Unlike employees, volunteers do not ‘take the workplace with them’ as they move off site. Organisations are not legally responsible for the safety and health of volunteers once they move off the premises to work in the community and client homes unless they are accompanying an employee. It is advisable however to train volunteers in the basic risks and control measures so that they are able to protect their own welfare off site. In any event it is important to let prospective volunteers know that they will be expected to attend induction training to inform them of the OHS procedures which apply whilst they are onsite and the consequences of non-compliance. It is advisable to insist that without the requested OHS training they will not be engaged as volunteers.

Working from home or in a client’s home (employees and volunteers)

- Where a private dwelling is a place of work (either because an employee or volunteer is working at home or providing services in a client’s home), the employer has a duty of care with respect to the work being carried out, to the employee and to anyone else at the place where the work is being carried out. This includes any volunteer who is there, as well as the client.

- Where a volunteer attends the premises of a community service organisation they are owed certain duties by the organisation in its capacity as an employer of others at the workplace, and certain duties by the controller of the premises (if that is a different person).

- However, no OHS duties apply where a volunteer is at a private dwelling (either working at home or providing services in a client’s home) and there is no employee present. For example, volunteer door-knock fund raisers or meal deliverers – while they may be covered by insurance held by the community service organisation, there is no OHS duty on the part of the employing agencies if paid employees are not with the volunteers when they visit these homes.

When developing an OHS program and using checklists to identify potential safety hazards, you need to consider all the work environments where your employees provide community services to clients. These include:

- the office or centre
- vehicles used for staff, clients and volunteers
- clients homes
- community settings such as shopping centres, day centres, other community service organisations, courts, hospitals, streets and parks.
In each of these ‘workplaces’ there are different workplace hazards that need to be addressed. You may not be able to eliminate all the hazards in the work environment, but with careful planning protection and training of staff, risks may be minimised.

**Leased premises**

Many community services do not own their premises. Rather they lease them, often at lower rent, from council, government or private owners (the controller of the premises).

Both the controller of the premises and the community organisation have responsibilities for safety. The controller of the premises has a responsibility to ensure that the premises used as a place of work is safe and without risks to health. This includes safe exits and entrances. However the duties of controllers of premises only apply to matters that are covered by the lease or contract (Note: The controller of any plant or equipment also has a responsibility to ensure that it is safe and without risks to health).

If you lease premises or they are provided to you at no cost by another organisation:

- ensure that provisions and responsibilities for repairs and safety issues are clearly outlined in the lease/contract
- if issues arise that are the responsibilities of the building owner, put your request in writing
- document all steps that you take to reduce the risk to workers and others on the premises, while waiting for repair
- if an owner refuses to provide safe premises, contact WorkCover NSW and ask for assistance from a WorkCover inspector.

It is management’s responsibility to ensure that any community service, or programs provided on the premises, are undertaken in a way that is safe for all participants – employees, volunteers, management, clients and visitors.

If another community group, such as a playgroup, sub-lets from you a part of your premises, you still have responsibility to ensure the safety of those people.
Legislation flow chart

The following flow chart illustrates the hierarchy of OHS information in NSW. This includes the legislative framework provided by the OHS Act 2000 and the more detailed OHS Regulation 2001, best practice provided by Codes of Practice, authoritative advice provided by Australian Standards and guidance provided by guides and alerts.

**OHS Act 2000**

The Act provides a framework for the general duties of responsibility for OHS in NSW. The Act places responsibility on facilities to ensure the health, safety and welfare of employees and all others at your ‘workplace’. This includes clients, contractors, volunteers and visitors.

**OHS Regulation 2001**

The OHS Regulation 2001 provides the detail of how the employer implements OHS with the emphasis on compliance. The Regulation has 12 chapters covering various aspects of work and different types of work.

**Codes of Practice**

Codes of Practice provide practical guidance and advice on how to achieve the standard required by the OHS Act and Regulation. A code of practice is not law but should be followed, unless there is an alternative course of action that achieves the same or better standard.

**Australian Standards**

Australian Standards that are referred to in legislation such as the OHS Regulation 2001 have legal status and are mandatory. The Code of practice for Technical Guidance incorporates without modification a number of Australian Standards. Standards adopted in this way have the same legal status as a Code of Practice. Australian Standards which are not included in legislation may be adopted voluntarily but have no legal status.

**Guides/alerts**

Guides or alerts are occasionally released on specific hazards that WorkCover NSW has identified as significant. This material is considered ‘guidance material’.

Adapted from: http://www.agedcareohs.info
2.2 A risk management approach

It is the responsibility of management committees, managers, coordinators and supervisors to develop a system for addressing occupational health and safety in the workplace.

The essence of risk management

The best way of doing this is to put in place a risk management system. The parts of an effective risk management system are described below. Documents to help you apply the system to your organisation are included at the end of this Section.

The risk management system for enhancing health and safety includes a simple, four step method to identify, assess, control and review risks or hazards in the workplace.

**Step 1 Think** – about what may affect employees and others’ health, safety or welfare. *This step is to identify hazards and assess the risk they pose.*

**Step 2 Talk** – with employees. Consult about matters that may affect employees and others’ health, safety or welfare.

**Step 3 Do** – what is necessary to make the workplace safe. Implement risk controls.

**Step 4 Review** – and monitor OHS measures (ensure risk controls are effective).

Risk management is not a one-off activity – but should be carried out on a continuous improvement basis. As shown on the diagram below, each step leads to the next – thus not ending at Step 4 but returning to Step 1. Consultation, in fact, can occur at each step – or be revisited after controls have been put in place.

- **THINK**
  - Identify hazards and assess the risk they pose

- **TALK**
  - Consult with employees about OHS matters

- **DO**
  - Implement risk controls

- **REVIEW**
  - and monitor OHS measures
The basis of continuous improvement

This section is designed to help you address the health and safety issues that may arise from the jobs and tasks that make up the system of work in your workplace.

You must carry out risk management especially when you are:

• designing a new job or task
• changing a job or task
• introducing new equipment or substances to the workplace
• reviewing a procedure when problems have been identified, eg, from an accident or incident investigation
• preparing a submission for service funding, and
• for ongoing tasks, as part of continuous improvement.

Step 1 Think – identify hazards and assess the risks they pose

a) Identify the hazards

A hazard is anything (including work practices or procedures) that has the potential to harm the health or safety of a person. Controlling hazards offers you the greatest opportunity for reducing injury and illness in the workplace.

Hazards arise from the workplace environment, the use of equipment and substances in the workplace, poor work design, inappropriate management systems and procedures, and human behaviour.

Hints for identifying workplace hazards:

Observation - Your OHS policy includes a responsibility for all employees, volunteers, supervisors, managers or committee members to observe, notify and act on workplace hazards.

Injury and illness records - All workplaces are required to keep records of injuries and illness in a Register of Injuries. Review the records regularly to identify hazards. Ask your workers compensation insurance company to provide you with reports and statistics on the causes of your past workers compensation claims.

Workplace inspections/audits - Regularly inspect your workplace. Do this as a ‘whole organisation’ activity where employees, volunteers and management do it together, perhaps as part of a staff meeting or management committee meeting. Workplace inspection checklists are included among the resources at the end of Section 3.

Safety audit - This is a systematic and periodic inspection of the workplace to evaluate the organisation’s health and safety system. A safety consultant or a safety officer may conduct the audit. It may be part of a quality assurance/accreditation process. An audit usually contains a written report for management and/or an OHS committee.
**Accident investigations** - investigate and report on accidents and ‘near misses’ to identify the hazards that contribute to the incident. Ask witnesses for their opinions on what caused the accident or 'near miss' and how it can be avoided in the future.

Prepare a brief report for the management committee detailing the accident event, potential causes and recommendations to avoid a repeat of the accident.

Some accidents and dangerous occurrences (see Section 4.4 for which ones) need to be reported to WorkCover via the website ([www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)) or phone 13 10 50.

**Complaints** – complaints from employees and volunteers about health and safety issues are a good way of quickly identifying hazards that employees and volunteers have noticed. They should be brought to the attention of a supervisor or coordinator and dealt with promptly.

**b) Assess the Risk**

Once you have identified the hazards in your organisation, you then need to assess the risk arising from them.

Assessment means answering two questions.

1. How **likely** is it that this hazard will cause injury or illness?
   
   Consider the level of an employees or volunteers exposure to the hazard.
   
   For example, the more time an employee spends typing at a computer, the more likely it is that it will cause neck and shoulder pain. An employee who uses strong solvent or glue during frequent craft classes may suffer side effects, such as skin irritation or headaches.

2. How **severe** is the injury or illness if it does occur?
   
   Consider the extent of the injury or degree of harm that may be caused by a hazard. For example, a faulty electrical connection may cause death. An acid spill may cause permanent disability. Lifting a client incorrectly may cause back strain and time off work.

Some injuries may only require first aid.

The **Sample risk assessment worksheet** - (at the end of this Section) is a quick way of checking out any hazards you have identified in your organisation and deciding what priority you should give to fixing (controlling) them.

The table helps to answer two basic questions at the same time: ‘Is it likely?’ and ‘Could it be severe?’ and if you answer yes to either of these then this hazard should be assigned a higher priority for action. You should end up with a list of higher and lower priority areas for action.
All hazards need to be fixed but you may not have the resources to fix them all immediately. The priority ranking that you assign each hazard (see Sample Risk Assessment Worksheet in Section 2.8) helps you to decide which ones to address immediately, in the short term and in the long term.

Step 2 Talk – consult with employees

Employees and volunteers are often more aware of hazards and possible ways of controlling them, than management. Consultation is vital to the risk identification process. Employees who have been consulted and who have assisted in suggesting controls are more likely to use these new procedures.

Consultation is a requirement under the law. It involves allowing employees the opportunity to contribute to the making of decisions affecting their health, safety and welfare at work. Consultation is required, for example, when introducing or altering procedures for modifying risks. The purpose of the duty to consult is to ensure there is meaningful and effective consultation about matters that may affect employees’ health, safety and welfare so there is reduced injury and disease.

Adopting a planned, systematic approach to health and safety and applying risk management principles will help identify when to consult and will assist the employer plan to consult employees in the early phases of the decision-making process.

The OHS Act (2000) provides three options for consultation:

1. an OHS committee comprised of employer and employee representatives
2. OHS representatives elected by employees
3. other agreed arrangements between the employer and their employees.

OHS committees and OHS representatives

The establishment of OHS committees and representatives falls under division 2 of Part 2 of the OHS Act, 2000. Whether or not OHS committees need to be established depends primarily upon: the number of people the employer employs; if a directive has come from WorkCover NSW to establish a committee; or if a committee has been requested by the majority of workers.

OHS committees

OHS committees are formed when either:

- an employer employs 20 or more people and the majority of those people request the establishment of an OHS committee, or if
- WorkCover NSW directs an OHS committee to be established.
OHS representatives

An OHS representative is to be elected if at least one employee requests this or if WorkCover NSW so directs.

It should be noted that an employer may also arrange for either an OHS committee to be established or an OHS representative to be elected. Election of representatives must be done by and from the employees.

If your organisation has an OHS committee or representative, these individuals, while not responsible for OHS in the same way managers are, have the following roles:

- to review OHS measures to ensure people’s health and safety at work
- to investigate risks to health and safety at the place of work
- to attempt to resolve the risk in consultation with management, but if unable to resolve the risk, then request an investigation by an inspector.

What to consult about?

Generally, any information that will assist in protecting employees’ health, safety and welfare can be the subject of consultation. Specifically this may include:

- risks, and their elimination and control
- work processes and procedures
- OHS consultative arrangements
- training needs
- adequacy of facilities
- incidents, illnesses or injuries (in a way that protects the confidentiality of personal information)
- changes or problems to premises, work environment, plant, equipment, systems of work or substances used for work
- OHS policies and procedures, including risk assessments and control measures.
How to consult

Most community service organisations use consultation processes daily – so will be familiar with what is required. OHS consultation should involve management, volunteers, clients and employees.

Effective OHS consultation:

- occurs early in the decision making process
- values and includes input from all parts of the organisation
- includes the perspectives of visitors, contractors, clients and volunteers as well as employees
- is planned, genuine and collaborative
- is encouraged on a pro-active and ongoing basis
- includes a focus on outcomes that result in improvements to the systems for managing health and safety.

OHS consultation may be undertaken through:

- meetings, workshops, suggestion boxes, surveys to specifically consider OHS issues
- providing general OHS information such as explaining the law and its implications to your organisation
- establishing OHS consultation arrangements and provide appropriate training
- involving employees, volunteers and management in the identification and assessment of hazards, development of control strategies and evaluation of controls
- having OHS as a permanent staff meeting agenda item, particularly where there are very few workers (five or less).

Advertise your OHS policy and procedures by promoting it in staff and volunteer meetings, training sessions, the organisation’s noticeboards, newsletters and other information sources. Include it in your organisation’s induction procedures and orientation kit.

Complaints

Complaints from employees and volunteers about safety are a good way of quickly identifying hazards that employees, volunteers, clients and contractors have noticed. They should be documented and brought to the attention of a supervisor or coordinator and dealt with promptly. Consultation should include specifically enquiring about areas of complaint raised by employees and volunteers.
Step 3 Do – what is necessary to make the workplace safe

Now that you have identified the hazards, assessed the risks, and consulted with employees and volunteers about problems and the best way to deal with them, you need to eliminate or reduce the risk.

Hierarchy of controls: Six ways to deal with hazards or control the risks to health and safety

Following is a list of the six possible approaches to controlling a hazard or a risk to the health and safety of employees and volunteers. The effectiveness of these approaches is likely to be lower, the lower down the list they appear. These approaches represent the ‘hierarchy of controls’. Every effort should be made to eliminate the hazard. If this is not possible, then the second approach should be undertaken, and so on. It is important to recognise that they are in order of long-term effectiveness and not to start at what seems like the simplest to achieve. In many instances a mix of approaches will be the most effective and appropriate solution.

1. **Eliminate the hazard or risk** – discontinue the practice or dispose of the hazardous item
2. **Change equipment or materials** – substitute the hazard for something that gives rise to a lesser risk
3. **Isolate the hazard** – separate the hazard in time or space from the person at risk
4. **Design in safety** – plan for safety through changing the work environment such as redesigning the workplace, using automatic controls, providing greater ventilation or lighting
5. **Change work methods** – organise safe work practices through planning a safer way of doing things followed by training, instruction and supervision
6. **Use personal protective equipment** – this should not solely be relied upon and should only be used as a last resort to control risks.

1. **Eliminate the hazard**

To eliminate the hazard means to take the hazard completely away. This is the most effective way to make the workplace safer. Always try to do this first.

Example:
An employee tripped over an electric cord leading to an old wall-mounted fan. Upon consideration, it was realised that the fan was broken and not used since air-conditioning was put in a year ago. The fan and its cord were removed.
2. Change equipment or materials

If you can’t eliminate the hazard, think next about redesigning equipment or processes.

Example:
An employee experienced back pain when helping clients up and down the steps of the community bus. New steps were fitted to the bus with handrails which allowed clients to get on/off the bus independently.

3. Isolate the hazard

If you can’t redesign the equipment or processes to make them safer, then think about how they can be separated from employees or others at risk of harm. Things can be separated by space (move them away), by a barrier, or by time (while employees or others are not around).

Example:
A home care worker reported threats of abuse from a client’s son who has mental health problems when she visited the client in the mornings. Upon enquiry, the home care worker found that the son was not home after 11am, so visits were rescheduled for the afternoon.

4. Design in safety

If you can’t isolate the hazard from the employee or others at risk, think about how things could be designed or set-up differently to minimise the risk to the employee or others.

Example:
Shift workers at an emergency accommodation facility indicated they were concerned about threats of violence during the night. The workplace was examined for opportunities to increase the safety at night. New lighting and security alarms were installed and a lockable door with a view panel replaced the solid door between the desk and the residents.

5. Change work methods

If you can’t eliminate the hazard or change the equipment or the materials or the clients, change the way work is done.

Change work methods to reduce accidents.

Example:
An employee was conducting an initial interview with a distressed client at the workplace when the client became angry and punched the employee. After consultation with the employee, the manager and the management committee decided to:
• review intake procedures to identify clients with histories of violence
• write a procedure to be followed by employees and volunteers before and during client interviews
• conduct interviews in a room with two exits to facilitate withdrawal of either party from a perceived threat
• train employees and volunteers to recognise and diffuse violent situations
• provide duress or personal alarms
• ensure other staff are close by when interviewing potentially violent clients.

6. Use personal protective equipment (PPE)

If no other measure will totally solve the problem, consider what personal protective equipment could help reduce the risk of harm to a worker or volunteer. As a back up, this approach can be used in conjunction with other measures. PPE should be kept in good condition, fit properly and be worn correctly to achieve maximum usefulness, PPE must be looked after on a regular basis.

Example:
A cleaner experienced a needle-stick injury when walking in the courtyard. The least effective method to address this problem would be to simply provide the cleaner with gloves and long handled tongs for cleaning the courtyard.

The more effective method would be to:
• consult with the employees and establish a procedure whereby employees check the courtyard at the beginning of the day and prior to activities
• provide a ‘sharps’ bin in the courtyard, and
• provide the cleaner with gloves and long handled tongs for cleaning the courtyard.

The Sample Risk Assessment/Risk Management Work Sheets (Sections 2.8, 2.9, 2.10) help you to identify the hazards, assess the risk they pose, and identify which control measures to employ. These can be used in conjunction with the checklists at the end of Section 3 (Section 3.8 – 3.19) to identify common hazards in the community services sector.

Step 4 – Review and monitor OHS measures

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first hazard but may have created another one.

For example, a child-care centre installed a shade structure over the sandpit but unfortunately it was too low. Employees were now complaining about back pain because they had to bend to get under it.

The Sample Worksheet – Assess the Risk at the end of Section 2 has a review date and some questions to prompt your review of your safety solutions.
2.3 Information, instruction & supervision

OHS training does not just involve specific hazard training or training after the event. OHS is part of all workplace training, just as OHS is an integral part of day-to-day management.

Whether you are a large or a small community organisation, everyone in your organisation may be exposed to a risk to health and safety. Therefore regular information, instruction and supervision are essential for fulfilling your duties.

It is important that training systems are flexible – to accommodate different schedules, needs and skill levels. Shift-workers, part-time and casual workers must not be overlooked in the scheduling of training opportunities.

Employers must ensure that:

- each new employee receives induction training that includes the organisation’s OHS management system, relevant health and safety procedures (eg, use of equipment and other control measures) and how to access health and safety information in the workplace. The training should take into account the competence and experience of the employee. (A sample induction training schedule is provided within the checklists and tools at the end of this Section)

- any person at the employer’s place of work who may be exposed to a risk is informed of the risk and receives information and instruction commensurate with the risk.

Health and safety should also be included in:

- coordinator, supervisor and management training
- on-the-job training
- specific hazard training eg, manual handling
- work procedures and skills training
- emergency procedure training
- first aid training.

Identifying training needs

The employer should consult with their employees about the information and training necessary to undertake their work safely. Employers should make sure that the information is accessible and easily understood.

Documentation

Clearly written and straightforward procedures can be used as the basis of an OHS training program for all levels of the organisation. Managers, coordinators, supervisors and employees all need information and instruction on what is required and what is in place. This same information can be streamlined to form the basis of an employee induction handbook to make sure people are informed about how to work safely before they commence the job.
Communication

Procedures don’t work if people don’t know about them. Once procedures have been developed and documented, communicating them to employees and volunteers is the next step.

Having trained your staff, you should keep records of their attendance and skill development. The Community Services Package developed by the Community Services and Health Industry Training Advisory Body (See Section 5, Resources for contact details) includes OHS competencies for community workers.

2.4 Confidentiality

One OHS risk for community service workers is dealing with aggressive clients. The process of getting information about clients who might pose a risk to employees or volunteers needs to be considered on several levels.

Existing clients

There may be times when you have concerns for the safety of a client, employee or volunteer. In these situations, you need to consider requirements under the law. In some cases you may need to refer the client to a more appropriate community service organisation. If so, you may need to consider relevant information to pass on to that organisation to protect the client and the employee to whom the client is being referred.

New clients

Client assessment procedures are advisable and should be used when possible.

It is advisable to explain your assessment procedures to your referring organisations. Where possible, obtain and consider any information that may be readily available about clients’ violent behaviour. If you cannot ensure the health and safety of your staff, turn down the referral. (For more information see Aggression, violence and challenging behaviours, Section 3.2).

Privacy legislation

There are also restrictions on the use and disclosure of personal information contained in the Privacy and Personal Information Protection Act 1998 (PPIPA), which applies to public sector agencies. The Commonwealth Privacy Act 1988 contains similar restrictions on private sector agencies and individuals.

Personal information includes information and opinions about an individual. It can include, for instance, a person’s criminal record and health information about the person, such as information about any mental condition that may make the person’s behaviour violent or challenging.
Section 18 of PPIPA prohibits public sector agencies from disclosing personal information about any person unless:

- disclosure is related to the purposes for which the information was collected, or
- the person knew the information would be disclosed when it was collected (most services have consent forms allowing information to be shared), or
- the public sector agency reasonably believes that disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person. In the case of health information, section 19 of PPIPA only allows disclosure where such a threat exists.

The serious and imminent threat exception (as in the latter exemption noted above) will allow agencies to give community services organisations information about clients whose behaviour may be a risk to health or safety, but only in very limited circumstances. It will not be enough if the agency merely thinks the client might have the potential for violence, or has information that the client has been violent in the more distant past.

There are a number of exceptions to the relevant requirements of PPIPA:

- a medical practitioner, health worker, or other official or worker providing health or community services, who is employed or engaged by a public sector agency, can disclose health information to another such person where the individual’s consent cannot reasonably be obtained (section 28 (2))
- where non-compliance is authorised or required by law (section 25 (a))
- where non-compliance is permitted or necessarily implied under an Act or law (section 25 (b))
- where the individual to whom the information relates has expressly consented to the agency not complying with the principle concerned (section 26 (2))
- the Independent Commission Against Corruption, the Police Service, the Police Integrity Commission, the Inspector of the Police Integrity Commission, the staff of the Inspector of the Police Integrity Commission and the New South Wales Crime Commission are exempt from compliance with various requirements of the Act (section 27)
- the Ombudsman, the Health Care Complaints Commission, the Anti-Discrimination Board and the Guardianship Board are exempt from compliance with section 19 (section 28 (1)).

If the agency holding relevant information about a client falls within one of the above exceptions then they may be able to disclose the information to a community service organisation. However, there is nothing in the PPIPA or any other law to make disclosure mandatory.
2.5 Volunteers, contractors and visitors

What the law says

‘An employer must ensure that people (other than the employees of the employer) are not exposed to risks to their health or safety arising from the conduct of the employer’s undertaking while they are at the employer’s place of work.’

An employer must take reasonable care to identify foreseeable hazards, assess risks and eliminate (if not reasonably practicable to eliminate, then control) any hazards that could harm the health and safety of any person legally at the employer’s place of work.

This applies to such people at your workplace as: children, volunteers, contractors and visitors.

Volunteers

Many community service organisations are made up of a combination of paid and unpaid workers, often with a paid coordinator or director and a voluntary management committee (although in some community services a volunteer is in a management position).

Volunteers are not employees and the duty to consult, therefore, does not apply. The National Standards for Volunteers, produced by the peak body, Volunteering Australia, however, recommends inclusion of volunteers as equal team members in consultation.

OHS legislation does not apply to volunteers unless their work is being carried out on the premises belonging to/leased by the organisation or at other locations where there is a paid employee present with the volunteer. However, the employer does owe volunteers a duty to ensure they are not exposed to risks to their health and safety under section 8(2) of the OHS Act.

It is important that volunteers have knowledge in health and safety matters related to the work they are performing. For this reason, it is advisable to provide volunteers with health and safety training and to inform them that such training is part of the process of volunteering.
Fact Sheet On Contractors

This fact sheet provides guidance on occupational health and safety and workers compensation and how they apply to contractors.

Note: Volunteers are not contractors because they are not paid for work they do.

Most organisations will use contractors to perform maintenance and building tasks or training and consulting services. Before a contractor starts work, the manager should check whether they have adequate insurance. If the contractor is injured at your workplace and does not have insurance they may be ‘deemed’ under the workers compensation legislation to be one of your workers and therefore be able to make a claim against your workers compensation insurance company.

Who is a contractor?

WorkCover identifies several factors, which distinguish an employee from a contractor.

<table>
<thead>
<tr>
<th>A contractor is more likely to…</th>
<th>An employee is more likely to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employ others, delegate or sub-let work to another</td>
<td>Be required to actually carry out the work</td>
</tr>
<tr>
<td>Be paid on the basis of a job quotation</td>
<td>Be paid on a time basis</td>
</tr>
<tr>
<td>Supply their own tools and materials</td>
<td>Have tools and materials supplied by the employer</td>
</tr>
<tr>
<td>Carry out an independent business in their name and business name</td>
<td>Work exclusively for a single employer</td>
</tr>
</tbody>
</table>

Note: Contractors may be defined differently for the purposes of taxation, superannuation and industrial relations matters. Employers will need to consult the relevant government departments for further advice. Other laws that may affect contractors include child protection laws and the Disability Services Act.

What responsibilities do you have to the contractor?

As with any visitor, you have to ensure the safety and welfare of contractors whilst at your workplace.

What are the contractor’s responsibilities for OHS in your workplace?

The manager should give contractors instruction in the safety policy and procedures with which they must comply whilst at your workplace. Give them a copy for their reference.

Contractors are to ensure that they keep their equipment in good working order and that their activities are not creating an occupational health and safety hazard in the workplace.
What insurances should your contractor have?

If the contractor employs another employee or is an incorporated company, they must have workers compensation insurance. If the contractor is a sole-trader, it is recommended that they have their own sickness and accident or income protection insurance policy (this is not a legal requirement but will ensure that they can claim their own policy, rather than your workers compensation policy, if they have an accident).

Contractors should also have public liability insurance, which provides cover for accidents that may occur to the public because of the contractor’s actions, for example, a volunteer trips over a cord left by the contractor electrician.

An example contractor OHS agreement is provided at the end of this Section. It is recommended that you place it in on your organisation’s letterhead and keep a copy on file with other information about that contractor. Make a note in your diary when you need to check the insurance details with your contractor, eg, on an annual basis, to ensure that all insurances are current.

Requirements for principal contractors

Since 1 July 2003, principal contractors are required to check that their subcontractors:

- are insured under the correct industry classification
- have declared an appropriate amount of wages for their insurance cover
- have signed a statement that all workers compensation premiums applicable for that work have been paid.
2.6 Policies and procedures

An OHS policy

An OHS policy is not an OHS legislative requirement. However, an OHS policy is a way an organisation communicates its commitment to a safe and healthy workplace and the responsibilities of everyone in the workplace to achieve this end.

The aim of the policy is to:

- demonstrate commitment
- promote accountability
- encourage cooperation
- explain the process
- outline responsibilities.

An OHS policy is the best place to outline the essential elements of an effective OHS system:

1. A commitment by the employer to provide a workplace that is safe and without risks to health. The commitment is demonstrated by giving health and safety issues priority in all decisions affecting the workplace and the conduct of work.

2. The provision of adequate resources to ensure the workplace is safe and every effort has been taken to control risks. Adequate resources are those resources needed to ensure that things such as equipment are safe and properly maintained and that OHS issues can be promptly addressed and workers are trained to carry out their tasks in a safe manner.

3. Clearly defined responsibilities for OHS so that people are aware of their responsibilities, are competent to fulfil them and have sufficient resources to act.

4. That a systematic OHS program is in place consisting of:

- hazard reporting
- incident reporting
- risk assessment and risk control
- emergency procedures
- safe job design
- induction training and supervision
- purchasing procedures
- commitment to consultation
- monitoring and review.
The easiest way to start is to draft a simple statement of your organisation’s commitment to occupational health and safety. Then develop the ideas in the statement by talking with a range of people in the workplace. The more people consulted, the greater the commitment to the policy.

Contact your funding body to check if there are specific documents, policies or procedures that they require.

Remember the policy should outline the responsibility and accountability of management committee, coordinators, managers, supervisors, employees, subcontractors and volunteers. Finalise the policy after you have consulted sufficiently with these groups. You can demonstrate consultation by having a representative from each group sign the bottom of the policy.

**How to develop OHS procedures**

Once your organisation has developed a policy, you need to develop procedures to meet the objectives and commitments of the OHS policy.

An OHS procedure details how your organisation is going to meet its policy commitment.

Developing an OHS procedure is not complicated. An OHS procedure includes a strategy for addressing the hazards you have identified in your organisation, information and training to be given to workers, the role of managers and supervisors, details of any resources required and the timetable for implementation.

Manual handling and violence are two of the main hazards in the community services sector. Examples of manual handling and violence prevention procedures are included in Section 3, Checklists and tools.

**Checklists and tools for ensuring compliance**

Sections 2.7 to 2.11 provide tools for ensuring OHS compliance.
2.7 Does your organisation comply with the law?

This checklist is to identify whether your organisation meets the requirements of the OHS and workers compensation laws. Check what the law requires and refer to the relevant part of *Safety Pack* for information to assist you with compliance.

**Disclaimer**

This checklist does not provide an exhaustive checklist of obligations imposed by OHS, workers compensation and other laws. It is intended to provide general information about the law and is not intended to represent a comprehensive statement of the law as it applies to particular problems or to individuals, or substitute for legal advice. You should seek independent advice if you need assistance on the application of the law to your situation.

<table>
<thead>
<tr>
<th>What the law requires</th>
<th>Where to find it in the <em>Safety Pack</em> and/or other tips for action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational health and safety</strong></td>
<td></td>
</tr>
<tr>
<td>• Consultation with employees and management occurs on issues that impact OHS</td>
<td>• Section 2 (2.2 STEP 2)</td>
</tr>
<tr>
<td>• Information, instruction, training and supervision is provided to employees and management to ensure their health, safety and welfare</td>
<td>• Section 2 (2.3)</td>
</tr>
<tr>
<td>• OHS induction is provided to new employees and volunteers</td>
<td>• Section 2 (2.3)</td>
</tr>
<tr>
<td>• A risk management system to identify, assess and control hazards and review control strategies is in place</td>
<td>• Section 2 (2.2)</td>
</tr>
<tr>
<td><strong>Workers compensation insurance</strong></td>
<td></td>
</tr>
<tr>
<td>• Workers compensation insurance policy covering all paid employees is obtained and the terms specified in it are followed. Volunteers are not generally covered for workers compensation, however, employers may still be liable for any injuries to volunteers. Employers should check to ensure they have appropriate coverage.</td>
<td>• Section 2 (2.5) • Section 4 (4.5)</td>
</tr>
<tr>
<td>• Record of all wages (including contractor payments) kept for 7 years</td>
<td>• Keep with other business records</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td></td>
</tr>
<tr>
<td>• Summary of the <em>Workplace Injury Management and Workers Compensation Act 1998</em> and the <em>Workers Compensation Act 1987</em> is displayed in the workplace</td>
<td>• Obtain the poster from your workers compensation insurance company or WorkCover and place on staff noticeboards</td>
</tr>
</tbody>
</table>
• Register of Injuries (ROI) is readily accessible to employees

• False or misleading information is not supplied to your insurance company

• The insurance company's name and address and your organisation's name and address is given to an employee when requested, and posted in the workplace

Employees Insurance

• All injuries must be notified to the insurance company within 48 hours

• Within 7 days of receiving the notification, the insurance company must decide whether to approve and commence provisional liability payment

• Workers compensation claim forms are available to employees

• Pass workers compensation benefits onto an employee within a suitable timeframe

Dismissal procedures (NSW Industrial Relations Act 1996)

• You are not to dismiss a person wholly or mainly because of work-related injury within 6 months after the employee becomes unfit for work

• If the injured worker becomes fit for their pre-injury job they may be eligible for their job back within 2 years of dismissal

Early commencement of Injury management and return-to-work program

• RTW program is displayed in the workplace and available to employees who ask for it and to employees who are injured

• A person of authority is appointed to act as the communicator between injured employees, doctors and the insurance company (applies if your organisation's annual workers compensation premium is <$50,000 per year) or A trained return-to-work coordinator is appointed (applied if your compensation's annual premium is >$50,000 per year)
<table>
<thead>
<tr>
<th>Task</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees notify you of injuries as soon as possible</td>
<td>Section 4 (4.6)</td>
</tr>
<tr>
<td>The Register of Injuries (ROI). Employers are allowed to use their own incident report.</td>
<td></td>
</tr>
<tr>
<td>Notify your insurance company of all injuries within 48 hours of being informed</td>
<td>Section 4 (4.6)</td>
</tr>
<tr>
<td>Obtain a Notification of Injuries form from your insurance company</td>
<td></td>
</tr>
<tr>
<td>Cooperate with your insurance company in the development of an injury management plan for an injured worker</td>
<td>Section 4 (4.6)</td>
</tr>
<tr>
<td>Section 4 (4.6, 4.7)</td>
<td></td>
</tr>
<tr>
<td>RTW program is written according to WorkCover guidelines</td>
<td>Section 4 (4.6, 4.7)</td>
</tr>
<tr>
<td>RTW program is developed in consultation with the employees</td>
<td>Section 4 (4.7)</td>
</tr>
<tr>
<td>The return-to-work coordinator makes contact with the nominated treating doctor and the injured worker to develop a return-to-work plan</td>
<td>Section 4 (4.6)</td>
</tr>
<tr>
<td>Provide suitable duties if possible</td>
<td>Section 4 (4.6)</td>
</tr>
</tbody>
</table>

**Injury management not to disadvantage injured employees**

<table>
<thead>
<tr>
<th>Task</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees are informed of their rights and obligations regarding workers compensation</td>
<td>Section 4 (4.5)</td>
</tr>
<tr>
<td>Information is available to employees of a non-English speaking background – interpreters are used when necessary</td>
<td>WorkCover provides some translated information. It is from the Publications Hotline 1300 799 003 or at <a href="http://www.workcover.nsw.gov.au">www.workcover.nsw.gov.au</a></td>
</tr>
<tr>
<td>If possible, you assist an employee to find alternative employment if they cannot return to the pre-injury job</td>
<td>Section 4 (4.6)</td>
</tr>
</tbody>
</table>

**Dispute resolution**

<table>
<thead>
<tr>
<th>Task</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>A dispute resolution procedure is in place for disputes about injury management</td>
<td>Section 4</td>
</tr>
<tr>
<td>Cooperate with any request by an employee for assistance from their union</td>
<td>Provide cooperation</td>
</tr>
</tbody>
</table>
## 2.8 Sample risk assessment worksheet

**THINK – Identify the hazards, assess the risk**

| Identify the risks | Is it likely to happen? | Could it be severe? | Priority ranking  
1= higher, 5 = lower |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hazard</strong> Slipping hazard and risk of cutting self on broken glass by falling through plate glass door at the base of the stairs.</td>
<td>Yes – almost happened last week when a client slipped and nearly hit the door, but it did not break.</td>
<td>Yes – could have resulted in a very deep laceration, severe loss of blood.</td>
<td>2</td>
</tr>
</tbody>
</table>
## Sample risk management worksheet

### Hierarchy of Controls

1. Eliminate the hazard or risk
2. Change equipment or materials
3. Isolate the hazard
4. Design in safety
5. Change work methods
6. Use personal protective equipment

#### Glass door at bottom of stairs

<table>
<thead>
<tr>
<th>Date completed and signature</th>
<th>By When?</th>
<th>Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Manager to arrange.

- Replace door - no glass except for face height
- Replace glass door at bottom of stairs.
- Improve lighting on stairs.
- Install non-slip surface on stairs.
- Use safety glass.

2.9 Sample risk management worksheet
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Who was consulted?</th>
<th>What have they said about the changes?</th>
<th>What records were consulted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Implemented/Reviewed</td>
<td>Date Implemented/Reviewed</td>
<td>Action</td>
</tr>
</tbody>
</table>
## 2.11 OHS induction for workers

### Sample topics and timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>General administration</td>
</tr>
<tr>
<td></td>
<td>Learning outcomes and assessment</td>
</tr>
<tr>
<td></td>
<td>Introduction to the course</td>
</tr>
<tr>
<td></td>
<td>Topic 1 - OHS legislation in the workplace</td>
</tr>
<tr>
<td></td>
<td>Defining key terms</td>
</tr>
<tr>
<td></td>
<td>Key elements of OHS legislation</td>
</tr>
<tr>
<td></td>
<td>Workplace responsibilities</td>
</tr>
<tr>
<td></td>
<td>Responsibilities of employees</td>
</tr>
<tr>
<td></td>
<td>Role of WorkCover</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Topic 2 – Communication and consultation in OHS</td>
</tr>
<tr>
<td></td>
<td>Effective OHS consultation</td>
</tr>
<tr>
<td></td>
<td>OHS consultative processes</td>
</tr>
<tr>
<td></td>
<td>Role of OHS committees/OHS representatives</td>
</tr>
<tr>
<td>10:45 am</td>
<td>Break</td>
</tr>
<tr>
<td>11.00 am</td>
<td>Topic 3 – Implementing OHS risk management</td>
</tr>
<tr>
<td></td>
<td>Key elements of risk management</td>
</tr>
<tr>
<td></td>
<td>Identifying hazards</td>
</tr>
<tr>
<td></td>
<td>Risk assessment</td>
</tr>
<tr>
<td></td>
<td>Controlling and monitoring OHS risks</td>
</tr>
<tr>
<td></td>
<td>Elements of a safe system of work</td>
</tr>
<tr>
<td>11.45 am</td>
<td>Topic 4 – Emergencies and first aid in the workplace</td>
</tr>
<tr>
<td></td>
<td>Workplace emergency planning</td>
</tr>
<tr>
<td></td>
<td>Elements of an emergency response plan</td>
</tr>
<tr>
<td></td>
<td>Elements of a site evacuation plan</td>
</tr>
<tr>
<td></td>
<td>Emergency procedures for fire and hazardous substances</td>
</tr>
<tr>
<td></td>
<td>Legal and workplace requirements for first aid</td>
</tr>
<tr>
<td>Time</td>
<td>Session Description</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Topic 5 – Workplace injury management and workers</td>
</tr>
<tr>
<td></td>
<td>compensation</td>
</tr>
<tr>
<td></td>
<td>Defining workplace injury management and workers</td>
</tr>
<tr>
<td></td>
<td>compensation</td>
</tr>
<tr>
<td></td>
<td>Entitlements and obligations of injured workers</td>
</tr>
<tr>
<td></td>
<td>Elements of workplace injury management and return</td>
</tr>
<tr>
<td></td>
<td>to work</td>
</tr>
<tr>
<td></td>
<td>Summary, assessment and evaluation</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Close</td>
</tr>
</tbody>
</table>

**Note:** This course may be more than 4 hours duration if trainers customise to suit the needs of the organisation, eg, training in procedures for particular workplace risks.

Source: *OHS Induction for Employees*, WorkCover NSW, OHS Education Unit 2002.
# 3. OHS Issues in the Community Services Sector

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<th>Page</th>
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</thead>
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<td>3.2 Workplace violence</td>
<td>48</td>
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<td>3.3 Managing psychological injury</td>
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<td>3.4 Work related fatigue</td>
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<td>3.5 Slips, trips and falls</td>
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<td>3.10 Caring for children in your workplace</td>
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</tbody>
</table>

**Checklists & tools**

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<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
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<td>3.12 Checklist: internal environment safety &amp; security</td>
<td>100</td>
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<tr>
<td>3.13 Sample worksheet: manual handling</td>
<td>107</td>
</tr>
<tr>
<td>3.14 Checklist: manual handling</td>
<td>108</td>
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<tr>
<td>3.15 Checklist: workplace violence</td>
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<td>121</td>
</tr>
<tr>
<td>3.21 Checklist: transport safety</td>
<td>123</td>
</tr>
</tbody>
</table>

## Disclaimer

This document provides general information about the rights and obligations of employees and employers under NSW occupational health and safety laws. It is intended to provide general information about the law and is not intended to represent a comprehensive statement of the law as it applies to particular problems or to individuals, or substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.
3.1 Manual handling

Manual handling is any activity that involves lifting, lowering, pushing, pulling, carrying or otherwise moving, holding or restraining any person or object.

Background

Manual handling is a major cause of injury and lost time from work in the community services sector. In 2001/2002, manual handling accounted for 33% of all major claims in the community services sector. Injuries may occur when moving equipment around your organisation, helping clients get in and out of buses, doing home repairs, lifting children, shifting furniture and many other day to day activities.

What the law says

An employer must first do what is possible to eliminate the risk and then control the risk to the extent that it cannot be eliminated:

- eliminating the risk
  - provide a work environment that makes it possible to handle objects safely
  - support safe work practices
  - ensure all objects to be moved are designed, constructed and maintained so as to eliminate risks arising from manual handling

- controlling the risk
  - change the design of the object to be moved or the work environment
  - provide mechanical aids
  - make sure the workers doing the manual handling are properly trained in manual handling techniques
  - ensure that team lifting is only used when no other risk control is reasonably practicable. If team lifting is the only option, then it must be performed with proper arrangements.
How to comply

1. Include a commitment in your OHS policy

Include a commitment to address manual handling hazards in your OHS policy. Under the legislation, you do not have to have a manual handling policy, however, it does help you to develop approaches to comply with the NSW Occupational Health and Safety Act 2000 and the NSW Occupational Health and Safety Regulation 2001.

2. Follow a risk management approach

- think about what may affect employees health, safety or welfare (identify hazards and assess the risks they pose)
- talk with employees (consult about matters that may affect employees health, safety or welfare)
- do what is necessary to make the workplace safe (implement risk controls)
- review and monitor OHS measures (ensure risk controls are effective).

An example of a Manual handling worksheet is provided in Section 3.13, Checklists and tools.

Step 1 – Think – identify and assess the problem

- look at past manual handling incident and injury reports
- look at the work being performed, identify the manual handling involved
- use the checklist at the end of 3.1 to identify the risks (the checklist meets the OHS Regulation 2001, clause 81).

Note: Manual handling hazards are rarely ‘black and white’ problems. Usually, there are a number of factors that make up the hazard. For example, the hazard could be a combination of the weight of the object, the size of the person doing the task and the frequency of the task.

Step 2 – Talk – consult with workers and volunteers

- consult with the people doing the manual handling – identify the manual handling tasks
- work out which tasks pose the most risk. Assess each of the manual handling tasks using a checklist similar to the example on page 47. Identifying the factors that make the manual handling risky enables you to work out viable solutions. The more ticks in the boxes, the higher the risk of injury. This highlights which tasks have the highest priority.
Step 3 – Do – take action to eliminate or control the risk

For each manual handling task, ask the following questions:

- can the manual handling risk be eliminated
- can the risk be reduced by changing the load/equipment/task/work environment
- what training is required
- what other factors could be controlled

These sample solutions follow the hierarchy of controls.

1. **Eliminate the hazard**
   - put steps beside a nappy change table to allow older children to climb up themselves rather than being lifted.

2. **Change equipment or materials**
   - provide trolleys for moving equipment
   - provide redesigned clothing for residents, which allow them to be changed without workers bending or twisting
   - provide portable steps to allow clients to get on/off a community bus with minimal assistance
   - employees/volunteers working with children should be given adult size chairs to sit on
   - use hoists for lifting clients
   - arrange for goods to be provided in smaller/lighter packages.

3. **Isolate the hazard**
   - arrange storage so that heavy items are stored between the hip and shoulder of most workers.

4. **Design in safety**
   - install ramps to allow goods to be moved by trolleys across different levels
   - provide height adjustable benches for collating documents
   - put frequently moved items on wheels.

5. **Change work methods**
   - rotate employees/volunteers regularly
   - have a ‘no-lift’ or ‘minimal-lift’ policy
   - encourage employees/volunteers to kneel to perform some tasks
   - provide appropriate seats for tasks where employees/volunteers have to stand to perform detailed work for prolonged periods
   - store goods where they do not need to be moved
• never carry more than one child at a time
• teach people about team lifting (Note: team lifting is a last resort).

6. Use personal protective equipment (PPE)
• the use of gloves may assist workers/volunteers get a better grip on items being moved.

Step 4 – feedback (review)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

**Did it work?** Was the control/safety solution effective and did it address the hazard you identified and assessed?

**Did it create another hazard?** Your control/safety solution may have fixed the first hazard but may have created another one. For example, storing goods in a different place may have increased the risk of tripping for another person.

Summary of the risk management process for manual handling

<table>
<thead>
<tr>
<th>Think &amp; Talk</th>
<th>Do</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consult with the people doing the manual handling – identify the manual handling tasks</td>
<td>• Risk elimination/ control&lt;br&gt;For each risk, use the risk elimination and control measures to plan action</td>
<td>• Has each risk control measure been implemented?</td>
</tr>
<tr>
<td>• Use the checklist to identify the risks (the checklist meets the OHS Regulation, 2001 Clause 81)</td>
<td>• Implement the action</td>
<td>• Was it effective?</td>
</tr>
<tr>
<td>• Work out which tasks pose the most risk</td>
<td></td>
<td>• What more can be done?</td>
</tr>
</tbody>
</table>

A note about training

In the past, the strategy to fix manual handling problems has been to teach employees and volunteers how to care for their back and how to lift ‘correctly’. Whilst it is important to understand and practice these skills, to rely on this approach does not address the underlying manual handling hazards in your organisation.

Employees and volunteers need to develop knowledge and skills in the risk management approach to manual handling. Employers must ‘ensure that the persons carrying out the activity are trained in manual handling techniques, correct use of mechanical aids and team lifting procedures appropriate to the activity’ (Clause 80(2) (C)).
All employees and volunteers would benefit from training to:

- learn how to participate in the risk management approach
- learn how to care for their back
- understand ergonomic principles for good design
- use lifting techniques appropriate to the workplace
- use equipment correctly and safely.

Ensure that training is regular and updated, not just done once. Keep training records of who has attended training. Check the knowledge and skills of workers/volunteers to ensure they have obtained competence in the areas covered by the training.

**Recommended case studies**


**Acknowledgements and further reading**

The following publications have been used in the development of these Manual Handling Procedures.

**Training**

*Manual Handling in Aged Care: A Program for Ancillary Staff*, WorkCover NSW, 1997 (available through Australian Nursing Homes and Extended Care Association (ANHECA) on 02 9282 9811 or Aged and Community Services Association (ACSA) on 02 9799 0900).

*Manual Handling in Aged Care: A Program for Carers*, WorkCover NSW, 1997 (available through Australian Nursing Homes and Extended Care Association (ANHECA) on 02 9282 9811 or Aged and Community Services Association (ACSA) on 02 9799 0900).

For manual handling training in aged care contact the Aged and Community Services Association (ACSA) on 02 9799 0900 or the Australian Nursing Homes and Extended Care Association (ANHECA) on 02 9282 9811.

**Tools & Resources**


Websites

Queensland Division of Workplace Health and Safety:

http://www.whs.qld.gov.au/brochures/index.htm#m – this guide provides manual handling checklist questions and control options – not specific for the community services sector, but does provide useful information.

Injury data


National Standards


Comment: The National Standards are currently under review. Discussion with Patricia Burritt of the National Occupational Health and Safety Commission has provided the following timeline for the review process:

- August, 2003 Review Report to be available on the NOHSC Website
- April-June, 2004 Draft National Standards for Manual Handling will be released for public comment
- End 2004 Revised National Standards for Manual Handling targeted to be released.

Refer to the NOHSC website to stay current with this issue:

Manual handling updates:
Adapted from *Manual Handling in Aged Care: A Program for Carers*  
WorkCover NSW, 1999.

**Sample Assessment of Risk**

<table>
<thead>
<tr>
<th>Actions &amp; movements</th>
<th>Working posture and position</th>
<th>Duration and frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Repetitive actions</td>
<td>• Task performed above shoulder height</td>
<td>• Frequent handling</td>
</tr>
<tr>
<td>• Sudden, jerky movements</td>
<td>• Task performed below mid thigh</td>
<td>• Frequent prolonged duration in one position</td>
</tr>
<tr>
<td>• Bending</td>
<td></td>
<td>• Frequent or prolonged restraining, pushing, pulling, holding</td>
</tr>
<tr>
<td>• More than one task performed at a time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workplace &amp; workstation layout</th>
<th>Work environment</th>
<th>Work organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unsuitable height</td>
<td>• Uneven or slippery floors</td>
<td>• Lack of extra staff</td>
</tr>
<tr>
<td>• Clutter/trip hazards</td>
<td>• Cluttered work space</td>
<td>• Patient assist equipment not available</td>
</tr>
<tr>
<td>• Lack of space</td>
<td>• Poor lighting</td>
<td>• Fluctuations in work flow</td>
</tr>
<tr>
<td>• Hard to reach object</td>
<td>• Presence of other hazards (noise)</td>
<td>• Procedures not developed for the task</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills &amp; experience</th>
<th>Age</th>
<th>Clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff not adequately trained</td>
<td>• Workers are under 18 years &amp; lifting objects over 16 kg</td>
<td>• Clothing of worker inhibits movement</td>
</tr>
<tr>
<td>• Staff not supervised</td>
<td></td>
<td>• Clothing of person to be moved is restrictive</td>
</tr>
<tr>
<td>• Demand of task exceeds physical capacity of some staff</td>
<td></td>
<td>• Unsuitable footwear</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weights and forces</th>
<th>Location of loads and distances</th>
<th>Characteristics of loads</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Large object</td>
<td>• On stairways or ramps</td>
<td>• Object is hard to grasp</td>
</tr>
<tr>
<td>• Heavy weight (over 4.5 kg while sitting; over 16 kg while standing)</td>
<td>• Long distances (&gt;10m)</td>
<td>• Wet, greasy, dirty or sharp object</td>
</tr>
<tr>
<td>• Moving object</td>
<td>• Cramped position</td>
<td>• Object is very hot or cold</td>
</tr>
<tr>
<td>• Slippery object</td>
<td></td>
<td>• Object has any dimension &gt; 75cm</td>
</tr>
<tr>
<td>• Object held away from body</td>
<td></td>
<td>• Object blocks the view of holder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contents can shift during movement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special needs</th>
<th>Other issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff at greater risk (illness, pregnancy)</td>
<td>• Other issues that could increase the risk to the staff, residents or visitors</td>
</tr>
</tbody>
</table>
3.2 Workplace violence

Violence and aggression includes verbal and emotional abuse or threats and physical attack to an individual, group, or to property.

What the law says

Workplace violence is not only an occupational health and safety issue. In some circumstances the violence may amount to a crime. Violence should be reported to the police.

Context

Occupational violence can take many forms including:

- client-related violence
- violence that is internal to the organisation involving violence between employees, managers, employers or volunteers
- violence to people in the workplace from the general public, eg, assault or robberies.

In the community services sector, the main threat of violence is from clients or residents.

Violent acts may include:

- verbal abuse, in person or over the telephone
- written abuse
- discrimination
- bullying and harassment
- spitting
- stalking
- threats
- ganging up, bullying and intimidation
- physical or sexual assault
- armed robbery
- malicious damage to the property of staff, clients or the organisation.

Violence in the community services sector

Community services workplaces have a high potential for violent incidents because they are often working with higher risk client groups and much of the work is carried out in less predictable environments of home and community settings. Employees/volunteers in rural and remote areas are particularly at risk because often inadequate resources have been provided, reducing opportunities for support.
In some community services, the term challenging behaviour is used to refer to clients' behaviours that are sufficiently frequent or intense that they may place at risk, the physical or psychological health of others in the workplace. Challenging behaviours can range from extreme withdrawal from relationships and activities to aggression directed to self or others. Other examples of challenging behaviour include stereotypic behaviour, disruptive behaviour, self-injury and property damage (DADHC Disability Services, 2003).

Ongoing monitoring of client risk status can be done to check the status of a client not to exclude them. This provides an effective means of protecting staff and ensuring the most positive outcomes for clients. A static or inadequate assessment system may stigmatise a client unnecessarily, or place workers at greater risk should they be informed that a client is a violence risk and not provided with information as to the triggers to that violence (DADHC Disability Services, 2003). Similarly, out of character aggression, if not documented, can present a high risk to workers and volunteers (NSW Health, 2001).

**Commitment**

A commitment to violence prevention, where roles and responsibilities for safety are stated, should be included in overall OHS policies or documents. There is some evidence that for certain organisations there may be value in having a separate violence prevention and management policy.

Violence should be viewed in the same way as other occupational health and safety risks. Employers and managers can demonstrate commitment to violence prevention by providing leadership and resources, such as through developing a violence prevention and management policy, training or a communication strategy that promotes zero tolerance of aggression and violence. Employees have a duty to report incidents and to comply with organisational procedures to control the risk of violence.

Small organisations working in rural and remote areas may need to work with other community organisations to develop shared procedures for emergency response.

**Factors that may contribute to workplace violence**

The following factors may be associated with elevated risk of client aggression experienced by employees and volunteers and other clients in the community services sector.

**Conditions and disorders:**

- poor management of mental illness
- antisocial/borderline personality traits
- delirium
- neurological disorders, head injuries
• confusion, disorientation or dementia
• hypoglycaemia
• epilepsy
• drug and alcohol withdrawal.

Frustration:
• feeling powerless or ignored (eg perceived delays or poor quality service)
• concerns or requests not adequately handled
• difficulty communicating
• humiliation, rejection
• marginalisation.

Fear:
• anxiety
• homophobia
• racism.

Decreased inhibition:
• neurological disorders
• intoxication/disinhibiting medication
• use of illegal drugs
• poor impulse control (eg in some people with a developmental disability)
• obsessional behaviour.

Stress:
• loss and grief
• frustration or helplessness
• pain
• agitation.

Material gain:
• money, drugs or valuable goods.

Non-material gain:
• power or position
• sexual gratification
• retribution for perceived injustice or inequality.
Step 1 – Think – identify and assess the problem

Activities used to identify hazards include:

- look at the history and culture of the organisation
- review incident and injury reports, statistics from the community services sector or other similar community service organisations
- use a safety and security checklist (see 3.11 and 3.12 at the end of this section)
- consult with employees and volunteers
- survey employees and volunteers (anonymously or in confidence if necessary)
- consult with clients
- consult with local police and industry experts in violence
- review work systems and procedures such as staffing levels, quality and validity of assessment and referral information, procedures for high risk clients, client transport, off site visits, emergency procedures, etc
- review communication systems and personal protective equipment, etc
- determine level of skills and competence needed to perform work with higher risk clients
- review Employee Assistance Program data (if you have this in place)
- physically walk around the premises to look for possible triggers/opportunities for violence, or safety opportunities.

Step 2 – Talk – consult with employees and volunteers

Once you have collected information about potential and foreseeable violent situations you need to prioritise risk factors by considering:

- likelihood of a violent incident occurring
- potential likelihood and severity of an injury
- how often and for how long people in the workplace are exposed to the risk
- the number of people at risk
- training and level of skills and experience
- existing control strategies to reduce the risk of violence.

The Risk management worksheet in Checklists and tools (Section 2.8) provides a helpful tool to help document the risk assessment process and determine priorities.
Step 3 – Do – take action to eliminate or control the risk

Procedures for violence prevention should be embedded in day-to-day operating procedures. Review your existing procedures to see if they contain sufficient information to control and minimise violence related harm to workers and others in the workplace.

1. Eliminate the hazard
First, ask if the hazard can be reasonably eliminated.

- develop appropriate referral, intake and assessment procedures
- provide information and training to employees and volunteers in identifying early warning signs of potentially volatile situations and defusing the situation before it escalates into violence
- remove the triggers for violence, eg, separating residents who incite violence, or advertise that drugs and cash are not kept on premises.

2. Change equipment or material

- replace breakable glass panes with safety glass
- replace furniture that can be used as a missile with fixed furniture.

3. Isolate the hazard

- if appropriate, limit services to telephone contact.

4. Design in safety
Use Safer by Design - Crime Prevention Through Environmental Design (CPTED) principles:

- surveillance (clear sightlines between public and private places, effective lighting, landscaping that does not provide hiding places)
- access control (restricted access to internal or high risk areas, landscapes that channel pedestrian routes)
- territorial reinforcement (clear transitions between public and private space, signs to indicate who is to use space and what it is for, design that encourages gathering in public spaces and sense of ownership and responsibility for it)
- space management (well planned, maintained and repaired spaces).

5. Change work methods
Develop policies for:

- client management, service and complaints management
- employee/volunteer code of conduct
- staffing and rosters
- cash handling
• emergency procedures including emergency communication, and planning an opportunity for quick exit
• post incident reporting, debriefing and review
• home visits, callouts and off-site work
• client transport
• training
• peer support, supervision and career progression
• grievance procedures
• written hand over of status of risk eg, client
• securing the premises.

6. Use personal protective equipment (PPE)

• duress alarms for employees/volunteers on duty including those at reception.

• personal alarms and mobile phones in situations where this may provide greater security.

Step 4 – Review (feedback)

You need to regularly review if the controls you have in place are effective. Make a date to review and complete the risk assessment table found in Section 2.8.

Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first hazard but may have created another one. For example, storing goods in a different place may have increased a risk of tripping for another person.

• analyse incident data to see if any improvements have resulted from risk control initiatives
• review procedures after incidents or when considering service for a new client group, or service at a new site
• encourage employees/volunteers to report violent incidents
• identify threats of violence as a standing item at staff meetings.
Scenario: During a review of violent incidents, managers and employees looked at where procedures had failed to prevent violent incidents. They found:

- a client had access to a knife and alcohol because the correct procedures had not been followed
- a client had a previous history of violent behaviour which was not mentioned in referral papers
- an outer security door was left unlocked
- an employee went on a callout alone without a mobile phone.

TOPICS THAT CAN BE COVERED IN TRAINING ABOUT VIOLENCE

- employer and employee responsibilities
- risk management
- types of occupational violence
- legal issues associated with violence
- controlling risks associated with specific tasks or worksites
- policies and procedures for on-site and off site work
- dispute resolution skills
- managing stressors
- recognising signs of impending violence
- defusion/de-escalation techniques
- anger/self-management techniques
- emergency response procedures on/off site including violence, fire, bomb scare, armed hold-up
- self-defence
- debriefing procedures
- incident reporting mechanisms
- client service and complaints management
- supervision, mentoring and peer support.

Checklists and tools at the end of this section

- Aggression, violence and challenging behaviours: Prevention & management procedures
- External environment safety and security
- Internal environment safety and security
- Off-site safety and security
- Sample procedures: Violence response techniques
Acknowledgements and further reading

Health and community health services

*Management of Adults with Severe Behavioural Disturbances: Guidelines for Clinicians in NSW* 2001 NSW Health Department.


Supported accommodation

*Preventing violence in the accommodation services of the social and community services industry, 1996* – joint WorkCover NSW and Department of Community Services. WorkCover NSW Publication 118 available from WorkCover Publications on 1300 799 003 or [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au).


Disability services


Child services

*Critical Incidents and Violence in Child Welfare Practice, Monograph 31,* November 1996, Barnardos Australia, available for purchase 02 9281 7933


Family support services


Youth services


General


55
3.3 Managing psychological injury

What the law says

‘Psychological injury’ is defined as being a personal injury arising out of or in the course of employment that is a psychological or psychiatric disorder. This term can extend to include the physiological effect of such a disorder on the nervous system.

Factors that may contribute to psychological injury in community service organisations include where the employee:

- had a workload greater, or less, than is usual or when compared to others in similar positions
- experienced job change (eg in task content, hours, location, supervision)
- was not consulted about changes affecting their job
- did not have the skills and training for their job, or was uncertain about what they had to do, and this was not addressed by the employer
- had a poor relationship with their supervision, peers or with others at work which was not identified and rectified
- was not able to discuss issues or problems they experienced with their clients, supervisors and workloads
- was not offered a confidential advice service, including counselling or treatment services
- worked in an emotionally or physically demanding job with inadequate support and monitoring for health effects
- did not have scope for varying their working conditions and to influence the way their job was done
- was not treated consistently or in line with workplace policies and practices
- made complaints but these were not treated seriously – inadequate communication
- had repeated absences but neither they nor the reason for absence were investigated. This may indicate employers disinterest and lack of concern for the employees' welfare.

The following stressors relate to an employee's conditions of employment and therefore should be managed through human resource policies and procedures:

- staff selection, job description, induction training
- monitoring workloads, performance, working hours, absence levels and reasons for absence and taking any necessary action following such monitoring
• conducting regular appraisals and encouraging employees to discuss any work related issues or problems

• identifying work issues that could cause psychological injury and deciding who may be vulnerable

• ensuring the consistent application of policies and procedures.

These should not be treated as OHS risk factors.

How to comply

Step 1 – Think – identify and assess the problem

Activities used to identify foreseeable hazards associated with psychological injury include:

• review incident report forms, workers compensation data, psychological injury claims and statistics from the community services sector or other similar community service organisations

• review research evidence or advice from specialists

• consult with the employees clients and volunteers

• review Employee Assistance Program data (if you have this in place)

• use External and Internal safety and security checklists to assess whether environmental factors may be associated with psychological injury.

Step 2 – Talk – consult with employees and volunteers

Consult your employees and volunteers to get their input.

Ask what they feel the source of any stressors may be - what they do to manage this and what they feel ought to be in place to help them and others manage situations that have the potential to cause psychological injury.

Enquire if they have been exhibiting any physical signs including rashes, digestive problems, headaches, drowsiness, or incidents of drowsiness while driving.

Discuss the level of support they feel is available to them to manage stressors.

• do they feel the communication channels are open at work

• do they have access to counselling

• do they feel valued by supervisors, co-workers and volunteers

• do they feel they have all the training they need to deal with stressful situations at work?
Step 3 – Do – Take action to eliminate or control the risk

Follow the hierarchy of controls

1. Eliminate the hazard

There are a range of things that can be done to eliminate sources of stressors from a community service workplace. **Not all things will work or need to be done, but below is a list of ideas to consider:**

- develop appropriate referral, intake and assessment procedures to ensure that employees and volunteers are not exposed to clients with issues that the organisation is not equipped to deal with
- review recruitment criteria to ensure that people with the right skills and experience are recruited
- provide a thorough induction into the organisation’s policies and procedures (See 2.11 - sample topics and timetable for OHS Induction for Workers)
- provide training to ensure that employees and volunteers are competent to perform their roles and can manage time effectively
- define tasks, job descriptions, roles and responsibilities for employees and volunteers.

2. Substitute the hazard

This control measure does not often apply to exposure to stressors but there may be instances where staffing options can be introduced.

- if the hazard is based on an employee or volunteer feeling stressed as a result of a personality clash with a client or from being faced with issues that the client brings to the situation (such as being terminally ill, or having been raped) then that employee can be given other clients to work with. That client would then be assigned to another employee.

3. Isolate the hazard

- where possible, limit services to telephone contact for clients who present a high risk of violence.

4. Design in safety

- re-design the work environment to reduce stressors associated with client interaction such as the risk of violence
- re-design the work environment to minimise stressors associated with ergonomics, lighting, ventilation, overcrowding and noise.
5. Modify work methods

- ensure to the extent possible that employees and volunteers working in high-risk situations are trained and supported
- monitor leave entitlements. Frequent absences from work are the most common predictor of stress related workers compensation claims
- establish mechanisms for early identification, reporting and management of psychological injury
- provide training and information about the causes of psychological injury and development of management strategies
- organise professional supervision or peer support for employees and volunteers with high-risk client (groups such as people who have experienced acute grief, violence, sexual abuse, sexual assault or clients who have a history of aggression or violence)
- establish formal policies and procedures for dealing with grievances, disputes and discipline
- ensure that serious or critical incident debriefing processes are in place
- ensure that procedures are reviewed following serious incidents.

6. Use personal protective equipment (PPE)

- duress alarms could increase employees’ and volunteers’ sense of security but procedures should ensure that staff do not place themselves at increased risk as a result of having an alarm in place.

Step 4 – Review (Feedback)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first hazard but may have created another one.

For claims relating to psychological injury see Section 4: Preparing for and Managing Incidents and Claims.
Acknowledgements and further reading

Psychological Injury


Loss and Grief

3.4 Work related fatigue

Fatigue

Fatigue is tiredness that results from physical or mental exertion or insufficient sleep. Fatigue can arise from work that requires employees/volunteers to maintain a high level of concentration or intense inter-personal interactions, be on their feet for long periods of time, shift work, overtime and on-call work. Many of these conditions are commonplace in community service work.

Research shows that there are significant health and safety issues associated with shiftwork related fatigue:

- many aspects of human performance are at the lowest levels at night, with 2am to 6am recognised as a low alertness period. Changes to the body clock, also known as the circadian rhythm can affect behaviour, alertness, reaction time and mental capacity
- the cumulative effect of prolonged night shifts can result in sleep debt. A sleep cycle is usually about two hours shorter after working a night shift and sleep during the day is usually of a lesser quality than night sleep
- permanent night shift workers may adjust better to a night work routine, however research suggests that their body clock never completely adjusts, because they are likely to return to normal sleep patterns during days off, in order to maintain family and social life.

Health effects of prolonged fatigue and exposure to stressors

Fatigue associated with shiftwork, and other prolonged exposure to stressors can have a detrimental effect on physical health, such as:

- sleep disorders
- mood disturbances
- gastro-intestinal complaints
- headache
- nausea
- depression and other psychiatric disturbances
- cardiovascular disease
- irregular menstrual cycles
- problems associated with disruption of medication regimes for medical conditions eg, insulin for diabetes.

Fatigue can also result in workplace conflict, absenteeism, poor performance and mistakes that result in physical injuries or compromised client care.
Large individual differences exist on how people adjust to shiftwork. For this reason, it is critical to have consultation and employee participation in the design of staffing arrangements and work schedules using a risk management approach.

**Commitment of senior management**

Management commitment is critical to the process of prevention of stress and fatigue since most of the control mechanisms involve administrative, rather than environmental controls. For some community service workers, placing the needs of clients before their own and working excessive hours is part of their personal ethic of caring. Assisting employees and volunteers to develop individual management strategies is important, however management systems for prevention, detection and early intervention are essential.

**How to comply**

**Step 1 – Think – identify and assess the problem**

Activities used to identify foreseeable hazards associated with fatigue:

- review incident report forms, workers compensation data, fatigue claims and statistics from the community services sector or other similar community service organisations
- review incident data against work records to detect incidents associated with shift times
- review and research evidence or advice from specialists
- review Employee Assistance Program data (if you have this information).

**Step 2 – Talk – consult with workers and volunteers**

Consult your employees and volunteers to get their input.

Ask about fatigue in relation to shift work, driving, caseloads or workloads. Consult with them about possible strategies to manage fatigue.

Discuss aspects of work schedules that contribute to fatigue.

Enquire if they have been exhibiting any physical signs of fatigue, including rashes, digestive problems, headaches, incidents or drowsiness while driving or ‘on duty’.

Discuss the level of support they feel is available to them to manage fatigue:

- do they feel the communication channels are open at work
- do they have access to counselling
- do they feel valued by supervisors, co-workers or volunteers?
Step 3 – Do – take action to eliminate or control the risk

Follow the hierarchy of controls

1. Eliminate the hazard

There is a range of things that can be done to eliminate sources of fatigue from a community service workplace. **Not all things will work or need to be done, but below is a list of ideas to consider:**

- review recruitment criteria to ensure that people with the right skills and experience are recruited
- provide a thorough induction into the organisation's policies and procedures
- provide training to ensure that employees and volunteers are competent to perform their roles and can manage time effectively
- define tasks, job descriptions, roles and responsibilities for workers and volunteers
- review staffing and roster procedures to minimise the risk of fatigue.

2. Substitute the hazard

This control measure does not often apply to exposure to fatigue but there may be instances where scheduling options can be introduced.

- if the hazard has been identified as night shift, for example, a review of the need for night shift might see a substitution of this service for workers being on call, where appropriate.

3. Design in safety

- re-design the work environment to minimise fatigue associated with ergonomics, lighting, ventilation, overcrowding and noise.

4. Modify work methods

- ensure to the extent possible that shift work rosters are designed to minimise fatigue and minimise disruption to family and social life
- frequent absences from work are a common predictor of fatigue
- establish mechanisms for early identification, reporting and management of fatigue
- provide training and information about the causes of fatigue and the development of management strategies.
Step 4 – Review (feedback)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

**Did it work?** Was the control/safety solution effective and did it address the hazard you identified and assessed?

**Did it create another hazard?** Your control/safety solution may have fixed the first hazard but may have created another one.

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### INFORMATION FOR SHIFT WORKERS

**Managing fatigue**

- inform family and friends of shift hours, use answer phone and lower phone volume to stop disturbances during sleep
- optimum sleep conditions are dark and cool with heavy curtains and sound insulation to mask noise if necessary
- air conditioning can be used to mask minor noises
- develop sleep time and wake time routines
- build exercise into every day but avoid exercising in the two hours before sleep
- if regular medication is being taken (eg insulin for diabetes) consult your doctor before commencing shift work
- maintain regular eating times and patterns
- maintain a healthy diet
- minimise caffeine, alcohol or high fat food intake prior to sleep
- plan for shift work arrangements in consultation with family members or people you live with, to minimise impact on family, social life and household duties.
- identify and manage non-occupational sources of fatigue.

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**Acknowledgements and further reading**

**Fatigue and shiftwork**


3.5 Slips, trips and falls

Slips can be caused by slippery floors, loose gravel or other small items left on a smooth surface, uncleaned spillages or gripless shoes. Trips may occur over objects lying on the ground or jutting out into aisles or paths, over pets, getting in or out of vehicles, or due to uneven surfaces, cracked paths or poorly marked or poorly lit steps. Falls from a height can be from ladders, down stairs, due to insecurely guarded drops/ledges or from standing on chairs to reach an object.

Falls are the second most common cause of injury behind manual handling in the community services sector. During 2000/2001 falls accounted for 24% of permanent injuries for workers and 20% of temporary injuries (under 6 months), with falls from the same height accounting for approximately two thirds of those injuries.

What the law says

Employers and controllers of premises owe duties under the OHS Act to ensure safe working conditions for employees and others in the workplace. More information about these duties is provided in Section 2. The OHS Regulation 2001 imposes further specific duties on employers and controllers of premises with respect to conditions that might give rise to risks of slips, trips and falls.

In particular, controllers of premises must ensure that:

- safe access is provided to all parts of a workplace to which a person may require access and from which the person may fall
- if the whole or any part of the roof is brittle or fragile, both warning signs and safe walkways are provided and maintained
- if windows are designed to be cleaned from the outside, anchorage points for fall arrest devices are provided on each window or other safe means of cleaning are provided
- floors are designed to be safe without risk of slips, trips or falls, with adequate drainage and appropriate floor coverage.

Employers must also ensure that:

- floors are designed to be safe and without risk of slips, trips or falls
- persons are able to move safely around the place of work, and
- adequate lighting is provided

How to comply

Refer also to the sample checklists:

- Slips, trips and falls (Section 3.17)
- Client home environment (Section 3.19)
- Internal, external environment (Sections 3.11 and 3.12).
Step 1 – Think – identify and assess the problem

Consider all possible sources of information that indicate if workers are exposed to the risks of slips, trips or falls:

- complete a workplace inspection with your employees and volunteers to identify the potential slip, trip and fall hazards
- review your injury records to identify whether employees and others at the workplace have experienced slips, trips or falls.

Step 2 – Talk – consult with workers and volunteers

Consult your employees and volunteers to get their opinion on the hazards and workplace environment (internal and external) that may increase the risk of slips, trips or falls.

Ask if they have had any ‘near-misses’, where the employee slipped but didn’t injure themselves. Make a note of repeated reports of particular situations. For example, an uneven bottom stair, a slippery floor when wet (after cleaning, a spillage or exposure to the weather).

Assess the risk of these hazards - consider how often employees, clients and volunteers are exposed to the hazard and the potential severity of an injury, eg, a fall from a height such as a chair may result in a more severe injury than a fall on the same level.

Step 3 – Do – take action to eliminate or control the risk

Now that you have identified the hazards and assessed the risks of any potential for slips, trips or falls in your organisation, you need to eliminate or reduce the risk. The best way to fix a problem is to remove the source of the problem. Consult your employees, volunteers and management committee about the best way to deal with the problem.

Examples of control strategies include:

1. Eliminate the hazard or risk
   - remove loose mats or make them more secure
   - keep hallways/corridors clear of any equipment, rubbish or electrical cords
   - repair or tape loose flooring (carpets)
   - repair broken flooring or stairways
   - avoid the use of talcum powder in bathrooms.

2. Change equipment or materials
   - make freestanding equipment completely stable or secure to floor.

3. Isolate the hazard
   - change the time a floor is mopped
   - change the location where deliveries are left.
4. Design in safety

- improve the lighting of a particular area
- do not keep items like filing cabinets in hallways.

5. Change work methods

- use an alternate entry to the workplace
- store items at a height to prevent climbing on chairs to reach them
- always close cupboard doors or filing cabinets
- implement an immediate clean-up policy of any spillages.

6. Use personal protective equipment (PPE)

- wear non-slip footwear
- use safety falling devices when working at height (e.g., cleaning windows).

Step 4 – Feedback (review)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first hazard but may have created another one.

Case Study

Right equipment for wet-mopping reduces manual handling injuries

Injury statistics show that wet-mopping by cleaners is a hazardous activity. One company, Tempo Cleaning Services, is working towards reducing the incidence of injuries by reviewing the equipment being used and trialling new systems.

A review of accident reports and consultation with cleaners suggests that there are three main risk factors when wet-mopping floors:

- lifting and carrying the bucket of water. The variables that may affect the likelihood of a back injury include methods of filling the bucket, type of bucket and the distance carried
- slippery floors pose a serious risk of slips both before and after mopping. It is not yet clear whether the slips are a result of water spillage, poor choice of footwear, speed, or a combination of factors. Since slips, trips and falls are the second main reason for back injuries across all industries, this needs investigating
• posture and the movements used to mop different areas. Repetitive twisting and bending of the back are known contributing factors to back injuries, and both movements are common when wet-mopping, particularly if space is restricted.

Tempo Cleaning Services assesses risks of wet-mopping at work. Tempo’s ongoing risk assessments have confirmed the three main risk factors listed above. The second risk factor (slippery floors) is especially a matter of concern in larger sites where there are many people milling around. There is always the possibility of someone slipping if safety precautions are neglected.

**New equipment replaces the old steel bucket**

Tempo investigated a number of alternative mop and bucket systems to replace the traditional steel buckets, to use in large sites where there are many people present.

The criteria for selection were:

- the weight of the bucket
- the wringer mechanism used to wring out the mop
- the weight of the mop head and mop handle and the ease with which the two could be separated
- the colour coding for infection control purposes
- the way the mop and bucket system was going to be transported around the site.

A mop and bucket system was selected with the assistance of workers, supervisors and equipment suppliers. The system consists of a transportable bucket with a hand wringer mechanism that supports a wet floor sign and a basket for a dry mop head. The system is guided around the site using a lightweight aluminium handle. This handle is attached to a wet-mop head that can be changed with a dry-mop head for spot cleaning.

All reports show that the system is working well. Workers find it practical, easy to manoeuvre, easier on the back and arms when wringing out the mop, and with less risks of slips to workers, volunteers and the public.


**Checklists**

- Slips, trips and falls (**Section 3.17**)
- Client home environment (**Section 3.19**)
- Internal, external environment (**Sections 3.11 and 3.12**)
Acknowledgements & further reading

The following publications have been used in the development of this section:


3.6 Working with chemicals

A chemical is a substance that can cause a reaction (or chemical change) when it comes into contact with another substance. When contact is with the skin, eyes, the respiratory, digestive or central nervous system, the chemical may cause harm.

Employer responsibilities regarding hazardous substances

If a chemical used by workers or volunteers is classified as a hazardous substance (an employer can find this out by contacting the manufacturer or supplier to establish whether or not a Material Safety Data Sheet [MSDS] is available for that chemical) an employer must:

- obtain a MSDS for that hazardous substance before or on the first occasion on which it is supplied
- keep a register of all hazardous substances used in the workplace
- make the MSDS readily available to employees and volunteers who could be exposed to the hazardous substance and ensure that the MSDS is not altered
- keep a record of training provided to employees and volunteers who work with the hazardous substance
- ensure hazardous substances are labelled and the label is not removed, defaced or altered.

All employees and volunteers need to be familiar with the chemical products to which they could potentially be exposed. Seemingly harmless items found in every workplace (and home) could be potentially dangerous.

People need to be aware that ordinary household bleach can kill a person who swallows it. It also can burn the skin and seriously damage the eyes. In the same way, dishwasher detergent, stove cleaner, some glues and pesticides are extremely hazardous chemicals. Petrol or two-stroke petrol-oil mix used in lawnmowers can burn skin and damage eyes. It is important that all hazardous substances are carefully stored to minimise fire hazards and to avoid incident or injury.

If contractors are entering your service, you must be aware of any chemicals they intend using and any recommended safety procedures prior to them commencing work.

Step 1 – Think – identify and assess the problem

Consider all possible sources of information about chemicals that people in the workplace may be exposed to:

1. Examine the labels of chemicals being used. The label should include the following information:

   - the name of the chemical and the manufacturer
• the potential health effects from chemical exposure, inhalation, skin contact or ingestion

• the precautions for use

• the first aid instructions, particularly whether or not to induce vomiting if swallowed

• use-by dates.

Not all labels are the same but all should have similar information. Be sure to carefully read and record the information from the labels of your products.

If you are not happy with the amount or quality of information on the label, buy a different product or refer to the MSDS.

2. The best source of information about chemical products used in the workplace is the MSDS. An employer must obtain an MSDS for each hazardous substance from the supplier. The manufacturer or supplier is required by law to make an MSDS available if a substance is hazardous.

An MSDS should detail the chemical’s ingredients, its effects on health, first aid instructions, precautions to follow when using the chemical, information on safe handling, storage and disposal and an emergency contact number.

If you purchase small quantities of chemicals, that is, amounts less than 30 kilograms or 30 litres, from a shop or hardware store, the retail outlet will not have a MSDS to give you. Contact the manufacturer or a supplier.

3. Complete a workplace inspection with your employees and volunteers to identify what chemicals are being used within your organisation and where they are being used. The Internal Environment Checklist at the end of this Section can assist this process.

4. Review also your injury and illness records to identify whether employees or volunteers have experienced ill effects from working with chemicals. You may need to consider health monitoring of workers who have had long-term exposure to hazardous substances.

5. Assess the risk of harm from the hazards identified (How likely is harmful exposure? How serious would it be?).

Step 2 – Talk – consult with employees and volunteers

Consult your employees and volunteers to get their opinion on the hazardous substances that are being used and whether they have experienced any problems.

Ask about headaches, skin irritations or rashes that may be linked with solvents or other chemicals they have been using.

Enquire if they are aware of any chemical spills or leaking containers.
Step 3 – Do – take action to eliminate or control the risk

Now that you have identified the hazards and assessed the risks of any chemicals in your organisation, you need to eliminate or reduce the risk. The best way to fix a problem is to remove the source of the problem. Consult your employees, volunteers and management committee about the best way to deal with the problem.

Examples of control strategies include:

1. **Eliminate the hazard**
   - do not use chemicals that are hazardous substances unless it is completely necessary.

2. **Change equipment or materials**
   - everyday vinegar can be mixed with water and used to clean tiles and other bathroom surfaces. It is much less harmful to people and the environment than many domestic chemicals and may be used as a substitute cleaning product
   - update your printer and photocopier to avoid using loose toner powders.

3. **Change work methods**
   - always store chemicals in a locked cupboard
   - have a regular clean out of storage cupboards and remove old, empty or leaky containers and dispose of them correctly. Check where to dispose of chemicals with your local council or the Department of Environment and Conservation
   - train your employees and volunteers in safe handling procedures and first aid in case of accidents
   - make sure the chemicals you store are properly labelled
   - if your organisation decants chemicals into smaller containers, it is required that the new containers be labelled and include a description of the contents and the precautions for use. New containers must be suitable for the chemical being stored
   - read the MSDS for each chemical that the employee/volunteer may be exposed to in your organisation
   - follow the manufacturer’s instruction for use on the label
   - where chemicals are used, then adequate ventilation with natural or local exhaust ventilation system should be provided to prevent occupational exposure. In the absence of adequate ventilation the employees should use appropriate respirators. The employees should be trained in the correct use of respirators and other PPE.
4. Use personal protective equipment (PPE)

- make appropriate gloves, aprons and safety glasses readily available and be sure they are used when necessary. Ensure employees and volunteers are aware of the chemicals that require PPE, and are trained in how to use PPE correctly.

Step 4 – Review (feedback)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first hazard but may have created another one. For example, someone in the workplace may be sensitive to a chemical that has been substituted for another.

Acknowledgements and further reading


Example of the components of a chemical register

<table>
<thead>
<tr>
<th>Name</th>
<th>Typical Health Effects</th>
<th>Precautions for Use</th>
<th>First Aid</th>
</tr>
</thead>
</table>
| Liquid drain cleaner | • Corrosive to mouth and digestive tract  
| ABC Company       | • May cause skin burns and irritation to the upper respiratory tract  
| Tel: 1234 5678    | • Can cause eye damage                                                               | • PVC or neoprene gloves when mixing or preparing                              | Swallowed                        |
|                   |                                                                                        | • Use in well-ventilated area                                                    | Rinse mouth with water.          |
|                   |                                                                                        | • Contact Poisons Information Centre                                             | Give glass of water. Do not induce vomiting. Seek immediate medical advice.   |
|                   |                                                                                        |                                                                                  | Eyes                             |
|                   |                                                                                        |                                                                                  | Hold open and flush with water for 15 minutes. Seek immediate medical advice  |
|                   |                                                                                        |                                                                                  | Skin                             |
|                   |                                                                                        |                                                                                  | Remove contaminated clothing and wash skin thoroughly with water for 15-20 minutes |
3.7 Infection control

Infection control is the prevention of the spread of micro-organisms from client to client, client to employee and employee to client. Infections can spread through contact with body fluids that are airborne, ingested, on the skin, or on other surfaces.

Mode of transmission

Common ways infections spread include:

- **airborne droplets**
  
  coughing and sneezing, even talking or singing, produce airborne droplets that can fall on surfaces or be breathed in

- **throat and nose discharge**
  
  infection can spread if infectious organisms are present in body fluid when it is on hands, other parts of the body, clothes or surfaces such as toys, walls and tables

- **faecal-oral**
  
  any virus, bacteria or parasite present in the faeces of infected people can be passed directly to the mouth from hands, or indirectly onto other surfaces or food. The sites most frequently contaminated with faeces are hands, tap handles, nappy changing areas, toilet flush handles, toys and tabletops. Toothbrushes and reusable towels also are potential sources of infection

- **skin contact**
  
  some conditions can be spread by skin-to-skin contact or contact with contaminated items or surfaces

- **blood/body fluids**
  
  viruses, bacteria and parasites in blood or body fluids may be spread through contact with these fluids

Standard precautions

When dealing with any blood or body substances, use ‘standard precautions’. Standard precautions treat all clients the same way regardless of their infectious status.

Standard precautions are work practices that are required for a basic level of infection control. They include:

- personal hygiene practices such as hand washing

- use of protective apparel which may include gloves, aprons, gowns, overalls, masks/face shields and eye protection
• appropriate handling and disposal of sharp instruments and clinical waste
• correct cleaning and disinfecting of non-disposable equipment
• appropriate use of cleaning agents
• environmental controls such as design and maintenance of premises, cleaning and spills management.

Standard precautions are used in health care settings. Not all of the precautions listed need to be applied all of the time in community service organisations. For many community service employees and volunteers the type of exposure with clients is non-clinical and protective equipment such as gloves are only required for circumstances where the employee/volunteer has direct contact with blood (including dried blood), other body fluids, secretions and excretions (eg faeces, saliva, mucous) and non-intact skin.

This sort of exposure may occur during cleaning of bathrooms, nappy changing, disposal of waste, cleaning of body fluid spills or administration of first aid. The most common means of infection control in the community services workplace are hand washing, gloves, immunisation, and the use of cleaning agents.

Additional precautions

Additional precautions should be applied with some infectious diseases transmitted by airborne or droplet transmission of respiratory secretions such as tuberculosis, chickenpox, measles, rubella, pertussis and influenza.

In cases such as these, the infected clients, volunteers, or employees should be quarantined from attending workplaces or receiving home services (other than acute health care) until after the period of acute infection has passed. In some cases, such as chicken pox, clients can have continued care if employees and volunteers are immune.

If your service provides residential care, isolate the client in a separate room and provide them with separate toilet and bathroom facilities if possible. Some infections will require a health care institution that has specialist facilities for infectious diseases where additional precautions are required.

Additional precautions are not usually required for patients with blood borne viruses such as HIV, hepatitis B, or hepatitis C, unless there are complicating infections such as pulmonary tuberculosis.

In the case of outbreaks of rare infectious disease such as meningococcal disease or SARS, the Public Health Unit of your Area Health Service should be contacted for instructions and help with coordinating the response, including notification of people who have had significant contact with the infected person.
Step 1 – Think – identify and assess the problem

Observation of practices and workplace inspections will assist you identify potential causes of infection in the workplace. For example, hand washing patterns of staff and volunteers, adequacy of hygiene facilities and food handling practices.

Your injury and illness records will help you identify employees and volunteers who may have been exposed to infectious diseases and the common diseases experienced.

Step 2 – Talk – consult with employees and volunteers

Consult your employees and volunteers to get their opinion on the possible causes of infections in the workplace and how they can be avoided.

Once you have identified the infection hazards in your organisation, you then need to assess the risk arising from them.

Assessment means answering two questions.

• how likely is it that this hazard will cause injury or illness
• consider the level of an employees’ exposure to the hazard. For example, working with young children everyday will increase your likelihood of contracting an infectious disease
• how severe is the injury or illness if it does occur
• consider the extent of the injury or degree of harm that may be caused by a hazard. For example, contracting Hepatitis C may permanently affect the immune system of the employee/volunteer.

The Risk management worksheet in Checklists and tools Section 2 can assist with assessing risk and assigning priorities for action.

Step 3 - Do – take action to eliminate or control the risk

Now that you have identified the infection hazards and assessed the risks, you need to eliminate or reduce the risk. The best way to fix a problem is to remove the source of the problem. Consult employees, volunteers and management committee about the best way to deal with the problem.

1. Eliminate the hazard

Exclusions: Employees, volunteers and clients may need to be quarantined at certain times from the workplace for the safety of others. Exclusion of sick adults is an important way of preventing infection being reintroduced. Ask for a medical certificate clearing a person to return to work.

2. Substitute the hazard

Change the type of cleaning products used eg:

• Replace bars of soap with disposable liquid hand wash dispensers
• Replace cloth hand towels with paper towel.
3. **Isolate the hazard**

- immunisation from certain infections such as Hepatitis B is a form of risk control. Immunisation guidelines are available from the NSW Health Department.

4. **Design in safety**

- replace rotating taps with lever taps that can be turned on and off with elbow or wrist and are easier to clean.

5. **Change work methods**

**Hand washing and hand care**

Employees and volunteers should be informed of the need to wash hands and the processes to use. Hand washing is the most important hygiene measure in preventing the spread of infection. If hands are not clean, simple activities such as placing a finger in the mouth, rubbing the nose or eye may transmit enough germs in the body to cause infection. Staff can infect themselves or a client in this manner.

- wash hands for 15 seconds with soap and water or a mild liquid hand wash
- all surfaces of the hand must be cleaned, including the sides and between the fingers. (See diagram at end of the Infection Control section)
- nail brushes should not be used regularly because they can damage skin and have been shown to be a source of infection.
- Use a paper towel to turn off the tap if it cannot be turned off with the elbow or wrist
- rings and wrist jewellery should be avoided and nails kept short and clean if there is significant physical client contact or the work involves cleaning or maintenance of areas of contact with body fluids
- cuts and abrasions should be covered by water-resistant dressings that should be changed as necessary
- employees or volunteers who have skin problems such as weeping lesions or dermatitis should seek medical advice before having significant physical contact with clients
- ‘chapping’ can be minimised by use of warm water and patting rather than rubbing hands
- hands should be thoroughly rinsed and dried
- alternative hand washing means such as portable containers, alcoholic hand-rubs or foams should be provided if staff are visiting places where running water is not available
- it is important to thoroughly rinse because repeated hand-washing and wearing of gloves can cause irritation or sensitivity leading to dermatitis. Early assessment and treatment is recommended
• hand moisturiser may assist in prevention of chapping.

Photocopy and laminate the ‘How to wash your hands’ diagram at the end of this Section and put it above every sink.

There are key times during the day when employees and volunteers should wash their hands. These are:

• at start and finish of shifts and breaks
• whenever cross infection from body fluids is possible such as assisting a client with toileting, changing nappies, administering medicines and applying first aid
• before and after meals, going to the toilet, handling food or coughing
• after cleaning or handling soiled equipment, surfaces, or linen
• after touching animals
• before contact with any clients whose immune systems may be compromised.

Cleaning to prevent infection

• protocols should outline cleaning methods and frequency for routine cleaning of work areas to remove dust, soil and micro-organisms
• priority areas should be identified for more frequent cleaning such as food preparation areas and any areas likely to come into contact with body fluids, eg, toys, bathrooms, nappy change facilities
• clean surfaces both before and after an activity like nappy changing with neutral detergent and hot water
• spills involving blood or body substances should be cleaned with neutral detergent and hot water using standard precautions
• cleaning items should be changed routinely, or immediately if they have been used for cleaning of blood or body substances.

Linen and disposable items

All items that are soiled with blood or body substances have the potential to cause infection and should be placed in a plastic bag, sealed, and disposed of in the normal waste. In health care facilities this infectious waste is handled as separate ‘clinical’ waste.

Towels, tissues, face cloths, toothbrushes and razors should not be shared.

Management of infection control incidents

Although the risk of exposure for most community service workers is relatively low, a protocol should be in place for the management of incidents such as needle stick injuries or other incidents involving blood or body fluids that could lead to exposure to HIV, hepatitis B or hepatitis C. A sample protocol appears in Section 3.18, Management of potential occupational exposures to HIV, hepatitis B and hepatitis C.
6. Use personal protective equipment (PPE)

- PPE includes gloves, aprons, facemasks, goggles and other equipment designed to create a physical barrier from the hazard. The use of PPE is a good way of reducing contact with body fluids such as mucous, faeces, blood or vomit.

Step 4 – Feedback (review)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first hazard but may have created another one. For example, the disposal of infectious waste became a manual handling hazard.

Useful contacts

NSW Health and Regional Area Health Services are listed in the White Pages of the telephone book or at www.health.nsw.gov.au

Acknowledgements and further reading

Infection control in health care settings


Code of Practice HIV and other blood-borne pathogens in the workplace, WorkCover NSW, 10 March 1996 (Under review).

Needlestick injuries and other occupational exposures. Information Sheet. NSW Infection Control Resource Centre (tel 02 9332 9712).

Handwashing and hand hygiene for health care facilities. Information Sheet. NSW Infection Control Resource Centre. Centre (tel 02 9332 9712).

Infection control in health care facilities. Information Sheet. NSW Infection Control Resource Centre. Centre (tel 02 9332 9712).


How to wash your hands

Step 1
Palm to palm

Step 2
Palm over back of hand

Step 3
Fingers joined, palm to palm

Step 4
Back of fingers joined

Step 5
Rotate thumbs in palm

Step 6
Rotate fingers in palm

Encourage children to wash their hands in the same way by modelling and supporting all hand washing activities.
3.8 Home visits

This section should be read in conjunction with:

Section 2  
A risk management approach (2.2)  
Confidentiality (2.4)  
Volunteers, contractors and visitors (2.5)

Section 3  
Manual handling (3.1)  
Workplace violence (3.2)  
Slips, trips and falls (3.5)  
Infection control (3.7)

Home visits are a significant component of many community services. They present a unique context in terms of occupational health and safety issues. Clients’ homes are unstructured, unregulated environments.

What the law says

There are some key areas of the OHS Act that impact upon employees/volunteers conducting visits in people’s homes. These are:

- the duty of the employer to identify and assess hazards and if reasonably practicable eliminate the risks. If that is impracticable, then control those risks
- the duty of the employee to ‘take reasonable care for the health and safety of people who are at the employees’ place of work and who may be affected by the employees' acts or omissions at work’, and
- the duty of the controller of the premises of work to ensure that the premises are safe UNLESS the premises are occupied as a private dwelling.

The responsibilities for employers and employees set out in the Act and Regulation still exist when employees perform duties in a client’s home. The controller of the premises (if a private dwelling) is exempt from such responsibilities.

How to comply

Much can be done to ensure the safety of employees and volunteers while they conduct home visits.

Step 1 – Think – identify and assess the problem

Consider all possible sources of information about possible hazards that employees/volunteers may be exposed to at a client’s home.

1. conduct a preliminary off-site check with the client over the telephone. Consider asking about such things as access, people who may be present, whether or not they own dogs or other animals, etc.
2. consult with the referring agency to ensure you have been able to obtain all relevant information

3. review your injury and illness records to identify whether employees/volunteers have sustained any injuries in the past whilst conducting home visits

4. on your first visit, conduct a home assessment. You could use some of the sample worksheets provided in Safety Pack (for example, Slips, trips and falls, Internal, External environment checks, Client home assessment).

Step 2 – Talk – consult with employees and volunteers

Plan the home visit inspection with your employees or volunteers. Ask them what issues concerning their health and safety could they anticipate at clients’ homes. Try to identify which pose the most risk.

Remember, assessment means answering two questions:

- how likely is it that this hazard will cause injury or illness
- how severe is the injury or illness likely to be if it does occur?

If either a severe injury could be sustained, or the likelihood of injury is high, then the hazard should be given a high priority to be controlled.

Step 3 – Do – take action to eliminate or control the risk

Now that you have identified the hazards and assessed the risks to employees/volunteers performing duties in clients’ homes, you need to eliminate or reduce those risks. The best way to fix a problem is to remove the source of the problem. Consult with employees, volunteers and management committee about the best way to deal with the problems.

Sample solutions - following the hierarchy of controls

1. Eliminate the hazard

- if the risk is too high employees should not attend the callout or home visit and the police should be advised where appropriate
- employees and volunteers should have the right to refuse to work with a client if they feel at risk
- employees and volunteers should be aware that once at a client’s home they can leave if a situation develops with which they are not comfortable.

2. Change equipment or materials – substitute the hazard

- if possible, allocate two employees/volunteers for the first visit
- if the client has a known history of aggressive or violent behaviour, two employees/volunteers should conduct the home visit or alternatively the client should be requested to visit the office for interview.
3. Isolate the hazard

- remind employees and volunteers to be aware of how they entered and how they will leave the premises. If possible ensure two clear exits from rooms where visits are being conducted
- employees/volunteers should park in an easily accessible position on the street, not the driveway, and keep their car keys on their person at all times.

4. Design in safety

- insist that employees/volunteers keep mobile phones switched on during a client visit. The phone should have a programmed emergency number.

5. Change work methods

The following are examples of approaches that may be suitable for some organisations. Not all examples will work for all workplaces:

- train employees and volunteers in risk assessment techniques so that they can do a risk assessment when they arrive at the client home or location. If the situation is too risky, for example, exposed syringes, an intoxicated client, unleashed dogs, employees/volunteers should not continue with the visit but should return to the office
- ensure that employees and volunteers share any concerns for safety with the coordinator before leaving the office to meet the client. If necessary, the employee/volunteer may be accompanied by another staff member or a co-worker from another community service organisation
- ensure that employees/volunteers leave the address of where they are going, including expected arrival and return times, with an appropriate person who is:
  1. available during all working hours
  2. able to monitor departure and return times
  3. able to respond appropriately in the event that the worker does not meet those expected times.
- ensure that employees/volunteers carry identification with them which specifies the organisation where they work
- establish code words to be used on the telephone to alert the organisation that the employee/volunteer is in a threatening situation
- consider a procedure where every employee/volunteer phones back to the organisation within 30 minutes of arriving at the clients home
- insist that all employees/volunteers telephone the office at the end of each visit
• discuss with the police the best methods of contacting them in an emergency, particularly in situations where the employees/volunteers may not be able to provide them with complete information

• call the police if an employee/volunteer is more than half an hour late and cannot be contacted

• train employees/volunteers to choose a safe place to sit in a client’s home, such as near an external door

• train all employees/volunteers in techniques for defusing threatening situations.

6. Use personal protective equipment (PPE)

• follow infection control protocols.

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**Home Care Case Study**

Anne is a coordinator doing an initial visit to Bill, a new client. Anne found the front passage floor of his house was badly damaged by white ants. A risk assessment identified this as high risk (likely to cause a major injury). As it was not possible to eliminate the problem (this would have been a very high cost to Bill) the hierarchy of control was considered.

Agreement was reached for Bill to receive his treatment in the rear sunroom that had a concrete floor (an administrative control). Bill’s worker, Janet, was informed of this and it was recorded in his care folder. When the solution was reviewed it was found that to enter the rear door to the sunroom Jill had to walk through tall grass, and as the weather was getting hot this presented a further hazard (assessed as a high risk – unlikely, but could cause a fatality from a snake bite).

Anne then arranged for Bill’s son to cut the grass regularly. These simple solutions allowed Janet to be safe while providing Bill’s treatment.

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*Health and Safety for Home and Community Workers: Guidelines for Managing OHS, WorkCover Corporation Grants Scheme, SAFER Industries, November 2000.*
Step 4 – Review (feedback)

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

Did it work? Was the control/safety solution effective and did it address the hazard you identified and assessed?

Did it create another hazard? Your control/safety solution may have fixed the first but may have created another one. For example: providing a slippery dip for the climbing equipment to allow small children to get off easily may create another hazard if children use it to climb up onto the equipment.

Acknowledgements & further reading

The following resources have been used in the development of this Section:

  www.workcover.com/safer/aged/agedHomeCommunityWorkers.asp
- Health and Safety for Home and Community Workers: Guidelines for Managing OHS, November 2000
  www.workcover.com/safer/aged/agedHomeCommunityWorkers.asp
3.9 The office setting

This Section covers some considerations in choosing or setting up an office as well as things to look out for and attend to for existing office spaces. Read this section to familiarise yourself with the principles of safe office design and management – and then use the Internal and external environment checklists in Section 3.11 and 3.12.

The office space or building

There are many factors you have to consider to ensure that a building meets the occupational health and safety needs of your employees, volunteers and clients. Often the final decision to lease a property is a compromise, recognising that it is not always possible to have a property to meet all of your needs within your budgetary constraints.

This Section includes issues to consider when choosing new premises.

Gather a group of employees and volunteers together with differing expertise and experience to help in the selection of a new building.

Ensure that you consider the needs of people who wish to use your service. For example people with disabilities, parents with young children and older persons with mobility difficulties all have specific access needs.

Outlined below are some areas to consider when looking for suitable premises.

Working with the property manager

Check the lease and make sure that it has proper provision for maintenance and repairs. Conduct a joint inspection with your property manager to identify maintenance or improvement tasks, which are required. Agree upon a time frame for completion of these tasks.

If you have difficulty getting essential maintenance tasks completed, remind the property manager of their responsibility under the Occupational Health and Safety Act 2000. Section 10 describes the responsibility of persons in control of workplaces used by non-employees to ensure the health and safety of the premises. If you continue to have problems with your property manager you can contact WorkCover.

Follow up with regular joint inspections to identify further maintenance tasks and agree upon a schedule of completion.

Electrical inspection and testing

Electricity has great potential to seriously injure and kill. To ensure electrical equipment in the workplace is safe, employers are required to regularly inspect, test and maintain all electrical equipment under the Occupational Health and Safety Regulation 2001. In addition, employers must also keep a record of all inspections, testing and maintenance of the equipment. Further information can be obtained from Australian Standard 3760:2001, see www.standards.com.au. The Standard provides practical guidance on the inspection and testing of electrical equipment used at the workplace.
Further Information

For further information contact your local WorkCover NSW office listed in the telephone directory or ring the WorkCover Assistance Service on 13 10 50 or visit WorkCover’s website at www.workcover.nsw.gov.au.

Issues to consider when choosing new premises

<table>
<thead>
<tr>
<th>Location</th>
<th>Sufficient space for employee, volunteer and visitor vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Closeness to public transport</td>
<td>• Parking for persons with disabilities</td>
</tr>
<tr>
<td>• Proximity to other community resources</td>
<td>• Lighting in car park</td>
</tr>
<tr>
<td>• Avoid isolated or dangerous locations</td>
<td>• Car park surface in good repair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Space requirements</th>
<th>Access to and from the building</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sufficient office space for employees and volunteers</td>
<td>• Access for employees, volunteers and visitors in wheelchairs</td>
</tr>
<tr>
<td>• Storage space</td>
<td>• Access for employees, volunteers and visitors with other disabilities</td>
</tr>
<tr>
<td>• Space for equipment such as photocopiers</td>
<td>• Access for parents with children</td>
</tr>
<tr>
<td>• Community activities</td>
<td>• Adequate lighting, including interior and exterior</td>
</tr>
<tr>
<td>• Lunch room facilities for employees and volunteers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child care facilities</th>
<th>Toilet facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outdoor equipment in good repair eg, play equipment, sand pits, outdoor furniture</td>
<td>• Sufficient number of male and female toilets</td>
</tr>
<tr>
<td>• Child-proof locks on kitchen cupboards and storage areas</td>
<td>• Toilets for clients with disabilities</td>
</tr>
<tr>
<td>• Adequate sun protection</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fire Safety</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Access</td>
<td>• General appearance of the property</td>
</tr>
<tr>
<td>• Exits</td>
<td>• Stairs in good repair</td>
</tr>
<tr>
<td>• Sprinkler system</td>
<td>• Carpets and floor coverings</td>
</tr>
<tr>
<td>• Smoke alarms</td>
<td>• Even floor surfaces</td>
</tr>
<tr>
<td>• Fire extinguishers</td>
<td>• Electrical services in good repair ie, wiring, light fittings, sockets and switches, adequate number of sockets</td>
</tr>
<tr>
<td>• Fire stairs</td>
<td>• Adequate computer cabling</td>
</tr>
<tr>
<td>• Storage of flammable goods</td>
<td>• Plumbing in good order</td>
</tr>
<tr>
<td>• Adequate signs</td>
<td></td>
</tr>
</tbody>
</table>
Workstation Design

Working at a computer may be hazardous to your health. Sore necks, shoulders and backs are common complaints when keying for long periods. Think about your office set-up and ensure that your work posture is upright, symmetrical and relaxed.

Use the workstation diagram as a guide to help you achieve a comfortable work posture.

Start with your desk

- a height adjustable desk is preferred
- check the thickness of your desk. If your desk is too thick (greater than 30mm) it is difficult to work at the correct height
- check the height of the desk. You should be able to sit at your desk with your feet flat on the floor
- check the depth of your desk. Your desk must have sufficient depth so that you are not sitting too close to your screen.

Noise

- Consider the noise that you may experience from the external environment ie, from industry or public transport
- Consider the noise that may be generated from your activities. Will you disturb your neighbour?

Security

- Adequate ventilation
- Adequate locks on windows and doors
- Security doors and screens
- Alarm Systems
- Childproof security gates and fences
- Money
- Design out places where people could hide

Workstation set-up for working on a computer
Consider office chair basics

- a base which has five prongs for stability
- adjustable seat height. Adjust the height of the chair so that your forearms are parallel to the table when your elbows are 90-110 degrees or greater. This will ensure that your shoulders are relaxed when typing
- adjustable back support height. The backrest should support the small of your back, which is the main weight-bearing part of your body
- avoid armrests if you spend most of your time keying at your desk. Armrests do not allow you to get close to the desk and cause you to raise your shoulders when keying.

Adjust your screen

- your screen should be positioned at eye level. Avoid inclining your head to read the screen as this will contribute to neck and shoulder discomfort
- position your screen at an arm reach distance. Too far away and you will tend to lean forward and away from the back support of your chair
- tilt the screen to avoid glare of overhead lights on your screen
- clean the screen regularly. Fingerprints and dirt make the screen hard to read
- give your eyes a break, by enjoying a walk in the garden or by gazing into the distance.

Position your keyboard and mouse

- place your keyboard and mouse directly in front of you to avoid overstretching
- rest your hands in your lap when not keying. This relaxes your shoulders and forearms
- avoid hovering over keys of the mouse. This increases muscle tension
- don’t thump the keys
- learn the function short cut keys
- position documents in relation to the screen
- avoid working from documents that are flat on your desk. If you are a touch typist, consider a document holder that places the document beside the screen. If you need to look at the keyboard when typing, choose a document holder that sits between the screen and the keyboard.
What else is on your desk?

- think about removing clutter from your desk. Ask yourself whether you need all that stuff and whether it is better to store it off your desk and take a walk when you need it
- place frequently used items within reach and avoid overstretching or twisting
- check your workstation.

Remember, even with the best furniture and office equipment, your body needs to take regular breaks away from the desk. Stand, stretch and walk.

Acknowledgements and further reading

Independent Living Centre (ILC), 400 Victoria Road, Ryde NSW, 2444. 02 9808 2233. The ILC has experienced occupational therapists that provide a consultancy service (subject to fees) for assessment of building access.


3.10 Caring for children in your workplace

Working with children raises health and safety issues for employees and volunteers as well as for children in your care. This Section focuses on the health and safety of children in the workplace. For coverage of health and safety of employees and volunteers working with children, this section needs to be read in conjunction with the Sections on:

- Manual handling (3.1)
- Slips, trips and falls (3.5)
- Working with chemicals (3.6)
- Infection control (3.7)


Approximately 60,000 Australian children aged 0-14 years are hospitalised each year due to injuries and poisonings (National Fact Sheet 10 Key Facts Kidsafe, 2000).

Children’s Injuries

Top injuries to children under 5 (Kidsafe 1999):

- falls account for 32% of all hospital admissions
- poisoning is the next most common cause of injury, usually in the home, as a result of children gaining access to medication or common household products. About 3,400 children are affected each year
- burns are most commonly a result of scalds, with hot drinks the most common cause, about 1,800 children are affected each year
- cuts of all kinds affect around 1,600 children annually
- crushing or trapping injuries are common, particularly fingers trapped or jammed in doors. This type of injury affects around 1,050 children a year
- foreign bodies such as objects in the ear, nose and eye affect around 1,000 children a year
- collisions affect more than 800 children a year
- dog bites are most common from the family dog or a dog belonging to a friend, affecting about 600 children a year
- choking In total, choking affects nearly 500 children a year. More choking occurs from non-food rather than food items.

Children rely on adults to identify hazards for them and to protect them from hazards.
Many organisations provide child minding while parents are being interviewed or attending programs at their centre. Often this service is provided on an informal basis in an area near the reception desk or interview room, in a toy room or an outdoor play area.

Children may also visit the centre with their parents to participate in a playgroup conducted at the centre or occasionally staff will need to bring a child to work. In each case, your organisation must ensure the safety of all visitors to your workplace.

People involved with children (caring, teaching or minding children at their place of work) MUST comply with the Working with Children Check under the Child Protection (Offenders’ Registration) Act 2000, Commission for Children and Young People Act 1998, and the Child Protection (Prohibited Employment) Act 1998. For more information about these Acts, refer to the NSW Commission for Children and Young People’s resources listed at the end of this Section.

Organisations need to consider the occupational health and safety needs of employees and volunteers providing care for children. Organisations are advised to read the resources at the end of this section and to refer to other worksheets and the policies and procedures sections in the Safety Pack which address issues such as manual handling, infectious diseases, slips, trips and falls, dangerous substances and first aid procedures.

How to comply

Use the 4-step approach of think, talk, do and review to identify and control hazards that children may face at your centre.

Step 1 – Think – identify and assess the problem

Consider all possible sources of information about possible hazards that children may be exposed to at your workplace. Look at your workplace:

1. complete a workplace inspection with your employees and volunteers to identify what could pose a hazard to children within your organisation. You could use some of the sample worksheets provided in Safety Pack (for example, slips, trips and falls, internal and external environment checks). Consider such things as the potential for falls, poisoning, burns and choking. Remember hazards for children are different from hazards for adults. Hazards for children depend on their age, size and stage of development.

2. review any complaints or concerns from parents about the child minding arrangements.

3. review also your injury and illness records to identify whether children have sustained any injuries in the past at your workplace and the nature of those injuries.
Step 2 – Talk – consult with employees and volunteers

As you go through the workplace inspection, consult your employees and volunteers to get their opinion on such things as the workplace practices and environment in relation to the provision of child care.

Once you have identified all of the hazards of your workplace, it is possible to assess the risks associated with each one.

Assessment means answering two questions:

- how likely is it that this hazard will cause injury or illness
- how severe is the injury or illness if it does occur?

For example, a fall from climbing equipment may result in broken bones or a brain injury with long term consequences. If either a severe injury could be sustained or the likelihood of injury is high, then the hazard should be given a high priority to be controlled.

Step 3 – Do – take action to eliminate or control the risk

Now that you have identified the hazards and assessed the risks to children being cared for in your organisation, you need to eliminate or reduce those risks. The best way to fix a problem is to remove the source of the problem. Consult your employees, volunteers and management committee about the best way to deal with the problems.

Examples of control strategies include:

1. Eliminate the hazard
   - remove the hazard completely so that it no longer poses a threat
   - do not provide child minding. Instead, use an occasional childcare service
   - request that children remain with their parents at all times
   - remove play equipment that is damaged and/or dangerous
   - remove unused electrical equipment from the area immediately around children and ensure that the remaining equipment is safe
   - instruct parents not to leave bags in areas accessible to children. Even baby bags often contain unsafe objects and look attractive to children
   - remove any piece of equipment or part of a toy that fits into a film canister to reduce choking hazards.

If the hazard cannot be eliminated, minimise the risk to the lowest level reasonably practicable using the following measures in the order specified.

2. Change equipment or materials
   - replace fluffy, absorbent toys with toys that are easily cleaned and sterilised.
3. **Isolate the hazard from the person at risk (in time or space or with a physical barrier)**
   - place a fence around play equipment to ensure children can only access the equipment when supervised.

4. **Design in safety (generally whole of workplace rather than just changing equipment/materials, like ventilation systems)**
   - lower climbing equipment to within 50cm of floor height
   - install safety switches, door latches, power outlet covers and other safety devices.

5. **Change work methods**
   - always store medication and chemicals in different locked cupboards
   - provide a trained child care worker to supervise children in care
   - request that parents or guardians sign-in children to ensure that workers and volunteers are aware of the children for whom they are responsible
   - ensure that children remain in the line of sight of workers or volunteers
   - check toys regularly and remove broken toys or those with loose parts
   - have a documented cleaning schedule of all toys including those in waiting areas (such as weekly, using warm water and soap)
   - list all emergency contacts beside all telephones
   - ensure that employees, volunteers and parents do not have hot drinks near children.

6. **Use personal protective equipment (PPE)**
   - make gloves, aprons and safety glasses readily available and be sure they are used when handling bodily fluids and cleaning.

**Step 4 – Feedback (review)**

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your employees and volunteers and consider the following questions:

**Did it work?** Was the control/safety solution effective and did it address the hazard you identified and assessed?

**Did it create another hazard?** Your control/safety solution may have fixed the first hazard but may have created another one. For example: providing a slippery dip for the climbing equipment to allow small children to get off easily may create another hazard if children use it to climb up onto the equipment.
Kidsafe provides a number of fact sheets on child safety for different age groups and different settings. They also provide a technical advisory service on playground safety, training programs in inspection and maintenance procedures, advice on safe play areas and evaluation of playground plans.

Contact Kidsafe on (02) 9845 0890.

Acknowledgements & further reading

Resources for keeping areas safe for children

- ‘Keeping it Safe’ Video on playground inspection and maintenance. Child Accident Prevention Foundation of Australia
- Kidsafe House, Child Accident Prevention Foundation of Australia

Looking after your child care worker


Employers’ resources for complying with Working with Children Check

The NSW Commission for Children and Young People offer several resources for employers on their website: http://www.kids.nsw.gov.au/check/resources.html in .pdf format. Examples of such resources include:

- A General Guide to the Working with Children Check
- An Employers Guide to Keeping Records and Freedom of Information
- Employers Checklist
- The Working with Children Check in Summary
- The Working with Children Check Registration Form
- The Working with Children Check Consent Form
- Prohibited Employment Declaration
- Structured Referee Checks
- The Working with Children Check Request Form
- Completed Relevant Disciplinary Proceedings Form
- Completed Relevant Disciplinary Proceedings Form
- Working With Children: A Simple Guide to Employer and Employee Responsibilities
Checklists and tools

The following checklists, tools and protocols are provided to assist you in identifying, assessing and managing some of the most common OHS issues in the community services work environment. In an effort to be comprehensive they include many elements that do not apply to all organisations. However, they are not exhaustive. They should be used to the extent that is appropriate for your organisation, and adapted where necessary.

3.11 Checklist: external environment safety & security
3.12 Checklist: internal environment safety & security
3.13 Sample worksheet: manual handling
3.14 Checklist: manual handling
3.15 Checklist: workplace violence
3.16 Sample procedures: violence response
3.17 Checklist: slips, trips and falls
3.18 Sample procedure: management of potential occupational exposures to HIV, hepatitis B & hepatitis C
3.19 Checklist: client home environment
3.20 Checklist: working off site safety & security
3.21 Checklist: transport safety
### 3.11 Checklist: External Environment Safety & Security

**Workplace:**

**Date:**

**Time:**

**Check completed by:**

**Date for review:**

<table>
<thead>
<tr>
<th>VEHICLE PARKING AREA &amp; BUILDING PERIMETER</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vandal resistant security lights illuminate building perimeter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security lights can be set to automatically activate and deactivate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security lights are on a separate electrical circuit to the main facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers working after dark have parking available in on area close to a building entrance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping provides minimal hiding places</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entrance and exits clearly marked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface of parking area and the driveways free from potholes, cracks and other trip hazards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well drained areas to prevent flooding and pooling of water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage grates in good order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direction of traffic well defined</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traffic and speed restriction signs clearly defined and free from obstructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate lighting installed and operational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intersections and pedestrian areas identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential vehicle damage areas, corners, guardrails and entrances effectively marked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘No Parking’ areas signed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled parking designated and given priority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency and service vehicle parking designated and given priority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility vehicle parking designated in well lit area close to building</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Checklist: External Environment Safety & Security

<table>
<thead>
<tr>
<th>PEDESTRIAN AREAS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous clear accessible pathway ie, no barriers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping provides minimal hiding places</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No raised curbs or changes in the pathways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface free of holes and projections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well drained area to prevent flooding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate illumination of walkways, stairways and ramps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-slip surfaces, fungus build-up treated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steps and changes of level clearly defined</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency entrance and exits clear, well defined and lit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste bins provided and regularly emptied</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOUNDARIES AND ACCESS POINTS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walls, gates and fences in good order without gaps or protrusions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs evident to indicate that security measures are in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childproof locks fitted to gates where needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SHADE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate protection from sun provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunscreen is accessible for staff and clients who have prolonged exposure to the sun</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff are encouraged to wear hats and other protective clothing when working outside</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Checklist: External Environment Safety & Security

<table>
<thead>
<tr>
<th>FIXED CHILDREN’S PLAY EQUIPMENT</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact absorbing material under equipment with fall heights over 0.5m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe fall zone of impact absorbing material and free from other objects - 2.5m from perimeter of equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum fall height not exceeding 2.5m</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All accessible fully enclosed spaces over 600mm above ground level are less than 125mm and more than 230mm to avoid head entrapment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handrails and grab rails diameter min 19mm, max 38mm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardrails with vertical or solid infill provided for platforms over 1m high</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No protruding bolts, nails or splinters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular checks of equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly area for emergency evacuations clearly marked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gardens in good order – debris, fallen branches removed, lawns mown regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gardens free of sharp objects (broken glass, metal, wood splinters, needles etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Containers provided for smokers (if smoking allowed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage areas tidy and locked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire hoses well located. Maintained and checked regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.12 Checklist: Internal Environment Safety & Security

<table>
<thead>
<tr>
<th>Workplace:</th>
<th>Date:</th>
<th>Time:</th>
<th>Check completed by:</th>
<th>Date for review:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INTERNAL ENVIRONMENT</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECURITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate locks on all external doors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate locks on all external windows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keys are registered and records kept of who is holding them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alarm system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency communication such as duress alarm or intercom accessible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security screens for windows and doors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs and physical barriers to indicate boundaries between public and restricted areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs evident to indicate that security measures are in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency procedures displayed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted access to objects that could be potential weapons or missiles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum cash is kept in a secure place out of view of clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas inside the organisation where an aggressor could hide have been identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure cupboards or drawers for employees and volunteers to keep personal possessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency telephone numbers displayed at every telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe haven where employees/volunteers can retreat to and access a telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client consultation areas have two exits and if necessary a window or one-way mirror</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public access restricted to one entrance at night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is visual access to outside of external doors – ie, view hole, glass panel or closed circuit camera</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Checklist: Internal Environment Safety & Security

<table>
<thead>
<tr>
<th>FLOORS/AISLES/EXITS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrances/steps in good order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand rails where appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor coverings in good repair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors even, uncracked, no holes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors clean and not slippery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs to indicate wet floor after cleaning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entrances, doorways and stairs kept clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cords secured and clear of walkways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walkways free from rubbish</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STAIRS AND LANDINGS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good visual contrasts between steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slip resistant strips on edge of steps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handrails present and at correct height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal variation between step height and step depth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIGHTING AND INDOOR CLIMATE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lighting for vision adjustment from sunlight to indoors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting in the workplace suitable for work performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessible light switches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task lighting provided for detailed work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overhead lights shielded to minimise glare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stairwells and exits well illuminated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature appropriate for the workplace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air conditioning filters cleaned regularly (if required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air quality acceptable (fumes, odours, particles)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Checklist: Internal Environment Safety & Security

<table>
<thead>
<tr>
<th>BATHROOMS/TOILETS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate toilets for male/female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets for people with disabilities provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nappy change facilities available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities cleaned regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities well ventilated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand wash, single use hand towels/driers provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitary bins provided</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KITCHEN/LUNCH ROOMS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suitable eating/tea break facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock stored appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food is stored appropriately, ie, refrigerated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking facilities clean and in good working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work benches clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locked cupboards/drawer for knives and other sharp implements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff are wearing protective clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves are used when handling food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaust fans over cooking units are clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical equipment is in good repair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-slip floor surfaces</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEKEEPING</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work areas kept clean and tidy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials and equipment stored safely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbish bins emptied regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers provided with personal protective equipment for cleaning, eg, disposable gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate container provided for disposing of ‘sharps’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures in place to ensure that any accidental spills or leakages are immediately cleaned up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAZARDOUS SUBSTANCES</td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
<td>----</td>
<td>-------------------</td>
</tr>
<tr>
<td>Material Safety Data Sheets (MSDS) for all hazardous substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous substances register kept</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemicals disposed of correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemicals are clearly labelled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locked cupboard/drawer for hazardous substances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency procedures in place and communicated to workers/volunteers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers instructed in correct use of hazardous substances and provided with protective equipment if necessary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire extinguishers located close to chemical storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities to deal with spills or splash injuries are close</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORAGE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials stored in racks or bins wherever possible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage designed to minimise manual handling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors in store areas free from rubbish and packing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Files stored securely and appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FIRST AID</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First aid kit complete as required (see Section 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabinet easy to access for all staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff aware of where cabinet is located</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabinet clearly labelled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate stocks kept</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of first aid officer clearly displayed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current first aid certificate held by first aid officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves used for treatment of all injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register of injuries kept</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Checklist: Internal Environment Safety & Security

<table>
<thead>
<tr>
<th>Category</th>
<th>YES</th>
<th>NO</th>
<th>Comment/Action by</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOISE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment regularly maintained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noisy equipment enclosed or isolated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WORKSTATIONS/OFFICE FURNITURE</strong></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>No broken items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No sharp edges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing cabinets/cupboards stable or secured to walls to prevent tipping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture not blocking doorways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHAIRS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height adjustable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back rest adjustable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seats adjusted for the person using them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WORK SURFACE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desk correct height for work performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient leg room under desk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WORKPLACE LAYOUT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document holder provided for continuous keying work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone connections nearby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient individual storage space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All frequently used items are within easy reach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cables are secure behind work surface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VDU screen is at correct height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keyboard and mouse are positioned correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desk is uncluttered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate space between furniture</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Checklist: Internal Environment Safety & Security

<table>
<thead>
<tr>
<th>Electricity and Electrical Equipment</th>
<th>Yes</th>
<th>No</th>
<th>Comment/Action By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switchboards &amp; electrical equipment in safe condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plugs, sockets and switches located in a safe place and free from obvious defects (Check for loose covers or wires, broken fittings, signs of overheating)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No frayed or defective leads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number of power points for the appliances in use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earth leakage protection installed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main and isolating switches clearly labelled and accessible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power tools, extension leads and power boards located and maintained in safe condition (check for damaged insulation, water leaks, burn marks, bent or loose pins and fittings)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical installations and equipment regularly inspected, checked and maintained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records kept of inspections</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential</th>
<th>Yes</th>
<th>No</th>
<th>Comment/Action By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy for clients and staff, ie, not having TV and stereo in same room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen safety rules displayed and followed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House rules displayed and followed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents aware of curfew times and adhere to them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitors to follow house rules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs and alcohol policy displayed and implemented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents aware of emergency procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHECKLIST: INTERNAL ENVIRONMENT SAFETY &amp; SECURITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHOTOCOPIERS</strong></td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
</tr>
<tr>
<td>Located in a well ventilated room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Located away from workers to minimise noise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OFFICE ENVIRONMENT – GENERAL</strong></td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
</tr>
<tr>
<td>Adequate space for staff and clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>‘SAFE ROOMS’</strong></td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
</tr>
<tr>
<td>Door with handle that can be pulled closed and locked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double lock on door</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exit from the room other than the entry door</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone in the room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FIRE EXITS AND PROCEDURES</strong></td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
</tr>
<tr>
<td>Smoke detectors and alarms in working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessible fire exits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncluttered fire exits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate exit signs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire exits are unlocked during working hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire extinguishers located appropriate to risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate extinguishers for the conditions and exposures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extinguishers are regularly serviced and date noted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire blankets provided where appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular fire drills with documented staff attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.13 Sample worksheet: manual handling

Use this table to assist with the risk management process. The process can be applied to other OHS issues.

<table>
<thead>
<tr>
<th>Think/Talk</th>
<th>Do</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consult with the people doing the manual handling</td>
<td>• Risk elimination/ control</td>
<td>• Has each risk control measure been implemented?</td>
</tr>
<tr>
<td>• Look at past manual handling incident and injury reports</td>
<td>• For each risk, use the risk elimination and control measures mentioned above to plan action</td>
<td>• Was it effective?</td>
</tr>
<tr>
<td>• Identify the tasks that could cause an injury</td>
<td>• Implement the action</td>
<td>• What more can be done?</td>
</tr>
<tr>
<td>• Use the checklist to assess the risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Work out which hazards pose the most risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.14 Checklist: manual handling

Adapted from *Health and Safety for Home and Community Workers: Guidelines for Managing OHS*, SA WorkCover

| THINK | Task: | Date: _____/_____/_____
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location:</td>
<td>Form completed by:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TALK</th>
<th>ACTIONS &amp; POSTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bending, twisting, stretching or over reaching</td>
</tr>
<tr>
<td></td>
<td>Pulling, pushing or lifting</td>
</tr>
<tr>
<td></td>
<td>Carrying or holding</td>
</tr>
<tr>
<td></td>
<td>Sudden or jerky movements</td>
</tr>
<tr>
<td></td>
<td>Awkward or cramped</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOADS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awkward to lift or handle</td>
</tr>
<tr>
<td>Heavy weight (more than 16-20kg)</td>
</tr>
<tr>
<td>Large force</td>
</tr>
<tr>
<td>Object greasy or dirty</td>
</tr>
<tr>
<td>Can’t be held close to body</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOB DESIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repetitive movements</td>
</tr>
<tr>
<td>Prolonged task</td>
</tr>
<tr>
<td>Lack of people</td>
</tr>
<tr>
<td>Load carried a long way</td>
</tr>
<tr>
<td>Not enough time</td>
</tr>
<tr>
<td>Rest Breaks</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORKPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsuitable height</td>
</tr>
<tr>
<td>Clutter/trip hazards</td>
</tr>
<tr>
<td>Lack of space</td>
</tr>
<tr>
<td>Slippery/uneven surface</td>
</tr>
<tr>
<td>Poor lighting</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aids not available</td>
</tr>
<tr>
<td>Aids hard to use</td>
</tr>
<tr>
<td>Clothing restricts movement</td>
</tr>
<tr>
<td>Protective gear unsuitable</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not trained</td>
</tr>
<tr>
<td>Task too demanding</td>
</tr>
<tr>
<td>Special needs (eg, pregnant)</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DO</th>
<th>MAJOR PROBLEMS</th>
<th>POSSIBLE SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
</tr>
<tr>
<td>Action 1</td>
</tr>
<tr>
<td>Action 2</td>
</tr>
<tr>
<td>Action 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVIEW</th>
<th>REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this solution work?</td>
<td></td>
</tr>
<tr>
<td>Further action needed? (give details)</td>
<td></td>
</tr>
</tbody>
</table>
### 3.15 Checklist: workplace violence

<table>
<thead>
<tr>
<th>Workplace:</th>
<th>Date:</th>
<th>Time:</th>
<th>Check completed by:</th>
<th>Date for review:</th>
</tr>
</thead>
</table>

#### POTENTIAL RISK CONTROL MEASURES

<table>
<thead>
<tr>
<th>CLIENT ASSESSMENT AND REFERRAL</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written criteria used for the types of clients that the service accepts or refers elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring organisations provide written information regarding client behaviours and history of violence and aggression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral information verified and further information sought from family, carers, teachers or general practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures followed for referral and assessment of clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients of the organisation assessed for the potential for aggression and violence (risk profile)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk status of new clients is reviewed by all employees/volunteers at commencement of first shift after intake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services reduced or discontinued for clients who present a level of risk that cannot be managed within existing resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures followed for referring clients to appropriate services for treatment of psychiatric, illicit drug and alcohol issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The day to day behavioural status of higher risk clients monitored and recorded and the next shift of employees/volunteers alerted to relevant information</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### STAFF MANAGEMENT

<table>
<thead>
<tr>
<th>STAFF MANAGEMENT</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures followed for employees/volunteers working alone or off site (see Working off-site Checklist)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inexperienced staff paired with experienced staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff clothing does not increase the risk of injury during a violent incident, eg, earrings, ties, scarves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures followed for disputes and grievances between staff, volunteers and management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Checklist: workplace violence

<table>
<thead>
<tr>
<th>CLIENT SERVICE AND MANAGEMENT</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client service procedures in place and client service is part of employee performance reviews</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client rights and responsibilities documented and provided to clients at commencement of service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client dispute resolution procedures in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Items that could be used as a weapon removed from clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client medication procedures in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping clients woken with voice not touch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures followed for handling client cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients are never given employees/volunteers personal telephone numbers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees working with high risk client groups consider silent private telephone numbers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers prohibited from personal or sexual relationships with clients</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECURITY PROCEDURES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information provided to clients, visitors, contractors and suppliers about workplace violence arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises security procedures in place for day and night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access restricted to as few entrances as possible at night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers do not need access to outside storage areas at night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers park close to building at night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal property is stored in secure place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register of visitors and other persons eg contractors on-site is kept</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Checklist: workplace violence

<table>
<thead>
<tr>
<th>CASH HANDLING</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash handling system in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited cash kept on premises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash stored in secure location out of sight of public and clients</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY PROCEDURES &amp; TRAINING</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures in place including defusion, back up, verbal reporting, and when to retreat to a safe area or call police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person nominated to take charge in case of violence-related emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bomb threats, armed hold-ups, abusive telephone calls procedures in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visits and call-out emergency procedures in place (see Working off-site checklist)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POST INCIDENT PROCEDURES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First aid and access to medical care provided for those injured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident details are recorded and reported to manager or employer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client perpetrated violence is recorded in client files</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport home and communication with families of those affected arranged if necessary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological support (debriefing or ongoing counselling available to affected employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time off available for affected employees to recover</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious violent incidents such as physical or armed assault and bomb threats are reported to the police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious violent incidents causing death, threat to life, or more than 7 days off work (with medical certificate) are reported to WorkCover.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.16 Sample procedures: violence response

- de-escalation techniques. Monitor clients for signs of impending violence such as facial expression, verbal threats and increase in breathing rate
- summon help if needed
- try to appear calm, speak slowly, clearly and softly
- use simple language which is easy for the person to understand
- tell the person your first name and position
- do not attempt to contradict the angry person
- remove other clients from the vicinity
- do not move closer to the person
- avoid body language such as crossed arms, hands on hips or shaking fingers
- avoid direct eye contact
- do not touch the person
- if you need to withdraw, step back slowly and retreat to a safe place
- if you cannot withdraw you are entitled to use reasonable force to protect yourself
- if you are injured seek medical assistance, notify your supervisor and contact the police.

Abusive or threatening phone calls

- try to calm the person by acknowledging their feeling of frustration. Ask them to explain their needs in a civil manner to enable you to provide help and guidance
- if behaviour continues advise them that you will hang up unless they are civil
- if behaviour continues, hang up, notify your supervisor immediately and complete a written report of the incident
- for each call received keep a log of the time, duration, details of the conversation caller details (For example estimated age, background noise and accent)
- report this information to the police service for advice. Police have the power to trace the calls if warranted and take further action if requested.
**Bomb threats**

- take the threat seriously – do not hang up the phone
- remain calm – try to record the exact wording of the caller and any distinctive background noises which might help identify the source of the call
- ask questions to find out bomb location, appearance and detonation time
- report the incident to your supervisor immediately
- assist as instructed to report the incident to the police and evacuate the area.

**Armed hold-up**

- stand still, keep hands where they can be seen and avoid sudden movements
- be submissive and obey the offender’s instructions exactly
- remain quiet and speak only when spoken to
- do not draw attention to yourself or provoke the offender
- avoid direct eye contact
- if it is safe to do so, mentally note offender’s physical appearance and speech
- allow the offender to leave, do not chase
- summon help, activate duress alarm, contact supervisor and call police
- immediately seal off area, lock entrances to prevent offender from re-entering
- ask witnesses to remain.
### 3.17 Checklist: slips, trips and falls

Date checklist completed: ___________________ Date checklist to be reviewed (annually or when there is a change or addition to manual handling tasks in the workplace):

Name(s) of person(s) who completed checklist: ___________________ Initial: ___________________

Position title: ___________________ Company: ___________________

#### FLOORS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are floor surfaces free of water, ice, oil or other fluids?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are floor surfaces even? (eg no loose tiles or carpet that is torn or has ridges or holes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are ramps designed to prevent slips and falls?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### HOUSEKEEPING

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are walkways and doorways clear of boxes, extension cords and litter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are spills cleaned up immediately?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the responsibilities for cleaning floors, clearing work areas and walkways clearly specified?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### STAIRS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are stairways kept clear of boxes, equipment and other obstructions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the tread on stairs adequate to minimize slipping?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the foot-space on each stair adequate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are handrails adequate?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### LIGHTING

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are work areas, walkways and stairs well lit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the lighting enable employees/volunteers to move between indoor and outdoor tasks safely?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### FOOTWEAR

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the footwear worn by employees/volunteers suitable for their role at the workplace?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MAJOR PROBLEMS

<p>| |</p>
<table>
<thead>
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<td></td>
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</tbody>
</table>

#### POSSIBLE SOLUTIONS

<p>| |</p>
<table>
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<tbody>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

#### ACTION PLAN

<table>
<thead>
<tr>
<th>Action needed</th>
<th>By whom</th>
<th>By when</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### REVIEW

Have these solutions worked?

Further action needed? (give details)

---

Use this checklist in conjunction with the internal/external environment checklists (Sections 3.11, 3.12)
3.18 Sample procedure: management of potential occupational exposures to HIV, hepatitis B & hepatitis C

Examples of occupational exposures:

- needle stick injuries
- physical injury resulting in exposure to the blood of another person via broken skin, mucous membranes (inside of nose and mouth) or eyes
- broken skin exposure to blood, body substances containing blood, or other infected body fluids, during client contact or when handling waste containing infected body fluids and substances or sharps.

First aid

- wash wound with soap and water
- arrange for further medical attention to wound if necessary
- if eyes are contaminated rinse with saline or water while they are open, remove contact lenses and clean as normal
- if mouth is contaminated, spit thoroughly then rinse with water several times
- remove any contaminated clothing and shower if necessary
- report the exposure to supervisor so that the incident is recorded and risk assessment carried out to determine if further action is necessary.

Risk assessment of occupational exposures

The significance of the injury should be assessed according to the following factors:

- the nature and extent of the injury
- the nature of the item that caused the injury
- the nature of the body substance involved
- the volume of blood or body substance to which the person was exposed.
## Classification of exposures

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires further assessment</td>
<td>Broken skin exposure to blood such as skin punctured by a used needle or syringe</td>
</tr>
<tr>
<td>Requires further assessment</td>
<td>Broken skin exposure involving fluids containing visible blood or other potentially infectious fluids (includes semen, vaginal secretions, amniotic fluid [broken waters during pregnancy] or human tissue)</td>
</tr>
<tr>
<td>Requires further assessment</td>
<td>Splashes to eye or mouth involving blood or fluid containing visible blood</td>
</tr>
<tr>
<td>Requires further assessment</td>
<td>Broken skin contact or extensive or prolonged in-tact skin contact, with blood, blood stained fluid or other potentially infectious body fluids such as semen, vaginal secretions or human tissue</td>
</tr>
<tr>
<td>Does not require further assessment</td>
<td>Skin (broken or intact), nose or mouth contact with non-bloodstained saliva or urine</td>
</tr>
</tbody>
</table>

A medical practitioner should be consulted to assess and follow up exposures that require further assessment. The confidentiality of the injured person should be maintained. Counselling support should be available for the injured person if the risk assessment determines that they require blood tests.
3.19 Checklist: client home environment

Adapted from Health and Safety for Home and Community Workers: Guidelines for Managing OHS - Forms WorkCover Corporation Grants Scheme, SAFER Industries, November 2000.

To be used with the 3.20 Checklist: Working Offsite Checklist

---

Client name: 

Address: 

File number: 

Phone: 

Person completing checklist: 

Date: / / 

Location: (draw map and attach if needed) 

Parking: 

Location of door to enter: front □ side □ back □ other □ (describe): 

Review date: / / 

---

OUTSIDE RESIDENCE

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
</table>

Parking – adequate parking on street

Gates – easy to open

Pathway
- level
- non-slip
- uncluttered

Steps/stairs
- level
- non-slip
- uncluttered

Verandah surface
- level
- non-slip
- uncluttered

Pets
- present restrained
  separated from worker

Lighting at night is adequate

Door clear of obstruction
## Checklist: client home environment

<table>
<thead>
<tr>
<th>INSIDE RESIDENCE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor surfaces</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-slip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Uncluttered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequate for walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequate for performing work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tasks involving working at a height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapons (eg, guns) visible or reported to be present in house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency exit – visible with easy access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke detector – present and working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELECTRICAL/GAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical leads or extension cords not exposed or damaged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switches in good working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power points not located near water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas cylinders used on site (hot water, oxygen)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUIPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuum cleaner in working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpet sweeper in working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broom has an adequate handle length</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop &amp; bucket adequate for use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron in working order/ironing board is adjustable height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing machine - no moving parts exposed; wiring/connection to wall safe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dryer - in good working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot water system - set to temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipes are not exposed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step ladder in use - Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-slip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food preparation equipment - clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothes line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adjustable height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Safe access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>118</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checklist: client home environment

<table>
<thead>
<tr>
<th>BATHROOM/TOILET</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to bath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequate height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-slip surface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequate room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage - adequate to ensure non-slip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation - adequate to ensure fresh air</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water temperature appropriately controlled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical equipment - not used in bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KITCHEN</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stove - in safe working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cords not frayed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not used near water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workspace organisation - Uncluttered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-slip floor surface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table/benches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate height</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAUNDRY</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workspace organisation - Uncluttered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Benchtop good height</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-slip floor surface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No build-up of water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriately controlled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEDROOMS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient space around bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Uncluttered floor space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed suitable height for working with client</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heaters present &amp; safe - No bedding, clothes or water near heater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical cords</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No exposed wiring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Power points secure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Checklist: client home environment

<table>
<thead>
<tr>
<th>LOUNGE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workspace organisation - Uncluttered work area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture position - Height adequate to work from; - Stable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HAZARDOUS SUBSTANCES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substances labelled appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substances in original container</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used for suitable purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stored in safe position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves/other protection available if required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaust fan/open window/ventilation adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health effects/emergency procedures known</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Material Safety Data Sheets (MSDS) available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER ISSUES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of aggression or violence/threat to staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistance to care noted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to accept instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual handling assessment required (if yes, complete &amp; attach)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.20 Checklist: working off-site safety & security

<table>
<thead>
<tr>
<th>Workplace:</th>
<th>Date:</th>
<th>Time:</th>
<th>Check completed by:</th>
<th>Date for review:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATION</strong></td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers have communication equipment such as mobile phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication equipment is checked prior to leaving base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication equipment is switched on at all times off-site and programmed for back-to-base and emergency numbers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers leave records of off site visit addresses, scheduled arrival and departure times and registration number of vehicle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers report movements to base as agreed in protocols (eg, regular call-in on arrival or departure, or at end of shift)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures in place if contact is lost or off-site employee/volunteer fails to return when expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code words established for off-site employee/volunteer to signify they are in a threatening situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-site employees/volunteers carry contact details for police fire and ambulance services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOME VISIT &amp; CALLOUT SECURITY</strong></td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
<td></td>
</tr>
<tr>
<td>Risk assessments of client and home are undertaken before committing employees and/or volunteers to a home visit or call-out (see Home visit checklist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher risk clients asked to attend the base organisation or are seen by staff in pairs (this can include staff from another community service organisation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers carry official photo ID which identifies the issuing community service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers are respectful to the client and aware that the client may perceive them to be invading their personal space</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a client is being helped to escape domestic violence, choose a time of day when back-up is available and if necessary involve police</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME VISIT &amp; CALLOUT SECURITY</td>
<td>YES</td>
<td>NO</td>
<td>COMMENT/ACTION BY</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----</td>
<td>----</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers withdraw from a visit if they feel at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers who work alone or in isolated situations are provided with a duress alarm, mobile phone or call in system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile telephone black-out areas are known and procedures are in place for alternative communication, or work in pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers are trained in procedures on client sites eg, maintaining clear line of exit, keeping car keys and diary secure and parking car to facilitate exit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers leave client premises if firearms or other weapons are seen. Police are notified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers are trained in techniques to diffuse violence (see Section 3.16 Checklist: Violence Response)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidents on client premises are documented in client files and in incident reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers avoid walking in deserted places or taking shortcuts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers withdraw from neighbourhoods where there are signs of unrest or trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees/volunteers avoid appearing lost and seek directions by telephone, from a business owner or official rather than a stranger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If being followed by car or on foot, cross the road, employees/volunteers walk in opposite direction and seek refuge in safe place</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORKING ON OTHER PREMISES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees/volunteers working in other sites such as community buildings or schools should be aware of the security and emergency procedures of those premises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security in the external and internal environment should be checked prior to employees/volunteers using the premises</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.21 Checklist: transport safety

<table>
<thead>
<tr>
<th>Workplace:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check completed by:</td>
<td>Date for review:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees and volunteers hold valid drivers licences for the class of vehicle. Licences are recorded and verified annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle records of registration, insurance, fuel, mileage and servicing and parts replacement are maintained and regularly checked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A roadside assistance scheme such as NRMA is in place for all facility vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior to leaving base drivers check fuel levels and visually inspect tyres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles are routinely serviced and a fault reporting mechanism is in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Random checks are conducted for vehicle condition and safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A crash kit is kept in each facility vehicle with instructions, a report card, first aid advice, and emergency telephone numbers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A crash reporting and investigation system is in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A crash database is maintained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crash test ratings and safety devices are considered prior to vehicle purchase or lease such as dual front seat air-bags, side airbags in driver seat, anti-lock breaking systems, three point seat belts, adjustable head rests (See NRMA or RTA websites for the Australian New Car Assessment Program crash test ratings)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passenger safety issues are considered in bus purchase or lease such as hydraulic devices, fold down steps and handles to assist passengers to get on and off, secure wheelchair storage and shopping storage, seatbelts, sufficient room between seats and slip resistant steps and floor surfaces</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Checklist: transport safety**

<table>
<thead>
<tr>
<th>VEHICLES</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cargo barrier in place in station wagons and hatchbacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider wiring daytime running headlights to ignition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy or bulky freight stored in boot or separated from passengers by cargo barriers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures in place for drivers of vehicle such as speed limits, fatigue management, alcohol and drug use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile telephone use in cars is avoided and when necessary hands free kits are used and dialling avoided unless the car has been pulled over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures in place for requirements and minimum standards for private vehicles that are used for work purposes (insurance status, safety features and maintenance)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider equipping vehicles with first aid kits, fire extinguishers, safety triangles and safety vests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider pre-employment driving assessments for employees whose work involves a lot of driving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider driving performance review as part of work performance review</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSPORTING CLIENTS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client profile is assessed prior to transport and if necessary an additional escort is provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drivers who are not familiar with the client should be provided with information regarding the client so that they are aware of physical and behavioural limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drivers use the curb side lane to pull over easily in an emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means of emergency communication are accessible in the vehicle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drivers are trained in emergency procedures such as pull over, immobilise car, retreat to a safe place and call for back-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients are not seated directly behind driver</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Checklist: transport safety

<table>
<thead>
<tr>
<th>TRANSPORTING CLIENTS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential weapons such as cigarette lighters are removed and objects such as fire extinguishers are stored in the boot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees and volunteers who regularly transport clients are trained in first aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drivers are aware of location of medical centres and emergency departments in areas where they are transporting clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients wear seatbelts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-proof locks are used when transporting children and clients with dementia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure that employees and volunteers who transport clients in private vehicles have comprehensive insurance and notify their insurance company of the activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees and volunteers are trained in manual handling techniques specific to moving people with physical limitations or disabilities and equipment such as wheelchairs, in and out of vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchairs used for client transportation are lightweight and designed for portability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. PREPARING FOR AND MANAGING INCIDENTS AND CLAIMS

IN THIS SECTION:

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
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<td>First aid requirements</td>
<td>126</td>
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<td>Keeping a register of treatment and injuries</td>
<td>128</td>
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<td>4.3</td>
<td>If an injury occurs</td>
<td>129</td>
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<tr>
<td>4.4</td>
<td>Notification of injuries</td>
<td>134</td>
</tr>
<tr>
<td>4.5</td>
<td>Workers compensation</td>
<td>135</td>
</tr>
<tr>
<td>4.6</td>
<td>Injury management</td>
<td>140</td>
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</table>

Checklists & tools

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>4.7</td>
<td>Checklist – emergency procedures</td>
<td>143</td>
</tr>
<tr>
<td>4.8</td>
<td>Sample register of injuries</td>
<td>144</td>
</tr>
<tr>
<td>4.9</td>
<td>Sample return-to-work program</td>
<td>145</td>
</tr>
<tr>
<td>4.10</td>
<td>Sample return-to-work plan</td>
<td>147</td>
</tr>
</tbody>
</table>

Disclaimer

This document provides general information about the rights and obligations of employees and employers under NSW occupational health and safety laws. It is intended to provide general information about the law and is not intended to represent a comprehensive statement of the law as it applies to particular problems or to individuals, or substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.
4.1 First aid requirements

The OHS Regulation 2001 sets minimum standards for providing first aid at work. An employer must have the following readily accessible during working hours, at each place of work:

- first aid facilities that are adequate for the immediate treatment of injury or illness that may arise at a place of work, and
- if more than 25 persons are employed at a place of work - trained first aid personnel.

Type of first aid kit required

- there are three sizes of first aid kits specified in the regulation (A, B and C)
- the number of workers on site at any given time determines the size of kit needed.

<table>
<thead>
<tr>
<th>Number of persons</th>
<th>First aid room</th>
<th>Kit A</th>
<th>Kit B</th>
<th>Kit C</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 or more</td>
<td></td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>100-199</td>
<td></td>
<td></td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>11-99</td>
<td></td>
<td></td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>10 or less</td>
<td></td>
<td></td>
<td></td>
<td>•</td>
</tr>
</tbody>
</table>

Note: different requirements apply to construction sites.

- all kits must contain a list of required contents and a CPR (resuscitation) chart
- at least one first aid kit must be provided for each workplace
- additional items may be included for specific needs eg, children, seniors etc
- items not for first aid use must not be put in a kit.
### Kit contents

<table>
<thead>
<tr>
<th>Description of appliance or requisite</th>
<th>Kit A</th>
<th>Kit B</th>
<th>Kit C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive plastic dressing strips, sterile, packets of 50</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive dressing tape, 2.5cm x 5 cm</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Bags, plastic for amputated parts:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>small</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>medium</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>large</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Dressing, non-adherent, sterile, 7.5cm x 5.5cm</td>
<td>5</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Eye pads, sterile</td>
<td>5</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Gauze bandages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5cm</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10cm</td>
<td>3</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Gloves, disposable, single</td>
<td>10</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Rescue blanket, silver space blanket</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Safety pins, packets</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Scissors, blunt/short nosed, minimum length 12.5cm</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Splinter forceps, stainless steel</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Sterile eyewash solution, 10ml single use ampules or sachets</td>
<td>12</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Swabs, prepacked, antiseptic, packs of 10</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Triangular bandage, minimum 90 cm</td>
<td>8</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Wound dressing, sterile, non-medicated, large</td>
<td>10</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>First aid pamphlet as approved by WorkCover (eg, St John Ambulance or Red Cross)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
4.2 Keeping a register of injuries and treatment

A register of injuries and a record of first aid treatment must be kept at each worksite. The injured person or their representative should complete appropriate sections of the register and the treating first aid officer should record the details of the treatment provided.

The register of injuries is a part of workers compensation law to ensure that workers who sustain injuries at work are able to record the details of the accident in case they wish to make a claim. It is also useful for volunteers who may make a claim against the organisation’s volunteer insurance or public liability insurance.

A WorkCover inspector may request to see the register when they visit your workplace.

You can purchase a register of injuries from a stationery supplier or write the following information in an exercise book:

- the name, age, address and occupation of the injured worker
- the place in which the person was working or visiting
- the operation in which the person was engaged at the time of injury
- the date, time and injury that occurred
- a brief description of the type, cause and location of the injury and the treatment given
- the name of the first aid person in attendance (if any)
- any referral for further treatment if required.

The manager should check the register on a regular basis to identify hazards in the workplace. Old registers should be kept with your other business records for at least seven years from the last date of entry on the register.

Incident forms

All incidents whether or not they result in injury should be reported to management. An organisation's incident report form should include the following information:

- particulars of person involved in the incident
- description of circumstances (date, time, location, how it occurred, body part and severity of injury)
- witness information
- treatment given at time of incident.
4.3 If an injury occurs

General procedures in the event of incidents involving injury or illness

1. Arrange first aid or transport to medical treatment

2. Ensure that the hazard poses no further threat to other staff or non-staff

3. Fill in the register of injuries

4. Who to advise
   • notify WorkCover immediately on 13 10 50 if there is a serious incident involving a fatality or serious injury to either a worker or non-worker at your workplace
   • notify the workers compensation insurance company within 48 hours of an incident involving an injury or illness to a worker where workers compensation is or may be payable
   • notify WorkCover within 7 days using the online form at [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au) or phone 13 10 50 for incidents involving a non-worker where the injury results in the person being off work or being unable to perform their normal activities for 7 or more days.

5. Managing the potential impact of a serious or violent incident on all workers
   • provide debriefing opportunities for workers
   • provide counselling services if required
   • continue to consult with workers as to how they are feeling.

6. Send an Injured Worker’s Claim and other documents required by the insurer within seven days of receiving the request from the insurer

7. Provide assistance if needed in processing workers compensation claims

8. When requested by an injured worker:
   • provide, within 10 days, copies of medical reports in your possession
   • provide, within 28 days, wage information regarding:
     • their award level
     • gross annual earnings prior to the injury and
     • gross earnings after the injury event of two workers who were comparable to the injured worker before the injury.

9. Pay any compensation money received from the insurer, as soon as practicable, to the person entitled to the compensation

10. As part of your return-to-work program –
    • appoint a person in authority to keep in touch with the injured worker, the doctor and the insurance company
    • assist in the return to work of injured workers.
As soon as an injury happens

Arrange first aid or transport to medical treatment

• make sure you have a complete and accessible first aid kit and that workers/volunteers are appropriately trained

• if a person is injured or ill at work, immediate first aid should be offered. If the person does not agree to treatment, arrange for them to visit their doctor

• the first aid officer should only provide services they are trained and confident to provide

• as soon as possible, the details regarding the injury or illness and the treatment provided should be recorded in the register of injuries

• transport the injured person to his or her own treating doctor or to a local clinic or hospital

• if you are unsure whether an injured person should be moved, call an ambulance

• arrange for someone to accompany the injured person to the doctor to provide support

• injured workers have the right to choose their own treating doctor. However, once chosen, if they wish to change doctors, they must first discuss this with the workers compensation insurance company.

Managing serious incidents

What is a serious incident?

Generally a serious incident is an event that is outside a normal day to day living event and of such a nature that significant stressors are created. It includes a person being killed.

Examples of serious incidents could include:

• an incident where there has been a fatality

• an incident where there has been a serious injury or illness, such as when a person:
  • is placed on a life support system
  • loses consciousness
  • has a limb amputated
  • is trapped in machinery or a confined space
  • has serious burns

• an incident where there is an immediate threat to life such as major damage to machinery or buildings.
Up to 36 hours after the serious incident has been reported, the immediate area around the incident must not be disturbed, except to assist any injured persons and to avoid further injuries and problems.

Exposure to serious incidents may lead to considerable distress in staff and to symptoms such as anxiety or panic. Helping workers and volunteers to deal with serious incidents is an important part of a risk management system.

All serious incidents must be taken seriously and there must be procedures that are followed every time an incident occurs. Although some workers and their supervisors may appear to shrug off aggressive incidents by saying it is just part of the job, or that they must learn to expect that kind of behaviour from clients, experiencing repeated aggression may have a long term effect on many workers.

Workers and volunteers need to know that they have a right to be safe at work, and that when an incident does occur, they will have support from their peers and management, as well as access to a professional counsellor for help and support.

Major or serious/violent incidents

Following a major incident, it is important to:

• ensure that the potential for violence no longer exists
• provide first aid
• give comfort and treatment to those affected
• call the police and, if necessary, the ambulance service
• leave the scene undisturbed for the police
• ask witnesses to remain until the police arrive. If this is not possible, write down their names and contact numbers
• contact the family of those affected – before they find out through the media (keep an accessible file with all staff contacts)
• remove workers/volunteers from their duties
• arrange a serious incident stress debriefing
• notify your workers compensation insurance company within 48 hours
• complete the register of injuries.

Ask the workers/volunteers to give a full report on what has occurred. It is important that they are not made to feel in any way responsible until all facts are known by management and the police, and until they have been fully debriefed and counselled.
Verbal threats

Following verbal or phone threats:

- ensure that workers/volunteers know to notify their supervisor/coordinator immediately
- complete a written report on the incident – detailing the time, who was involved, the nature of the threats, the reasons behind the threats and the possible triggers for the threats
- interview the parties involved
- discuss with the workers whether they wish to involve the police
- if the offender is a staff member, commence a disciplinary process or refer them to counselling (whatever is appropriate) and check with your employer association or union for industrial advice.

Legal Rights

Victims of violence may be entitled to:

- workers compensation
- crime victims compensation
- initiate a criminal action against the assailant.

Violent incidents should be reported to the police.

Debriefing/Counselling

Generally people feel better if they have the opportunity to talk about serious incidents. People have very different reactions to events and often a reaction may be delayed. The level of assistance provided will need to be assessed on an individual basis. In general:

1. **for all incidents reported** the coordinator, manager or supervisor should undertake a discussion with the person affected in order to monitor their reaction and assess the need for further assistance

2. **for a more serious incident**, the coordinator/manager should arrange a debriefing as soon as possible, with all relevant staff. In a positive atmosphere of support, discuss the incident, how it happened, how each person feels and what can be done to prevent it from happening again. This can be important for debriefing as well as a review of procedures

3. **for very serious incidents**, an external professional may be required to lead a further staff meeting, and/or counsel staff individually. It is important that suitable professionals are already known so that they can be engaged within a short time of the incident. Employee Assistance Programs can be helpful in this regard.
Counselling costs

The costs of external counselling for injured workers may be covered by workers compensation insurance. Contact the claims officer or the injury management adviser from your workers compensation insurance company for further information.

Ongoing support

The effects of a serious incident do not stop after the initial discussions or meeting. Each person will react differently to being involved in, or witnessing, an aggressive event. Some will develop post-traumatic stress and experience symptoms such as:

- disturbed sleep patterns and/or frightening dreams
- fear of returning to work
- increased heart rate
- insomnia and hypersensitivity
- muscle tension
- startle reactions
- re-experiencing the violent event through hallucinations
- anxiety, depression, phobias
- grief, guilt.

Post-traumatic stress symptoms are a normal reaction to a traumatic incident and should be treated with qualified counselling.
### 4.4 Notification of injuries

What, who and when to NOTIFY incidents involving injury or illness to workers

#### INCIDENTS INVOLVING INJURY OR ILLNESS TO WORKERS

<table>
<thead>
<tr>
<th>INCIDENT</th>
<th>Notification Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERIOUS INCIDENT</strong></td>
<td>Involving a fatality or a serious injury or illness: Notify WorkCover <strong>IMMEDIATELY</strong> on ph: <strong>13 10 50</strong> PLUS Notify your workers compensation insurer within <strong>48 hours</strong></td>
</tr>
<tr>
<td><strong>INCIDENT</strong></td>
<td>Involving an injury or illness to workers, where workers compensation is or may be payable: Notify your workers compensation insurer within <strong>48 hours</strong></td>
</tr>
</tbody>
</table>

#### INCIDENTS INVOLVING INJURY OR ILLNESS TO NON-WORKERS (eg, visitors or customers) AT YOUR WORKPLACE

<table>
<thead>
<tr>
<th>INCIDENT</th>
<th>Notification Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERIOUS INCIDENT</strong></td>
<td>Involving a fatality or a serious injury or illness: Notify WorkCover <strong>IMMEDIATELY</strong> on ph: <strong>13 10 50</strong> PLUS to make a full report notify WorkCover within <strong>7 days</strong> using the online form at <a href="http://www.workcover.nsw.gov.au">www.workcover.nsw.gov.au</a> or ph: <strong>13 10 50</strong></td>
</tr>
<tr>
<td><strong>INCIDENT</strong></td>
<td>Involving a non-worker where the injury or illness results in the person being off work or unable to perform their normal activities for 7 or more days: Notify WorkCover within <strong>7 days</strong> using the online form at <a href="http://www.workcover.nsw.gov.au">www.workcover.nsw.gov.au</a> or ph: <strong>13 10 50</strong></td>
</tr>
</tbody>
</table>

#### INCIDENTS WITHOUT INJURY OR ILLNESS (workers and non-workers)

<table>
<thead>
<tr>
<th>INCIDENT</th>
<th>Notification Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERIOUS INCIDENT</strong></td>
<td>With no injury or illness but is immediately life threatening: Notify WorkCover <strong>IMMEDIATELY</strong> on ph: <strong>13 10 50</strong> PLUS to make a full report notify WorkCover within <strong>7 days</strong> using the online form at <a href="http://www.workcover.nsw.gov.au">www.workcover.nsw.gov.au</a> or ph: <strong>13 10 50</strong></td>
</tr>
<tr>
<td><strong>INCIDENT</strong></td>
<td>With no injury or illness, and is not immediately life threatening: Notify WorkCover within <strong>7 days</strong> using the online form at <a href="http://www.workcover.nsw.gov.au">www.workcover.nsw.gov.au</a> or ph: <strong>13 10 50</strong></td>
</tr>
</tbody>
</table>
4.5 Workers compensation

What is workers compensation insurance?

All employers must have a current workers compensation insurance policy. This insurance covers workers and people ‘deemed’ to be workers.

In the event of a workplace injury or disease, workers compensation insurance may provide the worker with:

- weekly benefits
- medical and hospital expenses
- rehabilitation services
- certain personal items (such as clothing or spectacles if damaged in the work-related accident)
- a lump sum payment in the event of permanent impairment (if appropriate).

Are clients, visitors, volunteers and contractors covered?

It should be noted that workers compensation insurance does not generally cover volunteers, contractors and visitors. These other groups may be covered under different insurance such as public liability insurance, volunteer accident insurance or, in the case of contractors, their own workers compensation insurance. You will need to talk to your insurance company to make sure your organisation has appropriate cover.

If your volunteers are involved in visiting client homes, you should ensure that they are aware they are not covered by public liability insurance once off your premises, unless they are:

- in the company of a paid employee, and/or
- in homes of clients who have public liability insurance as part of their home insurance.

Making a claim

The insurance company must be notified of all injuries where workers compensation is or may be payable within 48 hours but not all injuries may result in a worker making a claim for workers compensation.

Assistance starts very quickly for those who have incurred a work related injury or illness.

Who can make a claim?

A person who is a ‘worker’ or ‘deemed to be a worker’ under the Workplace Injury Management and Workers Compensation Act 1998 is eligible to claim workers compensation if they suffer a work related injury. The employer, worker or their representative can notify the insurer of the injury.
A notification to WorkCover can be made by the occupier of a workplace/employer or their representative. Refer to the WorkCover NSW website www.workcover.nsw.gov.au for further information about injury notification requirements.

Worker responsibilities

- notify their employer of the injury as soon as possible after the injury and before voluntarily leaving employment with the organisation
- provide details of the injury and the incident to the employer
- provide the employer/insurer with medical evidence to support the claim
- make a reasonable effort to return to work in whatever capacity agreed by the doctor, employer and insurance company.

Employer responsibilities

- notify WorkCover immediately on 13 10 50 if there is a serious incident involving a fatality or serious injury to either a worker or non-worker at your workplace
- notify the workers compensation insurance company within 48 hours of an incident involving an injury or illness to workers where workers compensation is or may be payable
- for non-worker incidents notify WorkCover within 7 days using the online form at www.workcover.nsw.gov.au or phone 13 10 50. Applies to incidents involving a non-worker where the injury results in the person being off work or being unable to perform their normal activities for 7 or more days
- provide a workers compensation claim for the injured worker if the insurer requests it, as well as details of the place of the business name and address (see forms at the end of this Section)
- complete the employer part of the claim form with as much detail as possible
- state if the description of the accident/injury is accurate. To answer this correctly the incident should be investigated and all facts that support opinion should be written down, for example: Were there any witnesses to the accident? Did the worker report it immediately?
- participate and cooperate in the establishment of an injury management plan by the insurer for the injured worker
- pass on to the injured worker, as soon as practicable, any benefits received from the insurer.
Workers compensation insurance company responsibilities

• appoint a specific claims officer to the claim

• begin provisional liability payments to the injured worker within seven days of being informed of the injury, unless there is a ‘reasonable excuse’

• make a decision on the workers’ entitlement to workers compensation within 21 days of a claim being made or before the period of provisional liability expires

• give regular feedback about what is happening with the claim

• base the decision to accept or deny the claim on the basis of the facts.

If the claim is disputed or denied

• the insurance company will write to the organisation and the worker to inform them

• the worker has the right to appeal this decision to the Workers Compensation Commission. The worker may wish to seek advice from their union, solicitor or the WorkCover Assistance Service, 13 10 50

• the employer may attend the conciliation meeting. Talk with the claims officer from your insurance company to obtain advice regarding whether it would be helpful for a committee representative or the Coordinator to be present

• the insurance company will not pay any medical bills, wages or other bills from the time that the claim is denied/disputed. Some bills may already have been paid as part of the early injury management plan and the worker will not be required to repay these. However, the insurance company will not pay for the rest of the plan once the claim is denied

• continue to help the injured worker with a disputed/denied workers compensation claim. Keep in touch with the worker, and with permission, their treating doctor. Provide suitable duties if possible. Check with the WorkCover NSW Injury Management Branch, or website www.workcover.nsw.gov.au for help regarding accredited rehabilitation providers who may provide assistance to persons with injuries or illnesses that are not accepted under workers compensation.
Workers Compensation Premiums

Premium

The amount an employer pays each year on their workers compensation premiums will depend upon:

- the amount of the organisation’s wages
- the industry in which the organisation operates. The base premium rate reflects the cost of all compensation claims that have occurred in this industry classification
- the cost of the employer’s workers compensation claims, and
- other government costs or levies, such as the Dust Diseases Levy.

A range of penalties, some of which are very large, may apply in circumstances where an employer fails to declare wages or provides false or misleading information to an insurance company.

Definition of wages

Included in the definition of wages is a worker’s basic salary or contract payments as well as a range of other payments, allowances and benefits that may be paid to or on behalf of the worker. More information is available in WorkCover NSW’s Wages Definition Manual, available from the WorkCover Assistance Service and in a downloadable file format from www.workcover.nsw.gov.au. Further information may be available from your accountant or workers compensation insurer.

Reducing the premium

What can an employer do to reduce their premium?

- promote a safe workplace
- assist in effective injury management and return to work of injured workers
- help insurers to manage claims
- participate in the Premium Discount Scheme.

The Premium Discount Scheme (PDS)

The PDS is an incentive scheme for employers who meet benchmarks (standards) set by WorkCover on OHS and injury management systems. Benchmarks relate to: management responsibility, consultation and communication, risk management and process control, training, learning and skills development, records and record management, and injury management. If the benchmarks are met, employers can qualify for up to three discounts on their workers compensation premiums over a five-year period. Further information on the Premium Discount Scheme can be obtained from the WorkCover website www.workcover.nsw.gov.au.
Motor vehicle accidents

If an employee is involved in a car accident as a driver or passenger they may be covered by workers compensation in the following circumstances:

- while performing work duties
- on the usual route to and from work
- during an authorised break eg, lunchtime.

An employee may be able to claim workers compensation or Compulsory Third Party (CTP) insurance, but not both. For more information contact your insurer.
4.6 Injury management

Injury management is about ensuring the prompt, safe and durable return-to-work of an injured worker. It includes the treatment of the injury, rehabilitation, retraining into a new skill or a new job, management of the workers compensation claim and the employment practices of an employer.

Everyone is required to cooperate and participate in injury management, including the insurance company, employer, injured worker, treating doctor and all other treating practitioners.

The insurance company should consult with employers, the injured worker and the treating doctor to review the progress of the injury management plan to ensure recovery from the injury and to ensure the injured worker returns to work as soon as medically possible.

Keep in touch with the injured person

Although the various insurance companies will arrange help for the injured person, nothing replaces the personal touch. A simple get-well card and regular phone contact can greatly comfort and encourage recovery.

Contact the injured worker’s doctor

Develop a team approach with the injured worker, the workers compensation insurance company and the treating doctor. The aim for the team is to assist the worker to recover from the injury and with medical advice, to return to work as soon as possible.

Doctors should be aware of the full range of tasks or activities that occur in your organisation, and that a return to work on suitable duties is an option for an injured worker. Telephone the doctor to describe the job that the worker usually does and to describe the available suitable duties. This can help the doctor to design a treatment plan with return to work in mind.

Remember that the worker has given the treating doctor permission to discuss return to work options with you and the insurance company, by signing the WorkCover Medical Certificate.

If you do not feel confident about contacting the injured worker’s doctor, call your workers compensation insurance company and ask to speak to the claims officer or the injury management adviser. They may assist by calling the doctor for you.
**Administrative issues**

- encourage the worker to keep copies of the receipts, names and costs of all medication and a travel log for travel to and from treatment

- some doctors and other treating services may want payments up-front, before treatment is provided. In this case, it is the responsibility of the worker to pay and to be reimbursed by the insurance company. You can help by promptly sending in accounts and keeping in touch with the claims officer about the claim

- leave entitlements, if taken, should be reinstated and re-credited to worker's records.

**Return to Work Program**

A return-to-work program consists of the formal policy and procedures that an organisation must have in place to help injured workers with their recovery and return to the workplace.

- as part of your organisation’s return-to-work program, a person of authority, usually the coordinator or a member of the management committee, should be appointed to be the point of contact for the worker, the doctor and the insurance company. An example of a return-to-work program can be found at the end of this Section

- a return-to-work program must be displayed at workplaces and workers must be notified of the program

- your insurance company must provide help with getting the worker back to work

- talk with the insurance company and the treating doctor about what suitable duties are available for this worker

- the insurance company should consult with you, the injured worker and the treating doctor to review the progress of the injury management plan to ensure recovery from the injury and to ensure the injured worker returns to work as soon as medically possible.
Further reading

WorkCover has a number of fact sheets on this topic. They can be found through the following link on the WorkCover website:


- Fact sheet 1 - Insurance policy and premiums - information for employers
  Catalogue No. 1290 (PDF format - 27 Kb)

- Fact sheet 2 - Injury management and return-to-work programs
  Catalogue No. 1291 (PDF format - 27 Kb)

- Fact sheet 3 - What to do if there is an injury
  Catalogue No. 1292 (PDF format - 20 Kb)

- Fact sheet 4 - Claims and benefits
  Catalogue No. 1293 (PDF format - 27 Kb)

- Fact sheet 5 - Resolving problems and disputes about workers compensation
  Catalogue No. 1294 (PDF format - 24 Kb)

- Fact sheet 6 - Service providers and other assistance
  Catalogue No. 1295 (PDF format - 20 Kb)

- Fact sheet 7 - Checklist for employers
  Catalogue No. 1296 (PDF format - 19 Kb)

- Fact sheet 8 - Getting more information
  Catalogue No. 1297 (PDF format - 19 Kb)

Checklists and tools

4.7 Checklist – emergency procedures

4.8 Sample register of injuries

4.9 Sample return-to-work program

4.10 Sample return-to-work plan
### 4.7 Checklist: emergency procedures

As part of your responsibility to ensure the safety of people in your workplace, you are required to make arrangements for a safe and rapid evacuation in case of an emergency.

<table>
<thead>
<tr>
<th>Workplace:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check completed by:</td>
<td>Date for review:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RISK CONTROL MEASURE</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT/ACTION BY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergencies that may require an evacuation of the working area have been identified</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>For example, fire, explosion, chemical spills, bomb threat, flooding</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person(s) responsible for managing the evacuation have been nominated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Signal to evacuate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signal(s) identified to start evacuation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of signal identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person authorised to be responsible for activating the signal has been identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evacuation procedure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation route has been identified (eg, the shortest and most direct route to safety, the routes people should use, means for people with disabilities considered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assembly place identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures in place to ensure everyone is accounted for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Signal for all clear</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signal to give the all clear to return to work identified and person to give the signal nominated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Re-entry</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-entry management procedures established</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Display of procedures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency procedures displayed in the workplace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees and others aware of emergency procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency procedures included in induction training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation practice sessions held regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety procedures are regularly reviewed with changes in work systems, new substances, plant and equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 4.8 Sample of the register of injuries

Employers can draw up their own injury register. However, it must be reproduced in the prescribed form:

**WORKERS COMPENSATION ACT 1987**

Register of injuries

<table>
<thead>
<tr>
<th>Particulars:</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>------------------------------</td>
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<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of injured worker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>------------------------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
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<tbody>
<tr>
<td>------------------------------</td>
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<tr>
<td>------------------------------</td>
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<tr>
<td>------------------------------</td>
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<tr>
<td>------------------------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>Occupation:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry in which worker was engaged:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operation in which worker was engaged at time of injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour:</td>
</tr>
<tr>
<td>am</td>
</tr>
<tr>
<td>pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of injury:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cause of injury:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Remarks:</th>
</tr>
</thead>
</table>

(Signed)

(Address)

(Date)

[Entries in this book should, if practicable, be made in ink]

**Note:** The employer's full name and address, together with the name of the employer's insurer and the insurer's address, should be written in ink on the inside cover of the book.
4.9 Sample: return-to-work program

(Place on your organisation’s letterhead)

Return-to-work program

This program has been developed in consultation with the workers of this organisation (insert name of organisation).

This program complies with the Workplace Injury Management and Workers Compensation Act 1998 and the requirements for a Category 2 employer (an employer who pays less than $50,000 in annual workers compensation premiums).

Commitments

This organisation is committed to the return to work of injured workers.

• we will prevent injury and illness by providing a safe and healthy working environment

• we will ensure that injury management activities commence as soon as possible after a worker is injured and that every effort is made to provide suitable and meaningful duties consistent with the nature of the injury/illness, and after seeking appropriate medical judgement

• we will provide the injured worker with support to minimise the effects of the injury and to ensure that an early return to work is a normal practice and expectation

• we will provide suitable duties/employment for an injured worker as soon as is safely possible, as an integral part of injury management

• we will consult with our workers and any union representing them to ensure that the return-to-work program operates effectively

• We will ensure that participation in a return-to-work program will not, of itself, prejudice an injured worker.

Procedures for action when injury occurs

When an injury occurs

• it is the worker’s responsibility to notify the manager of the organisation of any injury and complete the Register of Injuries as soon as is practicable

• once an injury is notified the management will ensure that the injured person receives appropriate first aid and/or medical treatment as soon as possible and will conduct an investigation of the accident in order to prevent a recurrence

• when the manager becomes aware of an injury the organisation will notify their workers compensation insurance company.
Follow-up after injury

The management and the injured worker will cooperate with the workers compensation insurance company in developing and complying with an injury management plan for that injured worker.

Finding suitable duties

When the injured worker is, according to medical judgment, capable of returning to work, an individual return-to-work program will be developed offering suitable duties.

Management will consult with the injured worker, the workers compensation insurance company and the treating doctor to develop a written return-to-work plan.

Appropriate assistance will be given to workers from a non-English speaking background and to those permanently unable to return to pre-injury duties.

Involving a rehabilitation provider

For those workers who suffer a work-related injury or illness, we use the following accredited rehabilitation provider(s).

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Injured workers have the right to nominate an accredited rehabilitation provider of their own choice.

Consultation

Consultation about the organisation’s return-to-work program will take place in staff or union meetings. All workers will be informed of their rights and responsibilities at this time and again following an injury.

Disputes

If there are disputes about suitable duties or the return-to-work process, management will work with the injured worker and any union representing them to try to resolve the disputes. Assistance may be sought from the workers compensation insurance company, WorkCover, or an injury management consultant.

These policies will come into effect from ...........................................

and will be reviewed subject to discussion and agreement by the undersigned or their representatives.

Signed

(Management Committee Chairperson)

Signed

(Manager/Coordinator/Director)

Signed

(Worker Representative [may be Union representative])
4.10 Sample: return-to-work plan

(Place on your organisation’s letterhead)

Return-to-work plan

This return to work plan has been developed for:

Workers name: __________________________

Job title: __________________________

Work location: __________________________

Supervisor: __________________________

<table>
<thead>
<tr>
<th>Duties</th>
<th>Considerations/Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Specific duties to be avoided:

- Hours/days of work
- Wages, award (if applicable)
- Commencement date
- Length of program
- Review dates
- General comments

The following parties have agreed to this plan and each have a copy.

- Injured worker Date
- Employer Date
- Rehab. Provider Date
- Doctor Date
5. RESOURCES

This Section includes information to assist all community service organisations with occupational, health, safety and workers compensation law. Many of these resources are available from your workers compensation insurance company.

IN THIS SECTION: PAGE
5.1 Sources of help 148
5.2 Definition of terms 151
5.3 Further reading 153
5.1 Sources of help

Peak associations

WorkCover is funding a pilot Project Officer’s position at The Council of Social Services of NSW (NCOSS) to provide information and assistance to the community sector about occupational health and safety and injury management issues. Contact NCOSS on (02) 9211 2599.

Peak associations can also provide information about:

- sources of professional supervision
- service specific occupational health and safety resources including OHS professionals that specialise in your sector.

Your workers compensation insurance company

The three key people at your workers compensation insurer are:

- the account manager who handles your account
- the claims officer who handles each workers compensation claim and
- the injury management adviser who will help you by developing an injury management plan for those workers who have a significant injury.

Contact WorkCover on 13 10 50 for a list of NSW workers compensation insurance companies.

WorkCover NSW

There are a few areas within WorkCover NSW that may be of interest to community service employers:

- contact the WorkCover Assistance Service 13 10 50 – general enquires (complex inquires will be directed to the relevant Branch in WorkCover)
- contact the Premium Hotline (02) 4321 5502 – questions about the cost of your workers compensation premium
- contact the Publications Order Line 1300 799 003 – booklets and information about workers compensation, injury management and safety at work
- subscribe to the free quarterly magazine WorkCover News by contacting the Publications Order Line (see number above).
Your broker

The current workers compensation laws specify that an employer must notify their workers compensation insurance company of injuries that occur in their organisations. If you are using an insurance broker, ensure that they tell you who your workers compensation insurance company is and then communicate directly with it.

There are many insurance brokers in NSW but not all of them are familiar with workers compensation law and regulations or the special needs of the community service sector. Make sure your broker is licensed and accredited by the National Insurance Broker Association (NIBA) to give workers compensation advice. This means that they have attended a special 3-day training that NIBA offers to brokers.

A rehabilitation provider

Developing a relationship with one of the WorkCover accredited rehabilitation providers is a useful way for small organisations to gain assistance and knowledge about workers compensation, injury management and health and safety.

Contact WorkCover on 13 10 50 for a list of NSW accredited rehabilitation providers.

Websites

Check out these websites for useful information about occupational health and safety:

- WorkCover Authority of NSW www.workcover.nsw.gov.au
- OHS website developed by the Australian Nursing Home & Extended Care Association and the Aged and Community Services Association of NSW and ACT – www.agedcareohs.info

Your employer association or union

- Employers First and Jobs Australia Community Sector Industrial Relations provide information services to their member employers on a variety of industrial and other issues.
  Employers First – www.employersfirst.org.au, phone (02) 9264 2000
- The NSW Labor Council and the Australian Services Union will answer enquiries from workers who are members.
  The NSW Labor Council – phone (02) 9264 1691
  Australian Services Union – phone (02) 9310 4000
Community services networks

To establish a complaint procedure:

- Office of the NSW Ombudsman – phone (02) 9286 1000 or toll free 1800 451 524.

For information on volunteers:

- Volunteering NSW – www.volunteering.com.au, phone (02) 9261 3600
- The video ‘What if…?’ and accompanying booklet talks about obtaining volunteer insurance for ex-service and community organisations. The video and booklet are available from Local Community Services Association on (02) 9211 3644.

For training resources:

- Community Services Package outlines competencies for workers in the community services sector

Contact Community Services and Health Training Australia Ltd – www.cshta.com.au, phone (02) 9263 3589.
5.2 Definition Of Terms

- **an approved medical certificate** is the WorkCover medical certificate that must be completed by a medical practitioner for an injured worker to claim workers compensation.

- **a hazard** means anything (including work practices or procedures) that has the potential to harm the health and safety of a person.

- **an injury management plan** is developed by the workers compensation insurance company to coordinate the injury management of an injured worker.

- **an injury management program** is developed by the workers compensation insurance company to integrate treatment, rehabilitation, retraining, claims management and employment management practices to achieve a timely, safe and durable return to work for injured workers.

- **major injury** means a workplace injury that is likely to result in the worker being unable to return to their normal duties for seven days or more.

- **manual handling** is any activity that involves pushing, moving, carrying, pulling, lifting, lowering or holding people or objects.

- **a material safety data sheet (MSDS)** details a chemical's ingredients, its effects on health, first aid instructions, precautions to follow when using the chemical, information on safe handling, storage and disposal, and an emergency contact number.

- **minimal lifting** refers to the application of the risk management process to activities involving the repositioning, transfer and lifting of patients so that workers are no longer required to manually move or lift all or most of a patient's body weight. This means that patient handling tasks are eliminated where possible and, where they can't be eliminated, equipment is used to reduce the risk of manual handling to as low a level as possible.

- **a nominated treating doctor** is selected by the injured worker to participate in the development of an injury management plan for the injured worker. The nominated treating doctor must be available to discuss the worker's injury management with the employer, insurer, or other service providers.

- **personal protective equipment (PPE)** includes gloves, aprons, earmuffs, hats, duress alarms, personal alarms, mobile phones and goggles.

- **the Register of Injuries** is part of workers compensation law to ensure that workers that sustain injuries at work are able to record the details of the accident in case they wish to make a claim. It is also useful for volunteers who may make a claim against an organisation's volunteer insurance or public liability insurance.
• a **return-to-work plan** is written for an individual injured worker to outline details about suitable duties, restrictions and hours and days of return to work. It can be written by an employer/return-to-work coordinator or by an accredited rehabilitation provider.

• a **return-to-work program** is established by an employer to identify commitments and procedures for managing the return-to-work of injured workers. The return-to-work program must be consistent with the injury management program of the employer’s insurer and must comply with WorkCover guidelines.

• a **return-to-work coordinator** must be trained, that is, have attended a 2 day accredited WorkCover course. The role of the return-to-work coordinator is to coordinate and liaise with all parties to assist in returning injured workers to work. All category 1 employers (those with a base tariff premium of more than $50,000) must have a trained return-to-work coordinator.

• a **risk** is the chance of the hazard actually causing an injury or disease. It can be measured in terms of consequences and likelihood.

• **suitable duties** are duties for which the injured worker is capable of performing as recommended by the nominated treating doctor or rehabilitation provider.
5.3 Further Reading

OHS or Risk Management - Government policy documents that refer to:

- *Managing Client Risks*. Department of Ageing, Disability and Home Care, Disability Services, 2003
  PDF download from www.dadhc.nsw.gov.au - publications

- *Managing Risks and Incidents in the Workplace*. NSW Department of Ageing, Disability and Home Care, Disability Services, 2003
  PDF download from www.dadhc.nsw.gov.au - publications

- *HACC Standards: Policy and Practice A Resource for Assisting HACC Funded Services to implement the HACC National Service Standards*
  PDF download from www.dadhc.nsw.gov.au - publications

- *Standards in Action: Practice Requirements and Guidelines for Services Funded Under the Disability Services Act*
  PDF download from www.dadhc.nsw.gov.au - publications

- *Safe Care Manual*. Home Care Service of NSW

- *SAAP Standards*. Department of Community Services, 1998


Manual Handling

Training


- For manual handling training in aged care contact the Aged and Community Services Association (ACSA) or the Australian Nursing Homes and Extended Care Association (ANHECA)

  ACSA – phone (02) 9799 0900
  ANHECA – phone (02) 9282 9811
Tools & Resources

• Queensland Division of Workplace Health and Safety –

• Manual handling guide: Manual tasks - An Employer's Guide to the
  this guide provides manual handling checklist questions and control
  options – not specific for the Community Services Sector, but does provide

• Health and Safety for Home and Community Workers: Guidelines for
  Managing OHS Forms, November 2000 –
  www.workcover.com/safer/aged/agedHomeCommunityWorkers.asp

• Health and Safety for Home and Community Workers: Guidelines for
  Managing OHS, November 2000 –
  www.workcover.com/safer/aged/agedHomeCommunityWorkers.asp

• Issues Paper 4. Identification of compliance requirements and tools for an
  effective risk management process for the National Standard and Code of
  Practice for Manual Handling, Bryan Bottomley & Associates prepared for
  http://www.nohsc.gov.au

• A Manual of Handling People: Implementing a No-lift Approach, Kate
  Tuohy-Main, Tuohy-Main Pty Ltd, Newcastle, 1999

• Utilities Manual Handling Resource Kit, WorkCover NSW, 2002

Injury data

• WorkCover NSW Data Management Section –
  Statistics Hotline (02) 4321 5496, Workers Compensation Claims data

National Standards

• National Standards for Manual Handling and Code of Practice for Manual
  Handling, WorkSafe Australia, Australian Government Publishing Service,
  Canberra, February 1990

  Comment: The National Standards are currently under review. Discussion
  with Patricia Burritt of the National Occupational Health and Safety
  Commission has provided the following timeline for the review process:

  • August, 2003 Review Report to be available on the NOHSC Website
  • April-June 2004 Draft National Standards for Manual Handling will be
    released for public comment
  • end 2004 Revised National Standards for Manual Handling targeted to
    be released
  • refer to the NOHSC website for updates about this issue –
Manual Handling updates


Workplace Violence

Health and community health services

- *Management of Adults with Severe Behavioural Disturbances: Guidelines for Clinicians in NSW 2001*, NSW Health Department

- *Prevention and Management of Workplace Aggression: Guidelines and Case Studies from the NSW Health Industry*, Joint WorkCover NSW, Central Sydney Area Health Service publication, 2001

Supported Accommodation

- *Preventing Violence in the Accommodation Services of the Social and Community Services Industry*, 1996 – joint WorkCover NSW and Department of Community Services, Catalogue No. 118 available from WorkCover publications on 1300 799 003 or [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)


Disability Services


Child Services

- *Critical Incidents and Violence in Child Welfare Practice*, Monograph 31, November 1996 Barnardos Australia available for purchase on (02) 9281 7933

- *Management for Effective Child Welfare – The Organisation of Work in Barnardos Australia*, Monograph 24, Barnardos Australia available for purchase on (02) 9281 7933

Family Support Services


Youth Services

General

- *Violence in the Workplace*, WorkCover NSW 2002, Catalogue No. 701 available from WorkCover Publications on 1300 799 003 or www.workcover.nsw.gov.au
- *Cash in Transit*, WorkCover NSW. Catalogue No. 1203 available from WorkCover Publications on 1300 799 003 or www.workcover.nsw.gov.au

Managing Psychological Injury

- *When It’s Right in Front of You. Assisting Health Care Workers to Manage the Effects of Violence in Rural and Remote Australia*, National Health and Medical Research Council (2000), Commonwealth of Australia

Fatigue


Slips, trips and falls

Working with Chemicals


Infection Control

**Infection control in health care settings**


- *Needlestick Injuries and Other Occupational Exposures*. Information Sheet, NSW Infection Control Resource Centre on (02) 9332 9712

- *Handwashing and Hand Hygiene for Health Care Facilities*. Information Sheet. NSW Infection Control Resource Centre on (02) 9332 9712

- *Infection Control in Health Care Facilities*. Information Sheet. NSW Infection Control Resource Centre on (02) 9332 9712


Home Visits


Office Setting

- Independent Living Centre (ILC), 400 Victoria Road, Ryde NSW, 2444. Phone (02) 9808 2233. The ILC has experienced occupational therapists to provide consultancy services (subject to fees) for assessment of building access.


Working with Children

Resources for keeping areas safe for children

- *Keeping it Safe* video on playground inspection and maintenance. Child Accident Prevention Foundation of Australia


Looking after your child care worker


Working with Children Check - Employers resources


Examples of such resources include:

- *Working With Children: A Simple Guide to Employer and Employee Responsibilities*

- *A General Guide to the Working with Children Check*

- *An Employers Guide to Keeping Records and Freedom of Information*

- *Employers Checklist*

- *The Working with Children Check in Summary*

- *The Working with Children Check Request Form*

- *The Working with Children Check Registration Form*

- *The Working with Children Check Consent Form*

- *Prohibited Employment Declaration*

- *Structured Referee Checks*

- *Completed Relevant Disciplinary Proceedings Form*
Injury Management and Return to Work

WorkCover has a number of fact sheets on this topic. They can be found through the following link on the WorkCover website:


Fact sheet 1 - *Insurance policy and premiums - information for employers*
Catalogue No. 1290 (PDF format - 27 Kb)

Fact sheet 2 - *Injury management and return-to-work programs*
Catalogue No. 1291 (PDF format - 27 Kb)

Fact sheet 3 - *What to do if there is an injury*
Catalogue No. 1292 (PDF format - 20 Kb)

Fact sheet 4 - *Claims and benefits*
Catalogue No. 1293 (PDF format - 27 Kb)

Fact sheet 5 - *Resolving problems and disputes about workers compensation*
Catalogue No. 1294 (PDF format - 24 Kb)

Fact sheet 6 - *Service providers and other assistance*
Catalogue No. 1295 (PDF format - 20 Kb)

Fact sheet 7 - *Checklist for employers*
Catalogue No. 1296 (PDF format - 19 Kb)

Fact sheet 8 - *Getting more information*
Catalogue No. 1297 (PDF format - 19 Kb)