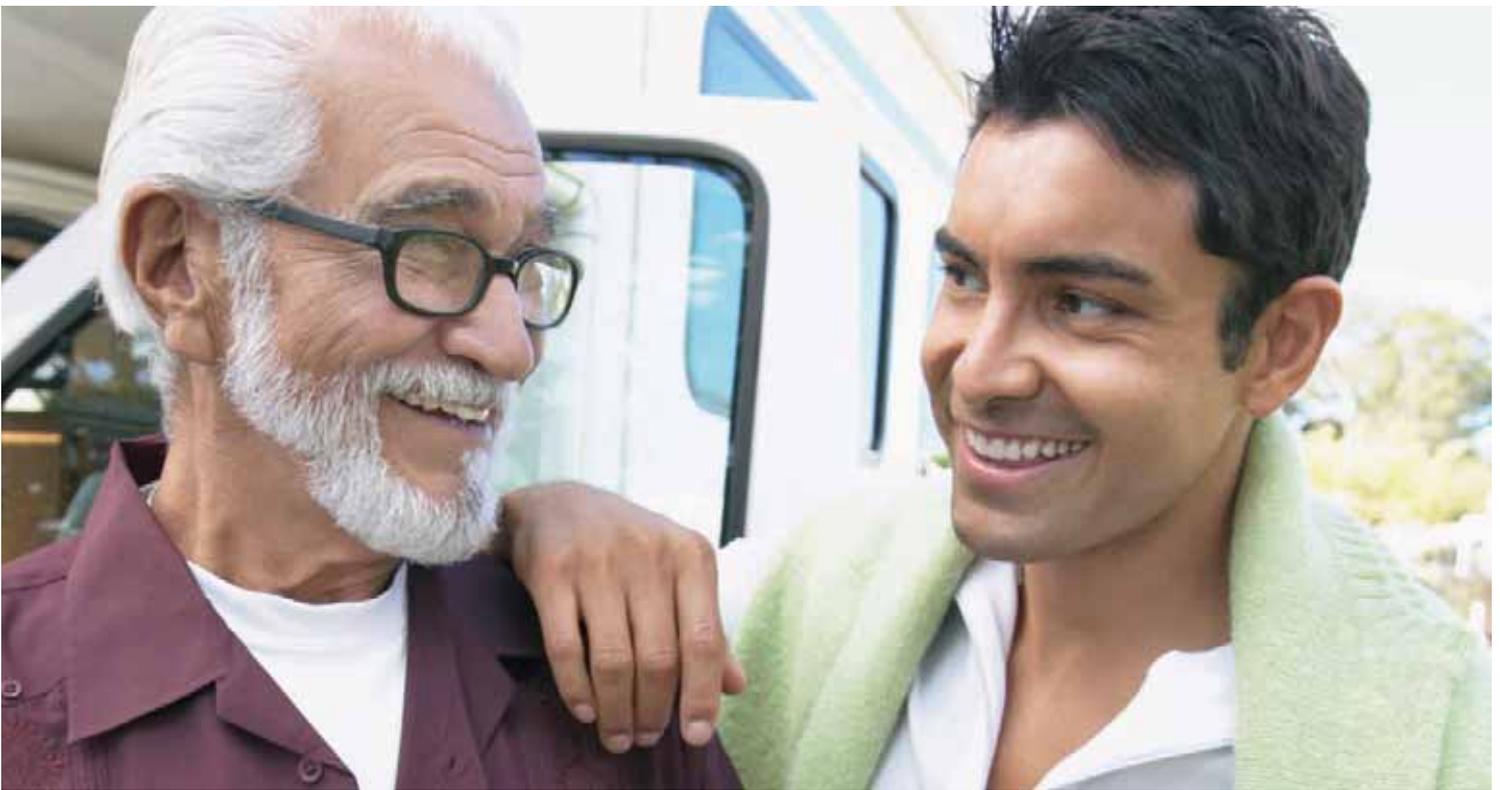


WORKING SAFELY IN COMMUNITY SERVICES

2ND EDITION

OCTOBER 2006

PUBLIC SECTOR AND COMMUNITY SERVICES



On 18 June 2017, the Occupational Health and Safety Regulations 2017 (OHS Regulations 2017) replaced the Occupational Health and Safety Regulations 2007 (OHS Regulations 2007), which expired on this date. **This publication has not yet been updated to reflect the changes introduced by the OHS Regulations 2017 and should not be relied upon as a substitute for legal advice.**

Information on the key changes introduced by the OHS 2017 Regulations can be found in the guidance titled *Occupational Health and Safety Regulations 2017: Summary of changes* - available at https://www.worksafe.vic.gov.au/_data/assets/pdf_file/0011/207659/ISBN-OHS-regulations-summary-of-changes-2017-04.pdf. However, this guidance document contains material of a general nature only and is not to be used as a substitute for obtaining legal advice.

ACKNOWLEDGMENTS

This publication is based on the *Community Services Safety Pack* developed by WorkCover New South Wales in consultation with its community services organisations, including the Council of Social Services of New South Wales (NCOSS).

This version has been developed to ensure compliance with Victorian law and to incorporate helpful contact information. Consultation with Victoria's community services peak bodies and relevant government departments informed its adaptation.

Please note: if your organisation provides homecare services you should also refer to the *Victorian Home Care Industry Occupational Health and Safety Guide* that specifically covers home maintenance, meals on wheels, respite, attendant care and personal care.



COMMUNITY SERVICES OHS INFORMATION PACK



Community services workers play a vital role in caring for our people and helping to maintain a quality of life expected in Australian society, often in challenging and confronting circumstances.

The Victorian community services sector employs more than 60,000 people and many volunteers who are committed to providing services that enhance the physical, mental and social wellbeing of individuals.

Community services work can be very rewarding, but it can also present challenges in delivering outcomes in a way that balances the rights of clients with the safety and wellbeing of employees.

Nobody wants to be injured or otherwise harmed at work, but community services workers are often required to provide care or make decisions in an environment that can be hazardous.

In Victoria in the past year there were more than 1,200 claims in the community services sector. Work related injury or illness sustained by employees were mostly due to manual handling, slips, trips and falls and occupational violence.

Clients' rights and employee health and safety are not mutually exclusive. Clients' rights and wellbeing can be protected and enhanced through effective occupational health and safety risk management. WorkSafe Victoria stands ready to assist the community services sector to reduce workplace injuries and illnesses.

This publication provides information about the *Occupational Health and Safety Act 2004* with a focus on how community service organisations can, through careful planning and consultation with employees, effectively manage workplace health and safety issues. It provides valuable checklists and tools to help formulate health and safety management plans.

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SECTION 1

HEALTH AND SAFETY BASICS



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1

HEALTH AND SAFETY BASICS

1.1 THE COMMUNITY SERVICES SECTOR

The Victorian community services sector is made up of a diverse range of workplaces providing a broad spectrum of services. In 2004/05, more than 1,200 employees in this sector sustained a work-related injury or illness that resulted in a standard WorkCover claim (10 or more days away from work or \$495 or over in treatment costs). The main causes of these injuries and illnesses were:

- lifting, carrying, pushing, pulling;
- slips, trips and falls; and
- occupational violence.

Community services employers have a responsibility to promote and protect clients' rights and provide services that improve their quality of life while ensuring compliance with Victoria's health and safety laws.

Work practices that put employees at risk of injury often also place clients at risk. For example, employees using unsafe lifting methods may sustain an injury as well as possibly injuring the client.

Clients' rights and employee health and safety are not mutually exclusive. Consulting with employees and clients on health and safety issues is important. Effective occupational health and safety risk management can enhance clients' rights as well as better protect employees, volunteers and others.

1.2 WHY MANAGE WORKPLACE HEALTH AND SAFETY?

Managing workplace health and safety is a legal requirement under the *Occupational Health and Safety Act 2004* (the OHS Act 2004) and associated regulations. To ensure work environments are safe and free from health risks, the OHS Act 2004 imposes a number of duties on employers, employees and others (explained more fully in **Section 1.4**).

Maintaining a safe and healthy workplace is also good for business. Effective health and safety systems help improve productivity and service delivery. Those who work in a safe, healthy and supportive environment are more likely to remain at an organisation and are also better able to cope with work demands.

Recurring safety concerns have detrimental effects on any organisation. As such, health and safety should be part of any organisation's core business, part of business planning and performance management.

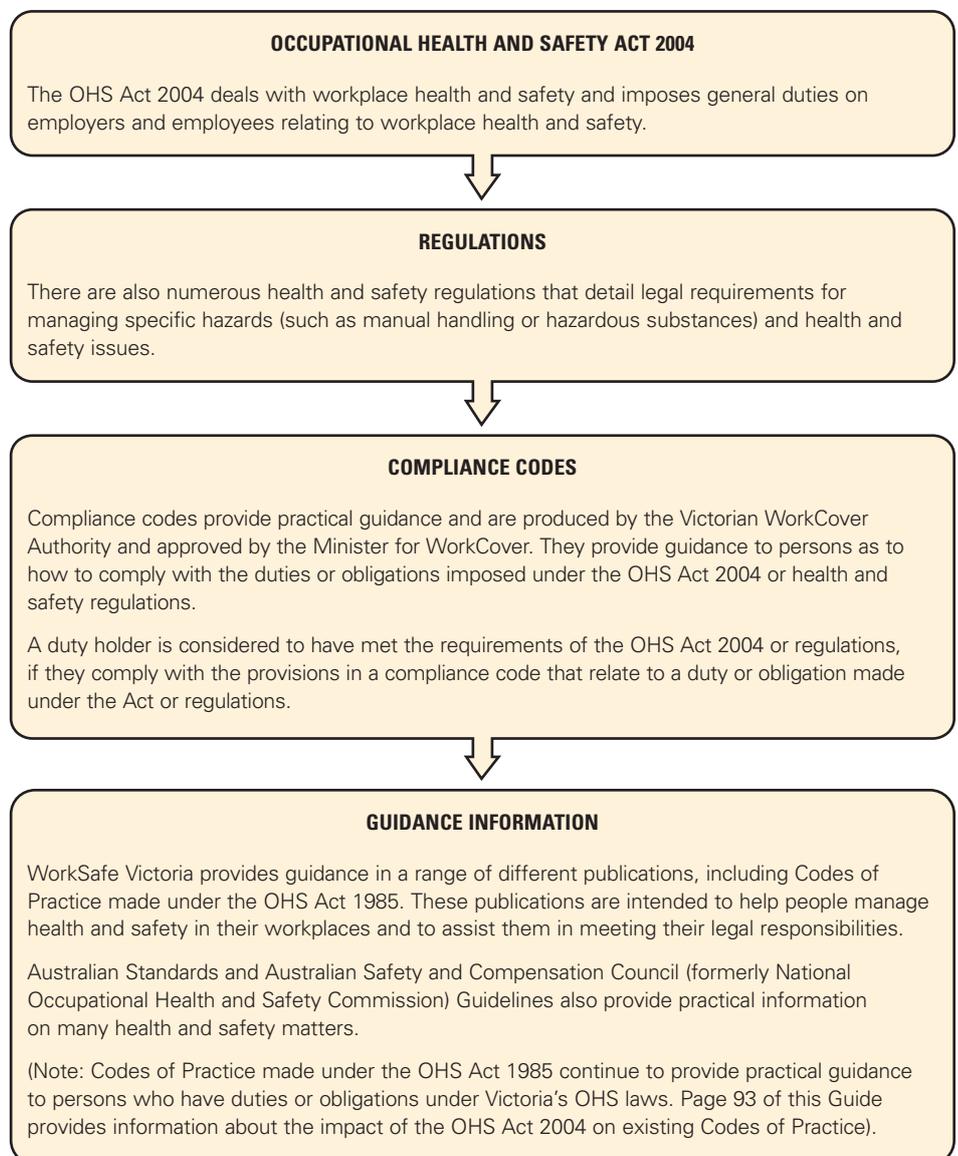
By making workplace health and safety a priority, an organisation demonstrates:

- commitment to the welfare of employees, clients, volunteers and the public;
- social responsibility in regard to its legal, ethical and moral obligations;
- good management practice in that health and safety issues are addressed proactively, resulting in improved organisational performance; and
- sound financial management by addressing risks and preventing loss through illness and injury.

In addition, funding bodies are increasingly insisting that community service organisations demonstrate they have effective health and safety management systems in place.

1.3 THE LEGISLATIVE FRAMEWORK

This flow chart shows the legislative framework for workplace health and safety. See **Section 5.2** for further clarification of the status of regulations, compliance codes and other guidance materials.



1.4 OHS RESPONSIBILITIES

The OHS Act 2004 imposes duties on those who have health and safety responsibilities. This section details duties of employers, management committees and employees (including contractors and volunteers).

Employers

Ultimately, responsibility for providing a safe workplace rests with the employer, as they exercise control over the workplace.

Under the OHS Act 2004 and regulations, employers must ensure the health, safety and welfare of all employees by providing, so far as is reasonably practicable:

- a working environment that is free from health and safety risks;
- safe plant and systems of work;
- measures to ensure the safe storage and handling of hazardous substances;
- information, instruction, training and supervision for all employees;
- processes for consulting with employees, involving them in decisions and informing them of decisions that may affect their health and safety;
- processes for identifying hazards, assessing risks and eliminating or controlling risks;
- processes for regular review of risk control measures;
- personal protective equipment (PPE), including clothing and footwear where necessary;
- amenities, including toilets and eating areas, which are maintained in a safe and hygienic condition; and
- emergency procedures and first aid facilities.

Employers must also ensure people other than employees – such as clients, volunteers, contractors, suppliers and visitors – are not exposed to risks arising from the activities of the workplace. Employers must ensure that all people are given the necessary information and instruction regarding:

- site safety and safe use of any equipment provided;
- emergency procedures; and
- any other health and safety issues to which they could be exposed.

It is up to the employer to ensure managers, co-ordinators and supervisors are capable of undertaking assigned health and safety responsibilities. These responsibilities may include making sure that:

- employees are properly trained and supervised;
- identified hazards and risks in areas under their control are managed;
- employees and health and safety representatives (HSRs) are consulted on issues that could affect their health and safety; and
- health and safety concerns referred to them are addressed without undue delay.

This may require specific OHS training and instruction. They must also have the necessary resources to enable them to implement the workplace's OHS policies and procedures.

Management committees

Many employees in the community services sector are employed by small independent associations, with a management committee.

Even if they are comprised solely of volunteers, management committees have the same health and safety responsibilities as employers. As long as the relationship between the committee and people working for it is one of employment, the management committee is responsible for ensuring safe working conditions and that systems are in place to manage workplace health and safety.

This publication uses the term 'employer' to include management committees.

Employees

Employees are people working at a workplace under a verbal or written contract of employment or a contract of training – this includes:

- direct employees;
- placements through group training and apprentices;
- independent contractors and sub-contractors of that contractor; and
- staff whose services are provided by a labour hire or recruitment agency.

The OHS Act 2004 requires employees to:

- take reasonable care of their own health and safety, and that of others in the workplace;
- cooperate with their employer's efforts to comply with health and safety requirements (for example, by following procedures, using equipment properly and participating in hazard identification and reporting); and
- not interfere with anything at the workplace, which has been provided in the interest of health, safety or welfare.

Contractors and temporary staff

Employers' duties to their employees extend to independent contractors and their employees who are working at the workplace as well as temporary employees who may, for example, be employed by an agency. However, the employers' responsibilities only relate to matters over which they have control.

An organisation hiring a contractor or temporary employee must provide a safety induction for these employees before they start.

Once inducted, contractors must meet the safety measures in place and have a responsibility to ensure their own health and safety as well as that of others.

Before engaging a contractor, employers should ensure they have public liability insurance that covers any of their actions that may result in harm to the public.

Throughout this publication the term 'employees' is used to refer to both contractors and temporary staff.

Volunteers

Employers have obligations to volunteers under the OHS Act 2004. As such, they must consider volunteers' tasks and ensure they are not exposed to health and safety risks.

Volunteers must also be provided with the same health and safety training and information as employees doing similar tasks.

Volunteers must comply with an organisation's safety policies and procedures and should be consulted on all health and safety matters relevant to their role. The *National Standards for Volunteers*, produced by Volunteering Australia, provides useful guidance on managing and consulting volunteers.

Throughout this publication the term 'employees' is used to refer to both employees and volunteers.

HEALTH AND SAFETY BASICS

Visitors

Visitors cannot be expected to know the hazards or risk control measures in place at a workplace. Procedures are needed to ensure visitors are properly supervised and their whereabouts in the workplace are known at all times.

Visitors should be signed in and out and accompanied by someone who is familiar with the workplace's health and safety requirements.

Clients, relatives, members of the public, suppliers, volunteers from other organisations or people with an advocacy role can all be considered 'visitors', as are children being cared for while their parents or guardians are attending the workplace. For more information on managing the risks associated with children see **Section 2.14** of this guide.



SECTION 2

MANAGING OHS IN YOUR WORKPLACE



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2

MANAGING OHS IN YOUR WORKPLACE

2.1 DEVELOPING A SYSTEMATIC APPROACH TO OHS MANAGEMENT

All employers are responsible for managing health and safety risks in their workplace. This includes any location where their employees work.

What is a workplace? A 'workplace' is any place where an employee may find themselves in the course of their work. Some employees 'take the workplace with them' to perform their duties.

Employers' and employees' duties extend to all places where work is carried out, such as clients' homes and community settings. If driving is a main duty in a job, the vehicle also becomes the employee's workplace.

A risk management model that identifies hazards and assesses and controls risks can be implemented with a simple three-step approach: think, do, review.

What is a hazard? A hazard is something with the potential to cause harm. This can include chemical substances, plant, work process and/or other aspects of the work environment.

What is a risk? A risk is the likelihood of illness, injury or even death occurring following exposure to a hazard.

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

Identifying hazards and the risk of them occurring is essential to prevent or reduce injury and illness in the workplace.

Hazards can arise due to the use of equipment and substances, poor work design and inappropriate practices and procedures.

Identify hazards

Hazards should be identified when:

- identification has not previously been undertaken;
- 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 (for example, after an incident);
- preparing a submission for service funding; and
- planning ongoing tasks as part of continuous improvement.

Hazards can be identified by:

- **Observation and consultation**

Look around the workplace and determine what may affect the health, safety or welfare of employees or other people. Workers should be asked if they are aware of any hazards or unsafe equipment, substances or practices in the workplace.

OHS policies should require that all employees, volunteers, contractors, supervisors and managers notify the employer when they become aware of any workplace hazards.

- **Workplace inspections**

Inspect workplaces regularly with employee representatives. Use the workplace inspection checklists in **Section 3.8** and **Section 3.9** as a guide.

- **Injury and illness records**

All workplaces are required to keep a record of injuries and illnesses and review these records regularly to identify hazards.

- **Incident investigations**

Investigate any incidents and near-misses to identify the hazards that contributed to these events. Ask witnesses for their opinions on what caused the incident and how it could be prevented from happening again.

Prepare a brief report to the manager or management committee detailing the incident, potential causes and recommendations to avoid a repeat of the incident.

Some incidents need to be reported to WorkSafe Victoria (**Section 4.7**).

Assess risks

The risk of particular hazards occurring varies. As such, risks must be prioritised to manage resources effectively and keep employees safe.

Risk can be assessed by answering the following:

1. How **likely** is injury or illness to occur?
2. How **severe** could the injury or illness be?

The sample risk assessment work sheet in **Section 3.3** is one way of documenting any identified hazards and deciding what priority you should give to addressing them.

STEP 2: DO – CONTROL THE RISKS

Ideally all risks should be eliminated, but if this is not possible methods must be identified to manage hazards and reduce risks. Some hazardous work, such as dealing with infectious clients is unavoidable, but must be managed safely.

What does reasonably practicable mean?

This is a legal term that is specified in the OHS Act 2004. For example, employers are required to provide a working environment that is safe and without risk to health, so far as is reasonably practicable. To determine what is reasonably practicable, you must consider the following five factors:

- the likelihood of the hazard occurring;
- the degree of harm that would result;
- what the employer concerned knows, or ought reasonably know, about the hazard or risk and ways of eliminating or reducing it;
- the availability and suitability of ways to eliminate or reduce the hazard or risk; and
- the cost of eliminating or reducing the hazard or risk.

Hierarchy of control

This describes the preferred order of applying measures that can eliminate or manage OHS hazards and risks – the higher up the hierarchy, the more effective the control. In the community services sector, a combination of approaches will result in the most effective and appropriate solution. It would be unusual for a single risk control to provide adequate protection unless it entirely eliminates the hazard or risk.

1. Eliminate the hazard

The most effective method for controlling risk is to eliminate the hazard, so try this approach first.

Example: An employee tripped over an electric cord leading to an old wall-mounted fan. On inspection, the employer realised that the fan was broken and not needed since air-conditioning was put in a year ago, so the fan and its cord were removed.

STEP 2: DO – CONTROL THE RISKS continued

Reduce the risk

If a risk cannot be eliminated then steps should be taken to reduce the risk, so far as is reasonably practicable. The best way to control a risk at its source is by:

2. Changing the equipment or process

Replace one substance or activity with a less hazardous one.

Example: Employees in a community residential unit reported headaches after using oven cleaning chemicals with a strong smell. The management committee obtained information about alternative products (including their material safety data sheets), and decided to trial two different chemicals. One of these did the job just as effectively and generated no strong fumes. Employees reported no incidence of headaches after its use.

3. Isolating the hazard

If equipment or materials cannot be changed or substituted to make them safer it may be possible to separate them from people, either by moving them away or by installing a barrier to prevent people from coming into contact with them.

Example: Employees at a youth welfare centre were concerned about clients having access to sharp implements (i.e. cutlery) usually stored in the kitchen. As a result, a lockable unit was installed in the kitchen, requiring clients to seek access from staff.

4. Designing for safety

If a hazard can't be isolated, perhaps redesign the surroundings to minimise risks. This may involve redesigning the workplace, providing increased ventilation or lighting or finding engineering solutions to make plant and equipment safer.

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

5. Change work methods

If a workplace or equipment cannot be made safer, it may be possible to adopt safer work methods. Any change in work practices must be documented and supported by training and supervision. See also **Section 2.2** Consultation.

Example: Employees at a nursing home are concerned that there is an inadequate number of staff to conduct the morning bathing session. After a review of tasks, changes to work practices were implemented (such as bathing clients over two sessions rather than in one session).

6. Provide training

Training, while very important, is a low order level of control. Information, instruction and training should only be used to control risks when it is not practicable to control the risk by altering the workplace, the systems of work or the objects used in the tasks, or by providing mechanical aids.

Example: Manual handling training should help employees to understand what sort of manual handling is hazardous, how this may affect the body and how injuries can be prevented. Training should include information regarding the measures in place to control the risk, how to select appropriate manual handling techniques and how to use mechanical aids.

7. Use personal protective equipment (PPE)

If no other measures will totally solve the problem, consider whether PPE (including clothing and footwear) could help reduce the risk. Because PPE focuses on the person rather than the hazard, it should not be relied on solely and should be used in conjunction with other measures. All PPE must be checked regularly and kept in good condition. To be useful PPE must be appropriate for the intended purpose, fit properly and be worn correctly.

Example: Using gloves when cleaning/changing/handling soiled clothing.

Use the sample *Risk control work sheet* (**Section 3.4**) to help document decisions regarding control measures to employ. Use it in conjunction with the OHS checklists (**Section 3.6** and **Sections 3.8 – 3.13**) to address common hazards.

Develop an action plan

Managing workplace health and safety risks may require that a range of measures be implemented over time and at various levels within the organisation. To do this, an action plan should be developed, including a schedule for actions to be taken in the short, medium and long term, those responsible for authorising and implementing each action, and a date for each action to be reviewed. Action plans should be signed off by management and the HSR.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

As risks can change, all control measures should be regularly reviewed to ensure they remain effective.

Employees should be asked the following:

- **Did it work?** Did the risk control address the identified hazard and likelihood of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, a child-care centre installed a shade structure over the sandpit to control the risk of employees and children getting sunburnt. However, the structure was too low and employees complained about back pain because they had to bend to get under it.

The sample risk management work sheets (**Sections 3.3 – 3.7**) have some questions to prompt review of your risk controls.

2.2 CONSULTATION

Employees

Employees' expertise can make a significant contribution to identifying hazards, assessing risks and developing preventative measures for OHS issues that arise in the workplace.

Employees must be consulted on health and safety matters that directly affect them. This includes:

- identifying or assessing hazards or risks;
- deciding on measures to control risks;
- deciding on the adequacy of employee facilities;
- determining the membership of any OHS committee; and
- proposing changes that may affect health and safety.

Employers must also consult with independent contractors and their employees.

The OHS Act 2004 provides flexibility on how consultation can occur. A HSR may be elected, a health and safety committee may be established, and/or other agreed arrangements may be established. If employees are represented by a HSR, the consultation must involve the HSR. If an agreed procedure has been developed in line with the OHS Act 2004, this must be followed.

The OHS Act 2004 enables the employer and their employees to adopt the consultative arrangement which they believe will best ensure effective and meaningful consultation and OHS management. Meaningful and effective consultation draws on the knowledge and experience of employees and encourages their participation and input to improve OHS.

The OHS Act 2004 sets out the elements of meaningful and effective consultation. It requires employers to:

- share information with employees about the matter on which the employer is required to consult;
- give employees a reasonable opportunity to express views about the matter; and
- take those views into account.

Clients

It is important to consult with clients and consider their particular needs and concerns. Employers need to develop OHS management strategies that allow services to be delivered in a way that respects clients' rights and ensures employees' health and safety.

See **Section 5** Resources and links for further information on consultation.

2.3 POLICIES AND PROCEDURES

Clear, straightforward policies and procedures are the foundation of good OHS management systems and training programs. A policy states the objectives the organisation would like to achieve: an 'injury-free workplace'; a 'smoke-free workplace'; or a 'violence-free workplace' are some examples. A procedure sets out the steps to put the policy into practice (e.g. working alone, electrical safety, patient handling, or personal protective equipment).

Policies and procedures don't work if people don't have input into their development or don't know about them. Once procedures have been developed and documented, they must be communicated to employees.

In the community services sector, OHS policies and procedures can impact significantly on the clients who access the services. Client representation and involvement in the development of policies and procedures are ways of ensuring their rights are considered.

Developing an OHS policy

An organisation's OHS policy statement is an affirmation of its commitment to the principles of health and safety. This policy should outline the essential elements of an effective OHS management system, and include:

- a commitment by the employer to provide a safe workplace (demonstrated by giving health and safety issues priority in all decisions affecting the workplace and work methods);
- the provision of adequate resources to ensure the workplace is safe and every effort has been made to control risks (to ensure that equipment is available, safe and properly maintained, and that health and safety issues are addressed promptly and employees are properly trained); and
- clearly defined OHS responsibilities to ensure everyone in the workplace is competent and accountable (accountabilities of management committees, co-ordinators, managers, supervisors, employees, subcontractors and volunteers).

Once consultation has occurred with all relevant groups the policy should be finalised.

Organisations then need to develop further specific policies to address specific hazards/activities such as:

- hazard reporting;
- risk assessment and risk control;
- safe job design;
- induction training and supervision;
- purchasing procedures;
- commitment to consultation;
- emergency procedures;
- driver safety; and
- hazardous waste disposal.

It may be appropriate to contact the relevant funding body (if applicable) to check if there are specific documents, policies or procedures that they require.

Developing OHS procedures

List hazards and issues

The first step is listing the hazards and issues that are important to manage if health and safety is to be assured. This might result in a list covering hazards such as chemicals, plant and fire and other issues such as contractors and purchasing.

Narrow down the field to big impact issues

Discussion with employees, use of relevant information and a review of workplace experience will narrow down areas that are likely to have most impact.

Prepare procedures for priority issues

Keeping in mind the considerations above, a procedure can be developed. Consider:

- WHAT the purpose of the procedure is;
- HOW to undertake the task safely;
- WHO has responsibility; and
- WHEN activities should be undertaken and when the procedure must be reviewed.

This can be done by simply going through the steps with the work group. The format for the written procedures should meet effective workplace communication standards.

'Road test' procedures with users

Participation of users in developing procedures is important for the message to be understood and owned by those affected. Testing the procedures with work groups and getting their comments on how well it works is essential before a final version is released. This can be done through OHS committees, HSRs, work groups or team meetings.

Making sure procedures are doing the job

It is recommended that a periodic check of procedures be made to make sure they are achieving the desired result. It is of no comfort to find out after an incident or injury that the procedure was inadequate. If your procedures are primarily directed at reducing risks (i.e. safe operating procedure type) you should focus on outcomes. Have the procedures been effective in protecting people? This can be established by checking injuries/incidents reports and talking to employees.

If your procedures are part of a more formal OHS management system (i.e. procedures about the system) you will need to audit whether procedures are being followed and look at specific conditions set out in the procedures. These include:

- Are the procedures up-to-date?
- Are the procedures authorised by the appropriate manager?
- Are there records kept?
- Have the procedures been reviewed as required?

A simple checklist (Section 3.1) can be used to write OHS policies or procedures for an organisation.

2.4 INFORMATION, INSTRUCTION/TRAINING AND SUPERVISION

Whether an organisation is large or small, every employee may be exposed to health and safety risks. Regular information, instruction, training and supervision are essential to enable people to work safely.

Health and safety training should not be limited to specific hazard training or training after an incident has occurred. It should be a part of all workplace training, just as health and safety is an integral part of day-to-day management.

What kind of instruction/training do people need?

Employers must ensure new employees receive induction training in workplace hazards, risk control measures and OHS management systems. They should cover health and safety procedures, contact information for health and safety representatives, first aiders, fire wardens and others who can assist in creating a safe workplace, and how to access health and safety information.

Training should consider the competence and experience of the employee. A sample induction training agenda for employees and volunteers is in **Section 3.2**.

Health and safety should also be an integral part of:

- co-ordinator, supervisor and management training;
- on-the-job training; and
- work procedures and skills training.

It is important that training systems are flexible and accommodate different schedules, needs and skill levels. Shift employees, part-time or casual employees and volunteers all need to be considered when assessing training requirements and scheduling training sessions. Questions should be encouraged, and attendees should be asked whether they understand the information. Employers may need to provide health and safety information to employees in languages other than English.

What kind of information do people need?

Employers should consult their employees regularly about the information they need to do their work safely. Health and safety information requirements must be reviewed regularly, as these can change if duties, work methods or other aspects of the workplace change.

Any person who may be exposed to a risk must be informed of the measures in place to control that risk, and relevant information must be accessible to all staff.

Privacy and confidentiality

A number of laws may apply to community service organisations, requiring them to keep their clients' personal and health information private and confidential.

Privacy law is found in these Acts of Parliament:

- *Health Records Act 2001 of Victoria*;
- *Information Privacy Act 2000 of Victoria*; and
- *Privacy Act 1988 of the Commonwealth*.

There is also some common law (law made by judges) that requires organisations to treat client information as confidential.

All community service organisations who deal with health information are required to comply with the *Health Records Act 2001*.

Health information is defined as information or an opinion about:

- a person's physical, mental or psychological health; or
- a health service that a person has received or may need in the future.

The *Health Records Act 2001* sets out how we can keep people's health information private, and states that health information can be disclosed when necessary, to lessen or prevent:

- a serious and imminent threat to an individual's life, health, safety or welfare; or
- a serious threat to public health, public safety or public welfare.

In these cases, a community service organisation can disclose information to their employees and other organisations who are dealing with the client. For example, if a client has a history of aggressive behaviour it is necessary that employees know this and they are informed about the person's behaviour management plan.

Where health information is disclosed, it should only be given to the people who need to know it. Employees who have this information are not free to disclose it to other people or organisations unless there is a 'serious and imminent danger' to their health, safety and welfare.

Supervision

Employers must provide adequate supervision to employees to enable them to perform their work in a safe, risk-free way. Employers must ensure their supervisors are competent (in terms of knowledge, training and experience), are familiar with OHS legislation, and know about potential and actual hazards.

Supervision can take many forms depending on the nature of the tasks involved, for example face-to-face, telephone or email.

Remote employees may be more exposed to risks as they are not able to be supervised as closely. As such, there should be some other means of monitoring their health and safety. This may involve discussing with the employee or employees at the start of the day what they will be doing and determining safety information they may need to have. Contact with the employee or employees may also be required during or at the end of the day, depending on the OHS risks.

It is especially important for remote employees to have the training and competency to perform their job safely, the authority to stop work and seek clarification if they encounter health and safety problems, and have a reliable way to contact their supervisor when they need to.

MANAGING OHS IN YOUR WORKPLACE

2.5 MANUAL HANDLING

Manual handling covers a wide range of physical activity. It includes lifting, pushing, pulling, carrying, lowering, holding or restraining a person or object. It is a major cause of injury and lost time from work in the community services sector. Hazardous manual handling can cause various injuries and conditions such as:

- injuries to muscles, ligaments and intervertebral discs in the back;
- injuries to soft tissues such as nerves, ligaments and tendons in the wrists, arms, shoulders and legs;
- abdominal hernias; and
- chronic pain.

What the law says

The *Occupational Health and Safety (Manual Handling) Regulations 1999* require an employer to identify hazardous manual handling tasks and then assess whether these tasks could result in musculoskeletal disorders (MSDs). The employer must then either eliminate the hazardous manual handling, or where this is not possible, control the risk associated with the hazardous manual handling, so far as is reasonably practicable.

How to manage the risks

The WorkSafe Victoria publication *Manual Handling (Code of Practice No. 25, 2000)* provides more detailed guidance to identify, assess and control the risks involved in manual handling tasks. The WorkSafe publication *Transferring People Safely* also contains manual handling solutions that may be applicable to client handling tasks.

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

Hazardous manual handling is defined as tasks that involve:

- repetitive or sustained application of force;
- repetitive or sustained awkward posture;
- repetitive or sustained movement;
- application of high force;
- handling of people or animals; and
- handling loads that are unstable, unbalanced or difficult to hold.

Consider all possible sources of information about whether the tasks that employees are required to do could involve hazardous manual handling and whether they could lead to an injury:

- complete a workplace inspection with employees to identify manual handling hazards;
- review injury records to identify whether anyone at the workplace has reported an injury in the past; and
- ask employees about tasks that they find difficult to do.

WorkSafe's *Manual Handling* publication gives assistance in this process and in understanding what is meant by terms such as repetitive, sustained, awkward, etc. The work sheets in *Manual Handling* are reproduced in **Sections 3.5 – 3.6** of this guide.

STEP 2: DO – CONTROL THE RISKS

Consultation with employees, clients who require manual handling and possibly other service providers is recommended to develop effective manual handling risk controls. *Manual Handling* risk control work sheet (**Section 3.7**) will assist in this process.

These sample solutions illustrate approaches to eliminate or reduce hazardous manual handling.

1. Eliminate the hazard or risk

Eliminating the manual handling task that creates the risk is the most effective way of protecting the safety of employees.

- Use a bus with a wheelchair hoist to eliminate the need to transfer clients into seats in buses; and
- rather than lift children on to a bench for changing nappies, provide steps at the change tables for toddlers to climb up under supervision of carers.

2. Reduce the risk

Altering the workplace or environmental conditions

- Install ramps so that trolleys can be used to move goods across different levels;
- provide height-adjustable benches and desks;
- store goods at waist level or on shelves between shoulder and knee level; and
- provide portable steps to allow clients to get on and off a community bus with minimal assistance.

Altering systems of work

- Provide seats for employees who have to perform detailed tasks for long periods;
- use job rotation to vary employees' tasks regularly; and
- encourage employees to kneel rather than bend for some tasks.

Changing the objects

- Adapt clothing for dependent clients to allow them to be changed without employees bending or twisting; and
- arrange for goods to be supplied in smaller or lighter packages.

Using mechanical aids

- Put frequently moved items on wheels;
- use hoists for lifting dependent clients; and
- provide trolleys for moving equipment.

Note: It is also important to ensure that equipment such as hoists, trolleys, etc are stored safely and are easily accessible. An ongoing maintenance/replacement schedule needs to be established and monitored.

Providing information and training

- Instruct staff to sit on an adult sized adjustable chair or stool when assisting young children for prolonged periods (rather than kneel/squat/sit on a child's chair); and
- teach employees about the correct way to use a patient hoist.

Training

In the past, the common 'fix' for manual handling problems was often thought to be simply teaching employees how to care for their back and how to lift 'correctly'. While this sort of training is important, it does not address the underlying manual handling risks in an organisation.

Employers should ensure people involved in manual handling are trained in manual handling techniques, the correct use of mechanical aids and team lifting and other appropriate procedures.

All employees would benefit from training to help them:

- learn how to identify hazardous manual handling;
- understand the risks involved in hazardous manual handling and the need to use control measures;
- use appropriate manual handling techniques; and
- use equipment correctly and safely.

Ensure that training is regular and up-to-date, not just a one-off activity. Keep records of who has attended training and monitor the way work is done to ensure employees have understood the manual handling risk controls and are implementing them correctly.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Consult employees and clients to determine whether risk controls are effective and ask the following:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, using lifting equipment may pose a storage problem and increase tripping hazards.

MANAGING OHS IN YOUR WORKPLACE

2.6 SLIPS, TRIPS AND FALLS

Slips, trips and falls can cause a variety of musculoskeletal disorders (MSDs) and are a significant cause of injury in the community services sector.

Slippery floors, loose gravel, spills or shoes that have poor grip can all contribute to the risk of slipping.

Uneven surfaces, objects left on the floor or jutting out into aisles or paths, pets, poor lighting and getting in or out of vehicles can all contribute to the risk of trips and falls.

Falls often occur when people use ladders, work over inadequately guarded drops or ledges or stand on chairs to reach something – for example, when changing a light globe.

What the law says

Employers have duties under the OHS Act 2004 to ensure safe working conditions for employees and others in the workplace. The *Occupational Health and Safety (Prevention of Falls) Regulations 2003* also stipulate that employers are required to identify hazards and assess and control risks that could result in a fall of more than two metres.

Employers must also consider tasks carried out by contractors, such as working on roofs or cleaning windows above ground level.

How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

Consider all possible sources of information that could establish how employees may be exposed to slip, trip or fall hazards, for example:

- complete a workplace inspection with employees to identify slip, trip and fall hazards (e.g. an uneven bottom step, a floor that is slippery after cleaning or employees using chairs to stand on because a stepladder is not available);
- review injury records to identify if there has been a slip, trip or fall in the past; and
- ask employees if they have had any near-misses (that is, where they may have slipped, tripped or fallen but did not injure themselves).

Document any common reports of particular situations and then assess the risk of these hazards – consider how often people are exposed to the hazard and the potential severity of an injury.

STEP 2: DO – CONTROL THE RISKS

Consult employees about the best way to deal with the problems you have identified. These sample solutions illustrate the hierarchy of controls approach:

1. Eliminate the hazard or risk

- Keep hallways and corridors clear of equipment, rubbish and electrical cords;
- maintain floors in a safe condition – repair or replace loose flooring (such as torn or shifting carpets) and use non-slip surfaces where possible, particularly in wet areas. Minimise the use of dividing strips between floor surfaces as they can cause trips and make pushing wheeled equipment difficult;
- repair or replace damaged steps;
- ensure parking and outdoor areas are kept in good repair – fix potholes and level uneven surfaces; and
- store items at a suitable height to avoid the need for climbing to reach them.

2. Reduce the risk

Change the equipment or process

- Replace loose mats with secured slip-free coverings;
- make sure stairs and steps have non-slip surfaces and edge strips where appropriate and that treads are of adequate depth; and
- ensure that a stepladder is available and used when required (instead of a chair).

Isolate the hazard

- Change the times when floors are routinely mopped (schedule these jobs for times when people are not using the area).

Design for safety

- Ensure there is adequate lighting throughout the workplace, particularly in stairwells and over exits;
- do not keep items like filing cabinets in hallways; and
- ensure there is safe access to all parts of the workplace and that rails and ramps are provided where appropriate.

Change work methods

- Implement an immediate clean-up policy of any spills.

Use personal protective equipment (PPE)

- Ensure employees wear non-slip footwear.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Once controls are in place consult employees and consider the following questions:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, joining strips were installed between the carpet and vinyl in a community residential unit to eliminate the tripping hazard of loose carpet. However, this introduced a manual handling hazard for staff pushing trolleys over the ridge it created.

2.7 HAZARDOUS SUBSTANCES

Hazardous substances are those that may have harmful health effects, either immediately or over a longer term.

These substances may be solids, liquids or gases and exposure can occur through contact with the skin or eyes, or via the respiratory or digestive systems.

Potential harmful effects include poisoning, chemical burns of the skin and eyes, and diseases of the skin.

The severity of the health effects depends on the substance and the amount absorbed by the individual. Seemingly harmless items found in most workplaces and homes can be dangerous if they are not used appropriately.

What the law says

The *Occupational Health and Safety (Hazardous Substances) Regulations 1999* set out duties for manufacturers, importers and suppliers of hazardous substances, as well as for employers.

Manufacturers, importers and suppliers must identify and classify hazardous substances, and must provide information so they can be used safely. This includes correct labelling and supplying material safety data sheets (MSDSs) for each hazardous substance.

An MSDS is a document describing the identity, properties and health hazards of a substance. It also lists precautions for using and handling the substance safely.

The employer must obtain a MSDS for any hazardous substance when it is first supplied. Contact manufacturers or suppliers if no MSDS is supplied.

If a hazardous substance is being used, employers must:

- make the MSDS readily available to employees who could be exposed to the hazardous substance and ensure that the MSDS is not altered;
- keep a register of all hazardous substances used (see **Section 3.15** of this guide for information about how to set this up);
- provide training for employees who use hazardous substances and keep records of the training; and
- ensure hazardous substances are labelled correctly, labels are not removed or altered, and relabelled if decanted into another container.

Employers must ensure employees understand the risks involved in handling these substances. For example, ordinary household bleach can kill anyone who inadvertently swallows it, and can also burn the skin and seriously damage the eyes. Similarly, dishwashing detergent, oven cleaner, pesticides and some glues can all be hazardous.

It is also important to know about any hazardous substances that contractors intend to use before they start work and check that appropriate measures are used to ensure the safety of the contractor and others in the vicinity.

How to manage the risks

WorkSafe's *Hazardous Substances (Code of Practice No. 24, 2000)* provides detailed guidance on the risk management process.

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

Consider all possible ways employees may be exposed to hazardous substances:

- complete a workplace inspection with employees to identify the hazardous substances being used in the workplace, and consider where and how they are being used;
- refer to each substance's MSDS – this is the best source of information;
- examine each substance's label, which should include:
 - the name of the chemical and the manufacturer;
 - the potential health effects of exposure, inhalation, skin contact or ingestion;
 - precautions for safe use;
 - first aid instructions;
 - the use-by date;
- make sure those who will use the product are aware of this information;
- review injury and illness records to identify whether employees have suffered ill effects from using particular substances. The health of employees who have had long-term exposure to hazardous substances may need to be monitored; and
- ask employees if they are aware of any chemicals that are being stored in leaking or unlabelled containers.

Document any reports of particular common situations and then assess the risk of these hazards – consider how often people are exposed to the hazard and the potential severity of an injury.

STEP 2: DO – CONTROL THE RISKS

Once hazards and risks have been identified consult employees on how best to respond.

These sample solutions illustrate the hierarchy of controls approach:

1. Eliminate the hazard or risk

- Where possible replace chemicals that are hazardous substances. For example, vinegar can be mixed with water and used instead of chemicals to clean tiles and other surfaces.

2. Reduce the risk

Change the equipment or process

- Upgrade the printer and photocopier to avoid using loose toner powders.

Altering the workplace or environmental conditions

- Provide adequate ventilation with a natural or local exhaust ventilation system wherever chemicals are used.

Change work methods

- Make sure that all the chemicals stored are accurately labelled with a description of the chemical and the precautions for use;
- if chemicals are decanted into smaller containers, ensure they are suitable for the chemical being stored and properly labelled; and
- store chemicals in a locked cupboard.

Provide training

- Train employees in safe chemical handling procedures and ensure they follow the manufacturer's instructions provided on the label of each hazardous substance.

Use personal protective equipment (PPE)

- Make appropriate gloves, aprons and safety glasses available and ensure they are used when necessary;
- use appropriate respiratory protection if ventilation is a concern (check the product label and the MSDS for instructions); and
- ensure employees understand the need to use PPE when working with certain hazardous substances and are trained in how to use the equipment correctly.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Having put in place controls, now review whether they are effective. Consult your employees and ask the following questions:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, someone in the workplace may be sensitive to a chemical that was substituted for another.

2.8 INFECTIOUS DISEASES

Infectious diseases can be spread from person to person in a number of ways, including by:

- inhalation of airborne droplets of respiratory secretions being spread by coughing, blowing the nose, sneezing and even talking;
- contact with contaminated items or surfaces. When viruses, bacteria or parasites are present in the faeces of infected people, these may be passed on to others if the infected person doesn't wash their hands properly after going to the toilet. Similarly, if hands are not washed properly after changing contaminated nappies or clothes, this contamination can be passed from hands to surfaces and objects such as tap handles, toothbrushes, reusable towels, nappy changing areas, toys or to food that may be eaten by others; and
- direct contact with infected blood or bodily fluids when there is broken skin, needle stick type injuries or splashes to mucous membranes.

What the law says

In line with the OHS Act 2004, employers are obliged to provide and maintain a work environment for employees that is safe and without risk to health, so far as is reasonably practicable. The provision of infection control procedures, equipment, training and information to staff falls within this duty of care.

How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

Consider all possible ways employees may be exposed to infection:

- complete a workplace inspection with employees to identify infection hazards. For example, examine hand washing and food-handling practices of staff and volunteers and the adequacy of hygiene facilities;
- review injury records to identify whether anyone at the workplace (including members of the public) has become infected in the past;
- ask employees if they have had any concerns about possible exposures to infectious diseases; and
- check with the Department of Human Services and other providers of similar services about infectious diseases that employees may be exposed to in the course of their work.

Assess the risk of these hazards – consider how often people are exposed to the hazard and the potential severity of an injury or illness.

STEP 2: DO – CONTROL THE RISKS

Consult employees and decide the best way to deal with identified problems.

Standard (universal) precautions

When dealing with blood or bodily fluids, use 'standard precautions' (also known as 'universal precautions'). Standard precautions treat all clients the same way, regardless of their infectious status.

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

- personal hygiene practices, such as hand washing and drying before and after all significant client contact;
- use of PPE, which may include gloves, plastic 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; and
- environmental controls, such as workplace design and maintenance, cleaning and spills management.

Standard precautions are used in healthcare settings. Not all of the precautions listed need to be applied all of the time in community service organisations. PPE (such as gloves) is only required for circumstances where the employee has direct contact with blood (including dried blood), other bodily fluids, secretions and excretions (for example, faeces, saliva, mucous) and non-intact skin. This sort of exposure may occur during the cleaning of bathrooms, nappy changing, disposal of waste, cleaning of bodily fluid spills, or the administration of first aid. The most common means of infection control in community services workplaces are hand washing, gloves, immunisation and the use of cleaning agents.

Additional precautions

Additional precautions should be considered when dealing with some infectious diseases transmitted by airborne droplets of respiratory secretions – such as tuberculosis, chickenpox, measles, rubella, pertussis and influenza.

In such cases, infected clients or employees should be quarantined until the period of acute infection has passed. In some cases, such as chickenpox, clients can have continued care if employees are immune.

For residential care providers, isolate the client in a separate room and provide them with separate toilet and bathroom facilities if possible.

Additional measures are not 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 a rare infectious disease, such as meningococcal disease, the Infection Control Unit of the Department of Human Services should be contacted for instructions and assistance in coordinating the response, including notifying people who may have had significant contact with an infected person.

1. Eliminate the hazard

Infected employees and clients may need to be quarantined or excluded from the workplace to prevent the infection spreading to others. Remember to ask for a medical certificate stating that it is safe for a person to return to work before allowing them back into the workplace.

2. Reduce the risk

Change the equipment or processes

- Replace bars of soap with disposable liquid hand-wash dispensers; and
- replace cloth hand towels with paper towels.

Isolate the hazard

- Immunisation from certain infections such as hepatitis B is a form of risk control (immunisation guidelines are available from the Department of Human Services website – www.health.vic.gov.au/immunisation).

STEP 2: DO – CONTROL THE RISKS continued

Design for safety

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

Change work methods

Hand washing and hand care

- Hand washing is the most important hygiene measure in preventing the spread of infection. Employees should be informed of the need to wash their hands and the correct way to do it.

Hands should be washed:

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

The things to focus on are:

- wash the hands for 15 seconds with soap and water or a mild liquid hand-wash;
- clean all surfaces of the hands, including the sides and between the fingers;
- avoid nail brushes, as they can damage skin and be a source of infection;
- use a paper towel to turn off the tap if it can't be turned off with the elbow or wrist;
- avoid rings and wrist jewellery and keep nails short and clean if the work involves significant physical contact with clients; cleaning; or maintaining areas that come into contact with bodily fluids;
- cover cuts and abrasions with water-resistant dressings and change them regularly;
- employees who have skin problems (such as weeping lesions or dermatitis) should seek medical advice before having physical contact with clients;
- minimise chapping by using warm water, patting rather than rubbing hands and using hand cream;
- use alternative means of hand washing (such as portable containers, alcoholic hand-rubs or foams) if visiting places where running water is not available; and
- rinse and dry hands thoroughly to help avoid irritation or sensitivity leading to dermatitis (early assessment and treatment is recommended if this is suspected).

Cleaning to prevent infection

The following steps should be considered:

- establish protocols outlining cleaning methods and frequency for routine cleaning of work areas to remove dust, soil and micro-organisms;
- identify priority areas for more frequent cleaning, including food preparation areas and surfaces likely to come into contact with bodily fluids (e.g. toys, bathrooms and nappy change facilities);
- clean surfaces with neutral detergent and hot water both before and after an activity like nappy changing;
- spills involving blood or bodily substances should be cleaned with neutral detergent and hot water using standard precautions; and
- cleaning equipment should be changed routinely (immediately if it has been used for cleaning blood or bodily substances).

Linen and disposable items

All items that are soiled with blood or bodily substances have the potential to cause infection and should be placed in a plastic bag, sealed, and disposed of in the normal waste (or handled as 'clinical' waste in health care facilities).

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

Management of infection control incidents

Although the risk of exposure for most community services employees 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 bodily fluids that could lead to exposure to HIV, hepatitis B or hepatitis C.

Use personal protective equipment (PPE)

The use of PPE, such as gloves, aprons, face masks and eye protection, is a good way of reducing contact with bodily fluids.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Now consult employees and review whether the risk controls have been effective:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, the disposal of infectious waste could become a manual handling hazard.

2.9 WORKPLACE BULLYING

Workplace bullying is repeated unreasonable behaviour directed towards an employee or group of employees that creates a risk to health or safety.

The following types of behaviour, if repeated, could be considered bullying:

- verbal abuse;
- excluding or isolating particular employees;
- harassment or intimidation;
- assigning meaningless tasks unrelated to the employee's job;
- assigning tasks that are impossible for the employee to successfully complete;
- changing work rosters with the deliberate intention of inconveniencing particular employees;
- intentionally withholding information that prevents a employee from effectively carrying out the job; and
- threats of dismissal.

While a single incident does not constitute bullying, one-off incidents should not be ignored.

Physical assault (or the threat of physical assault) should be regarded as occupational violence and dealt with accordingly (see **Section 2.10** and **Section 3.11** of this guide).

The WorkSafe Victoria publication *Prevention of Bullying and Violence at Work* provides more detail to help prevent bullying. The guidance note recommends an integrated approach to prevention, including creating awareness, policy development, informing, instructing and training, identifying risks, controlling risks, encouraging reporting, and responding to incidents.

What the law says

Workplace bullying creates an unsafe working environment. Employers must ensure, so far as is reasonably practicable, that risks to health and safety from bullying are eliminated or reduced.

Employees have duties under the OHS Act 2004 to take reasonable care of their own and other's health and safety and to cooperate with employers regarding the steps that must be taken to comply with a requirement under that Act.

MANAGING OHS IN YOUR WORKPLACE

How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

While bullying can occur in any workplace, it is difficult to detect and is often unreported due to: fears of 'payback' by the bully; the belief that nothing will be done to address the problem; fear of being considered weak; fear that reporting will have a negative impact on job security or career prospects; or the acceptance of bullying as a 'normal' part of workplace life.

Nonetheless, there are identifiable risks, which can be revealed through consultation with employees.

Consider all ways that employees may be exposed to bullying:

- conduct surveys to determine employees' opinions of the workplace climate and culture;
- review reports from HSRs and issues raised through health and safety committees; and
- consider any complaints made by employees about bullying or intimidating behaviour.

Factors that can increase the risk include:

- organisational change – such as restructuring or technological change;
- workforce characteristics – age, gender, disability, ethnicity and a range of other factors that could lead to individuals or groups being in a minority and being singled out;
- workplace relationships – which could create a climate in which teasing, practical jokes and bullying are more likely to occur; and
- work systems – such as high work rates, long hours, staff shortages and poorly defined jobs where tasks and objectives are not clear.

Bullying can occur in any workplace given certain circumstances. While an organisation might appear free from bullying, it still may be happening. As bullying can occur wherever people work together, employers should implement a range of complementary prevention measures.

STEP 2: DO – CONTROL THE RISKS

Consult employees and decide the best way to deal with the problems identified.

While the hierarchy of controls used throughout this guide may be difficult to apply directly to workplace bullying, identifying potential problems and implementing risk controls is still the best strategy when trying to prevent bullying.

The first step should be to raise awareness. This will help employees to recognise the circumstances in which workplace bullying may be more likely to occur.

Other preventative actions may include:

- developing and communicating a 'no bullying' policy and procedures for reporting, investigating and resolving incidents;
- providing appropriate training, particularly for those with supervisory roles;
- consulting employees and HSRs before and during any planned organisational change;
- redesigning (and clearly defining) jobs;
- developing a conflict management process;
- reducing excessive working hours; and
- reviewing resources and staffing levels.

If some employees are potentially at higher risk of bullying (such as young employees or employees with limited skills), additional measures may be appropriate, such as:

- a 'buddy' system for new employees;
- additional training (for example, in workplace diversity and tolerance of individual differences); and
- specific training for supervisors and managers with responsibilities for those employees.

Reporting

An important part of any risk management strategy for bullying is to encourage reporting. Employees must feel they can raise problems and employers must be prepared to take complaints seriously, so that prompt assistance and support can be provided where appropriate.

Reporting procedures should be developed in consultation with employees and HSRs. Procedures must set out a process that will ensure confidentiality and fair treatment for all those involved.

Resolving incidents and reports

The key principles for responding to reports of bullying should be part of standard procedure. They include:

- treat all reported matters seriously;
- respond promptly to the report;
- ensure that the person who has raised the problem is not victimised;
- provide support for all those involved;
- communicate the process to those involved;
- maintain neutrality – the person responsible for investigating the circumstances must be impartial;
- ensure confidentiality;
- document meetings, interviews and agreed outcomes; and
- address underlying risk factors.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Consult employees to review whether controls are effective and ask the following:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, a ‘buddy’ system was implemented for new employees, but without adequate training of the ‘buddies’. This introduced additional hazards for the ‘buddy’ when faced with work demands that didn’t match knowledge and abilities.

2.10 OCCUPATIONAL VIOLENCE

Occupational violence includes incidents where employees are physically attacked or threatened including any statement or behaviour that causes them to believe they are in danger of being physically attacked.

The term ‘occupational violence’ applies to all forms of physical attack on employees, including:

- striking, kicking, scratching, biting, spitting or any type of direct physical contact;
- pushing, shoving, tripping, grabbing;
- throwing objects;
- attacking with any type of weapon; and
- any form of indecent physical contact.

A ‘physical attack’ can occur regardless of the attacker’s intent and includes situations where an employee is attacked by a person who may not be able to form intent, but their behaviour can cause harm.

An example of this is would be a community services employee being punched by a client who has an acquired brain injury. While it is not clear whether the client made a conscious decision to punch the employee, this is still classified as occupational violence.

In the community services sector, the main threat of violence is from clients or residents. However, violence in the workplace can be perpetrated by co-employees (including managers, supervisors or employers), people known to the organisation (such as family members of people in care) and intruders.

MANAGING OHS IN YOUR WORKPLACE

What the law says

Employers are obliged to provide safe and healthy workplaces including ensuring employees are protected from occupational violence.

Violence should be viewed in the same way as other occupational health and safety risks, and an organisation's commitment to the prevention of occupational violence should be included in its health and safety policies. Employees need to be provided with information, instruction, training and supervision so that they are able to prevent or manage the occurrence of violence in the workplace.

Sometimes occupational violence is not just an OHS issue, in some circumstances violence can be a crime and incidents should be reported to the police. Occupational violence that will not be offences under criminal law include where an employee is physically attacked by a person, such as a psychiatric patient, who is incapable of forming the necessary intent.

How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

There is a potential for occupational violence when:

- working with clients who are in distress or who are likely to be intoxicated;
- working with people who have psychological or other conditions that may result in violent behaviour;
- working where drugs are kept or handled;
- denying someone a service or dealing with frustrated customers;
- working alone or at night; and
- handling cash.

The above list is not exhaustive as there may be other situations that could expose employees to occupational violence.

Consider all ways employees may be exposed to occupational violence:

- review incident and injury reports, statistics from the community services sector or other similar community services organisations;
- consult employees and clients;
- consult local police and industry experts in occupational violence;
- review work systems and procedures – such as staffing levels, the quality and validity of assessment and referral information, procedures for high-risk clients, client transport, off-site visits and emergency procedures;
- review communication systems and PPE. Use the *Working 'off-site' safety and security checklist* (Section 3.12);
- determine the skills and competencies needed to perform work with high-risk clients;
- review data from employee assistance or peer support programs (if there is one in place);
- inspect the workplace for current security measures. Refer to sections in the OHS internal and external inspection checklists (Sections 3.8 – 3.9); and
- review current client referral systems, security systems and cash handling systems. Use the *Occupational violence checklist* (Section 3.11).

Assess the risk of these hazards – consider how often people are exposed to the hazard and the potential severity of an injury.

The *Sample risk assessment work sheet* (Section 3.3) can help to document the risk assessment process and determine priorities.

STEP 2: DO – CONTROL THE RISKS

Now consult employees and decide the best way to deal with the problems.

Procedures for violence prevention should be part of standard operating procedures. Review existing procedures to see if they are effective in controlling the potential for violence-related harm to employees and others in the workplace.

Demonstrate a commitment to preventing occupational violence by developing a violence prevention and management policy or a communication strategy to promote zero tolerance of aggression and violence.

These sample solutions illustrate the hierarchy of controls approach:

1. Eliminate the hazard or risk

First, ask if the risk of occupational violence can reasonably be eliminated or if the activity that gives rise to the risk can be discontinued or changed. Examples may include:

- removing the incentive for occupational violence by not having drugs or valuables on the premises;
- changing client contact arrangements – for example, by providing services over the phone instead of in person; and
- withdrawing a service to a client who is known to be violent.

2. Reduce the risk

Change the equipment or process

- Replace breakable glass panes with safety glass;
- replace furniture that could be thrown with fixed furniture; and
- replace metal cutlery with plastic cutlery.

Isolate the hazard

- Increase the depth of the reception counter to create more space between the client and the staff member.

Design for safety

The design of the workplace can reduce the risk of occupational violence by reducing opportunities to commit violence. Risks are minimised by focusing on the placement of doors and windows, the immediate surroundings, and the selection of particular fittings and furniture.

- Ensure effective lighting and landscaping eliminates hiding places;
- create a clear distinction between public and staff areas, control access for internal or high-risk areas, and display directional and warning signs;
- wherever clients have to wait for services, waiting areas should be comfortable and spacious, and if there are long waiting periods, provide a TV or reading material;
- interview rooms should be designed so that employees are in full view of other people in the area, and should have: two doors in each room; client access control; windows of shatterproof glass; minimal furniture that cannot be thrown or used to attack; an escape route for staff; and
- customer counters should be sufficiently wide so that it is difficult for a client to strike an employee; sufficiently high that it is difficult for someone to jump over; and have duress alarms fitted.

Change work methods

Develop or improve policies or procedures covering issues such as:

- referral, intake and assessment;
- the provision of information and training to employees to help them identify early warning signs of potentially volatile situations and know how to defuse a situation before it escalates into violence;
- written and verbal hand-over on the status of risk (for example, clients who have exhibited the potential for violent behaviour during a previous shift);
- entering, securing and leaving the premises;
- client management, service and complaints management;
- staffing and rosters;
- cash handling;

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STEP 2: DO – CONTROL THE RISKS continued

- emergency communication and exit planning;
- working alone;
- post-incident reporting, debriefing and review;
- home visits, call-outs and off-site work;
- client transport;
- training;
- supervision and peer support; and
- grievance procedures.

Use personal protective equipment (PPE)

- Provide duress alarms for employees, including those at reception; and
- supply personal alarms and mobile phones in situations where this may provide greater security.

A useful source of further information is WorkSafe Victoria's publication *Prevention of Bullying and Violence at Work*.

Training

Briefing or training employees is an integral part of preventing aggression and violence. Training should focus on the potential situations most likely to occur in the workplace (identified in Step 1 above).

Training could cover:

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

The importance of a response strategy

While the aim is to have effective controls in place that eliminate or reduce the risk of occupational violence, employers also need to have appropriate response measures in place.

A response strategy is important, as prompt and well-planned action can help reduce the harm to employees or others by occupational violence. In the aftermath of an incident, first aid and medical treatment may be required and planning should take this into account.

Employees involved in a violent incident should be given the option of being relieved of their duties. It may be necessary to arrange debriefings or ongoing counselling for the victim of occupational violence and any witnesses to the event.

HSRs should be made aware of any incidents, and in some circumstances WorkSafe Victoria (see Section 4.7 of this guide) and Victoria Police must be notified.

Responding to serious incidents

Following a serious incident involving occupational violence, it is important to:

- ensure that the potential for violence no longer exists;
- provide first aid and medical treatment;
- call the police and, if necessary, the ambulance service;
- leave the scene undisturbed for the police;
- ask witnesses to remain until the police arrive, or if this is not possible, write down their names and contact numbers;
- warn/exclude perpetrators where appropriate;
- contact the family of those affected (keep a file with all staff's family contact numbers);
- relieve affected employees and volunteers of their duties;
- arrange an incident debriefing; and
- record the details in a workplace register of injuries.

Employers should ask for a full report from employees on what has occurred. It is important they are not made to feel in any way responsible until all facts are known by management and police, and they have been fully debriefed and counselled.

Threats

Following spoken threats (in person or over the phone):

- write a report on the incident, detailing the time, who was involved, the nature of the threats, reasons behind the threats (if known) and possible triggers for the threats;
- interview everyone involved if possible;
- ask the employee whether they feel the police should be involved;
- relieve the staff member if necessary;
- warn/exclude the client;
- if the offender is a staff member, implement the process for dealing with workplace bullying or aggression, and refer them to counselling (if deemed appropriate); and
- arrange debriefing and counselling.

Ongoing support

Usually, victims of occupational violence will feel better if they have the opportunity to talk about the incident. However, the effects of occupational violence will not disappear after the initial counselling, discussions or meetings.

Every person will react differently to being involved in or witnessing an aggressive or violent event. Some people may have a delayed reaction or suffer post-traumatic stress and treatment by qualified counsellors/psychologists may be an option.

The level of assistance provided will need to be assessed on an individual basis, but in general:

- for all reported incidents, the co-ordinator, manager or supervisor should initiate discussion with the person affected to monitor their reaction and assess the need for further assistance;
- for incidents of occupational violence, the co-ordinator or manager should arrange a debriefing as soon as possible with all relevant staff to discuss the incident, how it happened, how each person feels and what can be done to prevent it from happening again; and
- for very serious incidents, an external professional may be required to lead a further staff meeting, and to counsel staff individually. It is important that arrangements with suitable professionals are in place so they can be engaged within a short time after the incident (employee assistance programs can be helpful in this regard).

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Consult employees to decide whether the controls are effective and ask the following:

- **Why did it happen?** Review the incident – triggers/underlying risk.
- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, counter-to-ceiling security screens were installed in a community service office. The structure of the screens made communication between staff and clients difficult, leading to poor levels of service to the client that promoted aggression from the client.

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2.11 WORK-RELATED STRESS

People may become stressed when faced with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. Stress is often made worse when employees feel they have little support from supervisors and colleagues or little control over work or how they can cope with its demands and pressures.* While stress can build up over time it can also occur following specific incidents involving bullying, occupational violence and trauma.

* This is how the World Health Organisation describes stress in its publication *Work Organisation & Stress (2003)*.

Stress can lead to:

- frustration, anxiety, distress and emotional exhaustion;
- physical symptoms such as headaches, tiredness, shortness of breath, heart palpitations, sweating, indigestion, blurred vision, muscle tension or aching neck and shoulders;
- behavioural change such as irritability, excessive worrying and difficulty sleeping, leaving work early and/or working late, taking work home, absenteeism or increased sickness absence; and
- confusion and difficulty concentrating or making decision, muddled thinking.

What the law says

The OHS Act 2004 places legal responsibilities on both employers and employees. The definition of health, within the Act, now includes psychological health.

Employers have a duty under Section 21 of the Act to identify, assess and eliminate or reduce so far as is reasonably practicable the sources of risk to psychological health, safety and welfare of employees and other persons in any workplace over which the employer has control.

How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

A combination of information provides the best indication of stress in the workplace. Employees should be consulted and a variety of workplace records may be examined. Before examining workplace records, have a claims agent or human resources service remove any identifiable information to protect people's privacy.

- Review incident reports and employees' compensation claims for workgroups or teams. Examine the investigation and claims text to determine the sources of risk;
- review sick leave records. Look at the pattern of sick leave for the past three to six months. High usage of sick leave is often associated with workplace stress;
- review annual leave records. Taking small amounts of time off is commonly associated with unpleasant working conditions and employee stress;
- review records of absenteeism and staff turnover. Look at trends particularly related to shifts, following periods of unpredictable work or periods of work under high pressure, etc;
- review data from employee assistance or peer support program (if there is one in place);
- review employee opinion, organisational climate or feedback survey data. This source of information may identify sources of risk such as the management of workplace conflict, reward and recognition of effort, career opportunities, job security, workplace consultation, communication and involvement in decision-making, control over workload, work schedules, work culture issues such as levels of support and social or physical isolation;
- examine research evidence of stress in the industry in Australia or internationally. It may also be useful to liaise with other organisations about the strategies they find effective for preventing risks to psychological health from stress; and
- workers should be consulted to assess the risk to psychological health from stress.

STEP 2: DO – CONTROL THE RISKS

Consult with employees and then decide the best way to deal with the problems. There are various strategies to reduce risk to psychological health from work stress that focus on the sources of risk.

WorkSafe Victoria is developing guidance material to assist workplaces in dealing with psychological health risks. This will be available in 2007.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Regular monitoring

There should be a procedure for regularly monitoring the effect of changes in the workplace over time, including the actions taken to reduce risks to psychological health from stress. Consult employees and ask the following:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, an employee suffered work related stress because they perceived a lack of potential for career growth. The employee was given more responsibility, but without adequate training. This introduced additional hazards as the employee faced work demands that didn't match their knowledge and abilities. If a hazard such as this is created, it should be included in a continuous process of identifying and assessing hazards to psychological health from stress. Where required, modify a control measure to better control a risk.

2.12 WORK-RELATED FATIGUE

Fatigue is an acute or chronic state of tiredness that can affect employee performance, safety and health. It affects the physical and mental capacities needed for optimum work performance, increasing the risk of workplace incidents.

Fatigue can also contribute to workplace conflict, absenteeism, poor performance and mistakes that result in physical injuries or compromised client care. Work-related fatigue affects not only employee health and safety, but the health and safety of others as well.

Many potential causes of fatigue are present in community services workplaces. These may include:

- mentally and physically demanding work;
- long periods of time awake (e.g. long hours of work extended by long commuting times);
- inadequate amount or quality of sleep (e.g. when 'on-call');
- regular work at night;
- environmental stresses (e.g. noise, heat); and
- work requirements or systems of reward (pay, recognition or promotion) that provide incentives to work longer and harder than may be safe.

Prolonged fatigue can have detrimental effects on physical and mental health. These include:

- sleep disorders;
- mood disturbances;
- gastrointestinal complaints;
- headaches;
- nausea;
- depression and other psychiatric disturbances;
- cardiovascular disease;
- irregular menstrual cycles; and
- problems associated with the disruption of medication regimes for medical conditions (for example, insulin for diabetes).

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What the law says

The OHS Act 2004 requires employers and employees to manage health and safety risks associated with or influenced by fatigue. Fatigue should be viewed in the same way as other occupational health and safety risks, and be included in organisational health and safety policies.

Employers have a duty to identify, assess and eliminate or reduce, so far as is reasonably practicable the sources of risk to health, safety and welfare of employees and other persons in any workplace over which the employer has control.

Employees also have a duty to comply with organisational procedures to control the risk of fatigue.

How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

A combination of information provides the best indication of fatigue in the workplace. Employees should be consulted and a variety of workplace records may be examined. Before examining workplace records, have a claims agent or human resources service remove any identifiable information to protect people's privacy.

- Review incident data information (e.g. determine if incidents have been associated with start/finish/overtime, shift changeover and shift times);
- review workplace injury claims information;
- review records of absenteeism and staff turnover (e.g. look at trends related to periods of unpredictable work or periods of work under high pressure);
- review employee opinion survey data; and
- consult with employees.

Document any common reports of particular situations at work or at the home/work interface that contribute to fatigue and then assess the risk of these hazards – consider how often people are exposed to the hazard and the potential severity of an injury, or how likely it is to lead to injury.

STEP 2: DO – CONTROL THE RISKS

Fatigue is often caused by a combination of factors and it may be necessary to use a combination of risk control measures. Consult with employees and decide the best way to deal with the problems.

See sample solutions below:

1. Eliminate the hazard or risk

Where reasonably practicable, eliminate:

- early morning start times (before 6:00am);
- late finish times;
- work between the hours of 2:00am and 6:00am; and
- the need to work overtime or extended shifts on more than three consecutive days.

2. Reduce the hazard

- Provide back-up for absences rather than having others work longer hours to cover absences;
- use mechanical aids (hoists, trolleys) to reduce the physical demands of the task;
- control environmental factors, e.g. noise and heat;
- address issues related to inadequate amount or quality of sleep (for example when 'on-call');
- avoid work at times when we would normally be sleeping (10:00pm – 8:00am);
- provide more notice about change of working hours or shifts to enable employees to organise their commitments;
- improve shift schedules or rosters to prevent build-up of sleep debt (the fatigue that accumulates when normal sleep or rest schedules are disrupted over time); and
- provide training and information about risks to health and safety from fatigue, e.g. raise awareness, and disseminate information about the strategies that may be used to prevent fatigue. While assisting employees to manage their fatigue may be of value, this is an unreliable way of preventing risk from fatigue in the workplace.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Now review whether the controls are effective.

Regular monitoring

Review actions implemented and regularly monitor the changes in the workplace over time. Consult employees and ask the following:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, a roster was changed to reduce fatigue, but the new roster did not take into account the regular overtime staff worked. This resulted in inadequate rest periods between shifts. If a hazard such as this is created, it should be included in a continuous process of identifying and assessing fatigue hazards. Where required, modify a control measure to better control a risk.

2.13 HOME VISITS

Home visits are common for many community services organisations. They present a unique situation in terms of OHS because the location of the work is both the client's home and a workplace.

To manage the risks, the physical environment, the actual work being done and client behaviour must be considered.

The types of activities that may involve home visits include:

- aged care assessments;
- counselling;
- disability assessments;
- psychiatric assessments;
- adoption/child welfare/foster care services;
- outreach support services;
- case management services;
- emergency relief;
- pastoral care;
- independent living programs; and
- client service planning.

The *Victorian Home Care Industry Occupational Health and Safety Guide* has been developed to specifically cover the following home care services: home maintenance; meals on wheels; respite; attendant care; personal care; home care; driving; and transporting as part of these services to clients. If your organisation provides these types of services, you need to refer to this document. See **Section 5 Resources** and links for details on how to obtain this guide.

What the law says

Employers' and employees' responsibilities that apply when working in a client's home are set out in the OHS Act 2004. This means that employers must identify hazards and assess and control risks to employees who work at clients' homes.

Employees must take reasonable care for their own health and safety and that of others while in the client's home.

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How to manage the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

Consider all ways employees may be exposed to hazards at a client's home:

- conduct a preliminary off-site check with the client over the phone to ask about access, people who may be present, and whether the client owns dogs or other animals;
- consult with the referring agency to ensure all relevant information is obtained;
- review injury and illness records to identify the types and causes of injuries that employees may have sustained during home visits; and
- ask employees if they have had any near-misses.

A home assessment must be conducted. Depending on the type of service, this may be undertaken prior to or on the initial visit. Use some of the sample work sheets provided in **Sections 3.8, 3.9 and 3.12** of this guide.

Plan the home visit inspection with employees. Ask them what issues they anticipate and what tasks are to be undertaken.

Assess the risk of these hazards – consider how often people are exposed to the hazard and the potential severity of an injury.

STEP 2: DO – CONTROL THE RISKS

Now consult employees about the best way to deal with the problems. Remember to refer to **Section 2.1** of this guide to assist developing a hierarchy of controls.

An extensive list of controls is provided in the *Victorian Home Care Industry Occupational Health and Safety Guide*. The guide details controls for manual handling, hazardous substances and electrical hazards, for tasks such as vacuuming, cleaning and home maintenance. A number of examples are provided here:

- provide substitute lightweight vacuum cleaners to be used until the client is able to buy a suitable cleaner;
- provide clear instructions and guidelines on work procedures and techniques to reduce manual handling (wrap hose around your back so that you are pulling the cleaner with one hand and guiding the hose with the other hand);
- use PPE when emptying a vacuum cleaner (mask and gloves);
- check cords and power points before use;
- employer provides home care employees with safety switch;
- only use chemicals that have been approved by the employer. Use personal protective equipment (gloves, masks, waterproof apron) as required by the MSDS;
- provide clear instructions and guidelines on work procedures to reduce exposure to hazardous substances (e.g. ensure toilet is well ventilated before cleaning with chemicals – open windows and doors, turn on exhaust fan);
- avoid lifting and/or carrying where possible – use a trolley to carry the washing basket to the line; and
- ensure that pathway between laundry and clothesline is not obstructed. Refer to maintenance staff if long-term hazard.

Violence is also a major risk for employees visiting client homes. Consider all the following risk controls:

- do not carry out the visit if the risk is assessed as high, and advise the police where appropriate;
- provide the service at your workplace if the client has a known history of aggressive or violent behaviour;
- train employees so they can assess the potential risks when they arrive at the client's home – if the situation is too risky (for example, there are exposed syringes or the client is intoxicated), employees should not continue with the visit. Employees should be aware that they have the right to refuse to work with a client if they feel at risk and that they should leave a client's home if a situation develops where they are not comfortable;
- ensure that employees share any safety concerns with the co-ordinator before leaving the office to meet the client;

- if there is known history of aggressive or violent behaviour, ensure that at least two employees are allocated to conduct the home visit;
- ensure that employees advise the organisation of the client's address and their expected arrival and return times, and that someone is available to respond appropriately if the employee does not meet these timeframes;
- employees should park in an easily accessible position on the street (not in the driveway) and should keep their car keys in their possession at all times;
- ensure that employees carry identification with them, which specifies the organisation where they work;
- provide employees with mobile phones that have a programmed emergency number, and ensure they are switched on during client visits;
- make sure that employees have established code words to alert the organisation if they are in a threatening situation;
- consider a procedure where every employee phones the office within 30 minutes of arriving at the client's home;
- insist that all employees phone 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 employees may not be able to speak freely; and
- call the police if a employee is more than 30 minutes late and cannot be contacted.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Consult employees to decide whether the controls are effective and ask the following:

- **Why did it happen?** Review the incident – triggers/underlying risk.
- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, the use of a trolley may avoid the need to lift or carry laundry, but the trolley may then become a tripping hazard when not in use.

2.14 CARING FOR CHILDREN IN YOUR WORKPLACE

Many organisations may at times have children at their workplaces, raising significant issues. Some workplaces may provide child minding services while their parents or guardians are attending interviews or programs at their premises. Often, this service is provided on an informal basis in an area near the reception desk or interview room, or in a toy room or an outdoor play area. Staff in homelessness and domestic violence services may be required to work with children who enter their site. Organisations may also provide respite services for parents and their disabled children.

What the law says

Employers have a responsibility to ensure people who are not employees but who are in the workplace are safe. In each case, your organisation must consider the safety of children whether your workplace's prime activity is childcare or if children are just visitors to the workplace. The *Children's Services Act 2003* and *Children's Services Centres Regulations 1998* may also be applicable to your organisation and can be viewed at www.dms.dpc.vic.gov.au.

MANAGING OHS IN YOUR WORKPLACE

How to control the risks

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

The most common injuries sustained by children under five are:

- falls;
- poisoning (often as a result of children gaining access to medication or common household products);
- burns (hot drinks are the most common cause);
- cuts;
- crushing or trapping injuries, particularly fingers being jammed in doors;
- objects being put in the ear, nose and eyes;
- collisions;
- dog bites; and
- choking (more often from non-food items than from food).

Consider all hazards children could be exposed to at your workplace:

- complete a workplace inspection with employees to identify hazards. For example, consider the potential for falls, poisoning, burns and choking, remembering that hazards for children depend on their age, size and stage of development;
- review any complaints or concerns from parents about child-minding arrangements; and
- review injury and illness records to identify whether children have sustained any injuries in the past at a workplace, and look at the nature and causes of those injuries.

Assess the risk of these hazards – consider how often children are exposed to the hazard and the potential severity of an injury.

STEP 2: DO – CONTROL THE RISKS

Now consult employees and decide the best way to deal with the problems you have identified.

See sample solutions below:

1. Eliminate the hazard

- Remove a physical hazard completely so that it no longer poses a threat (for example, remove play equipment that is damaged or dangerous);
- do not provide child minding. Use a childcare service instead; and
- instruct parents or guardians not to leave bags in areas accessible to children (even baby bags often contain unsafe objects and look attractive to children).

2. Reduce the risk

Change the equipment or process

- Replace fluffy, absorbent toys with toys that are easily cleaned and sterilised.

Isolate the hazard

- Place a fence around play equipment to ensure children can only access the equipment while supervised.

Design for safety

- Install safety switches, door latches, power outlet covers and other safety devices.

Change work methods

- Always store medication and chemicals in different locked cupboards out of the reach of children;
- provide a trained childcare employee to supervise children in care;
- request that parents or guardians sign in children to ensure that employees are aware of the children for whom they are responsible;
- ensure that children remain in view of employees;
- check toys regularly and remove broken toys or those with loose parts; and
- ensure that employees and parents or guardians do not have hot drinks near children.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Consult employees to monitor whether controls are effective and ask the following:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, putting up fencing without proper railing measurement causing risk of head entrapment.

2.15 OFFICE ENVIRONMENTS

There are a range of hazards that may exist in the office environment: manual handling; potential for slips/trips/falls; hazardous substances; occupational violence; and bullying. These hazards are covered in detail in **Sections 2.5 – 2.14**. This section will focus specifically on the risks associated with working at a computer for long periods, which can lead to neck, shoulder and back pain.

What the law says?

Employers have duties under the OHS Act 2004 to ensure safe working conditions for employees and others in the workplace. The *Occupational Health and Safety (Manual Handling) Regulations 1999* define repetitive or sustained application of force, awkward postures or movements, as hazardous manual handling. When hazardous manual handling is identified a risk assessment must be undertaken and any risks controlled, so far as is reasonably practicable.

How to manage the risks

The WorkSafe guidance on office environment, *Officewise*, provides more detailed guidance to help identify, assess and control the risks associated with the office environment.

STEP 1: THINK – IDENTIFY THE HAZARDS AND ASSESS THE RISKS

As for any manual handling risk you should consider all possible situations where computer-based or written tasks involve sustained or repetitive awkward postures, and whether they could lead to an injury:

- complete a workplace inspection with employees to identify workstations where staff adopt awkward postures, for example prolonged sitting on non-adjustable chairs performing writing or computer-based tasks;
- review injury records to identify whether anyone at the workplace has reported an MSD in the past; and
- ask employees about tasks that they find difficult to do.

MANAGING OHS IN YOUR WORKPLACE

STEP 2: DO – CONTROL THE RISKS

To prevent injuries associated with sustained awkward postures, ensure workstations are set up in a way that encourages an upright, symmetrical and relaxed working posture. Provide suitable furniture and train employees to set up their workstations. Regardless of having the most appropriate workstation set-up, employees need to take regular breaks away from the desk, stand regularly to stretch and go for a walk.

Consider all the following controls when setting up workstations.

Desk and chair

- A height-adjustable desk is best. Adjust the height, to allow the operator to have their feet flat on the floor. If the desk's height can't be adjusted, a footstool may be required for operators of slight stature. Desk thickness should be less than 30mm, and depth of the desk must be sufficient so that the screen is not too close;
- chairs should have a five-star base and be easily adjustable for seat height, back rest height and tilt;
- adjust the backrest so that it supports the small of the back. Adjust the height of the chair so that the forearms are parallel to the desk when the elbows are at 90 degrees or more – this will ensure that the shoulders are relaxed when typing; and
- avoid armrests if most of the time at the desk is spent typing (armrests restrict an employee's ability to move closer to the desk and can cause the shoulders to be raised when typing).

The screen, keyboard and mouse

- Position the screen at eye level to avoid the need to incline the head, which can contribute to neck and shoulder pain;
- position the screen at arm's length – too far away and there is a tendency to lean forward and away from the back support of the chair;
- position the screen to avoid glare from overhead lights;
- clean the screen regularly – fingerprints and dirt make the screen hard to read;
- attach a separate keyboard and mouse when using a laptop on a desk to enable typing positions to be adjusted;
- give the eyes a break by looking away from the screen;
- place the keyboard and mouse to avoid overstretching;
- rest the hands in the lap or on the desk when not typing – this relaxes the shoulders and forearms;
- avoid hovering over the keyboard or the mouse to avoid muscle tension;
- don't strike the keys with unnecessary force;
- learn the shortcut function keys; and
- avoid working from documents that are flat on the desk. Instead, consider using a document holder that places documents beside the screen. If employees need to look at the keyboard when typing, choose a document holder that sits between the screen and the keyboard.

What else is on the desk?

- Think about removing clutter from the desk. Decide whether it would better to store some items away from the desk and then take a short walk when these items are required; and
- place frequently used items within reach and avoid overstretching or twisting.

STEP 3: REVIEW – MONITOR AND REVIEW RISK CONTROLS

Consult employees to monitor whether controls are effective and ask the following:

- **Did it work?** Did the risk control address the identified hazard and the risk of it occurring?
- **Did it create another hazard?** The risk control may have addressed the initial hazard but did it create another one? For example, a filing cabinet was provided to alleviate storage needs at a workstation. However, it was placed in a location that presented a tripping hazard when opened.

2.16 FIRST AID

First aid in the workplace is the provision of emergency treatment and life support for people suffering injury or illness at work.

This could include treatment for an injury such as a cut, fracture or burn, or for exposure to fumes or vapours resulting in dizziness or vomiting. It can also include treatment for a person who suffers a medical emergency such as a heart attack or an epileptic seizure.

First aid should not be seen as a substitute for medical treatment. If a person who has received first aid appears to need further treatment, medical help must be obtained without delay, either by taking the person to a doctor's surgery or hospital, or by calling an ambulance if moving the person may place them at risk.

What the law says

The OHS Act 2004 requires employers to provide adequate facilities for the welfare of employees. Employers must also provide the information, instruction, training and supervision necessary to enable employees to perform their work in a safe manner.

The WorkSafe publication *First Aid in the Workplace (Code of Practice No. 18, 1995)* provides practical guidance to assist employers to fulfil these duties in regard to the provision of first aid.

The first aid system must be established long before any person at your workplace may need it.

Establish your first aid requirements

To establish the first aid needs of the workplace:

- identify local doctors and hospitals;
- identify the likely causes of work-related injury and illness and assess the risks they pose; and
- determine the level of first aid that may be required in the event of an injury or illness as a result of any of these risks.

As well as considering the nature and severity of the risks at the workplace, consider:

- the size and layout of the workplace (will access to treatment be difficult for some employees?);
- the number and placement of employees (including arrangements such as shiftwork, overtime and flexible hours);
- the location of the workplace (how quickly can medical attention be given if required?); and
- known occurrences of injury and illness.

Employees and HSRs should be consulted when assessing first aid requirements, including training and information, number of qualified first aiders and first aid facilities required to ensure an effective response to any incident.

Section 3.14 has a simple checklist to help you assess the needs for first aid facilities and training.

First aiders – selection and training

There is no 'typical' number of first aiders for a workplace, as the number required will vary from one workplace to another. An assessment of workplace risks will help determine how many first aiders are needed, and what their competencies should be.

As a minimum requirement, all first aiders should be able to undertake initial treatment of injuries and illnesses occurring at the workplace.

Training for first aiders should be arranged with their required competencies in mind, and employers should ensure that first aiders maintain their knowledge and skills by undertaking further training or 'refresher' training when necessary.

MANAGING OHS IN YOUR WORKPLACE

First aid kits and rooms

First aid kits should be clearly marked (usually with a green cross on a white background) and should be accessible to employees. The number of kits required will depend on the first aid needs of the workplace.

Kits must be checked regularly to ensure that their contents are replenished, and the container should protect the contents from dust and damage. They should not be locked so as to ensure they can be accessed immediately.

In most workplaces, the following items are likely to be included in a basic first aid kit:

- emergency services phone numbers and addresses;
- names and contact numbers of workplace first aiders;
- basic first aid instructions;
- individually wrapped sterile adhesive dressings;
- sterile eye pads;
- sterile covering for serious wounds;
- triangular bandages;
- safety pins;
- small, medium and large sterile wound dressings;
- adhesive tape;
- rubber thread or crepe bandage;
- disposable gloves; and
- scissors.

Some workplaces may need a room specifically set aside for first aid treatment. Whether the organisation requires a first aid room is something to consider during an assessment of first aid needs.

Awareness of first aid arrangements

It is very important that all employees know the first aid arrangements and procedures, including who the first aiders are and where first aid kits are located.

This information should be provided to employees on their first day and must be updated whenever any changes are made to first aid arrangements.



SECTION 3

CHECKLISTS AND TOOLS



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3

CHECKLISTS AND TOOLS

HOW TO USE THESE TOOLS

These tools have been designed to assist organisations establish 'OHS basics', the building blocks for managing health and safety. The OHS inspection checklists provide a wide ranging list of issues to consider. Please note that not all issues are relevant for all organisations.

These tools should be adapted to fit each organisation, its activities and work environments.

They can also be photocopied and distributed to help managers, employees, volunteers and OHS committees fulfil their roles in health and safety. If OHS processes are already in place use the tools to review existing OHS systems.

Writing an OHS policy or procedure (Section 3.1) assists organisations develop an OHS policy.

Sample OHS induction for employees and volunteers (Section 3.2) is an example agenda of a half-day induction program.

Sample risk assessment work sheet (Section 3.3) and *Sample risk control work sheet (Section 3.4)* are generic documents that can be used to document the risk management process for any hazard. They are one way to show hazards have been identified and risks assessed, taking into consideration the likelihood and severity of injuries. Controls should then be documented and responsibilities and time frames allocated.

Manual handling work sheet (Section 3.5), *Manual handling risk assessment work sheet (Section 3.6)* and *Manual handling risk control work sheet (Section 3.7)* can be used for manual handling risk management process.

OHS inspection for the internal environment checklist (Section 3.8) and *External environment checklist (Section 3.9)* cover a range of hazards and can be used to assess all work premises including clients' homes.

Emergency evacuation checklist (Section 3.10) can be used to assess evacuation systems.

Occupational violence checklist (Section 3.11) can be used to examine systems intended to address occupational violence. It should be used in conjunction with the internal and external environment checklists (**Sections 3.8 and 3.9**) for specific environmental controls and with the *Working 'off-site' safety and security checklist (Section 3.12)* for those not working in an office environment.

Working 'off-site' safety and security checklist is useful for all organisations that have employees working away from the organisation's office. It covers security and communication.

Transport safety checklist (Section 3.13), can be used by organisations whose employees drive as part of their work or provide client transport services.

Assessment of first aid needs checklist (Section 3.14) provides a basic guide to the questions that need be asked when determining a workplace's first aid requirements.

Establishing a hazardous substances (chemicals) register (Section 3.15) is relevant to all organisations that have any hazardous substances at their workplaces.

Use this checklist to review your existing OHS policy and procedures, or as guidance when drafting new ones.

YOUR OHS POLICY SHOULD INCLUDE:

- the purpose of the policy
- the legal duty of your organisation as an employer
- your organisation's commitment to controlling hazards at their source where practicable, and minimising risks where hazards cannot be eliminated
- an outline of *how* a hazard or issue will be managed – including resources to be provided
- roles and accountabilities of managers and supervisors
- a description of how the policy will be communicated to employees/volunteers and put into practice

YOUR OHS PROCEDURE SHOULD INCLUDE:

- the purpose of the procedure
- the standards the procedure must meet: relevant legislation; Compliance Codes; Australian Standards; or industry best practice
- steps to be followed to achieve required objectives in managing the hazard or issue the procedure addresses
- roles and accountabilities of managers, supervisors, employees and volunteers
- direction to any additional guidance people will need to implement the procedure
- a process for review of the procedure and the date by which that will happen

Finally, review and/or test OHS policies and procedures to make sure they are:

- written simply and clearly, so they will be understood by all employees and volunteers
- comprehensive, consistent and compliant with relevant legislation and standards in the way they will manage the hazard or issue addressed

3.2 SAMPLE OHS INDUCTION FOR EMPLOYEES AND VOLUNTEERS



Timetable and topics

TIME	TOPICS
9:00am	General administration
9:15am	Introduction to the course Expected learning outcomes Topic 1 – OHS legislation in the workplace Defining key terms Key elements of OHS legislation Workplace responsibilities Responsibilities of employees Role of WorkSafe Victoria
10:00am	Topic 2 – Communication and consultation in OHS Effective OHS consultation OHS consultative processes Role of OHS committee/Health and Safety Representatives
10:45am	Break
11:00am	Topic 3 – Managing workplace hazards Key elements of OHS risk management Identifying hazards Risk assessment Controlling and monitoring OHS risks Elements of a safe system of work
11:45am	Topic 4 – Emergency and first aid arrangements Workplace emergency plans Elements of an emergency response plan Elements of a site evacuation plan Emergency procedures for fire Workplace arrangements for first aid
12:30pm	Topic 5 – Workplace injury management and insurance Defining workplace injury management and insurance Entitlements and obligations of injured employees Elements of workplace injury management and return to work Summary, questions and evaluation
1:00pm	Close

Note:

This course may be more than four hours duration if trainers customise to suit the needs of the organisation: for example, by including training in agreed procedures to manage particular workplace risks.

Source: adapted from 'OHS Induction for Employees', WorkCover NSW, OHS Education Unit 2002.

Location: Albert Lane Community Centre, ground floor and steps inside front entrance

Risk assessment conducted by: Centre Manager, Health and Safety Representative [names required] **Date:** 30/9/2005

HAZARD	RISK	RISK – LIKELIHOOD	RISK – SEVERITY
<p>Slipping hazard: wet floors after mopping stairs.</p> <p>Slipping hazard: Plate glass exit door close to foot of stairs.</p>	<p>Risk: Slip or fall on stairs could result in injury to employee, volunteer, client or visitor to the Centre.</p> <p>Risk: Slip or fall on stairs could result in a person falling against or through plate glass exit door.</p>	<p>Likely to happen: stairs are mopped twice a week when the Centre is open to clients and visitors.</p> <p>Likely to happen: consultation with Centre staff and volunteers indicates that two people have slipped on wet stairs this year, so far without serious injury occurring.</p>	<p>Significant risk: could result in fracture, loss of consciousness or soft tissue injury.</p> <p>Significant risk: could result in deep cut if a person falls into the glass door and the glass is broken. Shattering glass would also place at risk persons outside the Centre.</p>

3.4 SAMPLE RISK CONTROL WORK SHEET



TAKE ACTION TO CONTROL RISK, REVIEW EFFECTIVENESS OF YOUR CONTROLS

ACTION REQUIRED (RISK CONTROL)	DATE BY WHICH ACTION WILL BE COMPLETED	RESPONSIBILITY	DATE COMPLETED/ SIGNATURES OF MANAGEMENT REPRESENTATIVE, HSR
Change equipment or process: replace glass exit door – no glass except for window at face height.	5/11	Manager to arrange with building owner.	
Design for safety: install non-slip surfacing on stairs.	29/10	Manager to arrange with building owner.	
Improve lighting on stairs: add light to landing and above exit door.	15/10	Manager to arrange with building owner.	
Change work method: wet mopping to be done after hours when stairs are not in use.	Immediate (1/10)	Manager will arrange with cleaners for work to be organised so stairs are not mopped while the centre is open to the public.	
REVIEW to be undertaken by: REVIEW signed off:		Proposed date for review: 2/12/2005 Date completed:	

3.5 MANUAL HANDLING WORK SHEET

HAZARDOUS MANUAL HANDLING IDENTIFICATION WORK SHEET

Management representative: _____

Health & Safety Representative: _____

Does the task involve hazardous manual handling? Tick any of the following that apply to the task.

TASK	REPETITIVE OR SUSTAINED APPLICATION OF FORCE	REPETITIVE OR SUSTAINED AWKWARD POSTURE	REPETITIVE OR SUSTAINED MOVEMENT	APPLICATION OF HIGH FORCE	EXPOSURE TO SUSTAINED VIBRATION	HANDLING LIVE PEOPLE OR ANIMALS	HANDLING LOADS THAT ARE UNBALANCED, UNSTABLE OR DIFFICULT TO GRASP OR HOLD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more than one box is ticked for a particular task, you must do a risk assessment of that task.

Hazardous manual handling must be identified for all existing and proposed tasks in your workplace. You must also identify hazardous manual handling whenever changes occur in the workplace or new information or reports of MSD are brought to your attention.

3.6 MANUAL HANDLING RISK ASSESSMENT WORK SHEET



Task:	Date:
--------------	--------------

Management representative

Health & Safety Representative:
--

RISK ASSESSMENT WORK SHEET

Step 1a – Does the task involve repetitive or sustained postures, movements or forces?

Tick yes if the task requires any of the following postures, movements or forces more than twice a minute (repetitive) OR more than 30 seconds at a time (sustained).

POSTURES AND MOVEMENTS	YES	COMMENTS (i.e. WHEN AND WHERE IS IT HAPPENING?)
Bending the back forwards or sideways more than 20 degrees		
Twisting the back more than 20 degrees		
Backward bending of the back more than 5 degrees		
Bending the head forwards or sideways more than 20 degrees		
Twisting the neck more than 20 degrees		
Bending the head backwards more than 5 degrees		
Working with one or both hands above shoulder height		
Reaching forwards or sideways more than 30cm from the body		
Reaching behind the body		
Squatting, kneeling, crawling, lying, semi-lying or jumping		
Standing with most of the body's weight on one leg		
Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms		
Working with the fingers close together or wide apart		
Very fast movements		
Excessive bending of the wrists		
Lifting or lowering		
Carrying with one hand or one side of the body		

Step 1a – Does the task involve repetitive or sustained postures, movements or forces? continued

POSTURES AND MOVEMENTS	YES	COMMENTS (i.e. WHEN AND WHERE IS IT HAPPENING?)
Exerting force with one hand or one side of the body	<input type="checkbox"/>	
Pushing, pulling or dragging	<input type="checkbox"/>	
Gripping with the fingers pinched together or held wide apart	<input type="checkbox"/>	
Exerting force while in an awkward posture, e.g. <ul style="list-style-type: none"> • supporting items while arms or shoulders are in an awkward posture • moving items while legs are in an awkward posture 	<input type="checkbox"/>	
Holding, supporting or restraining any object, person, animal or tool	<input type="checkbox"/>	

Step 1b – Is the task carried out over a long period of time?

Tick yes if the task is done for more than two hours over a whole shift, OR continually for more than 30 minutes at a time.

YES	COMMENTS (i.e. WHEN AND WHERE IS IT HAPPENING?)
<input type="checkbox"/>	

3.6 MANUAL HANDLING RISK ASSESSMENT WORK SHEET CONTINUED



Step 2 – Does the task involve high force?

Tick yes if the task involves any of the following high force actions, even if force is only applied once.

	YES	COMMENTS (i.e. WHEN AND WHERE IS IT HAPPENING?)
Lifting, lowering or carrying heavy loads		
Applying uneven, fast or jerky forces during lifting, carrying, pushing or pulling		
Applying sudden or unexpected forces (e.g. when handling a person or animal)		
Pushing or pulling objects that are hard to move or to stop (e.g. a trolley)		
Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load		
Exerting force at the limit of the grip span		
Needing to use two hands to operate a tool designed for one hand		
Throwing or catching		
Hitting or kicking		
Holding, supporting or restraining a person, animal or heavy object		
Jumping while holding a load		
Exerting force with the non-preferred hand		
Two or more people need to be assigned to handle a heavy or bulky load		
Exerting high force while in an awkward posture		

Refer to Step 1a for guidance on awkward postures.

Tick yes if employees report *any* of the following about the task.

	YES	COMMENTS (i.e. WHEN AND WHERE IS IT HAPPENING?)
Pain or significant discomfort during or after the task		
The task can only be done for short periods		
Stronger employees are assigned to do the task		
Employees think the task should be done by more than one person, or seek help to do the task		
Employees say the task is physically very strenuous or difficult to do		

Step 3 – Is there a risk?

Does the task involve repetitive or sustained postures, movements or forces, and long duration?

(See page 22 of WorkSafe publication *Manual Handling (Code of Practice No. 25, 2000)*.)

Tick yes if you ticked any boxes in Step 1a and Step 1b.

Yes

Comments

The task is a risk. Risk control is required.

Does the task involve high force?

Tick yes if you ticked any box in Step 2.

Yes

Comments

The task is a risk. Risk control is required.

Step 4 – Are environmental factors increasing the risk?

Tick yes if any of the following environmental factors are present in the task.

	YES	COMMENTS (i.e. WHEN AND WHERE IS IT HAPPENING?)
Vibration (hand/arm or whole body)		
High temperatures		
Radiant heat		
High humidity		
Low temperatures		
Wearing protective clothing while working in hot conditions		
Wearing thick clothing while working in cold conditions (e.g. gloves)		
Employees are working in hot conditions and are not used to it		

3.6 MANUAL HANDLING RISK ASSESSMENT WORK SHEET CONTINUED



Step 4 – Are environmental factors increasing the risk? continued

Has there been a report of musculoskeletal disorders (MSD) associated with this task?

Tick box if yes.

Comments

It may be helpful to sketch the task or attach a photograph here and describe the task or area more fully.

Generally, the more boxes you ticked in each section on this work sheet, the greater the risk.

If the assessment shows a risk of MSD, you must keep this record until the task is no longer done or if the task is changed and another assessment is done.

Workplace:	Date:
-------------------	--------------

Work sheet completed by:

What are the sources of the manual handling risk?

Can you eliminate all or part of the task?

IF NO
↓

- Is it possible to eliminate or reduce the risk by:
- making changes at the workplace
 - changing the environmental conditions
 - changing system of work
 - changing objects used in the task
 - using mechanical aids

IF NO
↓

Can you reduce the risk by providing information, instruction and/or training to employees and volunteers who will carry out this task?

IF YES
→

HOW?

IF YES
→

HOW?

Date by which risk control(s) is to be implemented:
Person(s) responsible for taking the agreed action:
Date by which effectiveness of the risk control(s) will be reviewed:
Signed off (management rep and HSR):

3.8 CHECKLIST: OHS INSPECTION – INTERNAL ENVIRONMENT



Workplace:	Date:
-------------------	--------------

Inspection completed by:

Date for review of agreed actions:

SECURITY	YES	NO	COMMENT/ACTION BY DATE
Adequate locks on all external doors			
Adequate locks on all external windows			
All keys are registered and records kept identifying people holding them at all times			
Alarm system installed and functional			
Emergency communication (e.g. duress alarm or intercom) provided where appropriate			
Window and door security screens fitted			
Signs and physical barriers indicate boundaries between public and restricted areas			
Signs clearly visible to indicate security measures are in place			
Emergency procedures and evacuation points clearly displayed			
Restricted public access to objects that could be used as a weapon			
Cash to be kept in secure places out of view of clients/visitors			
Areas where an intruder/aggressor could hide have been identified and communicated to staff			
Secure cupboards, lockers or drawers provided for staff and volunteers to keep personal items			
Emergency phone numbers displayed at every telephone			
'Safe haven' provided where staff could quickly and safely access a phone in an emergency			
Client consultation areas have two exits and a window or one-way mirror			
Only one public access point in use at night			
Visual access to outside of external doors, i.e. view hole, glass panel or closed-circuit camera			

FLOORS/AISLES/EXITS	YES	NO	COMMENT/ACTION BY DATE
Entrances and steps in good order			
Entrances, doorways, stairs and steps kept free from obstructions			
Hand rails installed where appropriate at entrance/exit steps and ramps			
Floor coverings in good order			
Floors even, with no cracks, dips or holes			
Floors clean and not slippery			
Signs available and always placed to indicate wet floors after cleaning			
Computer and other electrical leads and cables kept clear of aisles and walkways			
Aisles and walkways free from obstructions – boxes, rubbish, bins, etc			

STAIRS AND LANDINGS	YES	NO	COMMENT/ACTION BY DATE
Lighting adequate			
Good visual contrast between steps			
Slip-resistant strips on step edges			
Hand rails installed and at appropriate height			
Minimal variation between step height and step depth (horizontal)			

LIGHTING AND INDOOR CLIMATE	YES	NO	COMMENT/ACTION BY DATE
Lighting for vision adjustment from sunlight to indoors			
Lighting in all indoor work areas is sufficient and suitable for work performed			
Accessible light switches			
Task lighting provided for close and/or detailed work			
Overhead lights shielded to minimise glare			
Stairwells and exits well lit			

3.8 CHECKLIST: OHS INSPECTION – INTERNAL ENVIRONMENT CONTINUED



LIGHTING AND INDOOR CLIMATE CONTINUED	YES	NO	COMMENT/ACTION BY DATE
Temperature maintained at appropriate (comfortable) level throughout indoor areas			
Air conditioning filters (if required) cleaned regularly			
Air quality acceptable (no fumes, odours, particles)			

BATHROOMS/TOILETS	YES	NO	COMMENT/ACTION BY DATE
Adequate toilets for men and women			
Toilets provided for people with disabilities			
Nappy change facilities available			
Facilities cleaned regularly			
Facilities well ventilated			
Hand wash, single-use hand towels/driers provided			
Sanitary bins provided			

KITCHEN AND LUNCH ROOMS	YES	NO	COMMENT/ACTION BY DATE
Suitable eating/tea break facilities provided			
Food stored appropriately, i.e. refrigerated where required			
Cooking facilities clean and in good working order			
Clean work benches			
Locked cupboard or drawers for knives and other sharp implements			
Kitchen staff to wear protective clothing where appropriate			
Kitchen staff to wear gloves when handling or preparing food			
Exhaust fans above cooking units functional and clean			
Electrical equipment in good condition (check leads)			
Anti-slip floor surfaces provided; floors free from water and grease			

HOUSEKEEPING	YES	NO	COMMENT/ACTION BY DATE
Work areas kept clean and tidy			
Materials and equipment stored safely			
Rubbish bins/recycled paper bins emptied regularly			
Employees/volunteers provided with PPE for cleaning tasks, e.g. disposable rubber gloves			
Appropriate container(s) provided for disposal of 'sharps'			
Procedures in place for cleaning up spills and breakages			

HAZARDOUS SUBSTANCES	YES	NO	COMMENT/ACTION BY DATE
Material Safety Data Sheets (MSDS) available for all hazardous substances in the workplace			
Hazardous substances register kept (and up to date)			
Procedures in place to dispose of all chemicals appropriately			
All chemicals clearly labelled			
Hazardous substances to be kept in locked cupboard or drawers			
Emergency procedures in place and promoted to all employees/volunteers			
All employees instructed in correct use of hazardous substances, and provided with any necessary PPE			
Fire extinguishers (of correct type) located close to chemical storage areas			
Facilities to deal with chemical spills or splashes maintained nearby to areas of chemical use			

3.8 CHECKLIST: OHS INSPECTION – INTERNAL ENVIRONMENT CONTINUED



STORAGE	YES	NO	COMMENT/ACTION BY DATE
Materials stored in racks, cupboards, compactus, storage rooms or bins where possible			
Storage designed to minimise manual handling			
Floors in storage areas free from rubbish and packaging materials			
Files and document boxes stored securely and appropriately			

FIRST AID	YES	NO	COMMENT/ACTION BY DATE
First aid kit clearly labelled and complete as required			
First aid kit easy to access for all employees			
All employees aware of where the first aid kit is located			
Names of trained first aiders clearly displayed			
First aid qualifications kept up-to-date by trained first aiders as necessary			
Disposable gloves available and used for treatment of all injuries			
Register of injuries kept			

WORKSTATIONS/OFFICE FURNITURE	YES	NO	COMMENT/ACTION BY DATE
No broken or unstable items			
No sharp edges on desks, tables or equipment			
Filing cabinets and cupboards stable or secured to wall to prevent tipping			
Furniture not blocking aisles or doorways			

CHAIRS	YES	NO	COMMENT/ACTION BY DATE
Chairs are height-adjustable			
Back rests are adjustable			
Chairs have been adjusted (seat and back rest) to suit individuals using them			

DESK/WORK SURFACE	YES	NO	COMMENT/ACTION BY DATE
Desk at correct height for the work being performed			
Sufficient leg room beneath desk			
Desk is uncluttered			

WORKPLACE LAYOUT	YES	NO	COMMENT/ACTION BY DATE
Document holder provided for continuous keying (typing and reading documents) work			
Phone connection nearby			
Sufficient individual storage space			
Frequently used items located within comfortable reach			
Computer and other cables are secure beneath work surface			
Computer monitor is at recommended height			
Keyboard and mouse are positioned correctly			
Adequate space between items of furniture			
Adequate space for staff and clients in passageways			

ELECTRICITY AND ELECTRICAL EQUIPMENT	YES	NO	COMMENT/ACTION BY DATE
Switchboards and electrical equipment in safe condition			
Electrical installations and equipment regularly inspected or tested and tagged as safe			
Records kept of all electrical inspections, testing and repairs			
Procedure in place for immediate withdrawal of any item thought to be faulty – and warning notice where necessary			
Plugs, sockets and switches in safe places and free from obvious defects (loose, broken, overheating)			
Electrical leads free from kinks, frays, loose or exposed wires or leads			
Adequate number of power points for appliances and equipment in use			

3.8 CHECKLIST: OHS INSPECTION – INTERNAL ENVIRONMENT CONTINUED



ELECTRICITY AND ELECTRICAL EQUIPMENT CONTINUED	YES	NO	COMMENT/ACTION BY DATE
Earth leakage protection installed			
Main and isolating switches clearly signed and accessible			
Power tools, power boards, extension leads maintained in safe condition			

NOISE	YES	NO	COMMENT/ACTION BY DATE
Equipment regularly maintained			
Noisy equipment enclosed or isolated from employees, volunteers and clients			

PHOTOCOPIERS	YES	NO	COMMENT/ACTION BY DATE
Located in well ventilated room			
Located away from employees to minimise their exposure to noise			

RESIDENTIAL	YES	NO	COMMENT/ACTION BY DATE
Privacy for clients and employees (e.g. not having a TV and stereo in the same room)			
Kitchen safety rules clearly displayed and understood			
House rules displayed and understood			
Residents informed of curfew times and comply with these			
Visitors informed of house rules and comply with these			
Drug and alcohol policy clearly displayed and enforced			
Housekeeping satisfactory throughout residential environments			
Emergency procedures in place and understood by employees, volunteers and residents			

'SAFE ROOMS'	YES	NO	COMMENT/ACTION BY DATE
Door with handle that can be pulled closed and locked			
Double lock on door			
Exit from the room other than the entry door			
Telephone in the room			

FIRE EXITS AND PROCEDURES	YES	NO	COMMENT/ACTION BY DATE
Smoke detectors and alarms appropriately located and in working order			
Accessible fire exits			
Appropriate exit signs			
Uncluttered fire exits and stairwells			
Fire exits unlocked during working hours			
Fire extinguishers located as appropriate for building area and accessibility requirements			
Fire extinguishers of correct type for identified workplace hazards			
Fire extinguishers regularly serviced and service dates recorded on tags			
Fire blankets provided where appropriate			
Regular fire drills held, with staff participation documented			

3.9 CHECKLIST: OHS INSPECTION – EXTERNAL ENVIRONMENT



Workplace:	Date:
-------------------	--------------

Inspection completed by:

Date for review of agreed actions:

VEHICLE PARKING AREA AND BUILDING PERIMETER	YES	NO	COMMENT/ACTION BY DATE
Vandal-resistant security lights illuminate building perimeter			
Security lights can be set to automatically activate and de-activate			
Security lights are on a separate electrical circuit to the main facility			
Employees/volunteers working after dark have parking available in an area close to a building entrance			
Landscaping provides minimal places of concealment for intruders			
Entrances and exits are clearly marked			
Surface of parking area and driveways are free from potholes, cracks and other trip hazards			
External roads and car parks are well drained to prevent flooding or pooling of water			
Drainage grates are in good order			
Required direction of traffic is well defined and clearly indicated by signs and/or painted roadways			
Traffic and speed restriction signs are clearly visible and free from obstructions			
Adequate lighting throughout parking areas is installed and functioning			
Intersections and pedestrian areas (e.g. crossings) are identified and clearly signed			
Potential vehicle damage areas, corners and guardrails are effectively marked			
'No parking' areas are clearly indicated by signs and/or surface marking			
Disabled parking areas are designated and in priority locations			
Emergency and service vehicle parking areas are designated and in priority locations			
Facility vehicle parking spots are designated in well-lit areas and close to buildings			

PEDESTRIAN AREAS	YES	NO	COMMENT/ACTION BY DATE
Continuous clear, accessible pathways (i.e. no barriers, no impediment from trees or bushes)			
Landscaping provides minimal places of concealment for intruders			
Pathways free from raised curbs, projections, holes and other tripping hazards			
Paths are well drained to prevent flooding or pooling of water			
Adequate illumination of paths, walkways, stairs, steps and ramps			
Steps and changes of level clearly defined and indicated			
Anti-slip surfaces where necessary, with fungus/slippery fallen leaves etc treated or cleared			
Waste bins provided and regularly emptied			

BOUNDARIES AND ACCESS POINTS	YES	NO	COMMENT/ACTION BY DATE
Walls, gates and fences in good order without gaps or protrusions			
Signs clearly displayed to indicate security arrangements in place			
Childproof locks fitted to gates where needed			

SHADE	YES	NO	COMMENT/ACTION BY DATE
Adequate protection from sun provided			
Sunscreen provided to staff and clients who may have prolonged exposure to sun			
Hats and other protective clothing worn by staff and contractors (e.g. gardeners) when working outside			

3.9 CHECKLIST: OHS INSPECTION – EXTERNAL ENVIRONMENT CONTINUED



FIXED CHILDREN'S PLAY EQUIPMENT	YES	NO	COMMENT/ACTION BY DATE
Impact absorbing material under all equipment where fall height could exceed 0.5 metres			
Impact absorbing fall zone free from objects and extends at least 2.5 metres beyond perimeter of equipment			
Accessible gaps higher than 600mm above ground are either less than 100mm or more than 230mm			
All handrails and grabrails are between 19mm and 38mm in diameter			
Guardrails with vertical or solid infill provided for platforms over 1 metre high			
No protruding bolts, nails or splinters			
All equipment regularly checked to ensure it is safe and in good repair			

OTHER	YES	NO	COMMENT/ACTION BY DATE
Assembly area for emergency evacuations is clearly marked			
Gardens maintained safely – debris, dead or loose branches, long grass cut/removed as necessary			
Gardens and grounds free of sharp objects (glass, metal, wood, needles, etc)			
Disposal containers provided for smokers (if smoking is permitted within property boundaries)			
Storage areas locked and kept free of material, obstructions and rubbish			
Fire hoses appropriately located, regularly checked and maintained			

Workplace:	Date:
-------------------	--------------

Checklist completed by:

Date for review of agreed actions:

EMERGENCY RISK CONTROL	YES	NO	COMMENT/ACTION BY DATE
All emergencies that could require evacuation of the working area have been identified			
Persons responsible for managing emergencies, including any evacuation, have been nominated and informed			
Signals/instructions that will trigger an evacuation have been established and communicated			
Those responsible for activating alarms/warning signals have been nominated and informed			
Emergency procedures are clearly displayed in the workplace at appropriate locations			
Employees and volunteers have been informed of emergency procedures (and briefed where necessary)			
Emergency procedures are included in induction training for all new employees and volunteers			
Evacuation route has been identified and needs of people with disabilities considered			
Assembly points have been identified and communicated to all employees and volunteers			
Procedures are in place to ensure that everyone is accounted for (including visitors and contractors)			
Signal or instruction indicating 'all clear' has been established and person has been nominated for this role			
Re-entry procedures have been established and persons nominated to manage this following the 'all clear'			
Evacuation 'rehearsals' are held on a regular basis and evaluated afterward to ensure that plans are being followed			

3.11 CHECKLIST: OCCUPATIONAL VIOLENCE



Workplace:	Date:
-------------------	--------------

Checklist completed by:

Date for review of agreed actions:

POTENTIAL RISK CONTROL MEASURES

CLIENT ASSESSMENT AND REFERRAL	YES	NO	COMMENT/ACTION BY DATE
Procedures followed for referral and assessment of clients			
Written criteria used to determine the types of clients the service will accept and those to be referred elsewhere			
Clients assessed for their potential of aggression and violence (risk profile)			
Referring organisations provide written information regarding client behaviour, history of violence or aggression			
Referral information verified and further information sought from family, carers, teachers or general practitioners			
Relevant information is communicated to staff			
Services reduced or discontinued for clients who present a level of risk which cannot be managed within existing resources			
Procedures followed for referring clients to appropriate services for treatment of psychiatric, illicit drug and alcohol issues			
Day to day behavioural status of higher risk clients monitored and recorded, and next shift of employees/volunteers made aware of relevant information			

STAFF MANAGEMENT

STAFF MANAGEMENT	YES	NO	COMMENT/ACTION BY DATE
Procedures followed for employees/volunteers working alone or off-site			
Inexperienced employees paired with experienced employees			
Employees' clothing does not add to risk of injury during a violent incident (e.g. earrings, ties, scarves)			

STAFF MANAGEMENT CONTINUED	YES	NO	COMMENT/ACTION BY DATE
Procedures followed for disputes and grievances between employees, volunteers and management			
Client rights and responsibilities documented and provided to clients at the start of service			
Client dispute resolution procedures in place			
Items that could be used as a weapon removed from clients where practicable and without risk to employees			
Client medication procedures in place			
Sleeping clients woken with voice, not by touch			
Procedures in place for handling client cash and personal items			
Procedures to ensure clients are never given employees' personal telephone numbers/home address details			
Employees working with high-risk client groups encouraged to consider silent private telephone numbers			
Employees/volunteers prohibited from sexual or other personal relationship with clients			

SECURITY PROCEDURES	YES	NO	COMMENT/ACTION BY DATE
Information provided to clients, visitors, contractors and suppliers on workplace arrangements to manage violence			
Security procedures for all premises in place day and night			
Access restricted at night to as few entrances as possible			
Arrangements made to ensure employees do not need to access outside storage areas at night			
Arrangements made to enable employees to park close to the building at night			
Personal property stored in a secure place			
Register of visitors and other persons on site (e.g. contractors) provided and maintained as a requirement of entry			

3.11 CHECKLIST: OCCUPATIONAL VIOLENCE CONTINUED



CASH HANDLING	YES	NO	COMMENT/ACTION BY DATE
Cash handling system in place			
Limited cash kept on premises			
Cash stored in secure location out of sight of public and clients			
Procedure for safe transport of cash when bank deposits (or withdrawals) are made			

EMERGENCY PROCEDURES AND TRAINING	YES	NO	COMMENT/ACTION BY DATE
Procedures in place including defusing of threat, back-up, reporting, retreat to safe areas and calling police			
Person nominated to take charge in case of any violence-related emergency			
Procedure in place to handle bomb threats, armed hold-ups, abusive telephone calls			
Home visits and emergency call-out procedures in place			

POST INCIDENT PROCEDURES	YES	NO	COMMENT/ACTION BY DATE
First aid and access to medical care provided for anyone injured			
Transport home and communication with family of those affected arranged if necessary			
Psychological support (debriefing and/or counselling) available to affected employees/volunteers			
Time off arranged as necessary for affected employees/volunteers following an incident			
Incident details recorded and reported to manager or employer			
Serious violent incidents such as physical or armed assault or bomb threats reported to police			
Client-perpetrated aggression or violence recorded in the client's files			
WorkSafe Victoria notified of incidents as required by the <i>Occupational Health and Safety Act 2004</i>			

Workplace:	Date:
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Checklist completed by:

Date for review of agreed actions:

COMMUNICATION	YES	NO	COMMENT/ACTION BY DATE
Employees have communication equipment, e.g. a mobile phone			
Communication equipment to be checked prior to leaving 'base'			
Communication equipment is switched on at all times while off-site, and programmed with back-to-base and emergency numbers			
Employees leave details of off-site addresses, scheduled arrival and departure times, registration number of vehicle			
Employees report movements to base as stipulated by protocols (e.g. regular call-in, call-in on arrival or departure or at end of shift)			
Procedures in place if contact is lost or if off-site employees do not make contact when expected			
Code words established for off-site employee to indicate they are in a threatening situation			

HOME VISIT AND CALL-OUT SECURITY	YES	NO	COMMENT/ACTION BY DATE
Risk assessments of client behaviour and home is undertaken before committing employees to a home visit or call-out			
Higher risk clients are asked to attend at the organisation's premises or are seen by employees in pairs (this may include staff from another community service organisation)			
Employees carry official photo ID which identifies the issuing organisation			
Employees have been trained and instructed to respect clients and will be aware that clients may view home visits as 'invasion of their personal space'			
If a client is being helped to escape domestic violence, visits are scheduled for times when back-up is available, and if necessary police are involved			

3.12 CHECKLIST: WORKING 'OFF-SITE' SAFETY AND SECURITY CONTINUED



HOME VISIT AND CALLOUT SECURITY CONTINUED	YES	NO	COMMENT/ACTION BY DATE
Employees have been trained and instructed to withdraw from a visit if they feel they are at any risk			
Employees who are alone or in an isolated situation are provided with duress alarm, mobile phone and call-in system			
Mobile phone 'black-out' areas are identified and procedures are in place for emergency communication (and/or work undertaken in pairs)			
Employees are trained in procedures for home visits, e.g. maintaining a clear line of exit, keeping car keys/diary secure, parking car to enable exit in emergency			
Employees are trained and instructed to leave client premises and notify police if firearms or other weapons are observed			
Employees are trained in techniques to defuse threat of aggression or violence			
Incidents on client premises are recorded in client files and incident reports			
Employees are instructed to avoid walking in deserted places or taking shortcuts that could place them at risk			
Employees are trained and instructed to withdraw from neighbourhoods where there are signs of unrest or trouble			
Employees are instructed to seek directions by telephone or from business owners, not from strangers on street			
If followed while at work (by car or on foot) employees have been trained and instructed to cross the road, walk in the opposite direction and seek refuge in a safe place			

WORKING IN OTHER PREMISES	YES	NO	COMMENT/ACTION BY DATE
Employees in other sites such as community buildings or schools are aware of the security and emergency procedures at those premises			
Security arrangements (both internal and external environments) will be established and communicated to employees before they use premises			

Workplace:	Date:
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Checklist completed by:

Date for review of agreed actions:

VEHICLES	YES	NO	COMMENT/ACTION BY DATE
Employees hold valid driver's licences for the class of vehicle they use. Licences are recorded and verified annually			
Vehicle records (registration, insurance, fuel, mileage, servicing and parts) are maintained and checked			
A roadside assistance scheme is in place for all work vehicles			
Drivers are instructed to check fuel records and visually inspect tyres before leaving base			
Vehicles are routinely serviced, and a procedure for reporting faults is in place and known to all employees			
Random checks are conducted at appropriate periods to check vehicle condition and safety			
An incident kit is kept in each vehicle, with instructions, report form, first aid advice and emergency phone numbers			
An incident reporting and investigation system is in place and is implemented following all car incidents			
An incident database is established and maintained			
Crash test ratings and safety devices (e.g. front and side airbags, anti-lock braking systems, three-point seat belts, adjustable head rests) are considered when buying or leasing new cars			
Passenger safety (hydraulic devices, fold-down steps and handles to assist when getting on and off, wheelchair storage, seatbelts, sufficient room between seats, slip-resistant steps and floor surfaces) are considered as part of a risk assessment undertaken when buying or leasing new buses			
Cargo barrier in place in station wagons and hatchbacks			
Consideration given to wiring daytime running headlights to ignition			

3.13 CHECKLIST: TRANSPORT SAFETY CONTINUED

VEHICLES CONTINUED	YES	NO	COMMENT/ACTION BY DATE
Heavy or bulky freight stored in boot or separated from passengers by cargo barriers			
Procedures in place for drivers, including speed limits, fatigue management, alcohol and drug use			
Hands-free mobile phone kits installed in vehicles, and employees instructed that vehicle must be pulled over and stopped before dialling			
Requirements and standards in place for use of private vehicles for work purposes (including insurance status, safety features and maintenance)			
Consideration given to equipping vehicles with first aid kits, safety vests and triangles, fire extinguishers			
Consideration given to pre-employment driving assessments for employees whose job will involve a lot of driving			
Consideration given to driving performance review as a part of overall work performance review			

TRANSPORTING CLIENTS	YES	NO	COMMENT/ACTION BY DATE
Client risk profile is assessed prior to transport and if necessary an additional escort is provided			
A driver who is not familiar with a client will be provided with relevant information regarding any physical and behavioural limitations, issues and concerns			
Drivers instructed to use inside lane to facilitate pulling over safely and quickly in an emergency			
Means of emergency communication are readily accessible in vehicles			
Drivers are trained in emergency procedures, including immobilising cars, retreating to a safe place and calling for back-up assistance			
Employees have been trained and instructed to ensure clients are not seated directly behind driver			
Potential weapons such as cigarette lighters are removed and objects such as fire extinguishers are stored in the boot			

TRANSPORTING CLIENTS CONTINUED	YES	NO	COMMENT/ACTION BY DATE
Employees who regularly transport clients hold current first aid training qualification			
Employees know locations of medical centres and emergency departments in areas where they are transporting clients			
Clients will be required to wear seatbelts at all times while vehicle is in motion			
Child-proof locks are used when transporting children and clients with dementia			
Employees who transport clients in private vehicles have comprehensive vehicle insurance and have notified their insurance companies of the activity they undertake for their organisation			
Employees have been trained in manual handling techniques specific to moving people with physical limitations or disabilities and equipment such as wheelchairs in and out of vehicles			
Wheelchairs used for client transportation are lightweight and designed for portability			

3.14 CHECKLIST: ASSESSMENT OF FIRST AID NEEDS



Workplace:	Date:
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Checklist completed by:

'Tick off' each aspect of your assessment in consultation with a Health and Safety Representative (HSR) or relevant employees and volunteers (if you have no HSR).

Step 1 – Consider size, location and layout of the workplace

<input type="checkbox"/>	How far would an injured or ill person need to be transported to your first aid facility?
<input type="checkbox"/>	Is the workplace a long way from incident and emergency facilities and local doctors?
<input type="checkbox"/>	Is the workplace spread over more than one floor?
<input type="checkbox"/>	Will prompt access to first aiders be available throughout the workplace?

Step 2 – Consider the number (and locations) of your employees and volunteers

<input type="checkbox"/>	Do your employees/volunteers work alone or in groups?
<input type="checkbox"/>	Do your employees/volunteers work flexible hours or shifts?
<input type="checkbox"/>	Will placement of portable first aid kits solve any problems in regard to accessing first aid materials?

Step 3 – Consider the nature of your hazards and potential severity of risks

<input type="checkbox"/>	Has your risk management approach to hazards identified any special first aid needs?
<input type="checkbox"/>	Is all necessary first aid information readily available (e.g. material safety data sheet for all chemicals on site)?

Step 4 – Review your history of work-related incidents and illnesses

<input type="checkbox"/>	Does your record of past incidents and illnesses provide useful information about your probable first aid needs?
--------------------------	--

Evaluate your answers and use them as the basis for determining how many first aiders you need, what their level of first aid competency should be, and what you require in first aid kits and possibly a first aid room.

Derived from the *Code of Practice for First Aid in the Workplace*, June 1995 (WorkSafe Victoria).

A hazardous substances register identifies and lists all the hazardous substances used in the workplace. A material safety data sheet (MSDS) for each listed chemical should be included with it.

The hazardous substances register must be kept up-to-date. Following the four key steps below will help establish and maintain a register:

1. Identify all hazardous substances – list them by product name in a folder which will be available to all employees and volunteers who may use these chemicals as part of their work.
2. Maintain an electronic register for those working with the chemicals. A printed copy should also be readily available. If chemicals are used in different areas of the organisation (e.g. by cleaners, kitchen staff, gardeners) provide a copy of the register for employees in each area.
3. Ensure the MSDS for each listed hazardous substance is detailed. Manufacturers and suppliers have a legal obligation to provide this information upon request.
4. Maintain the register and establish a review process so new hazardous substances are added, and chemicals no longer used are removed. Check that the MSDS is current by asking suppliers if there have been any changes.

SAMPLE entry in a hazardous substances register, with overview and immediate first aid information (this level of information will NOT substitute for having the MSDS of a product):

PRODUCT NAME	TYPICAL HEALTH EFFECTS	PRECAUTIONS FOR USE	FIRST AID
<p>LIQUID DRAIN CLEANER</p> <p>Supplier: ABC Company</p> <p>Tel: 1234 5678</p> <p>Date MSDS reviewed: 21/07/04</p>	<p>Corrosive to mouth and digestive tract if swallowed.</p> <p>Can cause skin burns and irritation to upper respiratory tract if fumes are breathed.</p> <p>Can cause serious eye damage if splash occurs.</p>	<p>Use in well ventilated area.</p> <p>Use PVC or neoprene gloves when decanting, mixing and using.</p> <p>Use eye protection when decanting, mixing and using.</p> <p>Make sure you have an eye wash facility at hand before you handle or use the liquid drain cleaner.</p> <p>Note of the size and number of containers, e.g. 500mls x 3 packs/bottles.</p>	<p>SWALLOWED</p> <p>Rinse mouth with water. Give glass of water, but do <u>NOT</u> induce vomiting. Seek immediate medical assistance.</p> <p>INHALED</p> <p>Assist employee into open air or well ventilated space. Do <u>NOT</u> induce vomiting. Seek immediate medical assistance.</p> <p>SPLASHED</p> <p>Wash skin thoroughly. Hold eyes open, flush with water for 15 mins. Seek immediate medical assistance.</p>

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SECTION 4

MANAGING ACCIDENTS AND CLAIMS



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- 4.2 Preparing your workplace 82
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4

MANAGING ACCIDENTS AND CLAIMS

4.1 ACCIDENT COMPENSATION – WHAT THE LAW SAYS

The objectives of the *Accident Compensation Act 1985* are:

- a) to reduce the occurrence of incidents and disease in the workplace;
- b) to provide for the effective occupational rehabilitation of injured employees and their early return to work;
- c) to increase suitable employment opportunities for employees who are injured, enabling their early return to work;
- d) to provide adequate and just compensation to injured employees;
- e) to ensure employees' compensation costs are contained to minimise the burden on Victorian businesses;
- f) to establish incentives conducive to efficiency and discourage abuse;
- g) to enhance flexibility in the system and allow it to be adapted to needs of disparate work situations;
- h) to establish and maintain a fully funded scheme; and
- i) in this context, to improve the health and safety of all at work and reduce the social and economic costs to the Victorian community of incident compensations.

4.2 PREPARING YOUR WORKPLACE

Every organisation should plan for the possibility of an injury occurring or illness affecting an employee or visitor.

This publication has already covered the need to establish first aid arrangements (**Sections 2.16** and **3.14**) and to have emergency procedures (**Section 3.10**).

While these will only be needed if an incident occurs, they are a vital prevention activity and can help minimise the harm resulting from any incident or emergency at work.

Workplace OHS procedures should include action plans to ensure:

- immediate assistance to anyone who is injured or ill;
- procedures to make the workplace safe in the aftermath of an incident; and
- an investigation process to prevent further similar occurrences.

Developing an occupational rehabilitation program

Employers with an annual payroll of more than \$1 million must have an occupational rehabilitation program in place.

Those with an annual payroll of less than \$1 million must develop a program when a work-related injury at their workplace results in an injured employee being unable to work for 20 or more calendar days.

An occupational rehabilitation program sets out assistance available at the workplace to help injured employees stay at, or return to, work. As part of the program, employers must:

- develop a return to work policy;
- appoint a return to work co-ordinator; and
- nominate an approved occupational rehabilitation provider.

Taking the following steps will help establish your occupational rehabilitation program:

- gain commitment from senior management;
- identify a responsible person (this could be your return to work co-ordinator) or appoint a working party to help develop your program;
- in consultation with employees develop your draft program and circulate it to all interested parties for review and comment;
- consult and agree on any changes required and submit a final draft for management and employee agreement;
- circulate and promote the program and ensure everyone understands how it will work; and
- establish a process for regular review of the program's suitability and effectiveness.

4.3 TAKING OUT A WORKCOVER POLICY

If your annual payroll is more than \$7,500, you must take out a WorkCover policy with an approved insurer. Should a work-related injury or illness occur, insurance may provide the employee with compensation such as:

- weekly benefits if there is a loss of wages;
- medical and hospital expenses;
- payment for rehabilitation services; and
- a lump sum payment in the event of permanent impairment.

Who is covered?

Workplace injury insurance covers all those deemed to be employees under the *Accident Compensation Act 1985* who are eligible to make a claim if they suffer a work-related injury.

Employers are required to display an *If you are injured* poster giving employees information they need to make a claim. Posters can be obtained from WorkCover authorised agents or from WorkCover. Claim forms should also be available at all workplaces.

Workplace injury insurance does not usually cover volunteers, contractors and visitors. These people may be covered under other insurance such as public liability insurance, volunteer incident insurance or, in the case of contractors, their own workplace injury insurance.

4.4 IF A WORK-RELATED INJURY OR ILLNESS OCCURS

Immediate action

If an injury or illness occurs in the workplace, first aid or transport to medical treatment should be arranged straight away. It should also be ensured that the hazard poses no further threat to any others. Securing the scene may be necessary to safeguard others and assist with subsequent investigation.

Notify WorkSafe Victoria immediately if there is an incident involving a fatality or serious injury to any person at the workplace (**Section 4.7**).

Potential impacts of a serious or violent incident on employees can also be managed by:

- providing debriefing for employees;
- providing services if required; and
- consulting employees about how they are feeling.

MANAGING ACCIDENTS AND CLAIMS

Handling a claim

If an employee submits a WorkCover claim form to an employer it must be acknowledged and considered. An employee cannot be dismissed for making a claim. The employer is responsible for forwarding the documents to the WorkCover authorised agent.

An employer claim report must be completed stating if liability for a claim is accepted and if the employee's description of the incident and injury is accurate. To answer this correctly, the incident should first be investigated and all facts documented. Consider the following:

- Did the employee suffer an injury or disease?
- Was their work a significant contributing factor?
- If the claim is for time off work and weekly benefits, does the injury or disease prevent them from working?

The injured employee's completed claim form and completed employer's claim report (with any supporting documentation) should be sent to the WorkCover authorised agent within 10 days of receiving the claim form. The sooner a claim is lodged with the WorkCover authorised agent, the sooner steps can be taken to assist the injured person to get back to work.

The WorkCover agent has 28 days following receiving the claim form and WorkCover certificate/s of capacity to determine liability. The employee can lodge an early notification form with the WorkCover authorised agent enabling them to notify the relevant WorkCover agent of the claim at the same time it is served on the employer. If an employer fails to forward a claim to the agent more than 38 days after receiving a valid claim from the employee, the claim is deemed accepted.

If a claim for weekly benefits is made to the WorkCover authorised agent and is received more than 39 days from when the employee served the claim to the employer, the claim will be deemed accepted upon receipt.

If the claim is accepted

If the claim is accepted by the insurer, the employer must pay the first \$506 (as of 1 July 2004 – this amount is indexed annually) of the employee's medical expenses, unless the employer has selected the 'excess buyout' option.

If an employer fails to forward a claim for weekly benefits within the legislative timeframes, they may be required to pay an additional excess which consists of weekly payments starting on the 11th day of incapacity and ceasing on the date the VWA authorised agent receives the claims form from you.

If the employee is entitled to weekly payments, these must be made within seven days of the end of the week for which they are payable. If the employee would normally be paid less frequently, payments must be made at the same intervals as they would be if they were at work.

Employers should seek reimbursement from the employee's WorkCover authorised agent within three months after making weekly payments to the employee.

If the claim is disputed or denied

If a claim is disputed or denied, the employee may request the WorkCover authorised agent review the decision and may also refer the decision to the Accident Compensation Conciliation Service for review.

A conciliation meeting may be needed and employers should talk to their WorkCover authorised agent about who should attend.

The WorkCover authorised agent will not pay any medical bills, weekly payments of compensation or other bills from the time that the claim is denied or disputed.

Employers should continue to help the injured employee, keeping in touch with them and, with their permission, the treating doctor. Provide suitable alternative duties if possible.

Employee responsibilities

Employees should:

- notify their employer of the injury as soon as possible and provide details of what happened;
- submit a written report of the injury within 30 days or they may not be entitled to compensation (if the employee is unable to provide this report, another person can do it on their behalf within the 30 day limit);
- lodge a claim for weekly payments as soon as practicable after the incapacity arising from their injury becomes known to them; and
- make a reasonable effort to return to work in whatever capacity agreed by the employer, the doctor and the WorkCover authorised agent.

4.5 MANAGING RETURN TO WORK

Managing return to work is about ensuring an employee's prompt, safe and lasting return to work after injury.

Although the WorkCover authorised agent will arrange help for the injured employee, employers should keep in touch with them. A simple get-well card and regular phone contact can comfort the employee and assist their recovery.

Contact the injured employee's treating health practitioner

The most effective way to assist an employee to recover is to adopt a team approach. The team should consist of the injured employee, the WorkCover authorised agent and the treating health practitioner (doctor or other practitioner such as a physiotherapist, chiropractor or osteopath).

The treating health practitioner should be aware of the full range of tasks or activities carried out within the organisation. This will assist them in designing an appropriate treatment plan, and advise what duties may be suitable for the employee on their return.

Remember, the employee gives their treating health practitioner permission to discuss return to work options with their employer and the WorkCover authorised agent when they fill in the compensation claim form. Should an employer feel uncomfortable contacting the injured employee's treating health practitioner, the WorkCover authorised agent can arrange for a representative to call them in the employer's place.

Developing a return to work plan

Return to work plans should be completed as soon as is practicable, no later than 10 days after the 'relevant day', that refers to the later of the following events:

- when a claim for weekly payments is accepted, a decision at conciliation is made and accepted; or the claim is determined by a court in favour of the employee (whichever happens earliest); or
- when the employer becomes aware, or ought reasonably have been aware, that the employee's period of incapacity is likely to exceed 20 days.

Once a return to work plan has been prepared (and whether or not the employee has returned to work), employers must maintain contact with the employee unless it is not practicable to do so.

The plan should be reviewed as often as is appropriate to the injury and the circumstances.

The Return to Work Guide for Victorian Employers, available from WorkSafe Victoria, provides further information to assist employers in helping injured employees return to work.

MANAGING ACCIDENTS AND CLAIMS

4.6 KEEPING A REGISTER OF INJURIES AND ILLNESSES

All workplaces should keep a register to keep track of any work-related injuries and illnesses.

It can be a diary, an exercise book, or in an electronic format as long as employees know where it is, can access it at all reasonable times and know how and when to use it.

WorkSafe Victoria inspectors may ask to see the register when they visit a workplace.

If an employee notifies an employer of a work-related injury or illness, they must ensure the following information is recorded in the register:

- the name and job title of the injured employee;
- the date and time of the injury or onset of the work-related illness;
- the exact location of the employee when they were injured or became unwell;
- exactly how the injury or onset of the illness occurred;
- the nature of the injury or illness, and what parts of the employee's body were affected;
- the names of any witnesses;
- the date on which you were notified; and
- any first aid treatment provided and any referral for medical treatment.

It should also be noted what action was taken to fix any unsafe conditions identified as causes of the injuries and illnesses recorded.

Requirements for reporting of workplace injuries and illnesses to WorkSafe are set out in **Section 4.7** below.

4.7 NOTIFICATION OF INJURIES AND DANGEROUS OCCURRENCES

The OHS Act 2004 requires employers notify WorkSafe Victoria (ph: 13 23 60) when an incident at the workplace results in:

- a death;
- someone requiring medical treatment within 48 hours following exposure to a substance (e.g. a chemical spill or inhalation of fumes);
- someone requiring immediate treatment as an in-patient at a hospital; or
- someone requiring immediate treatment for:
 - an amputation;
 - a serious head or eye injury;
 - the separation of skin from underlying tissue;
 - electric shock;
 - a spinal injury;
 - the loss of bodily function (including loss of consciousness); or
 - a serious laceration.

If an incident occurs the scene must be preserved until advised otherwise by a WorkSafe inspector. WorkSafe must also be notified of dangerous occurrences (i.e. collapse of a part of a building or structure, an explosion or a fire).

What details will be required?

The person notifying WorkSafe will be asked for the following information:

- the name and address of the organisation;
- the name of any injured person, details of the injury and a brief description of what happened; and
- the contact details of a person from the organisation who is at the incident scene.

In addition to phone notification, written details of the incident must be sent to WorkSafe within 48 hours. An incident notification form is available from local WorkSafe offices or from www.worksafe.vic.gov.au.

A written description will be accepted as long as it provides all the information requested on the incident notification form. A copy of the record must be kept for at least five years.

CHECKLISTS AND TOOLS

4.8 CHECKLIST: RISK MANAGEMENT AND OCCUPATIONAL REHABILITATION

CHECKLIST FOR SMALL EMPLOYERS

(Injuries on or after 1 March 2004)

If your annual payroll is \$1 million or less use this checklist to assess whether you are meeting your obligations.

RISK MANAGEMENT AND OCCUPATIONAL REHABILITATION PROGRAM CHECKLIST

Your obligation: establish and maintain a risk management program and an occupational rehabilitation program if a worker has an incapacity for work.

Have you had an injury at your workplace where the injured worker has had an incapacity for work?

If so:

Have you nominated a return to work co-ordinator for your workplace?

Did you nominate a return to work co-ordinator as soon as was practicable but no later than 10 after the relevant day?

After the injury occurred did you:

Establish your risk management program?

Did you establish your risk management program within three months after the relevant day?

Have you put in place the other components of your occupational rehabilitation program?

Does your occupational rehabilitation program include:

A written statement of your return to work policy?

The name of your return to work co-ordinator?

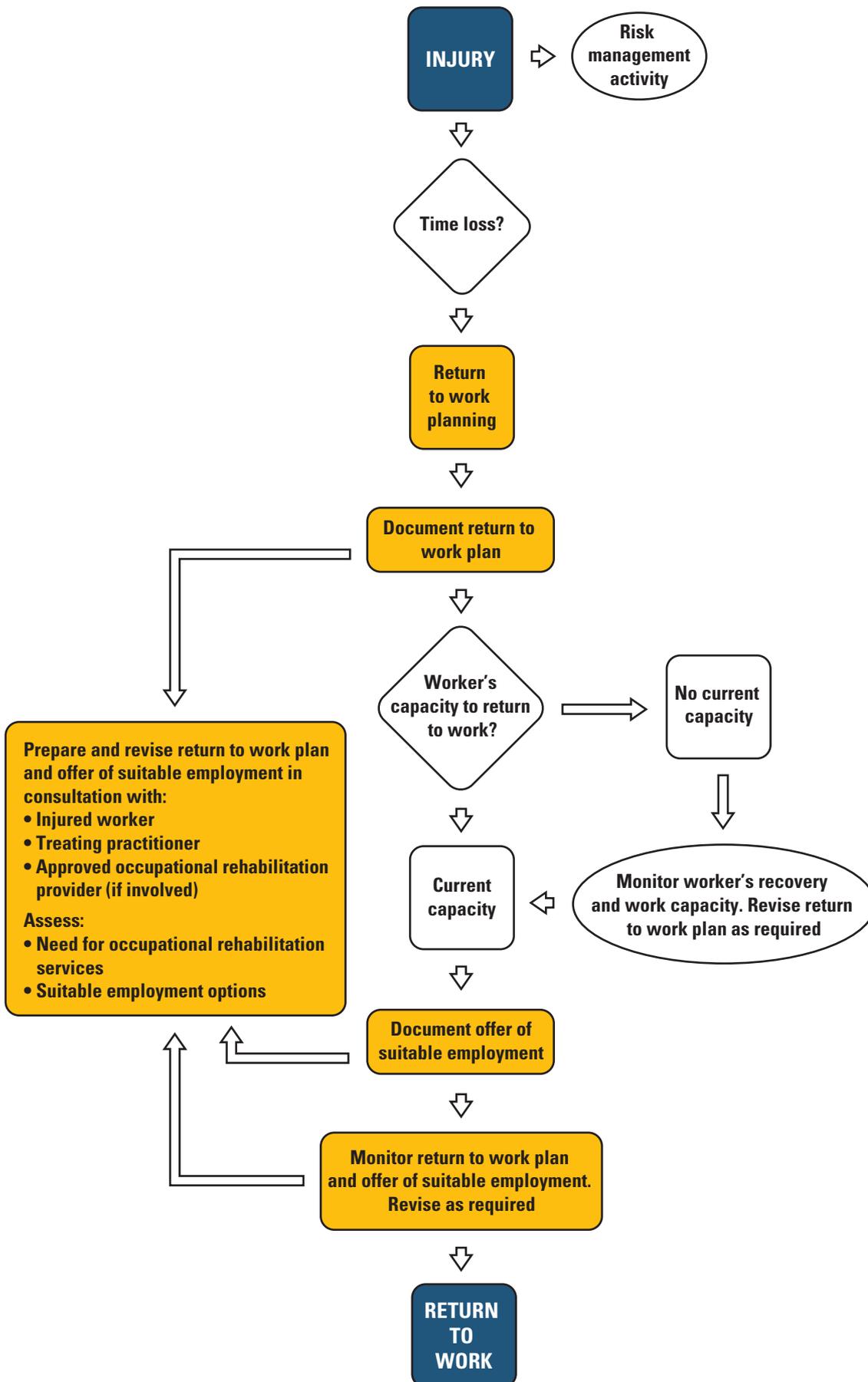
The name of your nominated approved provider of occupational rehabilitation services?

Did you establish your occupational rehabilitation program within three months after the relevant day?

Have you ticked all the boxes? If not, to ensure your programs comply fully, refer to **Sections 1 and 3** of *Working Safely in Community Services*.

MANAGING ACCIDENTS AND CLAIMS

4.9 FLOW CHART: RETURN TO WORK PROCESS



4.10 SAMPLE: RETURN TO WORK PLAN

VICTORIA NURSING HOME																																							
RETURN TO WORK PLAN																																							
Employer details																																							
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MANAGING ACCIDENTS AND CLAIMS

4.11 CHECKLIST: RETURN TO WORK PLAN

CHECKLIST FOR RETURN TO WORK PLANS

For injuries on or after 1 March 2004, use this checklist to assess if your return to work plans meet your obligations.

Your obligation: prepare a return to work plan for injured workers who have an incapacity for work. Prepare your plan as soon as practicable but no later than 10 days after the relevant day.

- Do you have a return to work plan for every injured worker who has an incapacity for work?
- Was the plan developed as soon as practicable but no later than 10 days after the relevant day?
- Did your return to work co-ordinator, or other authorised person, undertake the required actions to prepare the plan?
- Were your worker and their treating practitioner contacted in order to obtain information about the worker's capacity to work?
- Was your authorised agent contacted to inform them of the relevant circumstances and discuss the necessity for any occupational rehabilitation services?
- Where an occupational rehabilitation service was provided on or after 1 July 2005 - was the worker offered a choice of approved occupational rehabilitation provider from a list of (not less than three where available) approved occupational rehabilitation providers? Was the list compiled having regard to the worker's circumstances at the time and the criteria specified in the law?
- Was the plan prepared in consultation with your worker, their treating practitioner(s), and where one was involved, the occupational rehabilitation provider?
- Were the contents of the plan consistent with information, if any, obtained from the worker's treating practitioner?
- Was the plan developed with the view to your worker ultimately returning to their pre-injury employment?
- Did you use your best endeavours to arrive at a consensus with all parties in relation to the plan?
- Was the plan revised? Did you revise the plan when:
You became aware of your worker's capacity to work? When requested by your worker?
Their treating practitioner? Their occupational rehabilitation provider?
Their return to work co-ordinator? Your authorised agent?
- Did you sign the plan and invite your worker to endorse the plan?

Does the return to work plan contain the following information?

- Your worker's name?
- An estimate of the date that your injured worker should have been fit to return to work?
- Where made, an offer of suitable employment?
- The occupational rehabilitation services (if any) that are reasonably necessary for the maintenance at work or return to work of your injured worker?



SECTION 5

RESOURCES AND LINKS



5.1 Where to go for more information 92

5.2 Further reading and resources 93



5

RESOURCES AND LINKS

5.1 WHERE TO GO FOR MORE INFORMATION

WorkSafe Victoria

WorkSafe Victoria offers a complete range of occupational health and safety services, including: emergency response; advice; information and education; inspections and audits; licensing and certification; publications; and on-line guidance. WorkSafe Victoria and Victorian WorkCover Authority publications can be downloaded from the WorkSafe Victoria website.

Contact information:

Website: www.worksafe.vic.gov.au
Email: info@workcover.vic.gov.au

Advisory Service

222 Exhibition Street
Melbourne VIC 3000

GPO Box 4306
Melbourne VIC 3001

Phone: 03 9641 1444
Toll-free: 1800 136 089
Fax: 03 9641 1353
Email: advisory_service@workcover.vic.gov.au

WorkSafe Incident Notification

Phone: 13 23 60

5.2 FURTHER READING AND RESOURCES

WorkSafe Victoria *Working Safely in Community Services* publication has been adapted from the *Community Services Safety Pack* published by WorkCover New South Wales. Direction to NSW material has not been provided here unless that material is available through their website: www.workcover.nsw.gov.au.

The impact of the *Occupational Health and Safety Act 2004* on WorkSafe Victoria's existing publications

From 1 July 2005, the *Occupational Health and Safety Act 2004* (OHS Act 2004) will replace the *Occupational Health and Safety Act 1985* (1985 Act).

WorkSafe Victoria's existing publications (e.g. Codes of Practice, guides, brochures, guidance notes, etc) have been written with reference to the 1985 Act. These publications will be progressively reviewed and amended to reflect provisions in the OHS Act 2004.

Impact on publications

Publications may contain references to the 1985 Act. The OHS Act 2004 maintains the core provisions of the 1985 Act and builds upon it with positive additions, simplified and clarified provisions. After 1 July 2005, it is important you reference the section of the 1985 Act with the relevant section in the 2004 Act to ensure you meet any new or changed duties.

Impact on Regulations

Most Regulations written under the 1985 Act will, after the commencement of the new Act, continue for two years or until revoked. The *Occupational Health and Safety (Incident Notification) Regulations 1997* have been repealed and have now been incorporated into the 2004 Act with some minor changes.

Impact on Codes of Practice

Codes of Practice made under the 1985 Act provide practical guidance to people who have duties or obligations under Victoria's OHS laws. The 2004 Act allows the Minister for WorkCover to make Compliance Codes which will provide greater certainty about what constitutes compliance with the OHS laws.

Codes of Practice will continue to be a practical guide for those who have OHS duties and WorkSafe Victoria will continue to regard those who comply with the topics covered in the Codes of Practice as complying with OHS laws. WorkSafe Victoria will progressively review all Codes of Practice and replace them with guidance material and, in appropriate cases, with Compliance Codes.

OHS and the law in Victoria

- *Summary of the Occupational Health and Safety Act 2004*, 2nd edition – WorkSafe Victoria, June 2005
- *Consulting with Employees on Health and Safety – Guidance Note*, WorkSafe Victoria, June 2005
- *Employee Health and Safety Training – Guidance Note*, WorkSafe Victoria, June 2005
- *Casual Employees: Managing their health and safety – Guidance Note*, WorkSafe Victoria, June 2005
- *Provision of Occupational Health and Safety Information in Languages Other Than English (Code of Practice No.16, 1992)*

Consultation

- *Talking safety together – Guide*, WorkSafe Victoria, October 2005

RESOURCES AND LINKS

Risk management approach

- *Hazard Identification, Risk Assessment and Risk Control in the Workplace – Guidance Note*, WorkSafe Victoria, October 2000 (updated June 2005)

Manual handling

- *Occupational Health and Safety (Manual Handling) Regulations 1999*
- *Manual Handling (Code of Practice No. 25, April 2000)*
- *Manual handling and the risks of musculoskeletal disorders – Guidance Note*, WorkSafe Victoria, November 1999 (updated June 2005)
- *Transferring People Safely Guide*, 2nd Edition, WorkSafe Victoria, September 2006
- *Manual handling – Risk Management in a large organisation – Guidance Note*, WorkSafe Victoria, March 2001 (updated June 2005)
- *Manual handling – Risk Management in a small organisation – Guidance Note*, WorkSafe Victoria, March 2001 (updated June 2005)
- *National Standards for Manual Handling and National Code of Practice for Manual Handling – National Occupational Health and Safety Commission (NOHSC)*, Australian Government Publishing Service, Canberra, February 1990. The revised *National Standards for Manual Handling* are scheduled for release at the end of 2005. For further information: NOHSC website address is <http://www.nohsc.gov.au>
- *Back belts are not effective in reducing back injuries – Guidance Note*, WorkSafe Victoria, March 2001 [The NIOSH information on back belts can be found via the NIOSH home page: www.cdc.gov/niosh/homepage.html]
- *Good Shepherd Aged Services: Back Injury Prevention Program – Better Health and Safety Awards*, Commonwealth Department of Health and Aging, HESTA (Super for Health and Community Services), 2001 Case Studies

Hazardous substances

- *Occupational Health and Safety (Hazardous Substances) Regulations 1999*
- *Hazardous Substances (Code of Practice No. 24, 2000)*, WorkSafe Victoria
- *A step by step guide to managing chemicals in the workplace – Guide*, WorkSafe Victoria, 2001

Infection control

- *NOHSC, National Code of Practice for the control of work related exposure to hepatitis and HIV (blood-borne) viruses* [NOHSC: (2003)] Downloadable from the NOHSC website at www.nohsc.gov.au
- *Infection control in health care settings: Guidelines for the prevention of transmission of infection diseases*, National Health and Medical Research Council (NHMRC), 1996 [www.health.gov.au/nhmrc/publications/ichome.htm]
- *Infection control guidelines for the prevention of transmission of infectious disease in health care settings – Australian Department of Health and Aged Care*. Commonwealth of Australia, 2002. [Under review at 1/04]

First aid

- *First Aid in the Workplace (Code of Practice No. 18 – 1995)* WorkSafe Victoria

Workplace bullying

- *Prevention of Bullying and Violence at Work – Guide*, WorkSafe Victoria, February 2003

Occupational violence

- *Prevention of Bullying and Violence at Work – Guide*, WorkSafe Victoria, February 2003
- *Prevention and Management of Workplace Aggression: Guidelines and Case Studies from one NSW Health Industry* – jointly published by WorkCover NSW and Central Sydney Area Health Service, 2001. PDF download for www.workcover.nsw.gov.au (publications search keywords 'workplace violence prevention')
- *Violence in the workplace* – WorkCover NSW, publication no. 701: www.workcover.nsw.gov.au
- *A Guide to Managing OHS in the Cash-in-transit Industry. WorkSafe Victoria's expectations for safe work practice – Guide*, WorkSafe Victoria, August 2005

Stress

- *Work Organisation & Stress, Systematic Problem Approaches For Employers, Managers And Trade Union Representative, Protecting Employee's Health Series No 3*, World Health Organisation 2003
- *When It's Right in Front of You. Assisting Health Care Employees to Manage the Effects of Violence in Rural and Remote Australia* – National Health and Medical Research Council (NHMRC), 2000. Commonwealth of Australia publication
- *Preventing and Managing Psychological Injury in the Workplace. A Guide for Managers*. Commonwealth of Australia, 2003: www.comcare.gov.au

Fatigue

- *National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors* – Australian Medical Association, 1999: www.ama.com.au
- *Fatigue Management for the Forestry Industry – Guide*, WorkSafe Victoria, March 2004

Office environments

- *Officewise: a guide to health and safety in the office – Guide*, WorkSafe Victoria, September, 1997

Home visits

- *Health and Safety for Home and Community Employees: Guidelines for Managing OHS (Forms)* WorkCover NSW Corporation Grants Scheme, SAFER Industries, November 2000
- *Victorian Home Care Industry Occupational Health and Safety Guide*, WorkSafe Safety Development Fund Industry Initiative, VAHEC and MAV Project Managers. This guide is available from WorkSafe Victoria. Contact the Advisory Service see **Section 5.1**.

RESOURCES AND LINKS

Labour hire

- *Placing workers in safe workplaces – Safety management systems guide for Labour Hire Agencies – Guide, 3rd Edition*, WorkSafe Victoria, June 2006

Caring for children

- *Keeping it Safe – video on playground inspection and maintenance: Child Incident Prevention Foundation of Australia*. See also <http://www.kidsafe.com.au/factsheets.htm>

Emergencies

- *Emergency management – developing a plan for a small organisation – Guidance Note*, WorkSafe Victoria, 2005 (updated June 2005)

Incidents

- *Incident Notification – Guide*, WorkSafe Victoria, August 2005

Employee's compensation claims

- *Return to Work Guide for Victorian Employers – Guide*, WorkSafe Victoria, June 2005
- *Introducing WorkCover A Guide for Injured Workers – Guide*, WorkSafe Victoria, July 2005
- *Contractors and WorkCover – Guide*, WorkSafe Victoria, August 1996

ABOUT THIS DOCUMENT

This publication provides information to community service organisations on how to effectively manage workplace health and safety issues.

Providing information on workplace health and safety 'basics', common hazards and issues that may require attention and action, *Working Safely in Community Services* also includes checklists and tools to help establish a system suited to your organisation, as well as information to help you manage incidents and employees' compensation claims.

Primarily written for managers of community services sector organisations, elected health and safety representatives (HSRs) and other employees will also find this publication helpful.

Materials contained in this publication may also be used for staff training or to develop an organisation's operating procedures.

The information presented in this publication is intended for general use only. It should not be viewed as a definitive guide to the law, and should be read in conjunction with the *Occupational Health and Safety Act 2004*. Whilst every effort has been made to ensure the accuracy and completeness of this publication, the advice contained herein may not apply in every circumstance. Accordingly, Victorian WorkCover Authority cannot be held responsible, and extends no warranties as to:

- the suitability of the information for any particular purpose; and
- actions taken by third parties as a result of information contained in this publication.

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Website www.worksafe.vic.gov.au

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(628 Bourke Street) 03 9941 0558

Mildura 03 5021 4001

Mulgrave 03 9565 9444

Preston 03 9485 4555

Shepparton 03 5831 8260

Traralgon 03 5174 8900

Wangaratta 03 5721 8588

Warrnambool 03 5564 3200