Hua Mei Training Academy
A Tsao Foundation Initiative

DIPLOMA IN SOCIAL SERVICE

Reflective Journal

This Reflective Journal for the following module: • Workplace Safety and Health (SSC-WSH-4008-1.1)	
Host Organisation	**Name of IA Supervisor**
Name of Candidate	**NRIC/FIN No.**
Contact Details	**Any Special Needs**
Name of Assessor	**Date of Submission**

CANDIDATE'S DECLARATION

a. I, hereby declare that all the entries in this journal are my own effort and do not involve plagiarism or works of other people whose services I have engaged.

b. I have not allowed, and will not allow, anyone to copy any of my Written Assignments with the intention of passing it off as his/her own works.

Signature: _____ Date: _____

Introduction to Reflective Practice Assignment

A reflective journal is a personal record of your learning experiences. It is a tool which enables you to record and reflect upon your observations and responses to situations, which can then be used later to explore and analyse ways of thinking and being in contexts. Journals, although generally written, can also contain images, drawings and other types of reference materials.

This Reflective Journal uses the basic framework for self-reflection which is *description, reflect and application.* For this Reflective Practice assignment, you are required to complete this reflective journal of experiences gathered during the industrial attachment.

Instructions

Appointed IA Assessor

1. An assessor will be assigned to you for the Final Assessment. If you have any questions regarding the entries in the RJ, email the assessor for clarifications. You are allowed only TWO (2) clarifications. *CONTACT THE ASSESSOR VIA EMAIL ONLY.*

2. HMTA office will contact you to book the date for the Final Assessment before the IA. The date and timeslot selected by you is final. Any changes may incur an administrative fee.

Host Organisation

1. You will be assigned to a Host Organisation (HO) for your industrial attachment (IA). A HO supervisor will be appointed to mentor you on the operational aspects of the organisation.

During the Attachment

1. A week prior to your IA, design a set of questions related to the TSC for each of the modules listed in the journal. Follow the guidelines or information in the Candidate Guide to craft the questions. You carry out this part of the assignment in groups (max. 3) to design the questions and to interview the IA-Supervisor or appointed stakeholders at HO.

2. Make an appointment with your IA-Supervisor or any of the stakeholders appointed by the HO to gather information related to the frameworks governing the ethical, safety, employees, volunteers and stakeholders aspects of the organisation. In addition, consider your work roles (if any) performed which are related to any of the questions in the RJ.

3. Document the information gathered from the session with the IA-Supervisors/ stakeholders, your personal observation or the work roles you performed in Column 2 of the RJ for the respective modules.

4. The writing of the RJ is an individual and personal assignment.

5. The RJ should be used to explore situations from a personal perspective, but generally within the context of learning from your experiences. Write your personal reflections in Column 3 on the information gathered in Column 2 of the RJ. To guide you in writing your entry, you may find the following questions useful:

    - *Is there a framework?*
      (a) If no, why not? What would you have recommended to the HO?
      (b) If yes, does it serve its intended purpose? Is there a set of principles to guide the organisation in managing the framework? What would you have recommended to the HO?

    - *What were the incidences? What were the outcomes? Were these incidences preventable? If yes, what could be done differently to prevent the incidences?*

Post-Attachment

1. Email the RJ to your assigned assessor at least 5 days before the Final Assessment date and cc to the Course Co-ordinator.

During Final Assessment

1. You have 30 mins to present your entries to the assessor. **Prepare to summarise your entries** before the Final Assessment date. The following guide is recommended for each module:
   - Provide a brief overview of the findings.
   - Share your thoughts and feelings regarding the overall findings.
   - Highlight your key learning points from your experience
   - Recommend changes, if any.

2. Assessor may pose a few questions to clarify your entries.

3. Candidate must demonstrate competency in both the written reflective journal and the individual interview, in order to be deemed competent for this Reflective Practice.

Quality of the Journal Entries

Entries should:
- be clear and reflect your ability to think critically and objectively.
- be in complete sentences. You are allowed to number or bullet your entries for easy reading.
- demonstrate you have acquired the respective technical skills and competencies of the 5 modules.
- journal all interactions, experiences, thoughts and relevant information which are deem relevant
- not breach client confidentiality
- use false names when referring to people in the workplace
- be completed and handed in on the completion of industry attachment.

Workplace Safety and Health (SSC-WSH-4008-1.1)

LUs & TSC	Design 2 Questions to ask HO in relation to the respective LUs and TSC	Summarise the Information gathered during the sharing session with HO.	Reflect on the information and pen your observations, thoughts and experiences in relation to the respective LUs and TSC.
LU2. Assist with the Provision of Policies and Procedures for Establishing and Maintaining a Safe Environment. **TSC** K3. Organisation's WSH system, general policies, procedures, programmes and evaluation guidelines. K4. Management arrangements relating to regulatory compliance, hazards and risks, control measures and relevant expertise required. A3. Set up a system for monitoring and evaluating WSH records that allow identification of patterns of workplace injuries and diseases within the area of			

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managerial responsibility.			
LU3. Implement Risk Management Policy and Procedures. **TSC** A7. Develop procedures for on-going control of risks associated with hazardous events that meet WSH and related legislation requirements in consultation with appropriate emergency services.			
LU4. Monitor and Maintain a Safe work Environment. **TSC** K5. Importance of benchmarking WSH performance against national and international standards.			

LUs & TSC	Design 2 Questions to ask HO in relation to the respective LUs and TSC	Summarise the Information gathered during the sharing session with HO.	Reflect on the information and pen your observations, thoughts and experiences in relation to the respective LUs and TSC.
K8. Importance of assessing and reviewing workplace risk management activities in accordance with the guidelines provided by the WSH Act.			

Learning Unit 2.
Assist with the Provision of Policies and Procedures for Establishing and Maintaining a Safe Environment.

Technical Skills and Competencies

Knowledge K3 Organisation's WSH system, general policies, procedures, programmes and evaluation guidelines

Summarize the information gathered during sharing session with Host Organization (HO)

The following information was shared by HO

Pen your observations, thoughts and experiences

What are the general policies (SOP) for your center's WSH System?
List 2 procedures and evaluation guidelines for your center's WSH System

2.1 Managing Workplace Safety and Health System

A systematic approach where the management of WSH goals is integrated with the organisation's management objectives is essential to manage risks and prevent accidents. Each facility should have some form of safety and health management system in place that covers safety, health and wellbeing of all employees in the workplace.

Regardless of the size of the facility, an effective WSH management system should include **five key elements**: OH&S Policy, Planning, Implementation and Operation, Checking and Corrective Action, Management Review.

2.2 Workplace Safety and Health Policy

The leadership and commitment from management is critical for an effective WSH management system. The management should develop a clear WSH policy that communicates the social care facility's overall safety and health objectives and how it aims to achieve its commitment.

The policy should be:

- Endorsed by the facility's top management.

- Suitable to the nature and scale of the facility's WSH risks.
- Understood by all employees.
- **Communicated effectively to all employees.**
- **Made available to interested parties.**
- Reviewed periodically.
- Commitment to protection of safety and health (preventing accidents/ill-health).
- **Compliance with current applicable legislation (e.g., WSH Act).**
- **Commitment to eliminate hazards and reduce WSH risks.**
- Commitment to continual improvement.
- Commitment to consultation and participation of persons.

2.3 Plan and Establish Workplace Safety and Health Procedures

A plan with clear objectives and standards is essential. Planning should include:

- WSH objectives to protect employees.
- Responsibilities and performance criteria (who, what, when).
- Selection of measurement criteria.
- Allocation of adequate resources (time, money, manpower).

2.4 Implement Workplace Safety and Health Procedures

All facilities should implement procedures to address:

- Record-keeping and notifications (incidents, risk assessments, training).
- Emergency response plans.
- Regular review of WSH programme(s).
- Management of change.
- Exposure monitoring.
- Preventive maintenance.
- WSH training (induction and periodic).

Knowledge K4 Management arrangements relating to regulatory compliance, hazards and risks, control measures and relevant expertise required.

Summarize the information gathered during sharing session with HO

The following information was shared by HO

All facilities, regardless of size, should implement relevant procedures to address:
Emergency response plans (fire, chemical spills, airborne release of hazardous substances and natural disaster emergencies)
Record keeping and notifications (incidents, accidents and dangerous occurrences, risk assessments and training records)
Regular review of WSH programmes
Management of change (availability of resources, financial, manpower, training)
WSH training for employees (induction and periodic training (3 to 6 months) and assessment for competency

The following may be included in the WSH management system
A WSH committee (team members from different functions and levels such as management, operations, social service professionals, social workers, human resources, and safety and health)
Regular WSH inspections or workplace visits
Management of contractual outsourced and insourced work, social service students, temporary staff and volunteer work

All facilities should have procedures to make sure that important WSH information is communicated between employees and other interested parties. Examples of these communications include:
Review of WSH policies, RA and risk control measures and supporting programmes
Safe work procedures
Selection, use and maintenance of personal protective equipment (PPE)
Emergency procedures for the social care facility

Pen your observations, thoughts and experiences

Does your center have a Standard Operating Procedure for emergency response plans for fire and evacuation?

How often does your center conduct a management review of the WSH Management System?

The center’s management should review the WSH management system to ensure its suitability, adequacy and effectiveness.Reviews should be conducted at intervals set by management and of duration suitable for the center. The results of periodic audits will help the management focus on areas of concern.

Management reviews of WSH management system is conducted when there is an incident, reportable incident to MoM and / or MoH, changes to work processes, staff turnover.

How do you communicate important WSH information to all stakeholders?

Important information and updates to the WSH management system are disseminated via email to all staff. For staff without access to email, a comprehensive briefing is conducted by the center manager to ensure the message is clearly communicated to all staf..

Abilities A3 Set up a system for monitoring and evaluating WSH records that allow identification of patterns of workplace injuries and diseases within the area of managerial responsibility

Summarize the information gathered during sharing session with HO

2.5 Checking and Corrective Actions

Procedures to monitor and measure WSH performance on a regular basis. Personnel should look out for unsafe acts and conditions. Corrective/preventive actions should be taken to eliminate causes of accidents.

Review Performance Indicators:

- **Compliance to relevant legislation (leading)**
- **Number of WSH programmes implemented (leading)**
- **Number of workplace accidents, incidents recorded (lagging)**
- **Percentage of control measures implemented (leading)**

All facilities should establish procedures to monitor and measure WSH performance on a regular basis for continual improvement. Checks on the WSH management system should be done periodically by the facility and by conducting regular audits of the system. WSH personnel to look out for unsafe acts

and conditions beyond those notifiable to the ministry of manpower. Corrective and/or preventive actions should be taken to eliminate the causes of actual and potential accidents or incidents of ill health

Any changes in the documented procedures resulting from corrective and preventive actions should be documented and communicated to affected employees to ensure continuity.

Procedures should be established for periodic audits of the WSH management system. This is necessary to determine if the system:
conforms to what was specified in the procedures and documents
Implemented and maintained properly
Meet the facility's policy and objectives

Wherever possible, audits to be conducted by independent auditors. The audit results to be documented and communicated to the management and personnel responsible for followup actions

2.6 Management Review

The facility's top management should review the WSH management system to ensure its suitability, adequacy, and effectiveness.

Review addresses potential changes to:

1. WSH policies.
2. Objectives and targets.
3. Elements of the WSH management system.
4. WSH programmes.

Additions to the list

- Need to revise or change
    7. conduct external Audit

8. review existing policy + procedures
9. evaluate performance KPI and effectiveness of procedures

- **Frequency:** once a year (Management Review); quarterly or 2/year (Audits).
- **Audit note:** Audit by independent auditor.

Pen your observations, thoughts and experiences
What performance indicators do you consider when conducting a review of the WSH management system?

Here are some review performance indicators as stated by the HO

Review Performance Indicators:

- **Compliance to relevant legislation (leading)**
- **Number of WSH programmes implemented (leading)**
- **Number of workplace accidents, incidents recorded (lagging)**
- **Percentage of control measures implemented (leading)**

Does your center perform Root Cause Analysis (RCA) after any incidents and implement any Corrective Action Plans (CAP)?
Yes. The center performs RCA after any incidents, and assess if the situation and circumstances warrant a Corrective Action Plan.

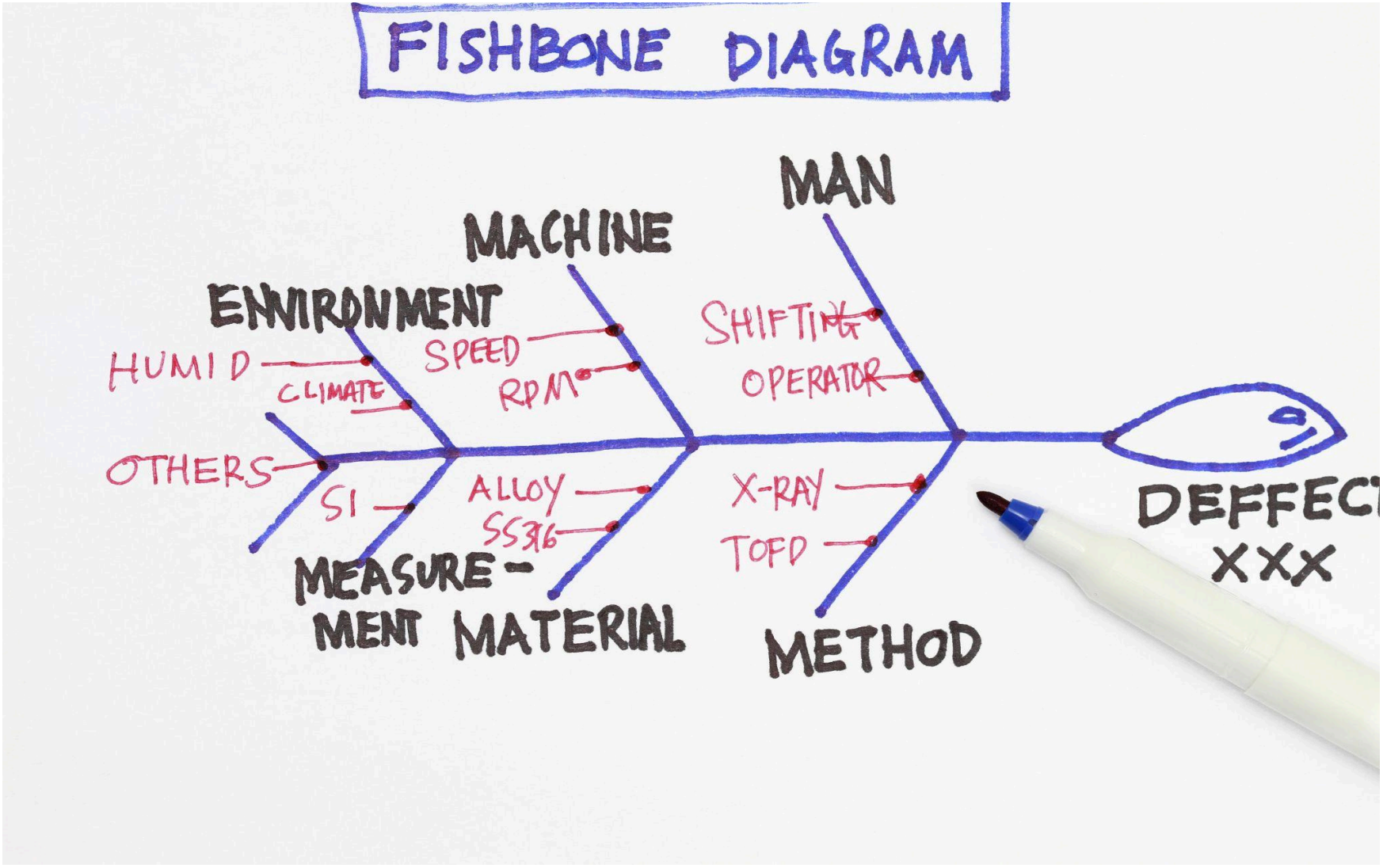
Incident Reports are logged and causes of incidents are analyzed and reviewed in detail. Corrective Actions are then recommended by the WSH Committee and promptly updated in relevant SOP, and all updates are then disseminated to all staff.

In an elderly care setting, safety is the top priority because our residents are often more vulnerable to slips, trips, and health complications. To answer your question: **Yes, performing a Root Cause Analysis (RCA) is a non-negotiable part of our Workplace Safety and Health (WSH) management system.** We don't just treat the "symptoms" of an accident; we dig for the "why" to make sure it doesn't happen again. Here is how that process looks in practice, based on the standards outlined in your notes and Ministry of Manpower (MOM) guidelines.

1. Root Cause Analysis (RCA) Process

Whenever an incident occurs—whether it's a resident fall or a staff injury—we move beyond **lagging indicators** (the fact that an accident happened) and look at the underlying failures.

- **Identify Unsafe Acts/Conditions:** Was it a wet floor (condition) or a failure to follow transfer protocols (act)?
- **The "5 Whys":** We peel back the layers. For example, if a staff member forgot a safety protocol, was it due to a lack of training, fatigue, or confusing signage?
- **Data Integration:** We cross-reference the incident with our **leading indicators**, such as whether WSH training was up to date or if recent audits flagged that specific area.



Implementation of Corrective Actions

Once the root cause is identified, we don't just file a report. We follow a specific workflow to ensure the fix actually "sticks":

Immediate Correction vs. Long-term Prevention

- **Elimination of Cause:** If a piece of equipment is faulty, it is removed or repaired immediately.
- **Procedural Updates:** If the RCA reveals a gap in our standard operating procedures (SOPs), we revise the documented procedures. As your notes highlight, any changes are **documented and communicated** to all affected employees to ensure continuity of care.

The Feedback Loop

1. **Management Review:** The results of the RCA and the effectiveness of the corrective actions are reviewed by top management (at least once a year, or sooner if the incident was severe).
2. **KPI Evaluation:** we evaluate the **Percentage of control measures implemented** (a leading indicator) to ensure the solution wasn't just a "paper fix."
3. **Communication:** We hold "safety huddles" or briefings to explain *why* a procedure changed, ensuring the team understands the new safety logic.

Continuation of **Abilities A3**
Summary table of leading / lagging indicators

Summary of Performance Indicators

To keep the center safe, we balance these two types of data:

Indicator Type	Examples from Your Notes	Goal
Leading (Proactive)	Training completion, WSH audits, % of control measures implemented.	Prevent the accident before it happens.
Lagging (Reactive)	Number of falls, recorded workplace injuries, incidents of ill health.	Understand what went wrong and trigger RCA.

Learning Unit 3 Implement Risk Management Policy and Procedures

Technical Skills and Competency
Summarize the information gathered during sharing session with HO

Abilities A7 Develop procedures for on-going control of risks associated with hazardous events that meet Workplace Safety and Health (WSH) and related legislation requirements in consultation with appropriate emergency services.

Risk Management Process
WSH (Risk Management) Regulations, organizations are required to conduct a Risk Assessment (RA) to identify, evaluate and control safety and health risks, including mental well-being, posed to any person who may be affected by the activities in the workplace, prior to the commencement of work. RA aims to reduce workplace incidents and improve the overall safety, health and well-being of everyone in the workplace.

Preparation for Risk Assessment

A multi-disciplinary RA team should be formed, consisting of personnel who have different job responsibilities for the work operations, personnel who are familiar with the potential hazards and risks of the work activities such as WSH officers, social service professionals, social workers and human resource representatives.

Gather Relevant Information

Relevant information pertaining to the work and operations such as a list of work activities should also be collated beforehand to facilitate better understanding by the team. These sources of information may include, but are not limited to:

- Workplace layout plan. (**Handwritten note:** *emergency evacuation*)
- Process or work flowchart.
- List of work activities in the process.
- List of chemicals, machines and/or tools used.
- Records of past incidents, accidents and occupational diseases.
- Critical incident stress management (CISM) resources.
- Relevant legislation, Standards, CP or specifications.
- Observations and interviews.
- WSH inspection records.
- Details of existing risk controls.
- Health and safety audit reports.
- Workplace hygiene monitoring (exposure assessment for workplace health hazards).
- Workplace medical monitoring (medical examinations for exposure to workplace health hazards).
- Feedback from employees, clients, suppliers or other stakeholders.
- Safe Work Procedures (SWPs).
- Other information such as safety data sheets (**SDS**), **manufacturer's instruction manual**.
- Copies of any previous RAs that are relevant.
- Medical condition (e.g., allergy), mental well-being indicators...
- Past training records of employees.

- Information regarding the workplace's preparedness for terrorism threats (**Handwritten note:** *SG Secure*), and for disease outbreak scenarios.

After completing the preparatory work, the workplace risks are then assessed in three simple steps: **hazard identification, risk evaluation and risk control.**

Risk Assessment (RA) consists of the following:
Hazard Identification - individual health checks, work organization and physical work environment and process

Risk Evaluation - assessment of severity and likelihood

Risk control

Risk Evaluation

What is Risk < severity / likelihood $\rightarrow$ to cause bodily injury; whether any control measures

Risk means the likelihood that a hazard will cause a specific bodily injury to any person. For each hazard identified, estimate the risk levels of the hazards and determine their acceptability. When estimating the risk level associated with each hazard, predict the severity of the hazard and estimate the likelihood of the accident or ill health by taking into consideration existing risk controls.

Assessment of Severity

Taking the existing risk controls and residual risks into consideration, the RA Team should rate the severity of the possible injury or ill-health.

Level	Severity	Description
5	Catastrophic	Death, fatal occupational disease or exposure, or multiple major injuries
4	Major	Serious injuries, serious occupational diseases or exposure (includes amputations, major fractures, multiple injuries, occupational cancers, diagnosed mental illnesses, acute poisoning, disabilities, and noise-induced hearing loss)
3	Moderate	Injury or ill-health (including mental well-being) requiring medical treatment (includes lacerations, burns, sprains, minor fractures, psychosocial stress, dermatitis, and work-related musculoskeletal disorders)
2	Minor	Injury or ill-health (including mental well-being) requiring first-aid only (includes minor cuts and bruises, irritation, ill-health with temporary discomfort, fatigue)
1	Negligible	Negligible injury

Assessment of Likelihood Taking the existing risk controls and residual risks into consideration, the RA Team should rate the likelihood the hazard may cause injury or ill-health.

Level	Likelihood	Description
1	Rare	Not expected to occur but still possible.
2	Remote	Not likely to occur under normal circumstances.
3	Occasional	Possible or known to occur.
4	Frequent	Common occurrence.
5	Almost Certain	Continual or repeating experience.

5x5 Risk Matrix with Risk Prioritisation Number

Once the severity and likelihood have been established, the risk level can be obtained by using a risk matrix.

Severity \ Likelihood	**Rare (1)**	**Remote (2)**	**Occasional (3)**	**Frequent (4)**	**Almost Certain (5)**
Catastrophic (5)	5	10	15 (high)	20	25
Major (4)	4 (med)	8	12	16 (high)	20
Moderate (3)	3 (low)	6	9	12	15 (high)
Minor (2)	2 (low)	4 (med)	6 (med)	8	10
Negligible (1)	1	2 (low)	3 (low)	4 (med)	5

Action for Risk Levels (*RISK EVALUATION*)

Risk Level	Risk Acceptability	Recommended Actions
Low (Green)	Acceptable	No additional risk control measures may be needed. Frequent review and monitoring are required to ensure the risk level remains accurate.
Medium (Yellow)	Tolerable	A careful evaluation of the hazards should be carried out. Interim risk control measures, such as administrative controls or PPE, may be implemented. Management attention is required.
High (Red)	Not acceptable	High Risk level must be reduced to at least Medium Risk before work starts. If impracticable, the hazard should be eliminated before work starts. Management review is required before work starts.

Sources
https://www.scribd.com/document/781394648/Ra-Learners-Guide

Pen your observations, thoughts and experiences

Describe your center's Risk Management Process (example the 5 step risk management process)

How does your center conduct Risk Evaluation and implement risk controls?

To apply the 5x5 Risk Matrix to the manual handling of a resident (e.g., transferring a resident from a bed to a wheelchair), we follow the evaluation steps and criteria established in your training materials.

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1. Hazard Identification & Information Gathering

Before evaluating risk, your notes suggest gathering relevant data such as:

- **Medical conditions**: Checking for resident allergies or mental well-being indicators.
- **Equipment checklists**: Ensuring hoists or wheelchairs are in good condition.
- **Patient Assessment**: Testing the "size of patient" and determining if the task requires a "1 or 2 person" transfer.

2. Risk Evaluation (5x5 Matrix)

We assess the risk by looking at the severity of a potential injury and the likelihood of it occurring.

Step A: Assessment of Severity

If a manual handling incident occurs (e.g., a staff member strains their back or a resident falls), the severity is often rated as:

- Level 4 (Major): This level includes "major fractures" (for the resident) or "serious occupational diseases" like chronic musculoskeletal disorders (for the staff).

Step B: Assessment of Likelihood

Given that resident transfers happen multiple times a day, the likelihood without proper controls might be:

- Level 3 (Occasional): Defined as "Possible or known to occur" in a high-activity environment.

Step C: Calculating the Risk Level

Using the 5x5 Risk Matrix:

- Severity (4) × Likelihood (3) = 12.
- A score of 12 falls into the Medium Risk (Yellow) category.

3. Risk Acceptability & Recommended Actions

Based on your documentation, a Medium Risk level is considered Tolerable, but requires specific interventions:

Action Category	Requirements based on your notes
Acceptability	The risk is tolerable, but a careful evaluation of the hazard must be carried out.
Administrative Controls	Implement Safe Work Procedures (SWPs) and ensure staff follow the "1 or 2 person" protocol based on the patient's condition.
Equipment	Use the "equipment checklist" to ensure mechanical aids (like hoists) are functional to reduce physical strain.
Management Role	Management attention is required to monitor these controls and ensure they are implemented over time.

4. Checking and Corrective Action

Once these controls are in place, the facility should use Performance Indicators to track success:

- **Leading** Indicator: The percentage of control measures (like the use of hoists) successfully implemented.
- **Lagging** Indicator: The number of workplace accidents or staff "ill-health" reports (back pain) recorded.

Based on training materials and established Ministry of Manpower (MOM) safety standards, a 2-person transfer is a high-coordination task that requires both technical skill and clear communication to prevent musculoskeletal injuries.

Here is a **Safe Work Procedure (SWP) checklist** designed to integrate with the facility's WSH management system.

Safe Work Procedure (SWP) Checklist: 2-Person Bed-to-Wheelchair Transfer

I. Pre-Transfer Preparation (Gathering Information)

- **Patient Condition Assessment**: Perform a "size of patient TEST" to confirm that the resident's current condition requires a 2-person transfer rather than a 1-person assist.
- **Health Status Review**: Check the resident's medical condition and mental well-being indicators to ensure they are cooperative and physically stable for the move.
- **Equipment Inspection**: Use an "equipment checklist" to verify that the wheelchair brakes, footrests, and any mechanical aids are in proper working order.
- **Environmental Check**: Ensure the workplace layout is clear of trip hazards and allows enough space for both staff members to maneuver.

II. Implementation & Safety Controls

- **Staff Competency**: Confirm that both caregivers have completed their WSH training and are within their 3-6 month appraisal period for competency.
- **PPE & Footwea**r: Ensure both staff members are wearing appropriate Personal Protective Equipment (PPE) and non-slip footwear as per facility procedures.
- Manufacturer's Instructions: If using a mechanical hoist, follow the manufacturer's instruction manual strictly to avoid "unsafe acts".

- **Team Coordination**: Establish a "lead" caregiver to count down (e.g., "1, 2, 3, lift") to ensure synchronized movement and promote a positive WSH culture.

III. Execution & Post-Transfer Actions

- **Proper Body Mechanics**: Maintain a wide base of support and keep the resident close to your center of gravity to minimize the "severity" of potential back strain.
- Resident Comfort: Once the transfer is complete, ensure the resident is stable and perform a quick check for any signs of "ill-health" or discomfort.
- **Record-Keeping**: Document the transfer in the WSH logs, specifically noting if any "unsafe conditions" (like a faulty brake) were discovered.
- **Reporting**: If the transfer was difficult, provide feedback to management for the annual review so they can evaluate if the procedure "needs to be revised or changed".

Risk Summary for this Task

Based on the 5x5 Risk Matrix, a 2-person manual transfer typically carries a **Medium Risk** (12) because the "Severity" of a back injury is Major (4) and the "Likelihood" of a strain in a busy care environment is Occasional (3). Consistent use of this checklist acts as a leading indicator that you are actively implementing control measures to keep the risk "Tolerable".

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This "Cheat Sheet" is designed for quick visual reference in resident rooms, incorporating the specific safety protocols and handwritten insights from your training materials.

SWP CHEAT SHEET: 2-PERSON RESIDENT TRANSFER

Goal: To maintain a safe environment and prevent workplace accidents through established procedures.

PHASE 1: THE PRE-CHECK (Stop & Assess)

- **Size of Patient TEST**: Confirm the resident's weight and physical condition truly require a 2-person transfer rather than 1.
- **Medical Status Check**: Review the resident's current medical condition and mental well-being indicators for cooperation or instability.
- **Equipment Checklist**: Ensure the wheelchair and any mechanical aids are in good working order before use.
- **Layout Clearance**: Verify the workplace layout is clear of obstacles to allow for an emergency evacuation if needed.

PHASE 2: THE SETUP (Safety Controls)

- **Staff Appraisal**: Ensure both caregivers have completed WSH induction and are within their 3–6 month competency appraisal period.
- **PPE Ready**: Both staff members must wear the selected and maintained Personal Protective Equipment (PPE).
- **Manual Mastery**: Review the manufacturer’s instruction manual for any mechanical transfer devices being used.

PHASE 3: THE MOVE (Safe Execution)

- **Follow the SWP: Adhere strictly to the established Safe Work Procedures** for transfers to minimize musculoskeletal risk.
- Coordinate: Communication between the two staff members is critical to prevent "unsafe acts".
- **High Risk Control**: Remember that a failure in posture or coordination can move this task from "Tolerable" to "High Risk" on the 5x5 Matrix.

PHASE 4: THE FOLLOW-UP (Checking & Reporting)

- **Record Results**: Document any incidents or "near misses" in the record-keeping system (lagging indicators).
- **Corrective Action**: If the equipment was faulty, take immediate corrective action to eliminate the cause of potential accidents.
- **Management Feedback**: Provide feedback for the quarterly audit or annual Management Review to determine if procedures need to be revised or changed.

****Risk Reminder** The severity of a transfer injury is often Major (4). By using this checklist, we increase our Leading Indicators (control measures implemented) to keep everyone safe.**

Resident Room Poster Template (start)

Safety Quick Scan

2-person transfer

Scan for Safety Checklist

Scan to read:
Safe Work Procedure (SWP)

Resident Room Poster Template (end)

Learning Unit 4. Monitor and Maintain a Safe work Environment

Technical Skills and competencies

Knowledge K5. Importance of benchmarking WSH performance against national and international standards.

Knowledge K8. Importance of assessing and reviewing workplace risk management activities in accordance with the guidelines provided by the WSH Act.

Pen your observations, thoughts and experiences

Does your center have provisions for first-aid boxes to ensure the center is safe for the elderly clients, and in accordance with WSH (First-aid) Regulations?

Does your center have a Risk Management Policy and related Standard Operating Procedures (SOP)?
Fire evacuation Plan

Yes the center has first aid boxes placed at strategic and clearly lit places (example to the right of main entrance, to the right of kitchen entrance)

In accordance with the Workplace Safety and Health (WSH) Management System outlined in your training materials and Singapore's national guidelines, our elder care center maintains fully equipped first-aid boxes to ensure a safe environment for all seniors.

1. Emergency Preparedness Materials

Based on the provided workplace safety and health documents (specifically details "Emergency Preparedness and Response"), the following key elements are established for our center:

- Implementation & Operation: Section 5.5 explicitly mandates an emergency preparedness and response plan.

- Equipment Checklist: The center maintains a workplace layout plan specifically for emergency evacuations and an equipment checklist to ensure safety tools (like first-aid boxes) are ready for use.
- Standard Operating Procedures (SWP): Safe Work Procedures are in place for all work activities, including emergency first-aid delivery.

2. Regulatory Compliance (MOM & WSH Guidelines)

To comply with the Workplace Safety and Health (First-Aid) Regulations 2006, we ensure the number and placement of boxes are proportional to the number of people on-site:

Workplace Population	**Required First-Aid Provision**
1 - 25 persons	1 x Box A
26 - 50 persons	1 x Box B (or 2 x Box A)
51 - 100 persons	1 x Box C (or 2 x Box B / 4 x Box A)
Every Floor	At least one box must be available on every level of the building.

3. Essential Contents for Elder Care Safety

Our first-aid boxes contain the mandatory MOM-standard items, with additional enhancements recommended for geriatric care:

Standard MOM Box A/B Contents:

- Dressings & Bandages: Sterile adhesive dressings, crepe bandages (5cm and 10cm), absorbent gauze, and triangular bandages.
- Tools: Scissors, safety pins, and a diagnostic torchlight.

- Protection: Disposable gloves, eye shields, and sterile eye pads.
- Resuscitation: One-way resuscitation masks for CPR.
- Cleaning: Sterile water or saline (if tap water is unavailable).

Elderly-Specific Enhancements:

- Monitoring Tools: Clinical thermometers, blood pressure cuffs, and blood sugar monitoring equipment.
- Medication Aids: Lists of residents' chronic medications and emergency contact details.
- Mobility Support: Access to nearby wheelchairs and stretchers.

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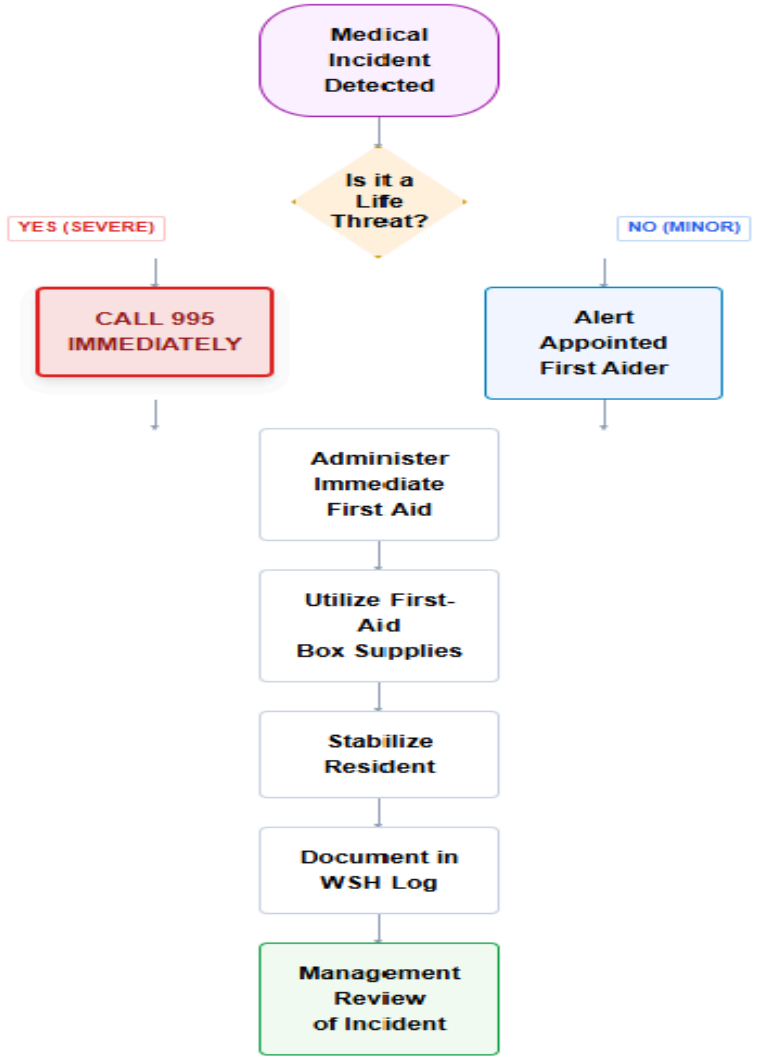
4. Emergency Response Flowchart

The following diagram represents our center's standard response during a medical emergency:

Medical Incident Response Protocol

Workplace Safety & Health (WSH) Flowchart



Maintenance Protocol: To ensure the environment remains safe, a designated person checks each box weekly to replenish depleted items and ensure no supplies are expired. First-aid boxes are kept in well-lit, easily accessible locations and are never locked or obstructed.

Emergency Preparedness and Response

4.3 Emergency Preparedness and Response

Planning and preparing for emergencies is an essential part of hazard prevention and control. It is the responsibility of the management to establish and maintain plans and procedures to identify the potential for and responses to incidents and emergency situations. These plans and procedures should also be frequently reviewed and updated.

The emergency response plan should form part of the safety and health management system. It should include procedures for all possible emergencies that the social care facility may encounter and should be placed under the charge of an emergency response team.

Emergency Response Plan

An effective emergency response plan should include the following characteristics:

- **Corporate Policy:** This policy should emphasise the importance of emergency response planning and affirms management support for the emergency response initiative.
- **Emergency Planning and Response Committee:** An emergency planning and response committee should be set up to create, implement and execute contingency plans in times of emergencies and to prevent accidents and loss of life and property.
- **Incident Command System:** A command and control system to coordinate actions during an emergency should be established. It should detail the chains of command or responsibility, roles and responsibilities of designated employees, the communication network and "alerting" procedures, for both during and after office hours, to be used during an emergency. Communication with external emergency agencies (e.g., Singapore Civil Defence Force (SCDF) and NEA), regulatory agencies (e.g. MOH and MOM), and the community should be established.

- **Emergency Evacuation Procedures:** The evacuation procedures for in-patients, out patients, residents, employees and on-site contractors should be elaborated. It should detail the various evacuation routes and assembly areas for partial or full evacuation.
- **Protection of Vital Records and Equipment:** Designated employees should be trained in emergency shut-down or lock-out procedures for critical equipment prior to evacuation. Procedures for protection of records vital to the facility should be established.
- **Training:** Training for all levels of employees within the organisation should include evacuation procedures and routes, shut-down procedures, and usage of emergency equipment (e.g. self-contained breathing apparatus).
- **Regular Review and Updating:** The emergency response plan should be regularly reviewed and updated. Practice drills should be carried out according to a pre-determined schedule. Results and findings from practice drills should be recorded and reviewed by the management.

Fire Outbreak and Evacuation

Fire Outbreak

Fire Emergency Plan

The social care facility should have a written fire emergency plan, including an evacuation plan that is accessible and available to employees. The plan should include the following:

- Employees must be trained to recognise fire alarms.
- Responding and reporting on fire emergencies.
- Process of reporting fires and smoke.
- Identity of person to contact, including designation and contact number.
- Emergency escape procedures and escape routes.
- Procedures for employees who must remain to operate critical equipment before they evacuate.
- Procedures that account for all employees after evacuation.
- Rescue and medical duties for employees performing the duties.
- Fire protection equipment and systems available to control ignition sources.
- Procedures and schedules for equipment maintenance.

Each social care facility should have an appointed **Fire Safety Manager** to ensure and enhance the fire safety standard within the facility, as required by the SCDF. All employees must be aware of the workplace emergency and fire evacuation plan. Fire drills should be conducted periodically and documented. The employees should be aware of their role in the event of any emergency situation and fire evacuation.

Fire Evacuation Procedure

If you discover a fire:

- Do not panic
- Alert others by shouting
- Activate the fire alarm at the nearest manual call point by breaking its glass
- Evacuate the room/area and get everyone out without endangering yourself
- If possible, close the door of the affected room to contain the fire
- Dial 995 for the SCDF
- Turn off gas mains (if applicable) if you can reach them
- Evacuate the building in an orderly manner via the stairs; do not use the lift
- Do not return to the building until the authorities announce that it is safe to do so
- Fight the fire only if you are able to and without endangering yourself and others.

Ways of extinguishing a fire includes:

- Using water on burning papers, wood and fabrics but never on flammable liquids such as oil, as this will cause the fire to spread
- Using a suitable fire extinguisher
- Using a hose reel

Using the Fire Extinguisher

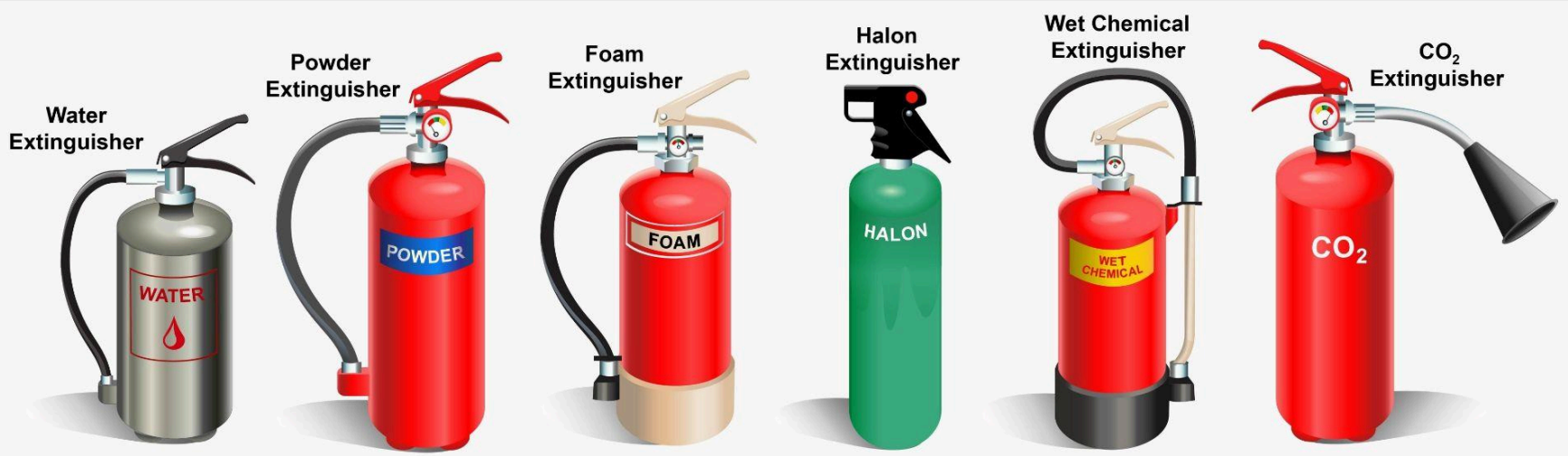
Types	Effective against fire involving
Water	Ordinary combustible materials e.g paper, cloth, wood plastics etc. Not to be used for oil fire
Carbon dioxide	Flammable liquids and live electrical equipment. Also used to fight fire involving combustible materials
Dry chemical powder	Similar to carbon dioxide fire extinguisher

Quick Reference: Fire Extinguisher Guide

Based on the table in Image 2, ensure your staff knows these distinctions:

- **Water:** For paper, wood, cloth (Class A). **Never** use on oil fires.
- **CO2:** For flammable liquids and **live electrical equipment**.
- **Dry Powder:** Versatile; effective against liquids and electrical fires.

Class A	Class B	Class C	Class D	Class E	Class F
Organic Materials (e.g. Paper,Wood,Coal)	**Flammable Liquids** (e.g.Petrol, Paint)	**Flammable Gases** (e.g. Butane,Methane)	**Flammable Metals** (e.g. Lithium, Magnesium)	**Electrical Equipment** (e.g. Computers,Servers)	**Cooking Oils** (e.g. Olive Oil, Fat)



Class A	✓	✓	✓	✓	✗	✗
Class B	✗	✓	✓	✓	✗	✓
Class C	✗	✓	✗	✓	✗	✗
Class D	✗	✓	✗	✓	✗	✗
Class E	✗	✓	✗	✗	✗	✓
Class F	✗	✗	✗	✗	✓	✗

Appendix 1

WSH (First-Aid) Regulations

Provision of first-aid boxes

4.—(1) Every workplace shall be provided with a sufficient number of first-aid boxes.

(2) Where a workplace is located in a building, each floor of the building shall be provided with a sufficient number of first-aid boxes.

(3) Every first-aid box provided in a workplace shall —

(a) be adequately equipped;

(b) be properly maintained;

(c) be checked frequently to ensure that it is adequately equipped and that all the items in it are usable;

(d) be clearly identified as a first-aid box;

(e) be placed in a location that is well-lit and accessible; and

(f) be under the charge of a person appointed by the occupier of the workplace.

(4) Nothing except appliances or requisites for first-aid shall be kept in a first-aid box.

First-aiders

5(1) Where more than 25 persons are employed in a workplace, there shall be appointed in the workplace as first-aiders who shall be readily available during working hours such number of persons as complies with the ratio of **one first-aider for every 100 persons** employed in the workplace or part thereof.

(2) Every person appointed as a first-aider under paragraph (1) shall —

(a) have successfully completed a training course acceptable to the Commissioner; and

(b) undergo such subsequent re-training in first-aid treatment as the Commissioner may require.

(3) Where there is a shift work schedule in a workplace, the ratio of the number of first-aiders available on each shift to the number of persons employed at work on that shift shall comply with the ratio specified in paragraph (1).

(4) Every first-aider shall maintain a record of all treatment rendered by him.

(5) A notice shall be affixed in every workplace stating the names of the first-aiders appointed under paragraph (1).

First-aid room

6. Unless otherwise permitted by the Commissioner in writing, where there are **more than 500 persons** at work in a workplace, there shall be provided and maintained a first-aid room of such standard as may be approved by the Commissioner.

First-aid for exposure to toxic or corrosive substances

7(1) Where any person in a workplace may be exposed to toxic or corrosive substances, the occupier of the workplace shall make provision for the emergency treatment of the person if so required by the Commissioner.

(2) Where the eyes or body of any person in a workplace may come into contact with toxic or corrosive substances, the occupier of the workplace shall ensure that suitable facilities for quick drenching or flushing of the eyes and body are provided and properly maintained within the work area for emergency use.

Appendix 2

Safety Audit Compliance Checklist

Section 1: **Emergency Preparedness Checklist**

Audit Item	**Compliance Requirement**	**Status (Y/N)**
Corporate Policy	Is there a signed policy affirming management support for emergency initiatives?	
Incident Command	Is a clear chain of command (roles/responsibilities) established for all hours?	
External Contacts	Are contact protocols for SCDF, NEA, MOH, and MOM documented?	
Vital Records	Are there specific shut-down procedures for critical equipment and record protection?	
Drills & Records	Are practice drills scheduled, recorded, and reviewed by management?	

Section 2: **Fire Safety & Evacuation**

Audit Item	Compliance Requirement	Status (Y/N)
Fire Safety Manager	Has a Fire Safety Manager (FSM) been appointed as per SCDF requirements?	
Evacuation Routes	Are routes and assembly areas clearly identified for patients, staff, and contractors?	
Manual Call Points	Are fire alarm glass-break points accessible and functional?	
Extinguisher Type	Are the correct extinguishers (Water/CO2/Dry Powder) placed near relevant hazards?	
Maintenance	Is there a documented schedule for fire protection equipment maintenance?	

Section 3: **First Aid (WSH) Regulations**

Audit Item	Compliance Requirement	Status (Y/N)
Box Distribution	Is there a sufficient number of boxes on every floor of the building?	
Box Maintenance	Are boxes clearly identified, well-lit, and checked "frequently" for usable items?	
First-Aider Ratio	Is there at least 1 first-aider for every 100 employees?	
Training Records	Do all first-aiders have current, Commissioner-approved training/re-training?	
First-Aid Room	If the facility has >500 persons, is a dedicated first-aid room maintained?	
Special Facilities	Are drenching/flushing facilities available if toxic/corrosive substances are present?	

Hua Mei Training Academy
A Tsao Foundation Initiative

Emergency Contact List

Facility Name:

Last Updated:

1. External Emergency Services

Agency	Purpose	Contact Number
SCDF (Fire / Ambulance)	Fire, rescue, or life-threatening medicals	995
Police	Crime, security breach, or public order	999
Non-Emergency Ambulance	Non-life-threatening medical transport	1777

2. Internal Emergency Response Team (ERT)

Role	Name	Mobile Number
Incident Commander		
Fire Safety Manager (FSM)		
Chief First-Aider		
Security / Operations Head		
Facilities/Maintenance		

3. Regulatory & Community Services

Agency	Department	Contact Number
MOH	Ministry of Health (Healthcare Standards)	6325 9220
MOM	Ministry of Manpower (WSH Reporting)	6438 5122
NEA	National Environment Agency	6225 5632
SCDF (General)	General Enquiries / Fire Safety	1800 286 5555

4. Essential Utilities & Services

Service	Company/Provider	Contact Number
Power/Electricity	SP Group (Power Failure)	1800 778 8888
Water Supply	PUB	1800 225 5782
Gas Supply	City Energy (Gas Leak/Emergency)	1800 752 1800
IT/Server Support	(For Vital Records Protection)	