

HLTWH002

Follow safe work
practices for direct
client care



LEARNER GUIDE

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This Learner Guide

HTLWHS002 - Follow safe work practices for direct client care (Release 2)

This unit describes the skills and knowledge required for a worker to participate in safe work practices to ensure their own health and safety and that of others in work environments that involve caring directly for clients. It has a focus on maintaining the safety of the worker, the people being supported and other community members.

This unit applies to all workers who require knowledge of workplace health and safety (WHS) to carry out their own work, in both centre-based and home-based service provision.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/training/details/HTLWHS002>

About this Unit of Study Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Follow safe work practices for direct client care

- I. Follow safe work practices for direct client care
- II. Follow safe work practices for manual handling
- III. Follow safe work practices for infection control
- IV. Contribute to safe work practices in the workplace
- V. Reflect on own safe work practices

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support, you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- how and when to make contact
- what you need to do to complete this unit of study
- what support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- keep your study materials
- be reasonably quiet and free from interruptions
- be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have quiet, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- a chair
- a desk or table
- a computer with Internet access
- a reading lamp or good light
- a folder or file to keep your notes and study materials together
- materials to record information (pen and paper or notebooks, or a computer and printer)
- reference materials, including a dictionary

Do not forget that people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
3. **Talk to people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using this Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, ‘Have I seen this happening anywhere?’ ‘Could this apply to me?’ ‘What if...’ This will help you to ‘make sense’ of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction



Safety will always be a primary concern when working with and providing care for people. In *direct client care*, you will be working as a care worker in community care or residential care settings. Your roles and responsibilities will be focused on aiding clients who may require support. They may require support due to ageing, disability or other reasons. As a care worker, you will be working under a supervisor or as part of a team.

You will be working in various support capacities in either a community care setting or residential care setting. In community care, you will provide care and support to clients who visit or stay in a community care centre. On the other hand, you will be visiting and providing care for clients in their own homes in residential care. This is applicable in cases where clients choose to receive care at home or if, for any reason, they are restricted to staying at home.

Safe work practices are ways to perform your role in accordance with work health and safety standards. These practices include how to follow procedures and do work tasks safely. Following procedures will help you prevent harm to self and others. This unit will teach you the necessary knowledge and skills that you need to follow safe work practices.

In this learner guide, you will learn how to:

- follow safe work practices for direct client care
- follow safe work practices for manual handling
- follow safe work practices for infection control
- contribute to safe work practices in the workplace
- reflect on own safe work practices.

Work Health and Safety Legislation

Throughout this unit, you will learn different policies and procedures related to Work Health and Safety (WHS). These are based on national and state/territory WHS legislation. WHS legislation and guidelines are in place to minimise or prevent health and safety risks in the workplace. In general, WHS laws cover a wide variety of situations that workers in any field may encounter. WHS is a set of legislation and guidelines that set best practices in:

- protecting your own health and safety at work
- preventing any threat to you and your colleagues' health and safety
- preventing any threat to the health and safety of the people you support and other members of the community.

Safe Work Australia is the national government entity that develops and evaluates [model WHS laws](#). From these model laws, states and territories develop and implement their respective WHS laws. These local laws ensure that WHS principles are effectively applied to their context. In the table below, you will find links to WHS legislation and regulations that apply to each state.

State/territory	WHS legislation and regulations
Australian Capital Territory	Work Health and Safety Act 2011 Work Health and Safety Regulation 2011 (ACT)
New South Wales	Work Health and Safety Legislation
Northern Territory	Workplace Safety Laws
Queensland	Work Health and Safety Laws
South Australia	Work Health and Safety Act and Regulations
Tasmania	Work Health and Safety Act 2012 Work Health and Safety Regulations 2012
Victoria	Occupational Health and Safety Act and Regulations
Western Australia	Work Health and Safety Act 2020 Work Health and Safety (General) Regulations 2022

Work Health and Safety Codes of Practice

Codes of practice are documents that provide practical information on how organisations and workers can meet the requirements in WHS legislation and regulations. The requirements in WHS legislation serve as bases for developing codes of practice related to particular work health and safety issues.

The model WHS Act and Regulations have a counterpart model code of practice. A model code of practice takes legal effect in a certain jurisdiction when it has been approved by that jurisdiction's WHS regulator. It is important to note that approved codes of practice are not laws. Instead, the codes are practical guides to achieving the standards of health and safety required under the model WHS Act and Regulations.

Codes of practice will vary depending on the topic that they relate to. As an example, the table below shows different codes of practice used in Queensland.

Code of practice	Purpose
Children and young workers	Provides guidance on work health and safety practices specifically for workplaces where children and young workers are likely to be
First aid in the workplace	Provides guidance on first aid requirements that must be complied with in the workplace such as the duties of the PCBU, required equipment, facilities and training, and guidance for first aid procedures
Hazardous manual tasks	Provides guidance on how to manage the risks associated with hazardous manual tasks in the workplace



Further Reading

There are different codes of practice related to work health and safety depending on the work activities covered. Access the link below from Business Queensland for more information.

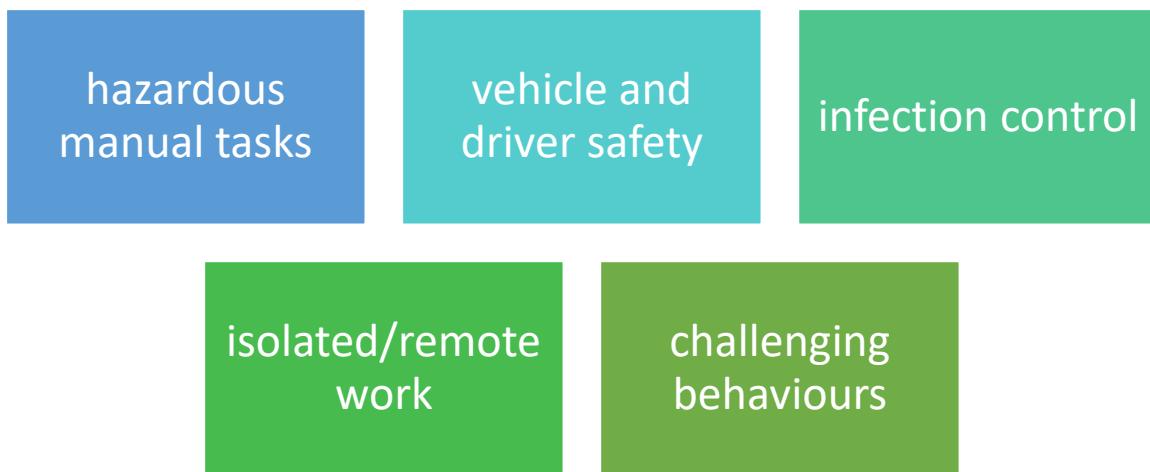
[Codes of practice for work health and safety](#)

Work Health and Safety Industry Standards

Industry standards are documents that provide practical information on how to apply work health and safety requirements in the Act and Regulations to specific work industry roles and environments. The workplace risks are different depending on the industry that you are working in. It is important to have industry-specific work health and safety standards because this will guide workers on how to address risks that are specific to their work role and environment.

State/territory WHS legislation provides the general legal requirements related to work health and safety that apply to all industries. WHS legislation impacts industry standards in that it provides the basic WHS concepts and requirements that different industries must follow and use as basis when developing their industry-specific standards.

For example, home and community care workers regularly deal with hazards such as:



Sourced from [Home & community care](#), used under CC BY 3.0 AU. © Government of South Australia

As such, there must be industry standards that are specific for community workers and the hazards that they face. An example of this is the [Community Workers Work Health and Safety Guidelines](#) published by the Government of South Australia.

State/Territory WHS Authorities

The Commonwealth, state, and territory WHS authorities are responsible for implementing, regulating, and enforcing WHS laws in their jurisdictions. In jurisdictions where the model laws have been implemented, each state/territory must make variations to ensure that the laws operate effectively in their jurisdictions. In the table below, you will find the website of the WHS regulator for each state/territory.

State/territory	WHS regulator website
Australian Capital Territory	https://www.worksafe.act.gov.au/
New South Wales	https://www.safework.nsw.gov.au/
Northern Territory	https://worksafe.nt.gov.au/home
Queensland	https://www.worksafe.qld.gov.au/
South Australia	https://www.safework.sa.gov.au/
Tasmania	https://worksafe.tas.gov.au/home
Victoria	https://www.worksafe.vic.gov.au/
Western Australia	https://www.commerce.wa.gov.au/worksafe

Rights and Responsibilities of Workers

A set of rights and responsibilities governs your work. *Rights* refer to your basic entitlements as a worker. *Responsibilities* refer to what work you must perform and in what manner. These rights and responsibilities are reflected in legislation. They can also be found in the terms and conditions of your employment.

Your rights to work and rights in work are parts of your economic rights. According to the International Covenant on Economic, Social and Cultural Rights (ICESCR), these rights include:

- right to work
- right to just and favourable conditions of work
- right to initiate and participate in trade union activities.

Based on Right to work and rights in work, used under CC BY 4.0. © Australian Human Rights Commission 2017

You also have rights protected by legislation on:

- discrimination
- fair work
- work health and safety
- privacy and confidentiality.

The related legislation for each right is shown in the table below.

Rights	Related legislation
Right against any form of discrimination	Age Discrimination Act 2004 Disability Discrimination Act 1992 Racial Discrimination Act 1975 Sex Discrimination Act 1984
Right to fair work	Social, Community, Home Care and Disability Services Industry Award 2010
Right to a healthy and safe workplace	Model WHS laws
Right to privacy and confidentiality	Privacy Act 1988

You will be supporting people who may require your help due to ageing, disability or some other reason. Your general work responsibilities will include the following:

- Helping clients with everyday tasks that they may find difficult
- Helping clients learn and develop life skills
- Organising, scheduling and administering medication
- Accompanying and supporting clients in fulfilling tasks and appointments
- Coordinating client care needs with medical professionals

In addition to your role-specific responsibilities, you also have duty of care responsibilities. *Duty of care* refers to your responsibilities, by law, in protecting the people in your care from harm. In common law, you are found to have a duty of care when:

the welfare of other people is entrusted to you

your actions or lack thereof may cause harm to the people under your care.

The nature of your work requires you to provide care for people, and so you have a duty to protect the people under your care from risks of harm. You are responsible for:

identifying, minimising and eliminating possible sources of harm

supervising clients in daily activities to minimise their exposure to risks and hazards

checking equipment for any defects that may result in harm to users.

Your specific rights and responsibilities, including those related to duty of care, can be found in the WHS legislation of your state/territory.

Rights and Responsibilities of Employers

Similarly, your employer will also have a set of rights and responsibilities. Your employer is responsible for effective and compliant operation and delivery of services. To meet this responsibility, they have the right to:

- initiate, renew, suspend and terminate employees based on legal grounds
- expect adequate work performance from employees according to agreed-upon standards
- make changes to workplace policies and procedures if necessary.

However, remember that in the exercise of their rights, your employer must not violate your rights as an employee. In the same way, when you exercise your own rights as an employee, you must not violate the rights of your employer.

Employers owe a duty of care to their employees. They are responsible for the health and safety of everyone in the workplace. In relation to WHS, your employer has the following responsibilities:

Providing a safe work environment

Providing safe work information, instruction, supervision and training

Providing safety equipment

Recording and resolving WHS issues and incidents

Coordinating with authorities regarding WHS concerns

Monitoring the health and welfare of employees

Consulting employees on workplace safety concerns

Like employees, the rights and responsibilities of employers, including duty of care, can be found in state/territory WHS legislation.

I. Follow Safe Work Practices for Direct Client Care



In your role as a care worker, you must adhere to safe work practices for different aspects of care. To review, safe work practices are aligned with WHS standards related to your work role. These practices dictate how to do work tasks safely. Safe work practices will help you avoid harm to yourself, the people in your care and others. Safe work practice also involves assessing risks and hazards in the workplace. In this chapter, you will learn the best practices for identifying, recording, and reporting risks and hazards.

Direct client care is your responsibility in supporting individuals in a range of health and community services. You will be caring for individuals that require support in their everyday lives. The sub-sectors of direct client care include the following:

Aged care

Home care

Disability care

Mental health care

Following safe work practices will ensure the safety and protection of your clients while under your care. Failure to comply with these practices may result in risks of harming or allowing harm to clients. This will result in legal and ethical compliance issues for you and your organisation.

In this chapter, you will learn how to:

- follow workplace policies and procedures for safe work practices
- identify, report and record existing and potential hazards in the workplace
- identify, report and record any client-related risk factors or behaviours of concern
- follow workplace policies and procedures to minimise risk
- identify and report incidents and injuries.

Rights and Responsibilities of Workers and Clients in a Home-Based Environment

Depending on your organisational setup, your work may require you to provide care for clients in their homes. Earlier, you learned about your rights as an employee. In addition to these, you also have rights and responsibilities as a care worker in a home-based environment. The table below shows the common rights and responsibilities of workers in in-home care.

Care Worker Rights	Care Worker Responsibilities
<ul style="list-style-type: none"> ▪ To adequate care information about their clients ▪ To privacy and confidentiality ▪ To be treated with dignity and respect ▪ To complain about any risks of harm to self ▪ To work without discrimination 	<ul style="list-style-type: none"> ▪ Provide care, support and assistance needed by clients. ▪ Provide care according to care plans. ▪ Ensure a safe and secure environment for all clients. ▪ Respond to emergencies, risks and hazards. ▪ Inform clients of their care status and needs. ▪ Listen to and act on complaints made by clients regarding their care.

In the same way, your clients have rights and responsibilities when receiving home care. These rights and responsibilities are based on legislation such as:

Aged Care Act 1997

Disability Services Act 1986

You may review these laws to know more about rights and responsibilities specific to clients in aged or disability care. The table below shows the common rights and responsibilities of clients in in-home care.

Client Rights	Client Responsibilities
<ul style="list-style-type: none"> ▪ To maintain independence ▪ To receive quality care and assistance according to their needs ▪ To information about their care status and options ▪ To privacy and confidentiality ▪ To a safe and secure home environment ▪ To be treated with dignity and respect ▪ To complain about their care and seek resolutions ▪ To receive care without discrimination 	<ul style="list-style-type: none"> ▪ Respect the rights and needs of people involved in-home care. ▪ Respect the rights of workers. ▪ Protect their own health and well-being, as allowed by their individual capabilities. ▪ Inform their carer about their medical state and history and related care needs.

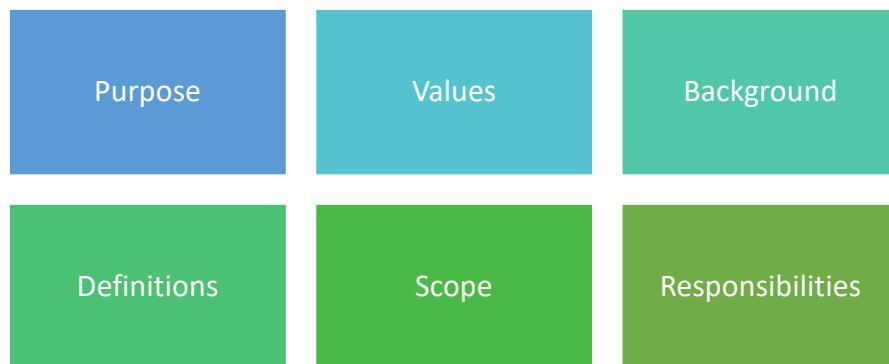
1.1 Follow Workplace Policies and Procedures for Safe Work Practices

Your workplace will implement a set of policies and procedures. These will guide you in performing your responsibilities according to safe work practices. These policies and procedures are based on WHS legislation, as discussed in the introduction to this unit. You must follow these workplace policies and procedures as you work. Doing so is your way of ensuring that your organisation and its practices are legally compliant.

1.1.1 Workplace Policies and Procedures for WHS

Workplace policies are general rules that guide decisions and actions made in an organisation. Policies are grounded on legal and ethical requirements, as well as the principles and values of the organisation. These policies explain the concepts and ideas behind workplace processes and procedures. They explain why workplace processes and procedures are performed and implemented a certain way. These policies are based on legal and ethical requirements. They are not likely to change unless there are corresponding changes to the related legislation and guidelines.

A workplace policy statement will include the following:

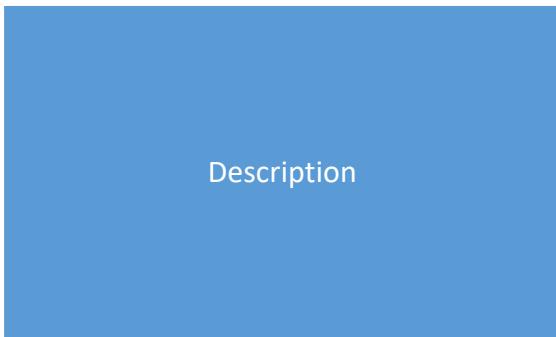


The following are some guide questions you can use to identify what information each part should contain:

- **Purpose** – What is the policy trying to achieve?
- **Values** – What organisational principles are emphasised?
- **Background** – What legislation and guidelines serve as basis for the policy?
- **Definitions** – What important terms are used in the policy?
- **Scope** – In what cases will the policy apply?
- **Responsibilities** – What should employees in different roles do to meet the policy?

Workplace procedures are specific actions that employees are required to perform. Organisations set procedures for common workplace situations. These procedures must align with related organisational policies. Procedures are also based on legislation and guidelines. However, legal provisions do not provide specific actions to take. This allows an organisation more flexibility in implementing policies. They can align legislation to their workplace context. Procedures may continuously change and improve. They are reviewed and modified to better align with policies and industry best practices.

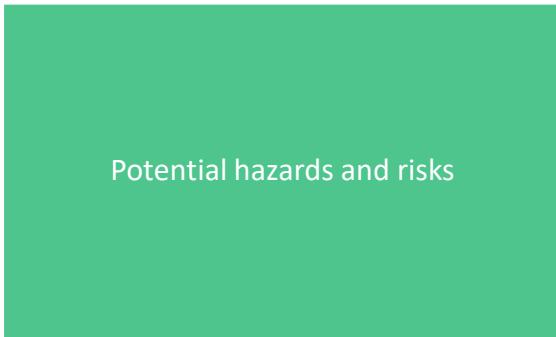
Procedures may be further broken down into the following parts:



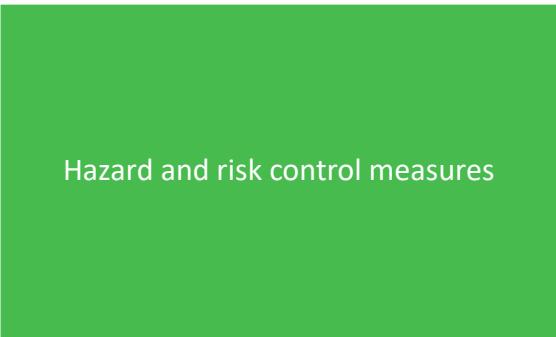
Description



Step-by-step explanation



Potential hazards and risks



Hazard and risk control measures



Safety precautions

You must first access and read through workplace policies and procedures. This will help you clarify your understanding of safe work practices. Your organisation has policies and procedures related to different areas of workplace operations. Safe work practices are covered in sections on WHS.

As an example, consider the WHS policy for the simulated care organisation Lotus Compassionate Care (LCC), as shown in the table below.

Policy parts	Example provisions
Purpose	Lotus Compassionate Care is committed to ensuring a safe environment for clients, family members, staff and visitors. Workplace Health and Safety practices will be managed consistently and within WHS legislative and regulatory requirements.
Values	<ul style="list-style-type: none"> ▪ Providing flexibility and choice to clients ▪ Providing services that meet clients' changing needs
Background	<p>WHS legislation including:</p> <ul style="list-style-type: none"> ▪ Work Health and Safety Act 2011 ▪ Work Health and Safety Regulations 2011 ▪ State/Territory WHS legislation
Definitions	<p>Definitions of the following terms:</p> <ul style="list-style-type: none"> ▪ Disability support ▪ Community care
Scope	All aspects of work in direct client care
Responsibilities	<p>Roles and Responsibilities of:</p> <ul style="list-style-type: none"> ▪ employer ▪ disability support workers ▪ community care workers ▪ residential care workers.

LCC has procedures for different WHS practices, including those related to:

- ergonomic requirements
- critical incidents
- decision-making and consent
- reporting and notification
- medication administration
- emergency response
- infection control.

For example, you must follow the following procedures for incident reporting and notification:

Staff must report all concerns, injuries, incidents, or 'near misses' to a supervisor.

Incidents outside the facility must be reported through phone call to the supervisor.

Incidents must be documented on the standard Incident Report Form.

Staff must complete the Incident Report Form within 24 hours of the incident.



Lotus Compassionate Care

Lotus Compassionate Care is a simulated organisation that provides services in disability support, home and community support, and residential care, referenced in our learning resources.

Their policies and procedures are published on their site. You can access them through the link below:

[Lotus Compassionate Care Policies & Procedures](#)

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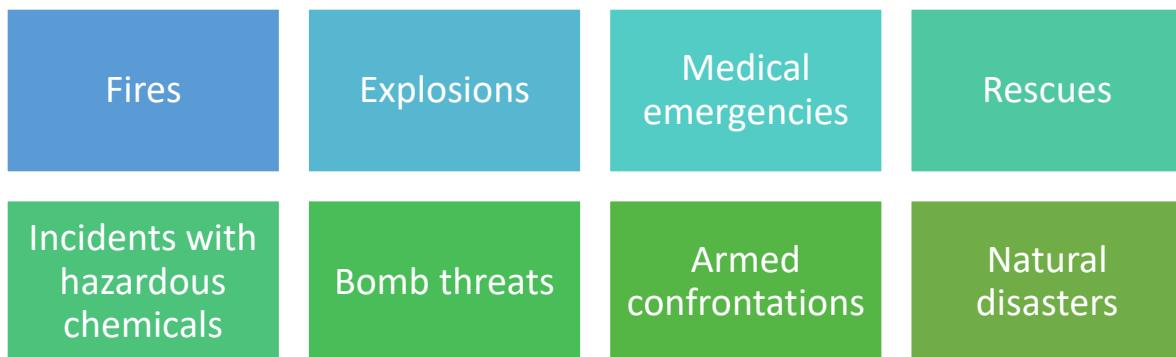
Further Reading

Worksafe Tasmania published templates for sample safe work policies and procedures. This will give you an idea of what documents to expect and look for in your workplace. Access these resources through the link below.

[Safety Policies and Procedures](#)

1.1.2 Workplace Emergency Procedures

Workplace emergencies are unforeseen incidents in the workplace that may cause harm to people. Emergency situations may include the following:



Based on [Emergency plans fact sheet](#), used under CC BY 4.0. © Commonwealth of Australia

As part of WHS procedures, there are specific procedures to follow in cases of emergency. WHS laws and regulations require organisations to provide an emergency plan for the workplace. This emergency plan includes the following:

Emergency procedures

Evacuation procedures

Notification of emergency service organisations

Medical treatment and assistance

Effective emergency communication and coordination

Testing of emergency procedures

Information, training and instruction for workers

Based on [Emergency plans fact sheet](#), used under CC BY 4.0. © Commonwealth of Australia

Each part of the emergency plan will contain important information:

- **Emergency procedures** – what to do in cases of emergency
- **Evacuation procedures** what to do when the workplace must be evacuated
- **Notification of emergency service organisations** who to contact in cases of emergency
- **Medical treatment and assistance** – how to provide treatment and assistance in medical emergencies
- **Effective emergency communication and coordination** – how to communicate and coordinate the emergency response to people in the workplace
- **Testing of emergency procedures** – how to and how often to test if emergency procedures are effective
- **Information, training, and instruction for workers** –what workers must know in emergency cases



You must have knowledge of the organisational protocols for emergency situations. For example, LCC gives specific instructions to staff in specific emergency cases.

In the table below, you can see examples of emergency situations and the procedures you must follow for each.

Emergency situation	Procedures
Fire in the care facility	<ol style="list-style-type: none"> 1. Evacuate clients/visitors/staff from the area of immediate danger to a safe location and close doors. 2. Raise the fire alarm. 3. Dial 000 and provide details. 4. If necessary, evacuate clients/visitors/staff from the building using the proper exit routes. 5. Do not allow any people to re-enter the building following evacuation. 6. Assemble everyone in the nominated evacuation assembly area and complete a roll call. 7. Before leaving the area, report the status of evacuation to the manager/fire brigade. 8. Report any clients/visitors/staff still in the building to the manager/fire brigade.
Medical emergency in the care facility	<ol style="list-style-type: none"> 1. Apply first aid. 2. Dial 000 and provide details. 3. Follow the operator's instructions.

In summary, to ensure that you follow workplace policies and procedures, you must take the following steps:

1. Define and clarify your role in the organisation.
2. Look at the scope of policies and determine which responsibilities apply to your role.
3. Review and follow procedures related to your role and responsibilities.

1.1.3 Safety Considerations When Working in a Home-Based Environment

You may also be assigned to provide care in a home-based environment. In this type of care, you will be providing support to individuals in their homes. This will be the case for individuals who:

- cannot visit a community care centre due to disability or incapacity
- prefer to receive care in their own home instead of in a care centre.

In a home-based environment, there are two areas of safety considerations in relation to safe work practices:

Basic home fire safety

Risks to personal safety

1.1.3.1 Basic Home Fire Safety

Basic home fire safety refers to safe work practices to prevent or minimise the harm caused by fires. Objects such as cooking equipment, heaters and fireplaces can cause fire at home. If you are providing support in a home setting, it is important for you to know basic home fire safety. This is because the individuals that you are supporting will likely be incapable of responding to fire hazards on their own.

High-Risk Groups

High-risk groups are people in the home who are most vulnerable in cases of fire. They are at high risk of injury or death due to fire. They may lack basic capabilities such as mobility, mental capacity, hearing and eyesight. High-risk groups include the following:

Children

Older Adults

Persons with disabilities

Children are at high risk of injury or death due to fire because they may not be physically and mentally developed to respond to fire. This is especially true for children under the age of five. They may not completely understand or remember the proper steps to take during a fire, so it is important to assist them. Additionally, you must remember that as they grow up, children naturally explore the world around them. This means that it is possible for them to be curious about fire. It also means that they are prone to playing or experimenting with fire, which may cause fire accidents. When you are providing care for children, you must always be attentive to their actions. Make sure that sources of fire, such as matches and lighters, are out of reach of children. If a fire does happen at home, you must assist and guide children in proper evacuation.

Older adults refer to persons aged 65 years and above. They tend to have deficiencies in mobility, eyesight, and hearing. These deficiencies make it difficult to respond to fire emergencies. For example, during a fire, older adults may evacuate at a slower pace. In case of fire, you must be ready to assist older adults in evacuation.

Persons with disabilities have conditions such as loss of eyesight, loss of hearing and loss or impaired ability to walk. These disabilities make it difficult to respond to fire emergencies. For example, people with hearing or vision loss will not be able to react to conventional fire alarm systems. People with mobility disabilities will move and react much slower in cases of fire. As such, you must always be ready to aid persons with disabilities in cases of fire.

High-risk groups will find it more difficult to respond to fire emergencies due to their lack of physical and mental capabilities. This is why you must always be ready to assist them in evacuation in cases of fire. Aside from assisting them in evacuation, you must take note of certain fire safety measures which will prevent risks due to fire. Fire safety measures for supporting high-risk groups include:

setting up their sleeping areas at the ground floor for easier access to exits

ensuring that fire detection systems, smoke alarms and sprinklers are well-maintained

ensuring that points of exit, such as doors and windows, are functional and free from obstructions

ensuring that they have means of communicating with you in cases of emergency (e.g. phones, walkie-talkies, intercom system).

Behaviour That Contributes to Fire Injury and Fatalities

Fire injuries and fatalities occur due to a lack of planning and preparation. Without proper planning and preparation, you and the people under your care will not know what to do in cases of fire. This may lead to panic and disorientation when a fire happens at home. The following are some common behaviours that contribute to fire injury and fatalities at home:

Playing with or misuse of sources of fire such as matches, lighters and stovetops

Doing tasks that may cause fire, such as cooking, without the needed guidance and assistance

Using outdated or malfunctioning home/electrical appliances

Cluttering or obstructing points of exit

Not following fire emergency precautions and procedures

As a care worker, you must always be mindful of the actions of persons under your care. You must also guide them in practising fire safety. This will ensure that they avoid behaviours that cause fire injuries and fatalities. You can prevent this type of behaviour by:

- orienting them about fire safety precautions such as fire escape plans and procedures
- observing and monitoring their activities as much as possible
- assisting them in performing tasks that may cause fire
- ensuring that home/electrical appliances are well-maintained
- ensuring that points of exit are always free from obstructions.

Smoke Alarm Placement, Installation and Maintenance

You can contribute to fire safety by ensuring the proper placement, installation and maintenance of smoke alarms. Smoke alarm placement is the process of locating smoke alarms so that they accurately alert home occupants of the presence of smoke. Smoke alarm installation is the process of fitting and mounting smoke alarms. These alarms should provide visual and auditory signals when smoke is detected. Installation also includes connecting alarms to the smoke detection system of the home. *Smoke alarm maintenance* is the process of ensuring that smoke alarms are in working condition.

Homeowners are responsible for the placement, installation and maintenance of smoke alarms. However, remember that one of your responsibilities is to assist individuals with everyday tasks. If they need to install, maintain or replace smoke alarms, you have to assist them. You are also responsible for checking that smoke alarms are correctly placed, installed and maintained.

The table below shows some tips in handling smoke alarm procedures.

Smoke alarm procedure	Tips
Placement	<ul style="list-style-type: none"> ▪ Place smoke alarms in all frequently used rooms such as living areas and bedrooms. ▪ Place smoke alarms in circulation spaces such as corridors and stairways. ▪ Place smoke alarms at the centre of a room so that they can cover more area. ▪ Place smoke alarms away from windows and doors as wind can sometimes affect alarm sensitivity. ▪ Make sure that smoke alarms that use light signals are plainly visible.
Installation	<ul style="list-style-type: none"> ▪ Ensure that smoke alarms are properly connected to smoke detectors. ▪ Ensure that smoke alarms are connected to each other so that all alarms will trigger in case of smoke. ▪ After installation, test smoke alarms to ensure proper function.
Maintenance	<ul style="list-style-type: none"> ▪ Regularly clean the surface of the smoke alarm so that it does not accumulate dust which can cause malfunctions. ▪ Test smoke alarms regularly. ▪ Change the batteries of smoke alarms as often as indicated by the manufacturer. ▪ Replace smoke alarms as often as indicated by the manufacturer.



Further Reading

The Country Fire Authority of Victoria provided guidelines on the proper installation and maintenance of smoke alarms. To learn more, follow the link below.

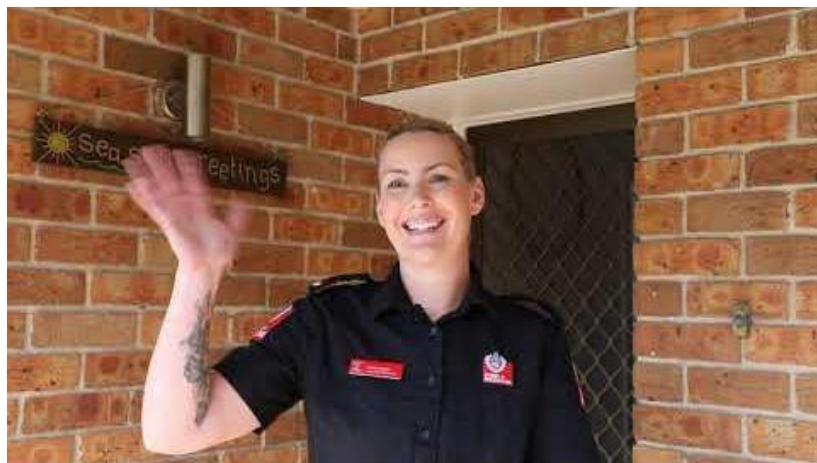
[Installation and Maintenance](#)



Multimedia

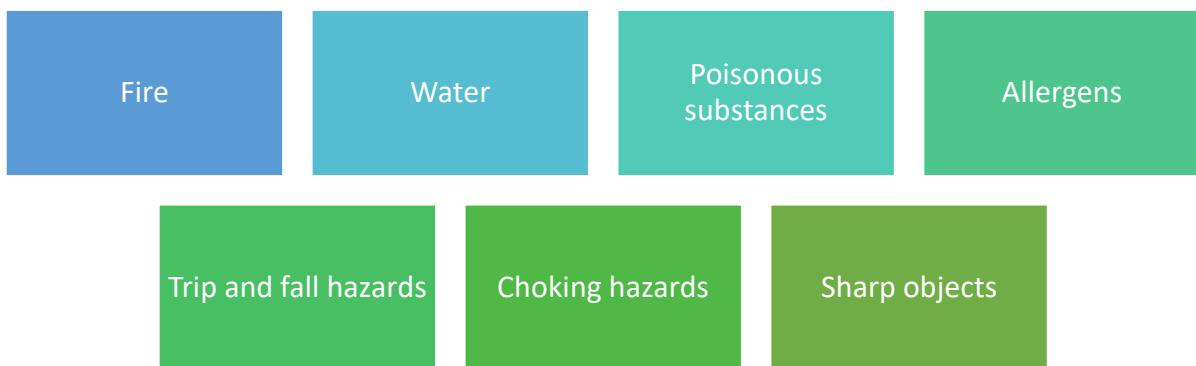
Fire and Rescue NSW provided a helpful instructional video on how to ensure fire safety at home by using a checklist. Learn more by watching the video below.

[Fire Safety Checklist](#)



1.1.3.2 Risks to Personal Safety

Working in a home environment comes with risks to personal safety. Risks to personal safety refer to possible sources of hazards found at home. These risks include the following:



Fire

Fire is one of the most common risks to personal safety found at home. This is because fire can come from a lot of possible areas:

- Stovetops
- Candles
- Fireplaces
- Heaters
- Electrical equipment

When fire safety precautions are not followed, these sources of fire may pose risks to personal safety. Basic home fire safety was previously discussed in Section 1.1.3.1. Review this section for guidelines on how to prevent or minimise risks caused by fire hazards at home.

Water

Water is a common provision at home that people use and consume for everyday tasks. However, water can harm individuals who are not properly monitored. Water can cause harm through drowning or electrocution. At home, drowning may be caused by the use of pools, bathtubs, basins and other large water containers. To avoid the risk of drowning:

- secure sources and containers of water and keep them away from high-risk individuals
- monitor high-risk individuals when they are near bodies of water.

Water may also cause risks of electrocution when in contact with electrical appliances and outlets. To avoid the risk of electrocution, do the following:

- Clean up water spills and puddles immediately. This will avoid possible contact with electrical appliances and outlets.
- Monitor high-risk individuals. Ensure that their hands are not wet when they handle electrical appliances.

Poisonous Substances

Poisoning can come from common household substances. These substances include cleaning substances, detergents, fuels and medications. To avoid risks caused by poisonous substances, make sure that they are out of reach of high-risk individuals. You can do this by storing these substances in a locked cabinet. There is also a risk of poisoning when poisonous substances are not labelled properly. Some substances may be stored in containers that can be mistaken for consumable products. You can avoid this risk by ensuring that toxic substances have proper labels containing readable text.

Allergens

Allergens are food items or substances that cause allergic reactions for some individuals.

In the table below, you can see common food items and substances that may cause allergic reactions.

Common food allergens	Common substance allergens
<ul style="list-style-type: none"> ▪ Seafood ▪ Nuts ▪ Dairy products ▪ Fruits ▪ Eggs ▪ Poultry 	<ul style="list-style-type: none"> ▪ Pollen ▪ Dust ▪ Animal fur ▪ Medicines ▪ Mould ▪ Detergents

You can avoid or reduce the risk of allergic reactions for persons under your care by keeping yourself informed of their medical history. Read through the relevant medical records of individuals to identify their allergens. This information will help you ensure that the persons under your care do not come into contact with these allergens.

You must also pay attention to potential allergic reactions that have not yet been recorded in the individual's medical history. You can identify allergic reactions through symptoms, including the following:

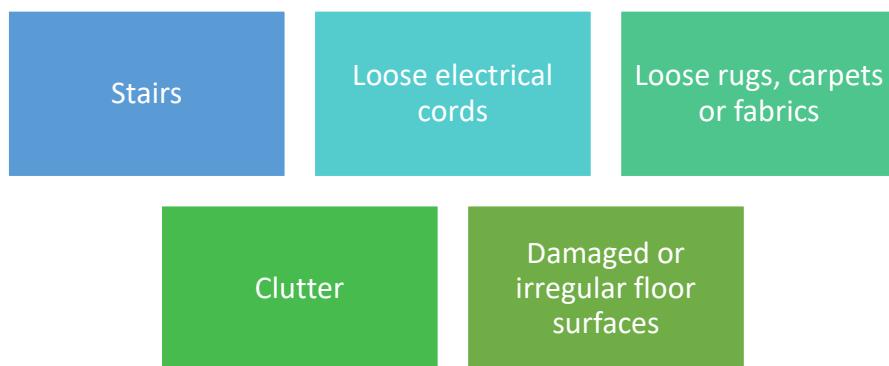
- sneezing
- coughing
- skin rashes
- breathing difficulty.

Allergic reactions may cause serious medical risks if not identified and avoided. If you think that the person under your care may be experiencing allergic reactions, perform the following steps:

1. Check their condition to see what aid you can provide immediately.
2. If possible, identify and remove the allergen.
3. Inform your supervisor.
4. Contact the individual's doctor.

Trip and Fall Hazards

Trip and fall hazards are objects or settings at the home that may cause individuals to trip or fall. These hazards include the following:



When not monitored and addressed, these trip and fall hazards may cause injuries to individuals under your care. To minimise or eliminate risks, inspect the house regularly. Inspections will help you identify and remove trip and fall hazards. In the case of stairs, make sure you always assist high-risk individuals when going up and down the stairs.

Choking Hazards

Choking hazards are items that may cause choking or suffocation when placed in the mouth of an individual. Children under the age of five are especially at risk of choking on small items. For older adults, choking may be caused by food items or medicines.

To avoid possible harm caused by choking hazards, you must do the following:

- Make sure that small items that children can put inside their mouths are out of their reach.
- Assist individuals when eating by cutting their food into smaller pieces for easy consumption.
- Cut down medical pills and tablets into smaller pieces for easy consumption. It may also help to dilute medicines in water so that individuals may consume them in liquid form.

Sharp Objects

Sharp objects are items that can possibly cut persons using them. At a client's home, common sharp objects include the following:



These objects are common household items, so it is not possible to eliminate them. However, you may reduce risks associated with them by:

- keeping sharp objects out of reach of high-risk individuals
- cleaning up sharp objects immediately after use
- assisting individuals when using sharp objects.

In addition to these common household items, damaged metal objects may also cause cuts. For example, a damaged metal tray may have an exposed sharp edge which may cut a person handling it. You can avoid injuries related to this by making sure to check items for any damage before allowing the persons under your care to use them.

Checkpoint! Let's Review



1. Workplace policies are general rules that guide the decisions and actions made in an organisation.
2. Workplace procedures are specific actions that employees must perform in the workplace.

1.2 Identify, Report and Record Existing and Potential Hazards in the Workplace

Part of your responsibilities as a care worker is to ensure your own safety as well as the safety of clients, co-workers and others in the workplace. You can ensure safety through effective identification, reporting and recording of workplace hazards.

Hazards are objects, settings or situations that may potentially cause:

- harm to people
- damage to property
- disruption to productivity.

Workplace hazards arise from the following:



Poor work design



Poor workplace environment design



Inappropriate systems and procedures



Inappropriate human behaviour and work practice

Workplace hazards come with risks. *Risk* is an assessment of the probability of a hazard causing harm, damage or disruption in the workplace.

Your responsibility is to identify, report and record hazards and risks that you encounter at work. When you promptly report and record hazards, your organisation can respond to eliminate these hazards.

1.2.1 Identify Existing and Potential Hazards

Hazards may be classified based on their current state. *Existing hazards* are those that can cause reasonable harm to people in the workplace at its current state. For example, frayed or loose electrical wires are existing hazards. They will cause harm to people who will accidentally come in contact with them. You must address existing hazards as soon as possible. This will ensure that they do not cause harm to people, damage to property or disruption productivity.

Potential hazards are those that may not cause any consequences at their current state. However, these hazards may cause harm when under certain conditions or circumstances. For example, sharp objects such as scalpels, needles and knives are potential hazards. They will not cause harm if used properly and according to standards and guidelines. However, they have the potential to cause harm if used inappropriately or without care.

The common workplace hazards that you must recognise and identify are as follows:



Psychosocial hazards



Physical hazards



Chemical hazards



Ergonomic hazards



Biological hazards

In the table below, you can see descriptions and examples of each type of workplace hazard.

Type of hazard	Description	Examples
Psychosocial	Hazards that may potentially cause psychological or physical harm	<ul style="list-style-type: none"> ▪ Workplace bullying ▪ Fatigue ▪ Mental stress ▪ Workplace violence ▪ Changes in the workplace ▪ Client aggression
Physical	Human and environmental factors or conditions that can harm health	<ul style="list-style-type: none"> ▪ Hazardous manual tasks ▪ Body stress and strain ▪ Confined spaces ▪ Electricity ▪ Heat ▪ Heights ▪ Noise ▪ Vibration
Chemical	Chemicals in the workplace that may harm persons through inhalation, skin contact or ingestion	<ul style="list-style-type: none"> ▪ Skin irritants ▪ Carcinogens ▪ Respiratory sensitisers ▪ Chemical explosions and fire ▪ Corrosion ▪ Chemical reactions
Ergonomic	Environmental, physical factors that may cause musculoskeletal injuries	<ul style="list-style-type: none"> ▪ Equipment layout and operation ▪ Lifting, pushing and pulling ▪ Lighting ▪ Noise ▪ Systems and computer programs ▪ Task, job and workplace design ▪ Workstation design

Biological	Organic substances that present threats to health	<ul style="list-style-type: none">▪ Viruses▪ Biological toxins▪ Spores▪ Fungi▪ Pathogenic micro-organisms▪ Bio-active substances
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Based on [Preventing harm and injury at work](#), used under CC BY 4.0. © Commonwealth of Australia 2020

Personal Safety Risks

In relation to these hazards, you must also identify personal safety risks. Personal safety risks are threats to the welfare of people in the workplace. Protecting people from personal safety risks is the responsibility of the employer. As an employee, you can help by identifying these risks before they result in incidents.

Personal safety risks include the following:

Confrontations and harrassment

Burglary

Armed robbery

Theft of assets

Internal security issues

Suspicious mail packages

Bomb threats

Sourced from [Personal Safety Risk Management](#), used under CC BY 4.0. © The State of Queensland 2021

Safety Symbols and Their Meanings

Another way of identifying hazards is through the interpretation of safety symbols. Safety symbols are composed of standard and commonly used imagery related to health and safety. Safety symbols do not give straightforward written instructions. They are assigned meaning through graphic elements such as colours and shapes. These symbols allow workers to identify hazards immediately. Workers will not need to read through layers of written instructions.

Signs to identify procedures or actions are colour-coded as such:

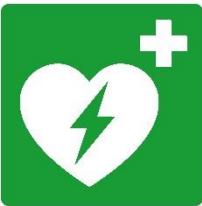
- **'DO NOT'** red circle and slash signs show that an activity is prohibited.
- **'MUST DO'** blue circle signs show the PPE that should be worn.
- **'BE AWARE'** yellow triangle signs warn about hazards in the area.
- **'INFORMATION'** green square signs show information on emergency safety.

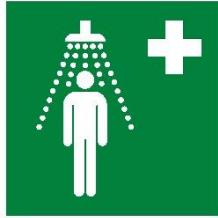
Based on [Safety Signs in the Workplace](#), used under CC BY 3.0 AU. © Government of South Australia

Safety symbols include symbols for:

- poison
- emergency protocols and equipment
- personal protective equipment
- specific hazards (e.g. sharps, radiation etc.).

Below are examples of common safety signs and symbols.

Emergency equipment		
Sign/symbol	Name	Meaning
	Automated external defibrillator (AED)	This indicates the location of an automated external defibrillator (AED). The defibrillator is used to save the life of a person in cardiac arrest or having a heart attack. It sends electric shock through the chest and into the heart.
	Emergency exit	This indicates the location of an emergency exit that can be used for evacuation.
	Break to obtain access	In cases of not being able to open the emergency exit, this indicates a cover which requires breaking to obtain access to the emergency exit device.
	Emergency eyewash station	This indicates the location of an emergency eyewash station. Emergency eyewash stations provide on-the-spot decontamination. They allow workers to flush away hazardous substances that can cause eye injury.
	First aid	This indicates a first aid station/area nearby, which provides immediate emergency care to an injured person.

	Emergency shower	<p>This indicates the location of the emergency shower. The emergency shower is an area where workers flush away hazardous substances from their bodies and clothing to minimise the effects of accident exposure to chemicals. Emergency showers can also be used effectively in extinguishing clothing fires or for flushing contaminants off clothing.</p>
	Emergency stretcher	<p>This indicates the location of an apparatus used for moving patients who require medical care.</p>
	Emergency breathing apparatus	<p>This indicates the location of an emergency breathing apparatus. This self-contained breathing apparatus provides breathable air in an immediately dangerous to life or health environment.</p>
	Emergency phone	<p>This indicates a phone specifically provided for making calls to emergency services and is most often found in a place of special danger.</p>
	Signal lamp	<p>This sign indicates that a portable lamp with a trigger operated shutter used to transmit Morse code, also known as an Aldis lamp, is available for use.</p>
	Emergency stop button	<p>This indicates the presence of a kill switch, which is used to stop the machinery quickly when there is a risk of injury or when the workflow requires stopping.</p>

Personal protective equipment (PPE)		
Sign/symbol	Name	Meaning
	Protective eyewear must be worn	This means that protective eyewear such as goggles must be worn to prevent eye injuries from flying debris, dust, radiation, and chemical splashes.
	Hearing and eye protection must be worn.	This means that both hearing protection (e.g. earmuffs) and eye protection (e.g. goggles) must be worn.
	Face mask must be worn	This means that face mask must be worn to help block large-particle droplets, splashes, sprays or splatter that may contain germs (viruses and bacteria).

Personal protective equipment (PPE)		
Sign/symbol	Name	Meaning
	Safety shoes must be worn	This means that safety shoes must be worn to prevent foot injuries due to slippery surface, rolling objects, sharp piercing edges, hot objects, splinters, electricity, chemicals, etc.
	Hard hat must be worn	This means that hard hats must be worn to protect the head from flying objects, collision, falling debris, and shock from falling objects, among other hazards.
	Gloves must be worn	This means that gloves must be worn to save the user's hands and fingers from unnecessary wounds such as cuts, blisters, splinters, skin punctures or heat and chemical burns.
	Apron must be worn	This means that apparels such as apron must be worn to protect the worker from any spills and contaminated surfaces that can lead to health conditions when touched without any protective layer.

Hazards		
Sign/symbol	Name	Meaning
	Poisonous substance	This sign indicates the presence of substances that can cause poisoning.
	High voltage	The sign warns against possible risk of electric shock.
	Tripping hazard	This sign prevents tripping or falling from any uneven floors and steps that no one might notice.
	Caution: Hot surface	This warns the person that hot surfaces are present, and contact should be avoided to prevent injury.
	Highly flammable	This notifies personnel of potential fire hazards and combustibles in the area.
	Beware of moving vehicles	This sign is placed at the vicinity where a bunch of moving vehicles is found. It warns off potential accidents from wandering personnel, such as children.

	Biological hazard	This indicates the presence of organic substances that pose a threat to the health of humans and other living organisms.
	Caution: Slippery when wet	This sign warns people that they can slip and fall on the floor when it is wet.
	Sharps disposal	This sign identifies the location of receptacles that are specifically allocated for the disposal of sharps such as used syringes and blades.
	Radiation hazard	The symbol identifies sources or containers of radioactive materials and areas of potential radiation exposure.

Workplace Procedures for Hazard Identification

In the workplace, the common way to identify hazards is through physical inspections. Inspection involves observing work surroundings for existing or potential hazards. This is usually part of the responsibilities of a supervisor or manager, but you may help by identifying hazards in your assigned work area. By reporting any identified hazards to your supervisor, you will help yourself and others in the workplace in avoiding risks of harm.

Look around you and ask yourself the following questions:

Does the environment pose risks of harm to yourself and other workers?

Can the demands of work tasks and activities possibly result in forms of harm for workers?

Are tools and equipment well maintained so as not to cause injuries to users?

Are there any recent changes in the workplace which may affect health and safety or cause harm to workers?

You may identify hazards in the course of performing your other tasks. Make sure to list down these hazards so that you can report them to your supervisor later on. If the identified hazard presents immediate risks to health and safety, you must act to minimise or eliminate the hazard. This mostly applies to hazards that can be easily addressed. For example, if you see a cord from an electrical appliance blocking a hallway, you do not have to wait to report this to your supervisor. You can easily remove the obstruction by yourself. However, you may also feel like you are not capable of minimising or eliminating the hazard right away. In this case, seek immediate help from others, such as your co-workers or supervisors.

1.2.2 Report Hazards to Designated Persons

After identifying hazards, you must report this to designated persons in your workplace. *Designated persons* are people in the workplace in charge of addressing hazards.

Depending on your organisational structure, the designated person may be in the following role:

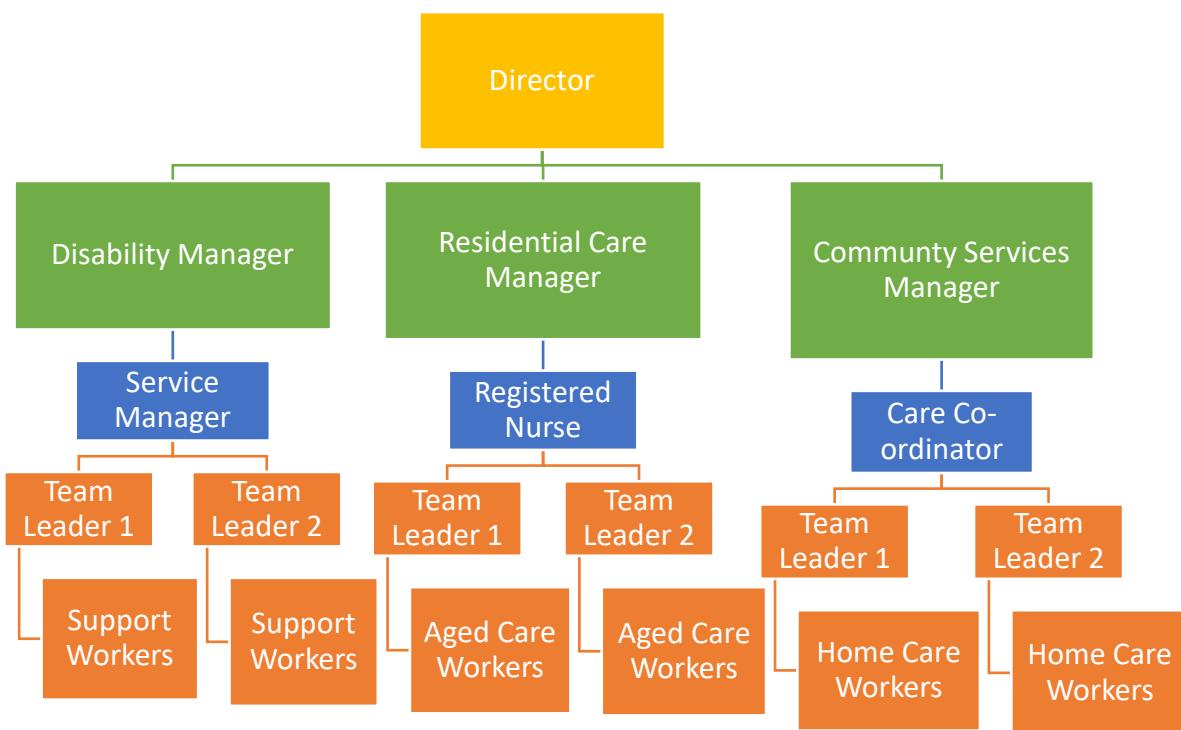
a supervisor or manager

the health and safety representative (HSR)

health and safety committee (HSC) members

To properly report hazards, you must first identify the designated person in your workplace. In this case, your reference will be the organisational policies and procedures. You can determine the designated person by accessing your organisation chart.

In most organisations, you will be required to report hazards to your direct supervisor. For example, if you are a care worker for Lotus Compassionate Care, you must access their organisation chart, as shown below.



Your role will be either a support worker, aged care worker or home care worker. According to the organisation chart, you must report hazards to your assigned team leader. However, this will not always be the case. Note that the chain of reporting will depend on the policies and procedures of your organisation. For example, your organisation may require you to directly report to a manager so that incidents may be addressed faster.

After identifying the designated person, you may proceed with reporting the identified hazard. To do this, you must follow your organisation's procedure for hazard reporting. Review your organisation's policies and procedures and check the steps you must take in reporting hazards.

For example, Lotus Compassionate Care requires workers to follow these steps in hazard reporting:



Lotus Compassionate Care

Access and review the policies and procedures of LCC for reporting hazards through the link below:

[Lotus Compassionate Care Policies & Procedures](#)

(username: newusername password: newpassword)

1.2.3 Record Hazards According to Workplace Procedures

After reporting hazards, you must also ensure that they are properly documented. This will provide your organisation with a reference in case these hazards must be further investigated. Hazard records are also useful references in conducting risk assessments for the workplace. Recording hazards will also give you and your colleagues an idea of how to prevent the same hazards from reappearing in the workplace.

Your organisation may also have a procedure for recording hazards. This is usually done using a hazard record or report form. If there is such a form in your organisation, you may use that to record the identified hazard. You may also be required to record hazards without a template, which means that you have to write the report from scratch. This will be a simple task as long as you have all the details related to the hazard you have identified.

A basic hazard record will require you to provide the information shown in the table below:

Parts of a hazard record	Required information
Reporter's information	<ul style="list-style-type: none"> ▪ Name ▪ Designation ▪ Supervisor's name ▪ Contact details
Hazard details	<ul style="list-style-type: none"> ▪ Date and time identified ▪ Location ▪ Description of the hazard
Risk assessment	<ul style="list-style-type: none"> ▪ Possible injuries, illnesses and incidents resulting from the hazard, and their severity ▪ Likelihood of these injuries, illnesses and incidents ▪ Level of risk (e.g. low risk, moderate risk, high risk)
Action plan	<ul style="list-style-type: none"> ▪ Description of the actions taken (if the hazard was immediately addressed) ▪ Suggestions for corrective actions or control measures (if the hazard has not been addressed at the time of writing) ▪ Persons responsible for implementation ▪ Deadline for implementation

After filling out the hazard record, submit this to your supervisor. This will inform the organisation of the hazard. Your organisation can use this information and consider steps to minimise or eliminate the hazard.

Risk Assessment

Assessing risks is an important part of hazard reporting. Risk assessment will dictate if action must be taken to address hazards. It will also determine how immediate the action must be implemented. Access your organisation's risk assessment form and fill out the required information. The table below shows common information found in a risk assessment.

For each type of information, a guide question and an example is provided for your reference.

Required information	Guide question	Example
Hazard	What is the identified hazard?	Care workers experiencing fatigue due to long work hours
Associated harm	What harm will the hazard cause?	Injury or illness
Likelihood of harm occurring	How likely will the harm occur in the workplace?	Highly likely since the workplace is currently understaffed
Level of risk	What is the level of risk based on the impact of the possible harm on the workplace?	High risk
Currently implemented controls	If any, what actions are being taken to address the hazard?	Shift hours and work breaks are strictly implemented.
Other controls required	What further actions are needed in order to minimise or eliminate the hazard?	Hire more care workers to cover shifts.
Person/s responsible	Who is responsible for implementing the controls?	Supervisors, hiring managers
Due date	When must the control be implemented?	31/12/2021
Date completed	When was the control actually implemented?	30/11/2021
Recommendations	After implementing controls, are there any further suggestions on how to address the hazard?	Conduct regular welfare checks for staff.

Checkpoint! Let's Review



1. Hazards are objects, settings or situations that may potentially cause:
 - harm to people
 - damage to property
 - disruption to productivity.
2. Hazard identification will involve risk assessment. This is an assessment of the probability of a hazard causing harm to people in the workplace.

H ealth
S afety
E nvironment

1.3 Identify, Report and Record Any Client-Related Risk Factors or Behaviours of Concern



When providing support and care for clients, it is important to be mindful of signs of risk. You may recall that risk refers to how likely a certain hazard will result to harm. In the previous subchapter, you learned about the different types of hazards you may encounter in the workplace. These hazards are external. They are caused by factors outside and around you and the people under your care. In addition to these, there are hazards and risks that root from clients themselves. As their care worker, you must be able to identify, report and record these hazards and risks to ensure that they do not result in harm.

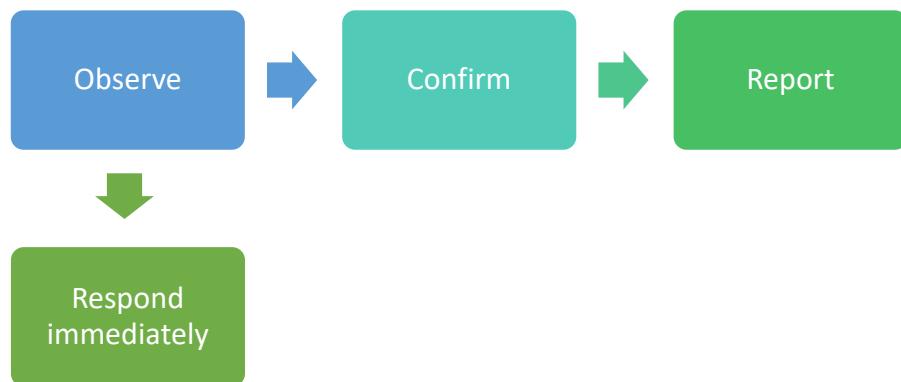
1.3.1 Identifying Client-Related Risk Factors and Behaviours of Concern

Client-related risk factors are aspects of the condition and situation of the client which may lead to risks of harm to themselves or others. These factors can be identified through:

- hazard and incident reports
- care plans
- case management meetings.

Behaviours of concern are behaviour signs and patterns that may put the client or others around them at risk of harm. These are often distressing behaviours that cause problems for the client and others. A certain behaviour becomes a concern when it is already easily noticeable by carers and other observers. This means that the behaviour is frequent or intense enough to cause concern. You can also identify behaviours of concern through reports, care plans and case management meetings.

To identify client-related risk factors or behaviours of concern, you can follow the process shown in the diagram below.



Observe

The first step is to identify the risk factor or behaviour of concern by observing clients. You are going to be looking for factors that cause distress to the client or to people around them. Common signs include the following:

Self-harming	Harming others	Showing disinterest in activities	Breaking objects
Repeating actions or words	Raising their voice	Using threatening or violent language	Not talking for long periods of time
Refusing to do things		Isolating from others	

Note that during observation, you are not looking at the behaviour itself. Rather, you are trying to identify if the behaviour is problematic. You can do this by observing how the behaviour affects the client and people around them. For example, if the client is suddenly raising their voice, this does not necessarily mean that they intend to cause harm to others. It may be possible that they are just experiencing some form of discomfort.

Respond Immediately

You may notice that in the recommended process, responding comes right after observing. This is because, in some cases, the observed client behaviour may cause immediate harm to themselves or others. In such case, you must first respond to the immediate situation before proceeding with your assessment. Ask yourself, 'Is anyone at immediate risk of harm?'.

If you conclude that there is an immediate risk of harm, here are some actions you can take:

Distance yourself and others from the person causing the risk.

Try to calm the person down using prescribed communication techniques.

Give the person space.

Ask for help.

Your first concern is to ensure that people in the area are safe. You must first distance yourself and others from the client, causing the risk. After which, try to calm the client down using prescribed communication techniques. These techniques differ for every client. Make sure to use the client's individual care plan as a reference. This will help you determine the proper communication techniques to use. Another option is to give the client some space. There may be environmental factors that trigger their behaviour. Until you identify what these are and remove them, it is best to give the client space. If your actions are not working, ask for help. In some cases, you may be unsure of what to do. Some risks are difficult to address on your own. In such cases, ask for help from more experienced colleagues.

Note that you should only respond when there is an immediate risk of harm. Otherwise, the best course of action is to go through the process of assessment, reporting and recording. This will ensure that the planned response is effective in addressing the concern.

Confirm

After observing, and if you determine that there is no immediate risk to respond to, you must now confirm your findings. You can do this by accessing the client records, specifically their care plans.

The *care plan* contains all information about the client that may help care workers administer care.

The care plan may include the following details about the client:

Social/family history	Care history	Care needs	Development goals
Communication needs and preferences	Risks and behaviours of concern	Risk and behaviour response plans	Events and incidents
Health support needs and plans		Progress notes	

Basically, the client's individual care plan serves as your manual in providing care specific to the needs and conditions of that client. When reviewing the care plan, your goal is to confirm if your observed risk or behaviour of concern has been previously recorded. You must also check if there are current actions being taken to address risks. If your observations are reflected in the organisation's records, then you can continue to follow the care plan. However, if your observations are not reflected in the client's records, then it is possible that the risk or behaviour of concern is new. This means that other care workers have not identified this before, which also means that the risk is not being addressed in the current care plan. In this case, you must report your findings to designated persons.



Lotus Compassionate Care

Lotus Compassionate Care keeps client records which include care plans. You may view examples of client records by visiting their site through the link below.

[Client Records](#)

(username: newusername password: newpassword)

1.3.2 Reporting Client-Related Risk Factors or Behaviours of Concern to Designated Persons



At this point, you have identified and confirmed risk factors or behaviours of concern. You must now report your findings to designated persons. You may be providing support as part of a team or under the supervision of a more experienced care worker. In this case, you will report your findings to your direct supervisor. You may also be required to share your findings with your teammates and colleagues so that everyone can contribute ideas and learn.

Schedule a meeting with your supervisor or team to discuss your observations. Your organisation may require you to attend regular meetings to share updates about the persons under your care. If so, this would be the best opportunity for you to share observed risk factors or behaviours of concern. However, if you deem that these risks must be immediately addressed, you must consult your supervisor as soon as possible.

When reporting client-related risk factors or behaviours of concern, you must:

give a background on the client's care history and plan

discuss new observations and findings (i.e. information that is not currently in the care plan)

suggest an action plan based on your observations

seek comments and advice from your supervisors and colleagues.

It is important to report first and get the input of your team before performing any further assessments. It is possible that you missed important details during your observation. Your team can help you identify these details. You must ensure that you have a clear picture of all risks and issues before you proceed with recording. If you skip this step, you may risk recording incorrect or inaccurate assessments and action plans later.

1.3.3 Recording Client-Related Risk Factors or Behaviours of Concern

After reporting to your supervisor and team and getting their input, you will now record your findings. Recording involves:

- documenting and assessing the client-related risk or behaviour of concern
- updating the client's care plan to respond to risks.

Recording client-related risk factors or behaviours of concern will require a risk assessment. You may be tasked to finalise and document the final record of risk assessment. However, you do not have to conduct the risk assessment on your own. In fact, it is best to perform the risk assessment in consultation with your team and supervisor.

In Section 1.2.3, you learned that part of recording hazards is assessing the related risks. This process also applies to client-related risk factors or behaviours of concern. Since these factors and behaviours, by definition, may cause harm to the client and people around them, you must assess risks. Proper assessment will help in creating an action plan to address the risk or behaviour of concern. Your findings will be added to the client's care plan.

This care plan will be used when providing support for this particular client.

In the table below, you can see an example of a risk assessment in relation to an identified risk factor or behaviour of concern.

Risk Assessment	
Client name	Katie Devaney
Observed risk factors/behaviours of concern	<ul style="list-style-type: none"> ▪ Lack of awareness of surroundings ▪ Problems with mobility such as standing and walking ▪ Tendency to isolate from others
Associated harm	Injuries caused by falling or slipping
Likelihood of harm occurring	High
Level of risk	High
Currently implemented controls (based on care plan)	<ul style="list-style-type: none"> ▪ Care workers assist Katie in doing daily tasks. ▪ Care workers accompany Katie when moving from one place to another.
Other controls required	Recommend consultation with a doctor.
Person/s responsible	Care worker and team leader in charge
Due date	30 November 2021
Date completed	Pending
Recommendations	Review the results of Katie's initial consultation. Katie may require regular doctor appointments to track her progress.

After conducting and documenting the risk assessment, you must integrate these into the client's records. To review, the client's care plan contains client information that may help care workers in providing care suited for the client's needs. Risk factors and behaviours of concern will require additional controls. These controls must be added to the care plan for the reference of care workers who will work with the client in the future.

In the example above, recommendations for Katie's future care may include regular doctor appointments. This recommendation must be included in Katie's care plan. In the same way, the observed risk factors, behaviours of concern and associated harm must also be included in Katie's care plan. By doing so, care workers who provide care for Katie in the future will be informed on the type of care that she needs.

Recording According to Workplace Procedures

You have learned how to record client-related risk factors or behaviours of concern. Note that your organisation will also implement certain procedures for recording risks. These procedures will include:

how to conduct risk recording and assessment

what workplace documents or templates to use in recording

how to store records of risk factors and behaviours of concern.

Remember that workplace procedures are based on legislation and guidelines. Procedures for recording are based on privacy and confidentiality legislation and guidelines. Following procedures will ensure that your organisation remains legally compliant while recording information. These procedures also ensure that you record accurate and complete client information.

Take Lotus Compassionate Care (LCC) as an example. LCC implements certain procedures for recording risk factors and behaviours of concern. As a care worker for LCC, you are required to document your interactions with clients. This will help you observe your clients and identify any risks or behaviours of concern.



You must record and assess risks by using the workplace risk assessment template. On the other hand, observations related to the client's behaviours can be recorded in their care plan. These are recorded in the care plan so that care workers know how to approach and work with certain clients. Procedures will also tell you how to store records of risk factors and

behaviours of concern. In the case of LCC, care workers are required to create a separate folder for each client. The client's folder will contain all files and records related to the client and their care program. This will include any records of risks or behaviours of concern.



Lotus Compassionate Care

Access and review LCC's policies and procedures on reporting, recording and documentation through the link below:

[Lotus Compassionate Care Policies and Procedures](#)

(username: newusername password: newpassword)



Checkpoint! Let's Review

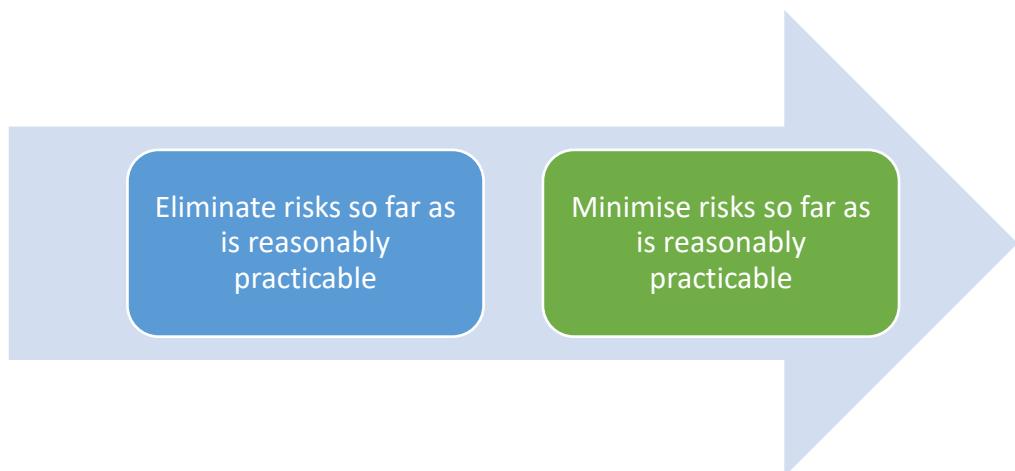
1. Addressing client-related risk factors will involve:
 - observing clients
 - confirming risk factors
 - reporting risk factors
 - responding immediately.
2. Client-related risk factors and behaviours of concern are recorded through risk assessments. Assessments will include recommendations to address the risk factors or behaviours of concern.

1.4 Follow Workplace Policies and Procedures to Minimise Risk

Once you have identified, reported, and recorded risks, you must act to minimise these risks. Doing so will require you to follow policies and procedures. Remember that risk is a measure of how likely harm will occur to persons as a result of certain hazards. Minimising risk will ensure that harm is avoided in the workplace.

1.4.1 Strategies for Minimising Risks

Policies and procedures for minimising risks are based on strategies for minimising risks. Strategies are detailed plans of action with clear steps on how to minimise risks. When handling risks in the workplace, you must follow two steps in order:



Based on content from the Federal Register of Legislation at November 16, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0

You must first aim to eliminate the risk. You can eliminate risk by removing the hazards associated with the risk. Remember that hazards are objects, settings or situations that can cause harm to people. For example, common chemical substances such as cleaning solutions are chemical hazards. Some household chemicals may harm a person's health when mishandled. You can eliminate this hazard and its risks by storing these chemicals in a room only accessible to authorised staff. That way, it will pose no risk to other persons.

While eliminating risks is the ideal approach, sometimes, this is not possible. This is because some risks come with the nature of the work. For example, sharp objects such as scissors, knives and needles pose risks because they can possibly cause harm to people. However, these are all necessary tools that you may encounter in the workplace. If it is not possible to eliminate the risk, then you must think of ways to minimise the risk.

The main strategies to minimise risk are the following:

Replacing the source of risk with a safer alternative

Distancing people from risk-related hazards

Using mechanical methods to reduce risk

Using administrative methods to reduce risk

Using Personal Protective Equipment

The strategy that you should use will depend on the situation. This is why it is important to identify and assess hazards and risks.

Replacing the Source of Risk With a Safer Alternative

If you cannot eliminate the risk, the next course of action is to replace the source with a safer alternative. For example, some individuals may be sensitive to lights. Room lighting that is too bright may cause headaches for them. In this case, the lights are sources of risk. You can address this by suggesting a change in the type or wattage of lights used.

Distancing People From Risk-Related Hazards

Another way to minimise risk is to distance people from the hazard associated with the risk. This works in cases wherein it is not possible to eliminate the risk or replace the source with a safer alternative. For example, say you are working in a community care centre. In one of the main corridors, a portion of the tile flooring broke. While waiting for the flooring to be replaced, this portion of the corridor now has a gap. This is a trip hazard for persons passing by. To distance people from this hazard, you can place a barrier or a sign in front of the floor gap. This way, people passing by are warned of the floor gap, and they can avoid it.

Using Mechanical Methods to Reduce Risk

Mechanical methods involve using devices or equipment to reduce risks. For example, say you are tasked to move furniture from one room to another. Lifting heavy objects comes with the risk of injury. In order to safely perform this task, you can use trolleys to move the furniture. Using a trolley is a mechanical method that reduces the risk of injury caused by lifting or moving heavy objects.

Using Administrative Methods to Reduce Risk

Administrative methods are changes in policies, procedures and processes that can reduce risks. For example, say a person under your care is recovering from a leg injury and has trouble walking around. If they are left to move around on their own, they risk losing balance or falling. Your organisation can apply an administrative method to reduce this risk. For example, your supervisor can instruct you to accompany the individual when moving around. This way, the individual's risk of injury is reduced because you are always there to assist their mobility.

Using Personal Protective Equipment

Personal Protective Equipment (PPE) is the equipment used or worn by workers to reduce their exposure to hazards and risks related to work. Examples of PPE include eye protection, hearing protection, protective clothing and respirators. The use of PPE is the last option when other methods to minimise risks do not work. The use of PPE reduces risks by providing protection to individuals exposed to the hazard. For example, say a person under your care has the flu. The flu is a contagious illness that may be passed on to other people, including you as their carer. However, it may not be possible to minimise your interactions with the person because you are tasked to provide care for them. In this case, you can wear PPE such as protective clothing, face mask, gloves and goggles when you interact with the person. This reduces the risk of them passing the flu to you.



1.4.2 Workplace Policies and Procedures for Minimising Risk

Organisations implement strategies for minimising risks through workplace policies and procedures. *Policies* are general guidelines and principles for minimising risks. Policies guide the decisions and actions of an organisation. *Procedures* are specific actions that employees can take to minimise risks. These procedures are based on policies for minimising risks.

In the table below, you can see common topics of policies and procedures and how they provide guidance in minimising risks.

Topic of policies and procedures	How it provides guidance in minimising risks
Hazard and risk reporting and response	Provides guidelines and instructions on what a worker must do when they identify a hazard or risk in the workplace.
Workplace inspection and maintenance	Provides guidelines and instructions on how to inspect and maintain the workplace to address risks.
Emergency plans	Provides guidelines and instructions on how to minimise risks in cases of emergency.
Responding to incidents and injuries	Provides guidelines and instructions on how to minimise risks caused by incidents and injuries.
Ergonomic requirements	Provides guidelines and instructions on how to set up and modify the work area in order to minimise risks to workers.
Training and development	Provides guidelines and instructions on how to prepare workers to respond to risks in the workplace.

To follow workplace policies and procedures for minimising risk, you must follow these steps:

1. Assess the risk and identify what topic of policies and procedures is related to the risk.
2. Access the related policies and procedures and determine what steps to take to minimise the risk.
3. Minimise the risk following instructions in policies and procedures.

Policies and procedures may differ from one organisation to the next. This is why it is important to be familiar with organisational documents that relate to minimising risk. In the table below, you can see examples of policies and procedures related to minimising risk.

Topics	Examples of policies	Examples of procedures
Hazard and risk reporting and response	<ul style="list-style-type: none"> ▪ All hazards must be documented on the Hazard Report Form. ▪ The Hazard Report Form must be submitted to the supervisor within 24 hours from identification of the hazard. 	<ul style="list-style-type: none"> ▪ When a hazard poses an immediate risk, assess the situation and take action to remove or minimise the risk. ▪ Upon identifying a hazard, record all the details of the hazard in a Hazard Report Form.
Workplace inspection and maintenance	<ul style="list-style-type: none"> ▪ A regular workplace inspection must be conducted by staff on a monthly basis. ▪ Staff must report their findings to their supervisor within 24 hours from the time of inspection. 	<ul style="list-style-type: none"> ▪ Before starting a workday, conduct a safety check on your work area. ▪ When conducting a workplace inspection, record all findings in the Workplace Inspection Checklist.
Emergency plans	<ul style="list-style-type: none"> ▪ All new employees must undergo emergency response training before their first day of work. ▪ Emergency plans must be reviewed and updated every quarter. 	<ul style="list-style-type: none"> ▪ In the event of a medical emergency: <ul style="list-style-type: none"> ○ Apply first aid. ○ Dial 000 and inform them of the situation. ○ Follow the operator's instructions. ▪ In the case of an evacuation, guide your clients to the nearest exit following the emergency evacuation plan.
Responding to incidents and injuries	<ul style="list-style-type: none"> ▪ Staff must report all concerns, injuries, or 'near misses' to their supervisor. ▪ All incidents must be documented on the standard Incident Report 	<ul style="list-style-type: none"> ▪ When responding to incidents and injuries, your first step is to assess the risk and apply immediate control measures. ▪ Do not leave an injured person on their own. If you need to seek

	Form issued by the State/Territory	assistance, first ensure that the injured person is in a safe and secure location.
Ergonomic requirements	<ul style="list-style-type: none"> ▪ All staff must follow ergonomic requirements when setting up their workspace. ▪ Ergonomically unsafe work conditions must be reported to the supervisor for immediate correction. 	<ul style="list-style-type: none"> ▪ Before starting to work on a computer, adjust your chair and work desk to the appropriate height. ▪ When working on a computer, maintain an arm's length distance from the monitor screen to avoid eye strain.
Training and development	<ul style="list-style-type: none"> ▪ All staff must undergo practical training in basic workplace procedures prior to their first day of work. ▪ Staff may request additional training on certain areas subject to approval of their supervisor. 	<ul style="list-style-type: none"> ▪ After each training session, update your training record to reflect all topics covered for the day. ▪ incidents Complete all training activities within your set working hours.

The case study below shows an example of how to minimise risk according to workplace policies and procedures. Note how the risk was minimised by following the three steps discussed above.

The Dimly Lit Corner

You are a care worker at Lotus Compassionate Care. While conducting an inspection one day, you encountered a dimly lit corner. This corner is connected to one of the corridors commonly used by persons under care. This corner is currently being used as storage for unused furniture such as beds, tables, and chairs.

After assessing the risk, you concluded that this dimly lit corner is a high-risk hazard. This is because it is highly likely for a person under care to wander off to this area. In this case, it would be difficult for carers to see and monitor them. This may lead to accidents and injuries.

To respond to this risk, you must access the workplace policies and procedures for hazard and risk reporting and response. This will help you identify what steps to take to minimise the risk. According to the policies and procedures, your responsibility is to report the risk to your supervisor. You also need to suggest a plan of action to minimise the risk.

In this case, you must discuss your risk assessment with your supervisor so that you can come up with a solution together. After which, you can suggest ways to minimise the risk. For example, you can suggest that management add more lights to the corner so that it becomes more visible. You can also suggest blocking off the area using dividers or signs to restrict access to people. After making and documenting these suggestions, you can submit them to management for their action.

Checkpoint! Let's Review



1. Minimising risks comes after exhausting all efforts to eliminate risks.
2. Workplace policies and procedures will provide you with guidance and instructions on how to minimise risks. These policies and procedures are based on legislation and industry practices.

1.5 Identify and Report Incidents and Injuries

Another important set of procedures in the workplace relates to incident and injury response. This will involve identifying and reporting incidents and injuries.

An *incident* occurs when a hazard is not controlled, thereby causing harm or risk of harm to people. Incidents will require an immediate response from care workers and other designated persons. Immediate response will ensure that no further harm is caused to people. An *injury* occurs when a person sustains damages to their body as a result of an incident.

Incidents and injuries are common in workplaces that involve a lot of movement. It is important to identify and report incidents and injuries early. This will ensure immediate response so that the persons involved do not experience further harm. Some common causes of incidents and injuries in the workplace include:

unaddressed workplace hazards

overexertion due to intense or sustained physical effort

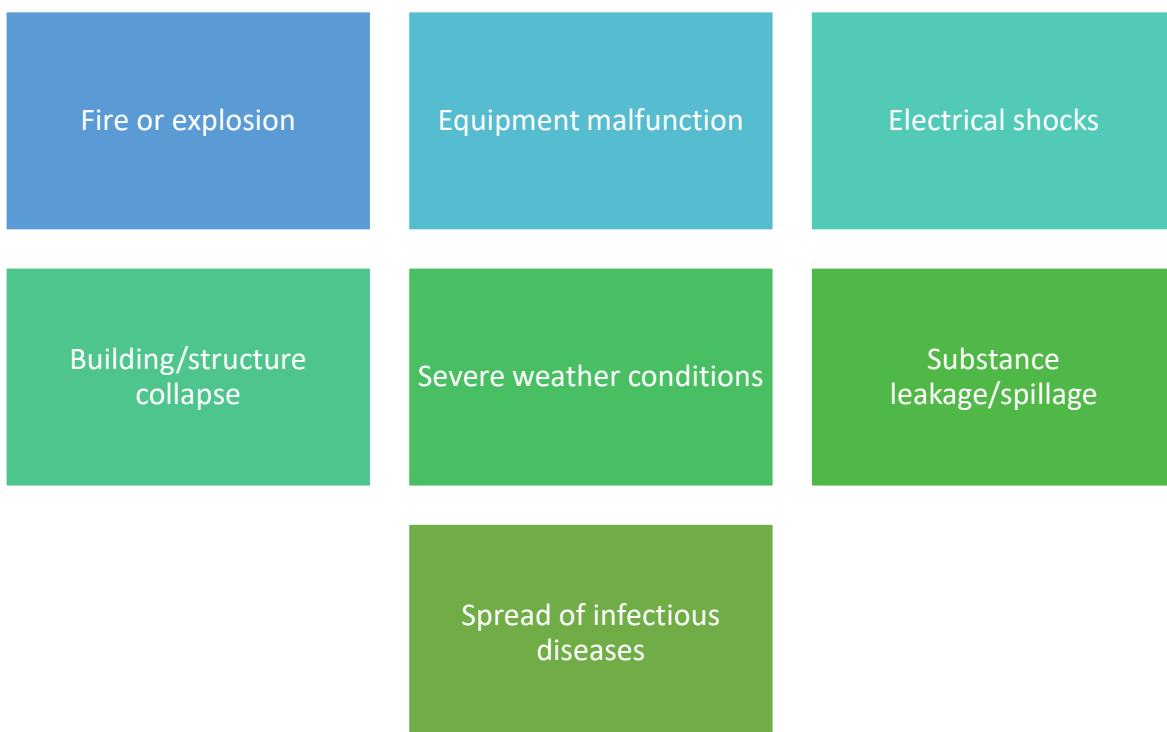
slips, trips and falls

malfunctioning equipment or misuse of equipment.

1.5.1 Identifying Incidents and Injuries According to Workplace Procedures

The process for identifying incidents and injuries is similar to those for hazards and risks. Sections 1.2.1 and 1.3.1 discussed steps you can take to identify hazards and risks. The only difference is that for hazards and risks, identification is pre-emptive. This means that you are identifying hazards and risks to minimise and prevent harm prior to anything happening. In contrast, incidents and injuries refer to events that have already happened. This means that you are identifying incidents and injuries to address the harm or damage they caused.

Incidents are dangerous occurrences that may cause injury or illness. The following are some common incidents that you may encounter while working:



For work health and safety, you must be particularly aware of *notifiable incidents*. An incident is notifiable if it results in:

- a person's death
- a person's serious injury or illness
- a dangerous incident.

Based on Responding to an incident, used under CC BY 4.0. © Commonwealth of Australia 2020

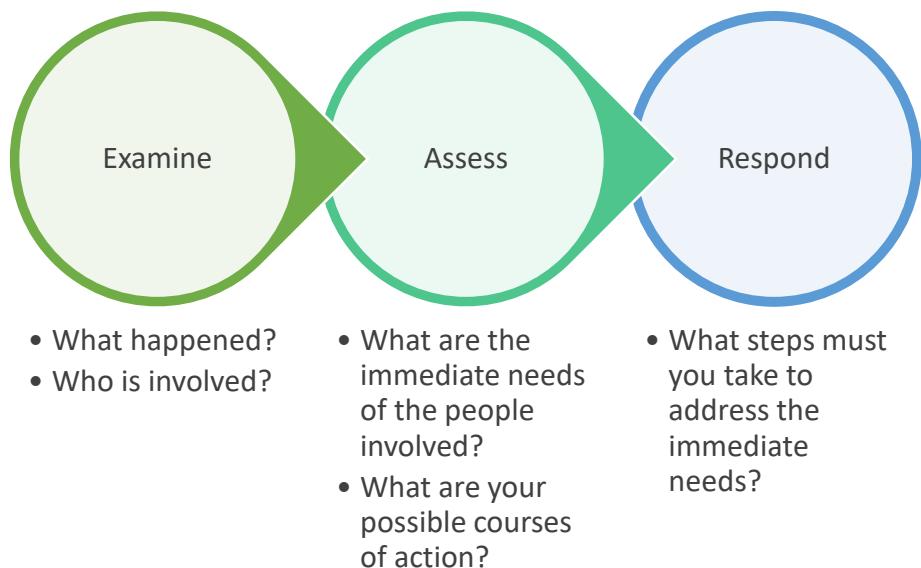
The table below shows some common injuries that may result from incidents:

Injury	Description
Strain	Tearing of muscles due to overstretching
Bruise	Skin pain and discolouration caused by breaking of blood vessels
Sprain	Stretching or tearing of ligaments
Fracture	Breaking of bones
Concussion	Brain injury caused by head trauma
Cut	Tearing of the skin surface
Abrasion	Open skin wound caused by the rubbing of skin against a rough surface
Burn	Damage to layers of the skin and/or tissue caused by friction or heat

Your organisation will provide you with procedures to guide you in identifying incidents and injuries. These procedures should also be covered during your pre-employment orientation. Incidents and injuries may happen at any time, so you must always be prepared with the proper course of action.



Incident and injury identification will follow this general process:



Examination involves going to the site of the incident/injury and making observations. Your goal is to gather as much information as you can. After which, you must prepare for a response by assessing the situation. Based on your examination, you must identify the people's immediate needs involved in the incident/injury. You must consider all your options for response and decide on the best course of action. Finally, you must respond to the incident/injury based on your assessment. You must respond first before reporting. Ensure that the people involved in the incident/injury get the care they need. You must also ensure that the incident site is safe. The site should not cause further harm to people in the area. These three actions are presented as steps. However, remember that you will be encountering emergency incidents. This means that you must be quick in examining, assessing and responding.



To better understand this process of identification, study the scenarios below.

Scenario 1: Incident Identification

You are working as a care worker for Carol in a residential care setting. Carol recently suffered from a leg injury which required her to use crutches to move around temporarily. As such, you are assisting her in doing routine household tasks. One morning, you heard the sound of glass breaking coming from the kitchen. When you entered the kitchen, you saw Carol near the kitchen sink. Fragments of glass were scattered on the floor around her.

Following the process described in this section, you must first examine the situation. For example, you can ask Carol about what happened. Carol informs you that she was washing the dishes, and she dropped some plates on the floor. Next, you must assess the incident. You must first check if Carol has any immediate needs. Find out if she was injured due to the incident. Again, you can do this by simply talking to Carol.

Suppose Carol did not sustain any injuries from the incident. Your next step is to respond to her other immediate needs. The immediate risk is posed by the broken fragments of glass on the floor, which may cause injury to Carol. Carol's leg injury makes it difficult for her to move around. You must assist her in moving away from the area.

Scenario 2: Injury Identification

Robert is an aged care client in your centre. One afternoon, you heard Robert call for help. His voice was coming from a nearby stairwell. When you found Robert, he was lying down at the bottom of a flight of stairs, struggling to move.

In this case, you must quickly examine and assess the situation. Following the process described in this section, you must first examine the situation. Gather as much information as you can. In this case, while assisting Robert, you can start asking him questions about what happened. For example, it is possible that Robert was going down the stairs unassisted. He may have tripped on a step which caused him to fall down the flight of stairs. This information will help you assess Robert's immediate needs.

Based on your observation, you conclude that Robert fell down the flight of stairs. This means that you must assess his condition for any injuries. Robert tells you that he experiences pain when moving his right arm. You ask him to try to move his right arm, and you notice that his motion is restricted. In this case, it is possible that Robert either strained, sprained, or fractured his right arm.

Now that you have identified and assessed the injury, you must respond to it. This involves doing what you can to address Robert's immediate needs. For example, you can help Robert into a comfortable seated position. You must help him into a position that he can sustain while you ask for help from others. You must also ensure that no pressure is being applied to his right arm. His right arm must be kept safe since this is the possible location of the injury. After this quick response, you can report the injury for further assistance.

1.5.2 Reporting Incidents and Injuries According to Workplace Procedures

Incidents and injuries must be reported to designated persons. In your case, you must report incidents and injuries to at least one of the following designated persons:

Your supervisor

Health and Safety Representative (HSR)

Health and Safety Committee (HSC) members

Your supervisor has the authority and experience to address different incidents and injuries. They will be familiar with different situations that you may encounter at work.

The HSR is an employee elected as the representative in work health and safety matters. The HSR is responsible for ensuring that the organisation follows health and safety practices. As such, the HSR can also help you address incidents and injuries. The HSR can help you in recording incidents and injuries so that they can be prevented in the future.

For some workplaces, it may also be necessary to have a Health and Safety Committee (HSC). The HSC is in charge of discussing and addressing health and safety issues in the workplace. The advantage of having a committee is that all sectors of the workplace are well-represented. The committee can discuss different incidents and injuries. They can implement decisions to address health and safety issues.

In the previous section, you learned how to identify incidents and injuries. Reporting will involve informing designated persons about the details of the incident/injury. This is usually done after you have identified the incident/injury and responded to the immediate needs of the affected people. However, in some cases, you will have to report right after identifying an incident/injury. This applies to cases that you have not been trained to respond to. For example, say the incident involves equipment that you do not know how to operate. Attempting to move the equipment may cause further damage or injury. In this case, it is best to report to your supervisor or another designated person immediately.

In reporting incidents and injuries, you must follow workplace reporting procedures. Doing so ensures that the incident/injury is addressed correctly, without causing any further damage or harm. Workplace procedures will inform you about what to do when you encounter an incident or injury.

The following is an example of a step-by-step process showing how to report incidents and injuries:

Verbally report the incident/injury to a designated person. Provide them with the details you found during the identification phase.

Seek advice on the next steps you can take to respond to the incident.

Respond to the incident following the designated person's advice.

Document the incident using the Incident Report Form.

Submit the completed Incident Report Form following workplace procedures.

Your organisation may follow a similar process. Remember to check your organisation's policies and procedures to confirm the details of reporting. For example, your organisation may prescribe a different type of form to use when reporting. In this case, you must obtain a template for this form and use it to make your report.

Take Lotus Compassionate Care, for example. LCC workers are required to report incidents and injuries by using the [Incident Report Form](#). This form will require you to input details about the incident. Specifically, you will be asked to provide the information shown in the table below:

Required information	Details
Workplace details	<ul style="list-style-type: none"> ▪ Location ▪ Contact details ▪ Director/supervisor ▪ Setting
Incident details	<ul style="list-style-type: none"> ▪ Date and time ▪ Description of the incident
Injury details	<ul style="list-style-type: none"> ▪ Names of persons injured ▪ Connection of persons injured to the centre ▪ Location and nature of injuries
Damage to goods	<ul style="list-style-type: none"> ▪ Description of any damage to property
Response to incident	<ul style="list-style-type: none"> ▪ Type of treatment administered to injured persons ▪ Type of assistance sought ▪ Modifications/repairs made to equipment
Other information	<ul style="list-style-type: none"> ▪ Details of any witnesses ▪ Other comments or observations about the incident
Reporter's information	<ul style="list-style-type: none"> ▪ Full name and title of reporter ▪ Contact details of the reporter

You must report important details about the incident/injury to your supervisor. These details may include:

causes of the incident/injury

events or circumstances that led to the incident/injury

response or action steps taken so far

current condition of the incident/injury at the time of reporting.



Lotus Compassionate Care

Access and review LCC's policies and procedures on reporting incidents through the link below:

[Lotus Compassionate Care Policies & Procedures](#)

(username: newusername password: newpassword)

Reporting to the WHS Regulator

There will also be incidents that will require the organisation to report to the WHS regulator. You must notify your regulator about serious safety incidents. To review, notifiable incidents are those that result in:

- a person's death
- a person's serious injury or illness
- a dangerous incident.

Based on [Responding to an incident](#), used under CC BY 4.0. © Commonwealth of Australia 2020

For notifiable incidents, the employer has the duty to report to WHS authorities. In your role, you must be aware of the proper line of reporting. In the case of notifiable incidents, follow the usual reporting process to your direct supervisor. Notifiable incidents are serious cases that require the attention of regulatory authorities. In such cases, it is important to report to your supervisor as soon as possible so that your employer can also fulfil their reporting duties.

Further Reading



Your employer has the responsibility to contact the authorities during notifiable incidents. Learn more about notifiable incidents through the link below:

[Responding to an incident](#)

Checkpoint! Let's Review



1. An incident is notifiable if:

- it results in death
- it results in serious injury or illness
- it is a dangerous incident.

2. When reporting incidents, you must be as detailed as possible so that you can come up with appropriate responses and control measures. Follow your organisation's incident reporting procedures for guidance.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Follow Safe Work Practices for Manual Handling

In the previous chapter, you learned about safe work practices for direct client care. You learned what hazards and risks are and how to identify them when working with clients. You know that these hazards and risks can escalate into incidents and injuries. You also learned how to report and record these hazards, risks, incidents and injuries.

Aside from client care, another aspect of work where you have to pay close attention to safe work practices is manual handling. *Manual handling* involves tasks that require moving objects or persons by:

- lifting
- lowering
- pushing
- pulling
- carrying
- holding
- restraining.



Safe work practices are also important in manual handling. This is because manual handling tasks require workers to exert physical effort. If a worker does tasks incorrectly, they may cause harm to themselves, their co-workers or their clients.

The approaches for direct client care and manual handling have some similarities. You must first know how to identify hazards and risks. After which, you must report, record and respond to these hazards and risks.

In this chapter, you will learn how to:

- follow manual handling procedures and work instructions
- identify and report manual handling hazards
- apply control measures for minimising manual handling risk.

State/Territory Legislation for Hazardous Manual Tasks

Hazardous manual tasks may cause risks of injuries for workers. This is why states and territories regulate hazardous manual tasks. In the table below, you will find state/territory legislation and guidelines related to hazardous manual tasks.

State/territory	Hazardous manual tasks legislation and guidelines
Australian Capital Territory	Work Health and Safety Act 2011 Work Health and Safety (Hazardous Manual Tasks Code of Practice) Approval 2020
New South Wales	Work Health and Safety Regulation 2017 Hazardous Manual Tasks - Overview
Northern Territory	Work Health and Safety (National Uniform Legislation) Act 2011 Hazardous Manual Tasks
Queensland	Work Health and Safety Act 2011 Work Health and Safety Regulation 2011 Hazardous Manual Task Resources
South Australia	Work Health and Safety Regulations 2012 Hazardous Manual Tasks
Tasmania	Work Health and Safety Act 2012 Hazardous Manual Tasks: Code of Practice
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2017 Compliance Code: Hazardous Manual Handling
Western Australia	Occupational Safety and Health Act 1984 Occupational Safety and Health Regulations 1996 Code of Practice - Manual tasks

2.1 Follow Manual Handling Procedures and Work Instructions

Manual handling requires physical movement from workers. When done incorrectly, manual handling tasks may pose hazards and risks. Manual handling hazards are possible sources of harm when performing manual handling tasks. Manual handling risks refer to the probability of harm occurring as a result of hazards. There are certain risk factors that determine whether or not a manual handling task can cause harm to people. These risk factors include:

task duration and frequency

environmental conditions such as ground conditions, lighting, heat etc.

forces exerted in doing the task

types of movement and posture required for the task.

The person that you are supporting may also contribute to manual handling risks. Client-related risk factors for manual handling include:

- ability of the client to support/control part/whole of the body
- predictability in movement and behaviours
- pain levels
- ability to follow instructions
- any equipment attached to the client (e.g. catheters, IVs etc.)
- client clothing.

You can minimise manual handling risks by:

- following manual handling procedures
- following work instructions.

2.1.1 Manual Handling Procedures for Minimising Manual Handling Risks

Manual handling procedures show how to perform manual handling tasks while minimising risks. Failure to follow these procedures may result in hazards and risks for you or the people around you. Your manual handling tasks will involve:

moving objects

assisting clients.

When performing these tasks, you must follow manual handling procedures to minimise risks.

Manual Handling Procedures for Moving Objects

Some workplace tasks will require you to move objects. You may often need to move medical equipment, trays, trolleys and other large objects. If you work in a residential setting, you may need to move around furniture in the process of assisting your clients. Due to the nature of these tasks, you need to know manual handling procedures for moving objects. The common procedures that may apply to your work may involve lifting, pushing or pulling.

Lifting

Lifting is the action of raising an object from a lower to a higher location. If done improperly, lifting may cause injury to your muscles, particularly on your back and leg muscles. To minimise risks when lifting objects, you must plan your movement and use the correct lifting techniques.

When lifting objects, you must use your leg muscles to create a solid base of support for the rest of your body. For example, imagine you are lifting a box from the floor. The following steps will help you lift the box with minimal risk of injury:

1. Engage your leg muscles by squatting down to reach the box. You can do this by bending your knees to an angle of about 90 degrees until you are able to reach the box comfortably. This will allow you to get closer to the floor without arching your back.
2. Find a comfortable grip on the box with both hands. Make sure that the weight is equally distributed to both of your arms.
3. While keeping your knees bent, raise the box up with your arms.
4. Adjust your grip on the box so that it does not fall off. You may also opt to use your arms and chest to support the box.
5. Straighten your knees to return to an upright standing posture.

Pushing and pulling

Similar to lifting, pushing an object will require you to have a wide base of support. Your force should come from your lower body. For example, say you need to move a bed frame from the centre of a room to a nearby wall. The following steps will help you push the bed with minimal risk of injury:



1. Find a part of the bed frame that you can comfortably place your hands against. This could be the headboard or footboard of the bed. Place your hands on this part of the bed. Keep your elbows close to your body so that you do not risk hyperextending them.
2. Place your legs in a lunge position to create a good base to push from.
3. Slowly push the bed while walking forward, maintaining the lunge position with your legs.

When pulling an object, it is important to maintain a good grip. If done incorrectly, pulling may cause you to injure your back, arms or shoulders. For example, say you have a table that is placed against a wall, and you need to move it to the centre of the room. The following steps will help you pull the table with minimal risk of injury:

1. Plan the path you will take to move the table from the wall to the centre of the room. Make sure that there are no obstacles in your way. This is important because you will be walking backwards as you pull the table.
2. Face the table so that your body is parallel with the edge of the table. Place your feet about shoulder-width apart and slightly bend your knees to create a strong base of support.
3. Find a comfortable grip on the table. The edge of the tabletop is usually a good area to grip. Make sure that you can fully grip the table with your fingers and palms.
4. Slowly pull the table while walking back to the centre of the room.

Following these steps for moving objects will help you avoid injuries. However, the most important consideration when moving an object is the weight of it. This is why it is important to strategise how you will move the object first. Determine first if the object is light enough for you to move on your own. Moving objects that are too heavy will put you at greater risk of injury even if you follow the correct procedure for doing so. In case objects are too heavy to lift, push or pull, seek assistance from a co-worker.

Manual Handling Procedures for Assisting Clients

Your clients may need help in moving around and performing common tasks. The following are manual handling procedures that you need to know when assisting clients:

- **Lifting or carrying a client from one location to another.**

You may sometimes need to lift a client from one location to another. This applies mostly to clients who cannot walk on their own due to disabilities. For example, you may need to transfer a client from a bed to a wheelchair. In this case, you need to know the proper technique for lifting a person. Here are some guidelines to follow when lifting:

- Maintain proper spine alignment. Make sure that your head, neck and back are in a straight line.
- Bend your hips and knees so that you have a good base of support coming from your lower body. This will help you avoid arching your back.
- Avoid twisting your body. Make sure that both your upper and lower body face the person you are lifting.
- Keep the person close to your body as you lift them. This will help you avoid overextending and injuring your arms and shoulders.

If you cannot lift and support the client on your own, ask for help from another care worker. This will help in minimising risks for yourself and the client.



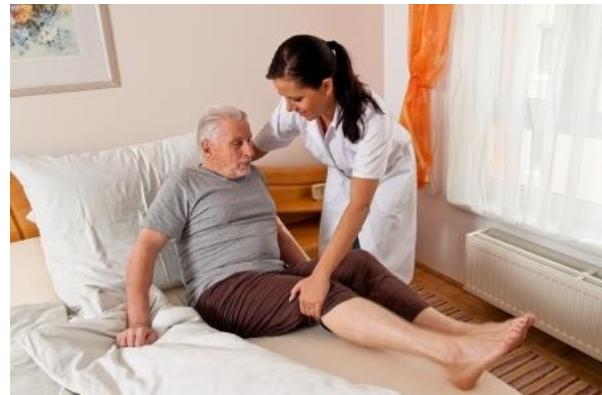
- **Assisting a client in sitting down.**

Some clients may have difficulties sitting down. This is usually the case for elderly clients. You may follow these steps to minimise risks as you assist clients in sitting down:

1. Help the client stand in front of the chair. Their back should be facing the seat, with the seat close to the back of their knees.
2. Stand close to them, facing the side of their body.
3. Place one arm around their waist and your other arm in front of them. Ask them to hold on to the arm in front of them.
4. Ask them to start sitting down while you support their weight with both of your arms.
5. Help them adjust to a comfortable seated position.

- **Assisting a client in lying down comfortably on a bed.**

When positioning a client in bed, it is important to place them in a comfortable position. This will require you to support their weight until they are properly positioned on the bed. You may follow these steps to minimise risks for you and the client as you assist them in lying down:



1. Help the client sit on or near the edge of the bed. Refer to the previous process of assisting the client in sitting down.
2. Create a strong base of support with your lower body by bending your knees. You may also place a knee on the bed for extra support.
3. Help them place their arms around your waist and then hold on to the sides of their shoulders.
4. Using your arms and upper body, gently guide their body down to the bed to lie down on their side. Make sure that both their arms are placed comfortably in front of them.
5. Hold their legs, with one of your arms supporting the bend of their knees and the other arm supporting the area above their ankles. Gently lift their legs up unto the bed.

- **Assisting a client in standing up from a seated or lying position.**

Clients may also need help in standing up. You must follow the proper procedure to assist them in standing up to minimise any risks of harm to yourself and the client. To visualise this process, imagine that you are helping a client stand from a lying position. To do this, you must first help them get from a lying position to a seated position by following these steps:

1. Place one arm around their shoulders and the other arm on their waist. Ask them to place their hands around your waist.
2. Gently lift their upper body so that they are in a seated position on the bed. It is best to tell them when you are about to lift them so that they can also try to support their upper body.
3. Gently lift their legs up from the bed and lower them down on the floor.

At this point, they are now in a seated position. You must now follow the correct procedure for helping them stand up from a seated position. You can follow these steps:

1. Stand close to them, facing the side of their body. Place one arm around their waist and your other arm in front of them. Ask them to hold on to the arm in front of them.
2. Ask them to plant their feet flat on the floor and lean their upper body forward.
3. Ask them to stand up while supporting their upper body with their arms. It is best to do this at the count of three so that your movements are synchronised.



- **Assisting a client in walking.**

You may also need to assist clients while walking. This applies in situations where your client does not have anything to hold on to for support. When assisting a client in walking, follow these guidelines to avoid any risks of injury:

- Position yourself on the client's side, slightly behind them.
- Place one arm behind their back and your other arm in front of them. Ask them to hold on to the arm in front of them for support.
- For long walks, take breaks as needed to give yourself and the client some time to rest. After a few minutes of walking, ask the client if they need to take a break.



Multimedia

The American Cancer Society provided guidelines for assisting, lifting or transferring clients. Learn more by watching the video below.

[Caregiver Series: Lifting](#)



Further Reading

Worksafe Victoria published a compliance code with best practices in hazardous manual handling. To learn more, check the resource through the link below.

[Compliance code: Hazardous manual handling](#)

2.1.2 Work Instructions for Minimising Manual Handling Risks

You must also follow work instructions to minimise manual handling risks. *Work instructions* refer to information about how to perform specific workplace tasks. In this case, you need to reference work instructions for manual handling tasks.

In the previous section, you learned techniques you can use to minimise manual handling risks. You can also minimise risks by following your work instructions. Work instructions will guide you on what to do to minimise manual handling risks.

You may encounter work instructions in the following forms:

Visual (e.g. videos, photos, signs and symbols)

Verbal (e.g. your supervisor's verbal instructions)

Written (e.g. workplace procedures)

Visual work instructions may include videos on how to perform manual handling tasks. There may also be instructional documents with photos showing how to perform certain tasks. Manual handling requires you to move or position your body in a certain manner. This often requires visual demonstrations. You may consult your supervisor or co-workers about accessing visual resources. They will be able to help you on where to find visual resources that will help you perform your work.

Verbal instructions will mostly come from your supervisor. Before performing a manual handling task, your supervisor may give you guidance on how to do the task in a way that minimises risks. This usually happens when you are a new employee or when you are doing a certain task for the first time. Make sure to listen to your supervisor's instructions so that you do not miss any important precautions and other details. Practice active listening by being focused on what they are saying. Ask questions to clarify information that you do not understand. It is important that you completely understand a task before performing it to avoid risks.

You can also follow work instructions by accessing written workplace procedures. Review the examples of manual handling procedures discussed in the previous section. Your organisation may have a document containing similar procedures. These procedures will be better contextualised to your workplace. For example, your organisation may provide mechanical aids to help you perform manual handling tasks. Your organisation must also provide written procedures on how to use these pieces of equipment.

Workplace Safety Procedures for Hazardous Manual Tasks

A manual handling task is considered hazardous when it involves:

repetitive movement

repetitive or sustained force

high or sudden force

sustained or awkward postures

exposure to vibration.

Based on Lifting, pushing and pulling (manual tasks), used under CC BY 4.0. © Commonwealth of Australia

These tasks are considered hazardous because they may cause health and safety issues for workers. Hazardous manual tasks may cause musculoskeletal disorders such as:

- sprains
- strains
- back injuries.

Following workplace safety procedures will help you minimise manual handling risks. Organisations have safety procedures for employees to follow in this regard. Having these procedures ensures the safety and wellbeing of employees. The following are some workplace safety procedures for hazardous manual tasks:

- **Altering the workload and pace.**

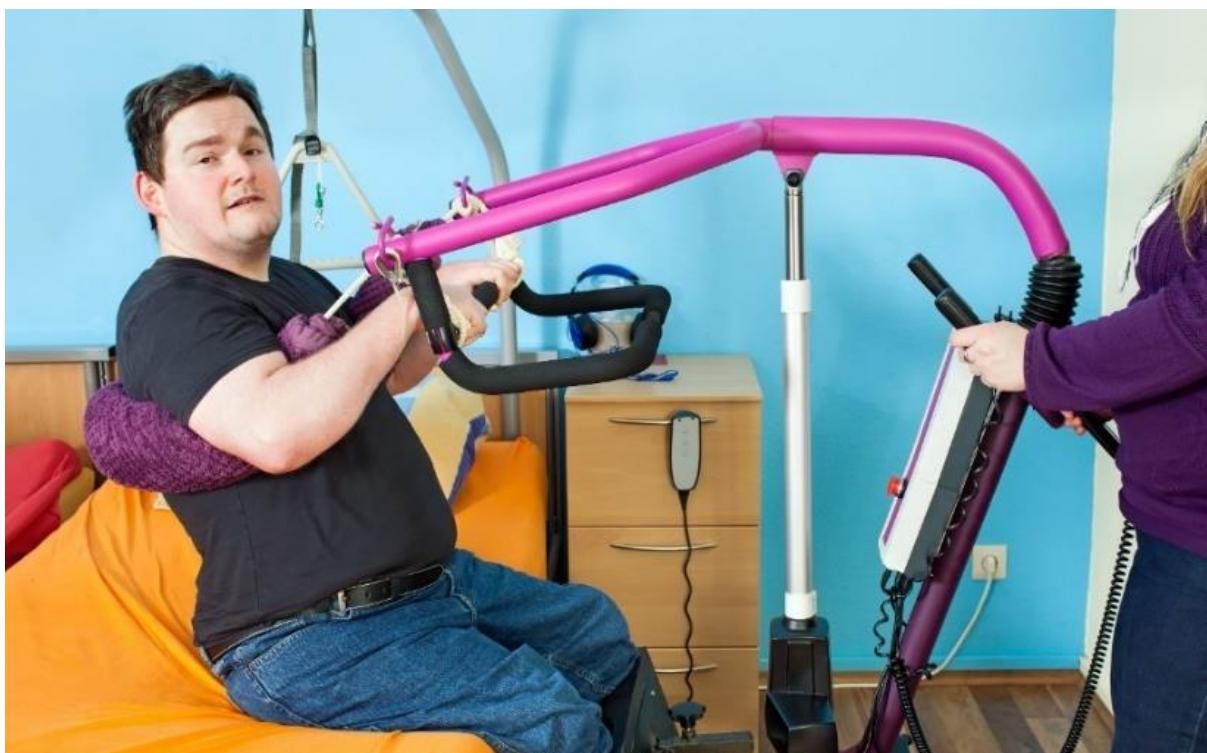
The risk of injury increases when you work beyond what your body is capable of. When you lift an object that is too heavy, you may risk back injury. Similarly, you may also risk injuries when you work for long periods without stopping to rest. To avoid risks, you can alter your workload and pace. Here are some ways to alter your workload and pace:

- **Switch to different tasks within the day** – Different tasks will have different demands on your body, so it is good to vary the types of tasks that you perform.
- **Slow down when you feel stress or fatigue** – Stress and fatigue is your body's way of telling you that it is performing beyond its capabilities. In these cases, it is best to slow down by switching to less physically demanding tasks (e.g. computer tasks, writing tasks, etc.).

- **Take breaks when necessary** – While slowing down will help you manage your workload throughout the day, you still need to take some time to rest completely. Your organisation is required to provide you with break periods. Use these periods to recover from the demands of your work tasks.
 - **Communicate risks to your supervisor** – When your workload already seems too much, talk to your supervisor about it. Remember that in order to perform well, your body should be in good condition. Performing manual tasks for long periods of time may cause injuries. Your supervisor must be aware of these risks. They can help you modify your workload and pace to minimise risks.
- **Using tools and equipment.**

Some manual handling tasks will require the use of specialised tools and equipment. These tools and equipment are often used to assist care clients. Some examples of tools and equipment used in manual handling include:

- wheelchairs
- client hoists
- slide sheets
- standing lifters.



If these tools and equipment are available, your organisation will provide you with procedures on how to use them. Access the procedures for using these tools and equipment and consult your supervisor for guidance.



Further Reading

Learn more about how to use equipment to assist clients through the link below.

[Moving and handling equipment](#)

- **Performing tasks as a team.**

The risk of injury is reduced when manual handling tasks are performed as a team. As such, workplace safety procedures often recommend for certain tasks to be done as a team. This usually applies to tasks involving heavy loads.

For example, in some cases, you may need to move overweight clients. Overweight clients often require assistance in moving around. You can assist them by following manual handling procedures. However, you may need help from other care workers. For example, say you need to move an overweight client from a wheelchair into their bed. You will still follow the procedures for assisting the client from a seated to a lying down position, but with the help of another care worker. This will reduce the risk of injury due to overexertion for yourself and your co-worker.

2.1.3 Manual Handling and the Musculoskeletal System in a Home-Based Environment

Manual handling risks are also apparent in home-based care settings. There may be additional risks in a home setting due to the lack of resources that you would normally have in a care centre.

The *musculoskeletal system* is composed of all parts of your body that help you in the following:

Supporting your own weight

Maintaining your posture

Moving around

This includes your bones, cartilage, ligaments, tendons and connective tissues. When doing manual tasks, you will constantly be engaging your musculoskeletal system.



Musculoskeletal disorders (MSDs) are injuries that affect the parts of your musculoskeletal system. These may include:

- sprains and strains of muscles, ligaments and tendons
- back injuries
- joint and bone injuries or degeneration
- nerve injuries or compression (for example carpal tunnel syndrome)
- muscular and vascular disorders as a result of hand-arm vibration
- soft tissue injuries such as hernias
- chronic pain (pain that lasts longer than three months)
- acute pain (pain that lasts less than three months).

Sourced from Lifting, pushing and pulling (manual tasks), used under CC BY 4.0. © Commonwealth of Australia

Any of these disorders may occur after undertaking hazardous manual tasks. Proper approaches to hazardous manual tasks will help you minimise injury to yourself and your clients. Similar to working in a care centre, you have to follow manual handling procedures when working in a home-based environment. This will help you minimise the risks of injury. There are many practices you can apply in home-based care.

The following are some home care practices that will help you minimise injury to yourself and clients:

- **Use mechanical aids when handling clients and heavy loads.**

There are many available assistive pieces of equipment that can be brought and used in a home care setting. You can check with your organisation for mechanical aids that are available for use. Examples of mechanical aids include:

- hoists for lifting clients
- wheelchairs
- trolleys and trays.



- **Modify the home setting to aid in manual handling.**

This approach will have to be coordinated with your clients. They must agree to the modifications you will make. You will also need their permission to install manual handling aids at their home. However, you may be able to convince them to make these modifications. This especially applies to clients who are in long term home care. They will benefit from these modifications for a long time. The following are examples of home modifications:

- Installation of manual handling aids such as grab bars and railings
- Adjusting the height of the client's bed to assist them in getting on and off the bed
- Reorganising the placement of furniture to allow for easier movement for the client and their carers
- Reorganising frequently used objects at the home so that they are easier to reach

- **Plan work tasks.**

Similar to a care centre setting, planning work tasks will benefit both you and the client. Planning work tasks may involve:

alternating between different types of movements

taking regular rest breaks.

Doing these will help you avoid injuries when performing tasks. For example, you can plan the client's activities for the day so that they will not have to move from one place to another as frequently.

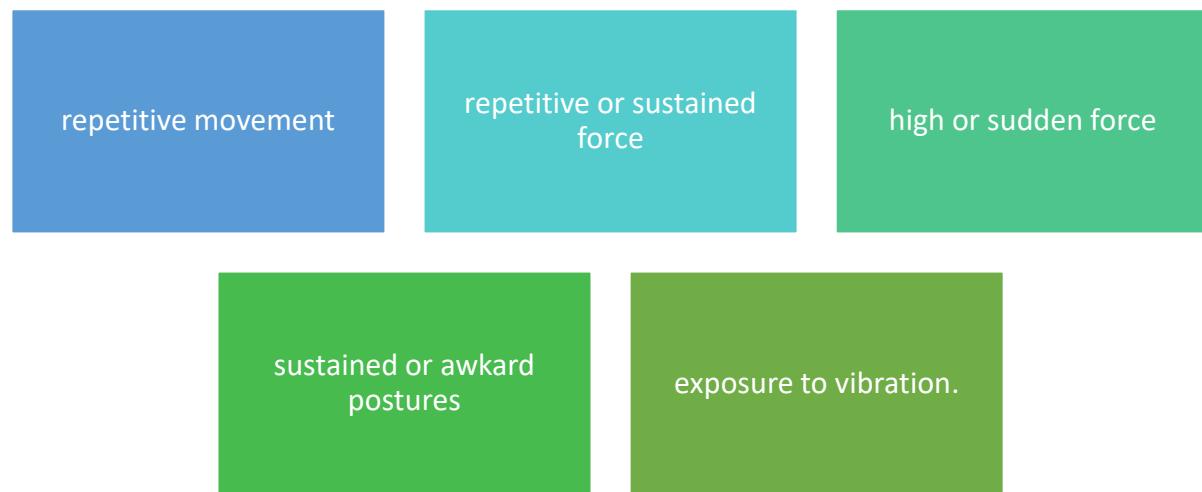


Checkpoint! Let's Review

1. Manual handling tasks require regular physical movement from workers. Movements may include lifting, lowering, pushing, pulling, carrying, holding and restraining.
2. Failure to follow manual handling procedures may result in musculoskeletal disorders.

2.2 Identify and Report Manual Handling Hazards

Manual handling hazards are possible sources of harm resulting from manual handling tasks. To review, manual tasks become hazardous when it involves:



Sourced from [Lifting, pushing and pulling \(manual tasks\)](#), used under CC BY 4.0. © Commonwealth of Australia

Hazardous manual tasks can lead to risks of injury if not identified and reported early. Identifying and reporting manual handling hazards will help your organisation respond to them. This will help in minimising risks for workers.

To identify and report manual handling hazards, you need to perform hazard identification. Every organisation will have a proper procedure for hazard identification and reporting. In Subchapter 1.2, you learned about the general process of identifying and reporting hazards. Identifying and reporting manual handling hazards to follow similar procedures.

1. Observe your workplace for tasks that may involve manual handling hazards.

Manual handling hazards are usually present in tasks that:

- are difficult to complete without affecting the musculoskeletal health of workers
- involve tools and equipment that are difficult to use
- requires workers to move or position their bodies awkwardly.

One of the best ways to identify these hazards is by learning manual handling in a practical manner. Face-to-face classes provide an interactive learning environment where learners can actively engage with the trainer and fellow participants. They can ask questions, seek clarification, and participate in discussions, which enhances understanding and retention of the material.

In face-to-face classes, learners have the opportunity to witness firsthand the specific movements, postures, and equipment usage involved in manual handling techniques. A qualified trainer can demonstrate these techniques in real-time, providing visual guidance for learners. This interactive demonstration enables learners to better comprehend the intricacies of proper manual handling techniques, enhancing their understanding of the subject.

You can also get input from your co-workers. They will be able to share their experiences about which tasks they find physically exhausting. From your observations and interviews, you may be able to see trends. You may notice which tasks often cause pain or discomfort for workers.

2. Conduct a risk assessment of these hazards.

Risk assessment of manual handling hazards will identify:

postures, movements and forces that pose a risk (e.g. lifting heavy equipment)

when they may become dangerous (e.g. when done for long periods without rest)

why these hazards happen in the workplace (e.g. due to how work tasks are planned)

ways to eliminate or minimise the risk (e.g. modify durations and frequencies of tasks).

Based on [Lifting, pushing and pulling \(manual tasks\)](#), used under CC BY 4.0. © Commonwealth of Australia

3. Report your findings to your supervisor following workplace procedures.

You must follow your organisation's procedures for reporting hazards. Review your organisation's policies and procedures and check the steps you must take in reporting hazards. For example, Lotus Compassionate Care requires workers are required to:

- document manual handling hazards in the Hazard Report Form
- submit the completed Hazard Report Form to the supervisor within 24 hours of identification.

Your hazard report must contain information about:

- the details of the manual handling hazard (e.g. description of the hazard and the tasks involved)
- risks associated with the hazard (e.g. how likely workers will sustain injuries from performing the tasks)
- recommendations for action (e.g. control measures).



Lotus Compassionate Care

Access and review the policies and procedures of LCC for reporting hazards through the link below:

[Lotus Compassionate Care Policies & Procedures](#)

(username: newusername password: new password)



Checkpoint! Let's Review

1. The input of workers is important in identifying manual handling hazards. This is because workers experience these potential hazards the most.
2. Reporting manual handling hazards will require you to conduct risk assessments. This will help you identify how manual handling may cause harm to workers.

2.3 Apply Control Measures for Minimising Manual Handling Risk

After identifying and reporting manual handling hazards, you need to apply control measures. Applying control measures will minimise the risk of injury resulting from manual handling tasks.

The first response to identified risks should be elimination. You should first aim to eliminate the risks of manual tasks. A good example of this is through good work design. There will be no need to apply control measures if work tasks are planned and performed correctly. However, there may still be incidents that are difficult to plan for. For example, there may be days when your care centre is understaffed. In which case, you still need to provide effective care for clients. In cases where risk elimination is not an option, you must apply control measures to minimise risk.

The following are some control measures that can minimise manual handling risks:

Change the design or layout of work areas to minimise manual handling risks.

Ensure workspace heights are appropriate to reduce the need for awkward postures.

Redesign tasks to minimise manual handling by using mechanical aids.

Rotate manual handling tasks between workers to reduce the strain from repetitive movements.

Seek training on correct manual handling procedures.

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Change the Design or Layout of Work Areas to Minimise Manual Handling Risks

Manual handling tasks becomes more difficult when the work area is not conducive for the tasks. For example, imagine you are trying to push a client on a wheelchair. If there are many obstacles in your path, such as furniture and equipment, it will be more difficult to manoeuvre the wheelchair. You may have to twist your body or exert force to turn the wheelchair while keeping your client safe. To minimise this risk, coordinate with your organisation to rearrange the layout of work areas. For example, clear paths may be made in areas frequented by care workers and clients.

Ensure Workspace Height is Appropriate to Reduce the Need for Awkward Postures

Height clearances may cause risks of injury, especially for tall workers. Building elements, furniture, and equipment are some height clearance concerns. When objects are positioned low, workers may need to uncomfortably bend their bodies to fit in a space. These are often problems in space planning. To minimise risks, coordinate with your organisation to modify workspace layouts.

Redesign Tasks to Minimise Manual Handling by Using Mechanical Aids

Mechanical aids are designed to make manual handling tasks easier for workers. As much as possible, incorporate the use of mechanical aids in tasks. This will help reduce the effort required to perform tasks. For example, instead of lifting heavy equipment, you can use trolleys to move the equipment around.



Rotate Manual Handling Tasks Between Workers to Reduce the Strain From Repetitive Movements

During the workday, you will have different tasks related to your responsibilities. Other care workers will have similar tasks. In most cases, you will also provide care as part of a team. You can reduce manual handling risks by rotating manual handling tasks with your co-workers. This will involve coordination with your supervisor and your co-workers. For example, after a period of doing manual handling tasks, you can shift to less physically demanding tasks (e.g. filing and documentation).

Seek Training on Correct Manual Handling Procedures

Manual handling risks will be reduced when you perform tasks correctly. To achieve this, you must seek training on correct manual handling procedures. For example, suppose you find that helping clients sit, stand and lie down causes strain on your back. This strain may be caused by incorrect manual handling techniques. In this case, you may coordinate with your supervisor and seek training. Your organisation may provide training on the proper manual handling procedures for helping a client sit, stand and lie down.



Checkpoint! Let's Review

1. Workers must aim to eliminate any manual handling risk first before considering control measures.
2. Control measures for manual handling tasks involve modifying the task or the settings and resources for the task.



Learning Activity for Chapter 2

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

III. Follow Safe Work Practices for Infection Control



All care facilities, no matter how advanced or sophisticated, face the risk of infections. Infections can have significant consequences. They may cause hospitalisation or even the loss of life in the worst-case scenario.

Fortunately, infections are preventable. They can be avoided through proper infection prevention and control practices. These practices aim to stop the spread of infections.

You have the responsibility to ensure your clients' health, safety, and wellness. To achieve this, you must understand the essential role that you play in infection control. This includes implementing standards and additional precautions. This also involves following the correct procedures in handling incidents and equipment. You must also be able to assess and identify risks of infection so that you can record and report them accordingly.

In this chapter, you will learn how to:

- follow standard precautions to prevent the spread of infection
- recognise situations when additional infection control procedures are required
- apply additional infection control precautions
- identify and report risks of infection.

State/Territory Legislation for Infection Control

Infection control legislation provides a basis for safe work practices. Each state/territory has their own legislation related to infection control. Infection control provisions are found in public health legislation for each state/territory. In the table below, you will find the related legislation and guidelines for each state/territory.

State/territory	Public health legislation and guidelines
Australian Capital Territory	Public Health Act 1997
New South Wales	Public Health Act 2010 Notification of Infectious Diseases under the NSW Public Health Act 2010
Northern Territory	Notifiable Diseases Act 1981
Queensland	Public Health Act 2005
South Australia	South Australian Public Health Act 2011
Tasmania	Public Health Act 1997
Victoria	Public Health and Wellbeing Act 2008 Public Health and Wellbeing Regulations 2019
Western Australia	Public Health Act 2016 Public Health Regulations 2017

These are bases for implementing policies and procedures related to infection control.

3.1 Follow Standard Precautions to Prevent the Spread of Infection

As a care worker, you are often exposed to elements that can cause infections. Compared to others, you are at a higher risk of acquiring infections and being a source of infection to clients, visitors, and other workers.

The spread of infection happens when pathogens are transferred from one person to another. Infections can be transmitted to people through:

breathing in of airborne pathogens

skin contact with contaminated objects

consuming contaminated food

contact with contaminated body fluids.

To reduce risks of infection, you must understand and comply with the standard precautions of your organisation. *Standard precautions* are applied to all client care, regardless of infection status. These are basic precautions for infection control and prevention that every health worker must be aware of. Standard precautions include:

- hand hygiene practices
- hand care practices
- use of personal protective equipment (PPE)
- respiratory hygiene and cough etiquette
- cleaning procedures
- handling, transporting, and processing of linen
- disposal of contaminated waste
- handling and disposal of sharps.

3.1.1 Hand Hygiene Practices

Every day, you come across potential infections. You will interact with potentially infected clients, equipment, surfaces, and substances. As a result, you get exposed to various pathogens that can cause infections.

If you are not careful, you can spread these to people or surfaces when you:

touch your eyes, nose or mouth

cough or sneeze into your hands, then touch people or surfaces

touch surfaces with dirty hands

prepare or eat food with unwashed hands.

One of the most effective ways to protect yourself and the people around you from getting sick is through proper hand hygiene. Hand hygiene can be even more effective when performed during key moments when you are more likely to get and spread pathogens.

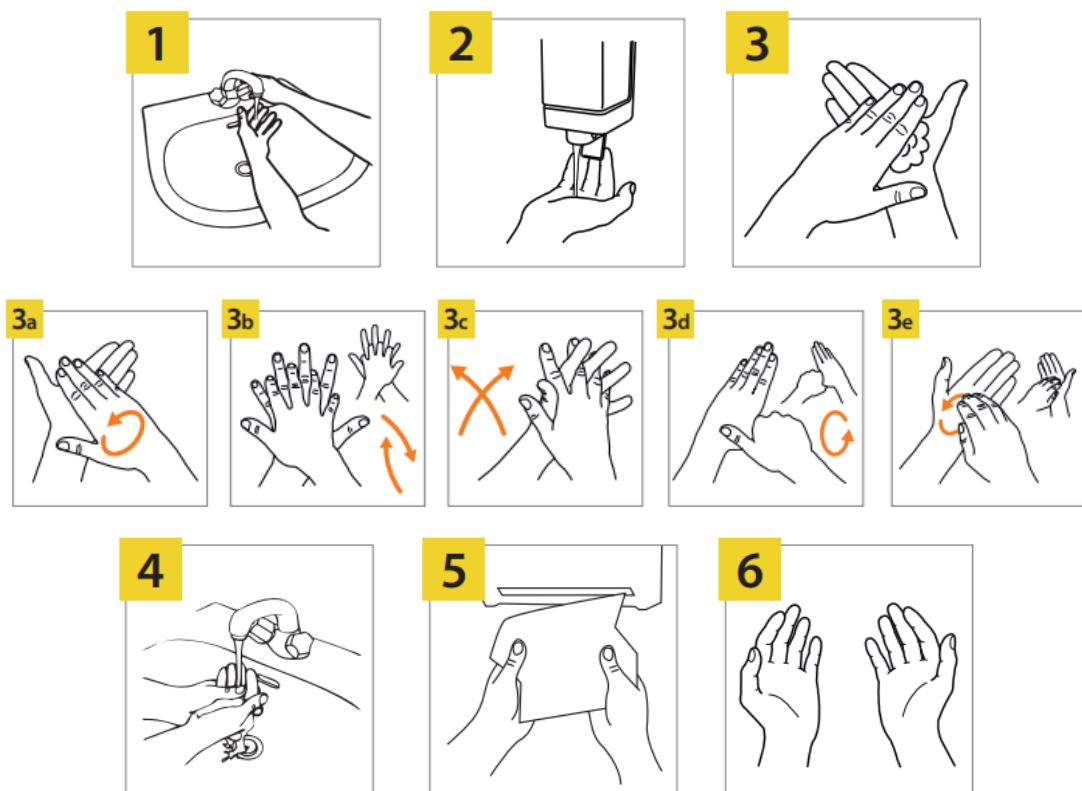
Hand hygiene practices in a care setting include:

- handwashing
- hand rubbing.

Handwashing

Handwashing is considered one of the simplest yet most effective measures to prevent infections. It is performed when the hands are visibly dirty or visibly soiled with blood or other body fluids. It involves the use of water and soap (either microbial or antimicrobial) or a soap solution.

The image below illustrates how to perform handwashing:



The steps to handwashing are as follows:

1. Wet your hands with clean, running water (preferably warm).
2. Turn off the tap and apply soap to the hands.
3. Lather your hands by rubbing them together with the soap, including:
 - a. Palm to palm
 - b. Back of hands
 - c. In between fingers and back fingers
 - d. Around thumbs
 - e. Tips of fingers
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Based on material provided by the [National Health and Medical Research Council. How to wash hands - Poster](#), used under CC BY 4.0

These are some of the things that you need to remember when washing your hands:

- Handwashing should only be performed in designated handwashing basins. Handwashing basins must not be used for any other purpose.
- Avoid refilling old containers for liquid soap, cleaners, and disinfectants to avoid contamination.
- As a general rule, use non-antimicrobial soaps after social contact and for visibly soiled hands. Use antimicrobial soaps when dealing with skincare issues.
- Do not use hot water because this can irritate your skin. Use warm or cold water instead.
- Do not immediately use an alcohol-based hand rub (ABHR) after handwashing. This can lead to skin irritation and dryness.





Multimedia

Johns Hopkins Medicine shows a demonstration of handwashing steps using the World Health Organization (WHO) Technique. See the video by clicking the link below.

[Hand-washing Steps Using the WHO Technique](#)



Hand Rubbing

Hand rubbing involves using alcohol-based hand rubs (ABHRs), hand sanitisers, gels, or liquids. It is performed when:

- the hands are not visibly soiled
- water and soap are not readily available.

Before performing hand rubbing, ensure that your hands are clear of obstructions. Remove any hand and arm jewellery and watches. Then, follow this step-by-step process:

1. Apply a palmful of ABHR on both of your hands.
2. Rub your palms against each other in a circular motion.
3. Rub your right palm over the back of your left hand and vice versa.
4. Rub your palms together, this time with your fingers interlaced.
5. Rub the backs of your fingers in one hand with the palm of your other hand.
6. Rub both of your thumbs.
7. Continue rubbing until your hands are dry.

The entire procedure takes approximately 20 to 30 seconds.

These are the things that you must remember when hand rubbing:

- The product that you choose must have an alcohol concentration between 60 to 95 per cent. Concentrations higher than 95 per cent tend to be less potent. You can determine the alcohol concentration of a product by looking at its label.
- Avoid using products that do not have the required alcohol concentration. These products may not work well for many types of germs. In addition, these products can only reduce the growth of germs instead of killing them outright.
- Hand rubs should be made readily available through dispensers near the points of care or in small bottles for carrying with you around.

Based on [Handwashing: Clean Hands Save Lives](#). This material is otherwise provided at no charge on [cdc.gov](#). Use of this material does not imply endorsement by CDC, ATSDR, HHS or the United States Government of this learner guide. [Centers for Disease Control and Prevention](#).

3.1.2 Hand Care Practices

Intact skin serves as your primary defence mechanism against infection. If you damage your skin, you become prone to infection. You can also harbour pathogens that can be transmitted to your clients or other care workers.

Hand hygiene practices may sometimes cause skin reactions such as contact dermatitis.



- *Irritant contact dermatitis* happens when there is skin drying due to frequent and repeated use of hand hygiene products. Symptoms include dryness, irritation, and itching. In major cases, cracking and bleeding can be observed.
- *Allergic contact dermatitis* manifests when you are allergic to any ingredient in a hand hygiene product. This is usually associated with fragrances and preservatives.

Skin reactions need to be addressed with hand care procedures to reduce the risk of skin damage and irritation.

Ways That Help Maintain Intact Skin

- Avoid using products that may irritate the skin (e.g. fragrances and preservatives present in sanitisers).
- Avoid washing hands with soap and water immediately before or after using an alcohol-based hand rub, as this may cause dermatitis.
- Ensure that hands are completely dry and clean before donning gloves.
- Avoid using hot water for handwashing.
- Regularly use moisturisers.

Moisturising Lotion and Creams

- Only use lotions and creams provided or recommended by the care facility. This will ensure compatibility with other hand hygiene products used in the facility.
- Moisturise regularly with creams and lotions to prevent or minimise skin dryness or irritation.

Appropriate Hand Hygiene Products

- Products with fragrances, colours and preservatives should be avoided or minimised. These products can lead to skin irritation.
- Emollient-containing ABHRs are recommended. These are known to lead to improvements in irritant contact dermatitis.

Correct Handwashing and Hand Rubbing Practices

Do not use an ABHR after washing your hands with soap and water to prevent dermatitis.

Gloves should only be worn when the hands are fully dry.

Hot water should not be used for handwashing.

The quality of the paper towels should be acceptable so that there is no irritation when used.

Other Hand Care Guidelines

Jewellery

Jewellery must be kept at the absolute minimum (e.g. simple wedding rings). Remove other hand and arm jewellery and watches when performing hand hygiene.

Appropriate attire

Cardigans or jackets must not be worn when conducting client care. Uniform sleeves and undergarments must not extend below the elbow.

Nail care

Chipped or old nail polish must be removed. When you have direct contact with your clients, do not use artificial fingernails or nail polish with raised items such as stones or decals.

Avoid biting or chewing nails.

The tips of your nails must not be more than 0.5 cm long, and before you clip your nails, you must clean and sterilise all nail grooming tools first. Cuticles should not be cut because they serve as barriers against infection.

3.1.3 Use of Personal Protective Equipment (PPE)



Personal protective equipment (PPE) is a piece of wearable equipment that can be used alone or in combination with other PPE. PPE reduces the risk of infection by performing the following functions:

- protecting your body parts, membranes (e.g. nose, mouth, and eyes), and clothing from infectious particles
- preventing contamination of skin and clothing by pathogens in the environment.

When choosing the type of PPE to be used, consider the following factors:

- risks to health and safety
- task or activity to be performed
- nature of work and any hazard associated with the work
- requirements of relevant standards and codes of practice
- size, fit, and comfort for the person wearing the PPE
- compliance with applicable Australian Standards.

The PPE must only be used when deemed necessary. Overuse of PPE can lead to negative effects such as:

- interference with the quality of care given to clients
- increased waste and costs
- shortages of PPE that can result in inappropriate use (e.g. reuse of gloves and gowns)
- environmental issues relating to disposable PPE, washing agents, and chemicals.

General PPE Guidelines

PPE should be worn in this sequence:



PPE should be removed before leaving a care client's room or immediately outside the client's room. It must be done in the following sequence:



Based on [Sequence for putting on personal protective equipment \(PPE\)](#). This material is otherwise provided at no charge on [cdc.gov](#). Use of this material does not imply endorsement by CDC, ATSDR, HHS or the United States Government of this learner guide. [Centers for Disease Control and Prevention](#).

The choice of PPE is based on the nature of interactions with clients and the likely mode of transmission.

3.1.3.1 Gloves

Gloves are designed to protect yourself and your clients from pathogens that can be transmitted via hand contact. They are worn when:

- anticipating direct contact with infectious substances or materials
- handling visibly soiled or potentially contaminated client care equipment
- anticipating potential exposure to toxic drugs during the administration
- using chemicals when cleaning.

Gloves are not required for routine care activities. These are activities where contact is limited to the intact skin of persons (e.g. taking blood pressure and temperature).

Important Guidelines on How to Use Gloves Correctly

The following are guidelines for appropriate glove use:

- Perform hand hygiene before and after using gloves.
- IMPORTANT:** The use of gloves should not replace the need for hand hygiene.
- Change gloves between conducting clean and dirty procedures.
 - Change gloves in between interactions with different clients.
 - Gloves that are used for care activities should not be reused.

When touching everyday objects, do not wear gloves (e.g. telephones, doorknobs, linens). This will help you avoid cross-contamination.



Types of Gloves

The table below shows the common types of gloves used in a care setting with their corresponding description.

Type of Gloves	Description
Examination gloves	<ul style="list-style-type: none"> ▪ Disposable gloves to prevent contamination between the examiner and the person being examined ▪ Common materials include latex, vinyl, and polymer
Surgeon's gloves	<ul style="list-style-type: none"> ▪ Used in operating rooms to prevent the contamination of a surgical wound ▪ Common materials include natural and synthetic rubber
Non-medical gloves	<ul style="list-style-type: none"> ▪ Used for non-care activities like cleaning of contaminated equipment or food service

Fitting of Gloves

- 1 Perform the necessary hand hygiene.
- 2 Fit gloves and adjust the cuffs. If necessary, extend to cover the wrist of your gown.

Removing and Disposing of Gloves

- 1 Grip the cuffs of one glove. Peel the glove away from you by pulling it inside out.
- 2 Remove the other one by sliding the fingers of the ungloved hand under the glove.
- 3 Peel the second glove over the first glove.
- 4 Peel the second glove over the first glove.

3.1.3.2 Protective Clothing

Protective clothing protects the care workers' uniforms, clothing, and exposed body parts. This includes impermeable gowns and plastic aprons. Protective clothing must be worn when:

- anticipating exposure to blood, body substances, secretions, or excretions (excluding sweat)
- anticipating close contact with clients
- anticipating contact with materials or equipment that can possibly contaminate skin and clothing.

Before leaving the client's room, aprons and gowns should be removed to avoid contaminating the environment.

Types of Protective Clothing

In the table below, you can see the different types of protective clothing and their respective descriptions.

Type of protective clothing	Description
Plastic apron	<ul style="list-style-type: none"> ▪ Worn for general use and when contact with a client is likely ▪ Used for low-risk procedures ▪ Single-use and disposable
Gown	<ul style="list-style-type: none"> ▪ Choice of sleeve length varies depending on the procedure, the volume of body substances to be encountered, and the risk of exposure ▪ Covers a worker's exposed body area ▪ Single-use and disposable
Full body gown	<ul style="list-style-type: none"> ▪ Worn when contact with non-intact skin is likely ▪ Worn when anticipating splash or splatter of blood and other body fluids ▪ Always worn in combination with other PPE ▪ Single-use
Sterile gown	<ul style="list-style-type: none"> ▪ Used for procedures performed in an aseptic field

Based on material provided by the National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare, used under CC BY 4.0

Fitting Protective Clothing

1

Put on the gown. Fully cover the torso from the neck to knees and arms to the end of your wrists. Wrap around the back.

2

Fasten the ties at the neck and the back.

3

Tuck your sleeves under the glove cuffs of the gown.

Removing and Disposing of Protective Clothing

1

Using clean hands, untie or break the ties at your back and neck.

2

Pull from the neck and shoulders, then arms. Remember to touch only the inside of the gown because the outside is already contaminated.

3

Turn the gown inside out.

4

Roll the gown into a bundle.

5

Discard the gown into the designated waste container.

6

Wash hands.

3.1.3.3 Masks

Mucous membranes, such as those found in the nose and mouth, serve as entry points for infectious microorganisms. The use of masks reduces the risk of exposure to splashes of blood, body substances, secretions, and excretions.

Important Guidelines on How to Use Masks Correctly

- Change your mask when it becomes soiled or wet.
- Do not touch your mask while wearing it.
- Never reuse disposable masks. Do not fold it or put it in your pocket for later use.
- Never reapply when it has already been removed. Do not leave your mask hanging around your neck. Discard your mask in the appropriate waste disposal area.



Types of Masks

In a care setting, two types of masks are commonly used depending on the situation.

The table below discusses these two types.

Type of mask	Description
Surgical mask	<ul style="list-style-type: none"> ▪ Loose-fitting and single-use ▪ Includes surgical, isolation, dental, and medical procedure masks ▪ Does not form a seal around the nose and mouth
N95 Respirators	<ul style="list-style-type: none"> ▪ Close facial fit ▪ Forms a seal around the nose and mouth ▪ Single-use ▪ Not meant for the use of the general public

Fitting the Mask

1. Position the surgical mask over your mouth and nose.
2. Fasten the ties or tapes above and below your ears at the back of your head.

Removing and Disposing of the Mask

1. Using clean hands, untie or break the ties at the back of your hand.
2. Touch only the ties of the masks and discard them in the designated waste disposal.
3. Perform hand hygiene.

3.1.3.4 Eye Protection

Care workers must wear eye protection during certain workplace activities. This applies to activities that involve splashes or sprays of blood, body fluids, secretions, or excretions. Eye protection must also be worn for any wound irrigation procedure where there is a risk of sprays or splashes.

Important Guidelines on How to Use Eye Protection Correctly

- If eye protection is disposable, dispose of it immediately in the proper waste disposal area.
- If eye protection is reusable, it should be sent to a central area for reprocessing before it can be used again.
- Choose eye protection that does not interfere with visual acuity.
- Choose a size that fits securely to protect you from splashes from the side.

IMPORTANT: Prescription glasses and contact lenses should not be used as eye protection.

Types of Eye Protection

The types of eye protection in a care setting and their description are shown in the table below.

Type of eye protection	Description
Goggles	<ul style="list-style-type: none"> ▪ Considered the most reliable eye protection but do not provide protection to other parts of the face
Face shields	<ul style="list-style-type: none"> ▪ Can either be single-use or reusable ▪ Alternative to goggles
Safety glasses	<ul style="list-style-type: none"> ▪ Provide a lower level of protection than goggles ▪ Generally, not recommended for infection control use

Fitting of Eye Protection

1. Position the face shield or protective eyewear over the face and eyes.
2. Adjust as necessary.

Removing and Disposing of Eye Protection

1. Using clean hands, remove the eye protection equipment. Make sure to handle only the sides or the back.
2. Discard in the designated waste area or reprocess and store properly.

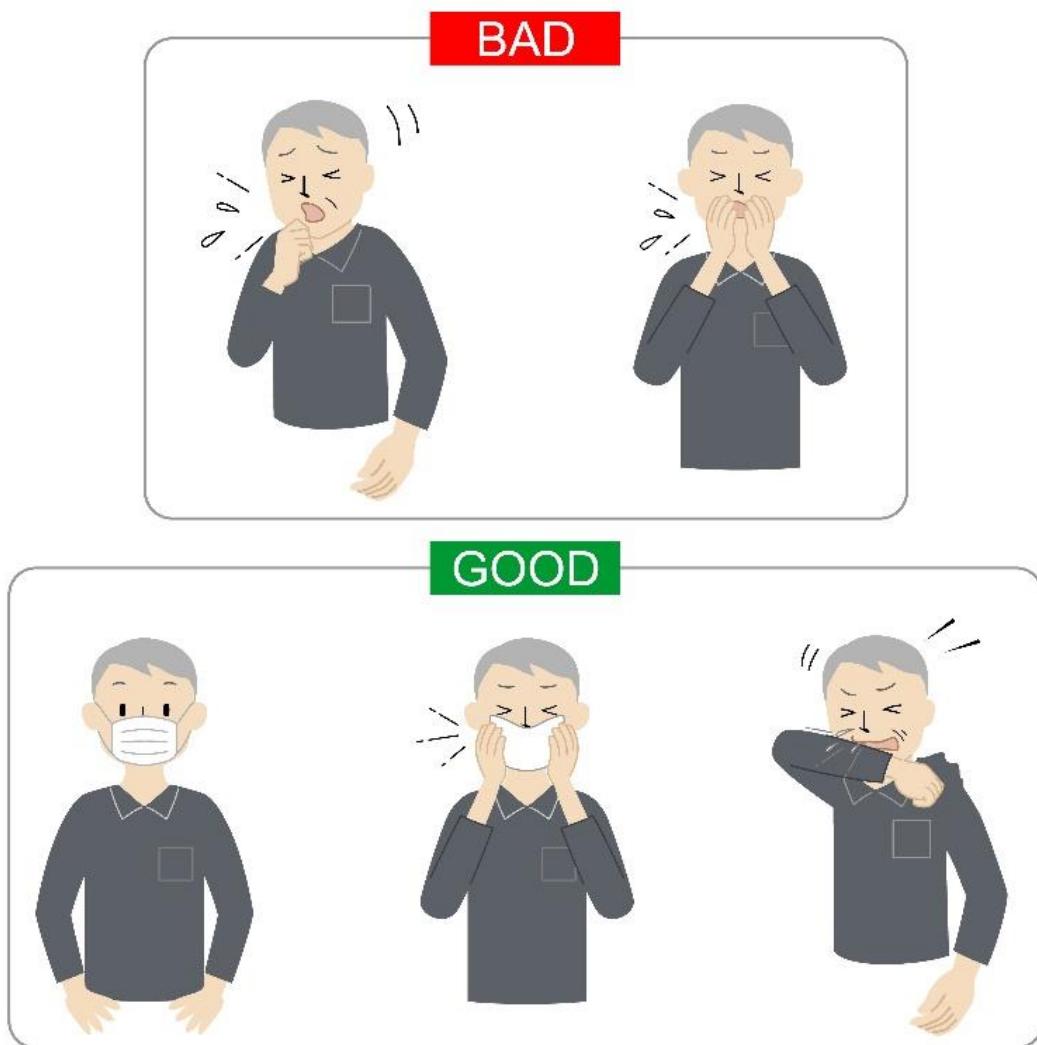
When removing eye protection, do not touch the front and sides of the equipment. These surfaces are prone to contamination by sprays, splashes or droplets.

Some eye protection equipment is non-disposable. This means that they can be reused. Place non-disposable eye protection in a secure and clean container. Remember to clean and disinfect it after every use.

3.1.4 Respiratory Hygiene and Cough Etiquette

One of the means by which an infection can spread is through droplets released during coughing or sneezing. These droplets can also live for a short time on surfaces such as bed rails, doorknobs, wheelchairs, or client care equipment. This may cause others to get sick.

To avoid such from happening, respiratory hygiene and cough etiquettes must be observed. Both care workers and clients are responsible for observing and promoting these practices.



Cover Your Cough or Sneeze

- When coughing or sneezing, use a tissue or mask to cover your nose and mouth.
- Dispose of used tissues properly. If there are no bins to dispose of, collect them in a small plastic bag in the meantime.
- A cloth handkerchief should be avoided because it can serve as a breeding ground for germs. If you carry a used handkerchief, it can also transmit germs.
- Always sneeze or cough away from people.
- If a tissue or mask is unavailable, cough or sneeze into your upper sleeve or elbow. Do not sneeze into your hand.

Sanitise

- Perform hand hygiene procedures after suspected contact with respiratory droplets.
- Sanitise surfaces you have coughed on, sneezed on or touched with contaminated hands.
- Wipe items that are frequently touched, such as cell phones, keys, and credit cards.

Stay at Home

As a care worker, you interact with clients and co-workers. When you are sick, you can potentially infect others in your workplace. When you are experiencing symptoms of illness, it is still best to stay at home and rest. Distance yourself from people, especially high-risk individuals.



Your Responsibilities in Relation to Respiratory Hygiene

In addition to the measures discussed above, care workers have other responsibilities. The following are some steps you can do to ensure respiratory hygiene in the workplace:

- Place a surgical mask on a coughing person if they can tolerate it (some people have difficulties in breathing with a mask on).
- Try to separate people with respiratory symptoms at least two meters away or in a separate room from others, if possible.
- Educate others on the importance of practising proper respiratory hygiene and cough etiquette.
- Provide resources for performing hand hygiene in or near waiting areas.
- Place visual information like signs and posters where possible.

3.1.5 Cleaning Procedures

Environmental cleaning is part of the standard precautions for infection control and prevention. It involves reducing the number of pathogens on surfaces to minimise the risk of infection. Some of the activities performed when cleaning include the following:

Waste removal

Damp dusting

Mopping

Washing

Drying

Preparation

First, you must prepare to clean. Preparation involves:

- preparing the cleaning solution according to the instructions of the manufacturer
- wearing the appropriate PPE (e.g. disposable aprons and gloves)
- performing hand hygiene
- preparing a checklist of everything that you need to clean to make sure that you do not miss anything
- removing clutter (e.g. medical equipment and client's belongings lying around the room).

IMPORTANT: Be careful of needles and other sharp objects. Do NOT pick them up with your bare hands.

General environmental cleaning techniques

As a general rule, you must clean:

- from high to low (top to bottom)
- from least contaminated (least soiled) to most contaminated (most soiled)
- from environmental surfaces to floors.

Floors

Except for spills, the use of disinfectants is not necessary because floors are minimally touched areas.



When mopping floors:

- perform dry mopping to collect dust and debris from the floor in preparation for wet mopping
- submerge the mop in the cleaning solution and perform wet mopping
- proceed from the area farthest from an exit and mop while walking towards the exit
- change the mops and cleaning solutions as frequently as needed.

Toilets

Toilets have a higher risk of being contaminated than general care areas and should therefore be cleaned last. When cleaning toilets:

- clean both surfaces and fixtures within the toilet, including walls, sinks, faucets, handles, toilet seat, and floors
- dry all surfaces using well-wrung cloths or paper towels.

After Cleaning

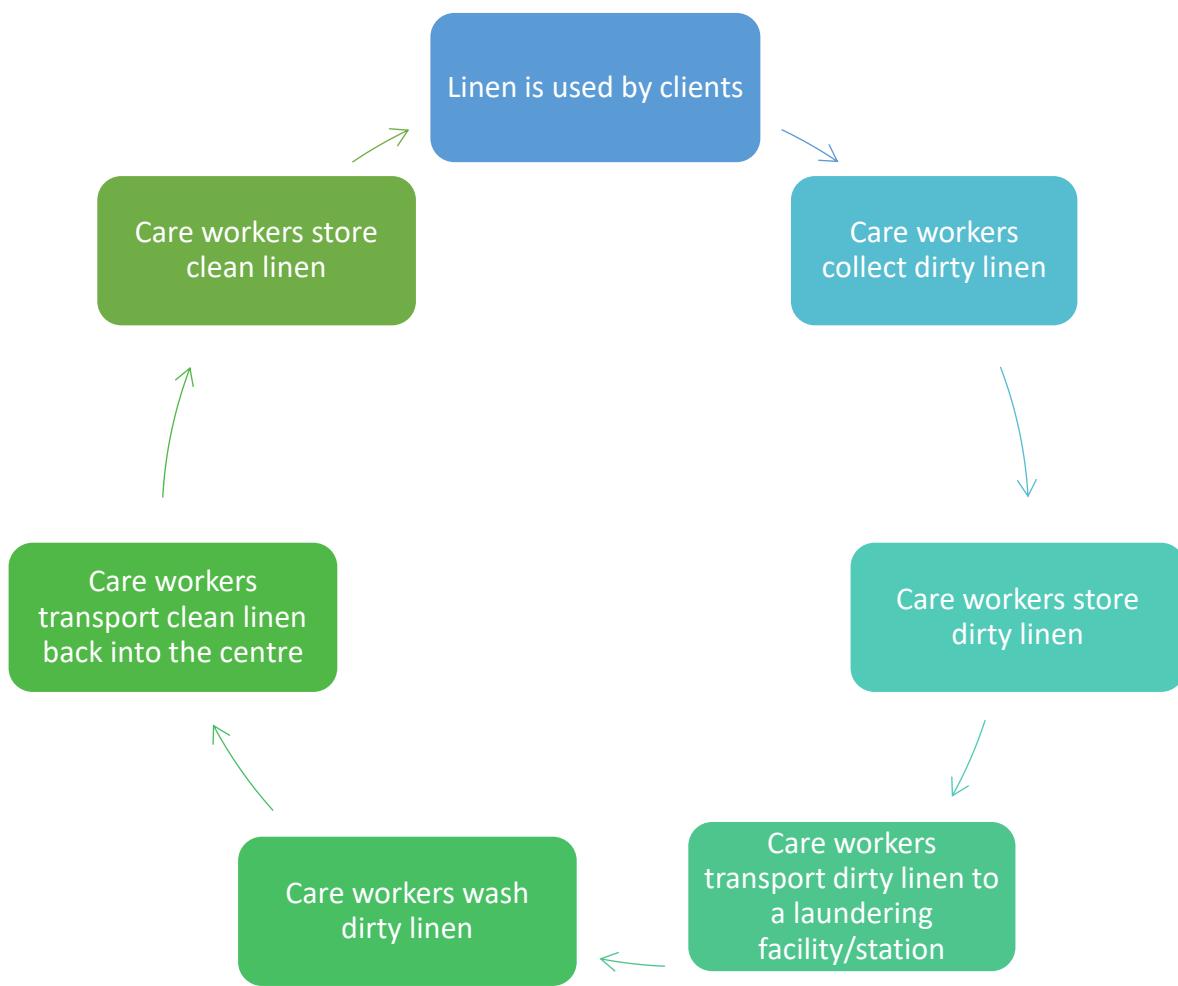
Once you are done cleaning, you must do the following:

- Launder mop heads and reusable cleaning cloths daily or as often as prescribed by your facility's guidelines. Dry each mop head thoroughly before using it again.
- Clean the housekeeping trolley/cart.
- Take reusable PPE to the reprocessing area of your facility.

- Complete the required documentation and sign off sheets.
- Report anything that needs to be replaced or repaired (e.g. ceiling tiles, walls, or fixtures like a wall clock and cleaning equipment or PPE).

3.1.6 Handling, Transporting and Processing of Linen

Proper handling of dirty linen is essential to preventing exposure and contamination of clothing. It also helps to avoid the transfer of pathogens. The figure below shows the typical movement of clean and dirty linen.



This cycle can be broken down into three parts:

- Handling of linen
- Storing and transporting of linen
- Processing (laundering) of linen

Handling of Linen

There are different types of dirty linen:

- *Used linen* is used but has no visible stains.
- *Soiled linen* has visible stains from different sources.
- *Infectious linen* is used by clients who have been infected by transmissible conditions.
- *Infested linen* is used by clients who have come into contact with parasites (e.g. lice and bedbugs).

The following precautions and procedures must be practised in the handling of linen:

- Before handling linens, wear the appropriate PPE to prevent exposure to blood and body fluids. This may include a long-sleeved gown and disposable or heavy-duty rubber gloves.
- When removing linen from a bed, you must follow these guidelines:
 - Fold linen towards the centre of the bed.
 - Place it directly from the bed into the linen hamper.
 - If linens are soiled (wet), infectious or infested, place them in leak-proof plastic bags. Close the bags immediately.
 - Keep the dirty linen away from your clothes or uniform at all times.
- As much as possible, dirty linen should not be shaken to reduce the risk of scattering particles that may contain pathogens.



Storing of Linen

- Clean linens must not be placed in the same area as dirty linens. Ensure that there is clear segregation between them.
- Store clean linens in a clean and dry place where they cannot be contaminated by aerosols, dust, moisture, or pests. Clean linens may also be wrapped in a protective covering, as necessary.
- Bag linens and place them in a designated area. Ensure that access to the storage area of dirty linen is restricted until it is collected to be laundered.

Transporting of Linen

- Transport linen in a cleaned and closed linen cart or bag.
- When unloading linens from the linen cart or trolley, make sure that you are on a flat and level surface.
- You may use the same trolley to deliver clean and dirty linen as long as the trolley has been thoroughly cleaned and dried.
- The transport vehicle should have the means to secure linens firmly. The linens should not move during transport. This can be done using nylon webbing straps or chains.

Processing of Linen

Proper processing of linens involves laundering them. For residential care settings, you may simply assist your client in their laundering tasks.

However, for centre-based care, the processing of linen is stricter. This is because care centres frequented by clients are more prone to contamination. Processing of linen must be in accordance with AS/NZS 4146:2000. This standard specifies laundry practices for commercial, industrial, healthcare and other facilities. Laundering must be done at a separate facility. It must not be done in care areas or domestic washing machines to avoid contamination and cross-infection. The typical laundry process involves the following:

Pre-wash (removal of stains)

Main wash

Rinse

Settings for the laundry cycle depend on the size of the load and laundry chemicals used. Always read the instructions of manufacturers. This will give you information about the correct usage of laundry equipment and chemicals.

3.1.7 Disposal of Contaminated Waste

Contaminated or infectious waste are generated by care facilities during the following activities:

- Diagnosis
- Treatment
- Immunisation
- Research
- Production or testing of biological materials

Waste may contain infectious material. This may include bodily fluids and contaminants that can cause injury, infection, or disease.

The first step to the safe disposal of contaminated waste is identifying its different types, as illustrated in the table below.

Material	Description
Animal waste	<ul style="list-style-type: none"> ▪ Includes carcasses, body parts, blood, or bedding from animals contaminated with an infectious agent ▪ Originates from research, production of biologicals (e.g. serums, vaccines, antigens), or pharmaceutical testing
Discarded sharps	<ul style="list-style-type: none"> ▪ Refers to an object or device that has sharp points, protuberances or cutting edges, such as used hypodermic, medical needles, scalpel blades, scissors, broken laboratory glass, etc.
Human tissue waste	<ul style="list-style-type: none"> ▪ Tissue, blood, blood products, and other body fluids removed during medical procedures, such as surgery, autopsy, or post-operative care or treatment ▪ Specimens of tissue, blood, blood components, and body fluids, including containers and other materials heavily contaminated with blood ▪ Discarded material such as swabs, masks, gowns, dressings, or clothes that are saturated with blood or body fluids
Laboratory waste	<ul style="list-style-type: none"> ▪ Cultures and stocks on the infectious agent ▪ Other devices that were used to transfer, inoculate, or mix cultures, including flasks, vials, tubes, stirring devices, etc.

Based on Clinical and related waste, used under CC BY 3.0 AU. © State of Queensland, 2015.

If not disposed of correctly, contaminated waste can spread disease and infection through:

punctures, abrasions or cuts

the mucous membranes of the eyes, nose or mouth

inhalation

ingestion.

Storage of Contaminated Waste

Storage of contaminated waste should be done in such a way that the threat to health, safety, and environment are minimised. This can be done by taking the following precautions:

- Ensure that the storage area:
 - is clean, dry, well-ventilated, and free from pests and vermin
 - has locks that can prevent access by unauthorised persons
 - has an impermeable and hard-standing floor with good drainage
 - has adequate water supply for easy cleaning and disinfection
 - is easily accessible to waste collection vehicles.
- Cleaning equipment, PPE, and waste bags should be supplied near the storage area.
- If any waste is mixed with medical waste, treat that waste as medical waste. Do NOT attempt to remove items from a container after disposal or place different types of waste together.
- Sharps should be contained in a leak and puncture-proof container.

Collection and Transportation of Contaminated Waste

Waste should never be allowed to accumulate. It must be collected daily or as frequently as required. The following guidelines must be followed:

- Mobile garbage bins and trolleys must have the following characteristics:
 - can be locked, closed, or covered as necessary to prevent the spill of liquids
 - dedicated only to collecting and transporting waste
 - have washable and easily cleanable surfaces
 - rigid-walled (i.e. have hard and unbending sides and are resistant to breaks and splits) and puncture-proof
- Clean mobile garbage bins and trolleys after each use.
- On-site transportation must not be done during peak activity times (e.g. visiting hours and shift changes) to minimise exposure.
- Waste should not be transported through general or public areas.
- Do not use waste chutes for transporting contaminated waste to avoid the risk of bag breaking or waste spilling.

Based on [Clinical and related waste](#), used under CC BY 3.0 AU. © State of Queensland, 2015.

Contaminated waste must be regularly transported from the care facility to proper treatment or disposal area. Contaminated waste must only be collected by a licensed transport company. The transport vehicle should only be used for the purpose of handling contaminated waste. As much as possible, it should not be used to transport general waste to avoid cross-contamination.



3.1.8 Handling and Disposal of Sharps



A *sharp* is any device or object used to puncture or lacerate the skin. If not handled properly, sharps can be dangerous. They can cause penetrating injuries when they pierce the skin and enter body tissue. They can expose workers and clients to blood-borne viruses, such as:

- Hepatitis B
- Hepatitis C
- Human Immunodeficiency Virus (HIV).

Some examples of sharps include the following:

- *Needle* – hollow instrument used to inject medication under the skin
- *Syringe* – used to inject medication into or withdraw fluid from the body
- *Lancet* – two-edged blades used to get drops of blood for testing
- *Auto-injector* – syringes pre-filled with medication designed to be self-administered
- *Scalpel* – extremely sharp instrument commonly used for surgeries

Based on [Safely Using Sharps \(Needles and Syringes\) at Home, at Work and on Travel](#). Food and Drug Administration.

To protect yourself, others, and the environment from harm caused by sharps, you must follow safe handling practices. The best way to get rid of sharps is to perform the following steps:

1. Use tongs or other such instruments to pick up the sharp. If there is no such instrument, use a glove to pick it up. Sharps should always be kept away from your bare fingers and body.
2. Store the sharp in a container that:
 - is made of quality heavy-duty plastic
 - has a tight-fitting, puncture-proof lid
 - prevents sharps from falling or sticking out
 - is properly labelled.

IMPORTANT: Steps 1 and 2 must be carried out by the worker using the sharp at the time and point of use.

3. Dispose of sharps disposal containers according to the guidelines of your organisation.

When handling sharps, **DO NOT**:

- re-cap or bend used needles
- remove the needles from syringes
- place them in areas that children can reach
- throw sharps in the general trash or put them in the recycle bin.

Based on DO's and DON'Ts of Proper Sharps Disposal. Food and Drug Administration.



Checkpoint! Let's Review

1. Infections can be transmitted to people through:
 - breathing in of airborne pathogens
 - skin contacts with contaminated objects
 - consuming contaminated food
 - contact with contaminated body fluids.
2. Standard precautions are basic measures for infection control and prevention that every worker must be aware of.

3.2 Recognise Situations When Additional Infection Control Procedures are Required

In the previous subchapter, you learned about different standard precautions for infection control. However, you may encounter situations where you will need additional infection control procedures. These are situations when standard precautions will no longer work to prevent transmission. Additional infection control procedures include the following:

additional use of personal protective equipment

dedicated equipment for infection control

special ventilation requirements

These infection control precautions and procedures will be discussed in more detail in Subchapter 3.3. They will ensure that your organisation's infection control response remains effective.

Additional infection control procedures will be required when:

- there are clients who are suspected or confirmed to be infected with transmissible viruses
- there are known outbreaks of infectious diseases
- the infection was transmitted through either contact, droplets or airborne pathogens.

In order to recognise these situations, follow this step-by-step assessment:

1. Identify the potential source and type of infection.

Additional control procedures will apply if the infection is transmission-based. This means that the infection can spread through contact, droplets or airborne pathogens. This type of infection may spread quickly and undetected. This is why additional control procedures must be applied. Viruses that are transmitted through blood will not require additional control procedures.

2. Conduct contact tracing.

Your next step is to identify how much the infection has spread in your workplace. *Contact tracing* involves identifying infected persons and people they have recently interacted with. Contact tracing will give you information on where the infection has possibly spread. For example, say the source of infection is a client staying at the centre. You must interview them and ask what places they have visited and who they have interacted with.

3. Assess the need for additional infection control procedures.

Once you have gathered information, you can report this to your supervisor for risk assessment. Risk assessment for infection control will be discussed further in Subchapter 3.4.



Checkpoint! Let's Review

1. Additional infection control procedures include:
 - additional use of personal protective equipment
 - dedicated equipment for infection control
 - special ventilation requirements.
2. To assess the need for additional infection control measures, you must identify the source and type of infection. You need to know how the infection is transmitted and conduct contact tracing within your workplace.

3.3 Apply Additional Infection Control Precautions

Additional Precautions are implemented when standard precautions cannot prevent the transmission of infection. They are also called *transmission-based precautions*. These are commonly used during outbreaks (whether confirmed or suspected) to contain infections.

The different types of additional precautions that are based on the routes of transmission are as follows:

Contact precautions

Droplet precautions

Airborne precautions

3.3.1 Contact Precautions

Contact precautions are applied when there is a risk of direct or indirect contact transmission. Contact transmission is considered the most common mode of transmission. There are two types of contact transmission:

Indirect transmission

Direct transmission

Indirect transmission is when an infectious agent transfers from a contaminated object/person to a host. This can occur in the following situations:

- A person sustains a penetrating injury.
A *penetrating injury* occurs when sharps that are contaminated with blood or other body fluids pierce the skin and cause an open injury. When contaminated sharps/needles pierce the skin and enter body tissues, viruses can get into the person's bloodstream.
- Your clothing becomes infected while taking care of an infected client. Infection can spread when you care for other clients.
- Clients share contaminated devices and equipment that are not cleaned or disinfected before use.
- Environmental surfaces become contaminated.

Direct transmission is the second type of transmission. This happens when the infection transmits without going through a contaminated object or person. This can occur when the body fluids of an infected person come into contact with the mucous membrane or non-intact skin of a susceptible host.

Contact precautions include the following:

Precaution	Requirements
Accommodation	<ul style="list-style-type: none"> ▪ At the minimum, clients must not share a toilet. ▪ A single room with a dedicated toilet is preferred. The door may remain open, but the client's movement must be limited.
Appropriate PPE	<ul style="list-style-type: none"> ▪ In acute areas (i.e. areas where you see clients on a short-term basis or treat urgent conditions): <ul style="list-style-type: none"> ○ Wear protective gloves. ○ Wear a protective gown when you expect that you will come into contact with the client or their environment. You are not required to wear a gown when doing a visual check or delivering food. ▪ In non-acute areas (i.e. areas where you see clients on a long-term basis or for maintenance): <ul style="list-style-type: none"> ○ Wear protective gloves. ○ Wear a protective gown when you expect that you will come into contact with the client or their environment. You are not required to wear a gown when doing a visual check or delivering food.
Transportation guidelines	<ul style="list-style-type: none"> ▪ A client does not need to wear gloves or isolation gowns outside of their room. You just need to ensure that: <ul style="list-style-type: none"> ○ proper hand hygiene is observed ○ body fluids are properly contained and disposed of.

Precaution	Requirements
Cleaning	<ul style="list-style-type: none"> ▪ Routine cleaning practices are sufficient except when: <ul style="list-style-type: none"> ○ dealing with antibiotic-resistant organisms ○ there is an outbreak of infection ○ the client is vomiting or has diarrhea.
Visitor guidelines	<ul style="list-style-type: none"> ▪ Visitors must practise proper hand hygiene. ▪ Visitors must wear the appropriate PPE if they are providing direct care to the client.

3.3.2 Droplet Precautions

Droplet precautions are applied when there is a risk of droplet transmission. *Droplet transmission* occurs through droplets coming from infected persons. This happens when an infected person coughs, sneezes or talks. These droplets can cause infection when they enter directly on a susceptible host's mucosal surfaces (e.g. nose, mouth or eyes).

Some examples of droplet precautions are shown in the table below.

Precaution	Requirements
Accommodation	<ul style="list-style-type: none"> ▪ A single room with a dedicated toilet is necessary.
Appropriate PPE	<ul style="list-style-type: none"> ▪ Wear face and eye protection when you are within two meters of the client. ▪ Wear a protective gown when there is a risk of skin or clothing contamination. ▪ Wear protective gloves when the client has uncontrolled secretions.
Transportation guidelines	<ul style="list-style-type: none"> ▪ As much as possible, client movement must be limited to diagnostic or therapeutic procedures. If a client has to go out, they must: <ul style="list-style-type: none"> ○ Perform hand hygiene before leaving their room. ○ Wear a mask once outside their room.

3.3.3 Airborne Precautions

Airborne precautions are applied when there is a risk of airborne transmission. *Airborne transmission* involves aerosols produced when an infected person coughs, sneezes, or talks.

Aerosols are particles suspended in the air. Aerosols can be dispersed over long distances and inhaled by a susceptible host. They can also be transmitted through ventilation or air conditioning systems. When people sneeze or cough, they release small and large particles containing pathogens into the air. Due to their small size, aerosols overcome gravity, allowing them to stay suspended in the air for long periods. When another person inhales these infectious particles, that other person is also at risk of becoming infected. Airborne transmission can occur either in the same room or in a different room, depending on the air current.

Based on material provided by the National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare, used under CC BY 4.0

Some examples of airborne precautions are shown in the table below.

Precaution	Requirements
Accommodation	<ul style="list-style-type: none"> ▪ A single room with negative pressure ventilation (i.e. the air is exhausted from the room directly to the outside of the building). ▪ The doors of client rooms must always be kept closed. ▪ The care facility must have negative pressure ventilation. This type of ventilation carries aerosols out of the building. If unavailable, consider moving the client to another facility with the appropriate accommodation.
Appropriate PPE	<ul style="list-style-type: none"> ▪ Wear proper respirators such as an N95 respirator. ▪ Wear gowns, gloves and facial protection only if the client has uncontrolled secretions.
Transportation guidelines	<ul style="list-style-type: none"> ▪ If the client has to leave the room: <ul style="list-style-type: none"> ○ The client should wear a mask. ○ Care workers giving treatment or transport should wear an N95 respirator.
Precaution	Requirements
Cleaning	<ul style="list-style-type: none"> ▪ Follow routine service cleaning, except when there is environmental contamination due to secretions.

	<ul style="list-style-type: none"> ▪ Perform terminal cleaning after the client has vacated the room.
Visitor guidelines	<ul style="list-style-type: none"> ▪ Generally, visitors should be discouraged from visiting. If visiting, visitors should follow these precautions: <ul style="list-style-type: none"> ○ If a visitor is immune, they do not need to wear an N95 respirator. ○ If a visitor is not immune, they must wear an N95 respirator.



Further Reading

The Australian Commission on Safety and Quality in Health Care published infection prevention and control standards. Learn more about infection prevention and control systems through the link below.

[Infection prevention and control systems](#)



Checkpoint! Let's Review

1. Additional precautions required will depend on the type of infection transmission:
 - Contact transmission
 - Droplet transmission
 - Airborne transmission
2. Additional precautions are most commonly required during outbreaks of infection in the workplace.

3.4 Identify and Report Risks of Infection

It is important to identify risks of infection in the workplace promptly. This will allow your organisation to take the necessary measures to avoid the spread of infection. Risk of infection refers to the possibility of an infection spreading in the workplace. Similar to other types of risk, risk of infection is identified by following a risk identification and assessment process. The difference is that you will observe and record details specific to infections.

Infection Risk Identification and Assessment

First, you must identify the risk and gather as much information as you can about the risk. The following are some guide questions you can follow to identify infection risks:

What is the infectious agent?

What is the source of infection?

What is the mode of transmission of the infection?

Once you have identified basic information about the infection, you can assess the risk. Similar to assessing other types of risk, you must access and fill out your organisation's risk assessment form. The following are some guide questions you can follow when assessing risks:

- Who in your workplace is at risk?
- How can the infection spread?
- How likely is it for the infection to spread?
- What is the level of risk associated with the infection?
- What are the consequences of not addressing the risk?
- What can be done to address the risk?

Unlike other types of risks, infection is not always observable. Some infected persons may not show symptoms of infection but may still be carriers of the infectious agent. For risks of infection, it is important that you investigate thoroughly by:

- observing the behaviour of clients, co-workers and visitors
- examining existing infection control precautions for any breaches
- interviewing persons who may be experiencing symptoms of infection
- reviewing client records for information such as history of the illness and recent health complaints.

To conduct a risk assessment for infection risks, you must access your organisation's risk assessment template. Below is a sample template for infection risk assessment. Examples of possible responses are provided in red text.

Risk Assessment	
Details of infection	<ul style="list-style-type: none"> ▪ Infectious agent: SARS-CoV-2 ▪ Mode of transmission: Droplets, airborne particles
Areas affected	<ul style="list-style-type: none"> ▪ Area: Recreation area ▪ Occupancy level: High occupancy ▪ Type of environment: Outdoor
Exposure time	1 hour
Persons affected	All clients and care workers in the recreation area from 1-2 pm last Friday, 12 November 2021.
Likelihood of harm occurring	High
Level of risk	High
Currently implemented controls	All clients and care workers wear suitable face masks.
Additional controls required	A quarantine period of 14 days for all persons affected in separate single accommodation rooms.
Person/s responsible	Care workers and team leaders in charge
Due date	15 November 2021
Date completed	15 November 2021
Recommendations	<ul style="list-style-type: none"> ▪ Reduce exposure time by shortening the period for both indoor and outdoor activities. ▪ Monitor clients during recreation and ensure that infection control measures are being followed.

Reporting Risks of Infection According to Workplace Procedures

After conducting the risk assessment, you will now have a risk assessment document ready. The next step is to report your findings to your supervisor, following workplace procedures. Reporting will involve:

filing your report based on workplace procedures

discussing the assessment and recommendations with your supervisor.

Identify your organisation's process for filing risk assessments. Some organisations may require you to print your risk assessment and file a printed copy. Others may require you to produce a digital risk assessment. You may be asked to upload a digital copy of your risk assessment on a computer or in a cloud storage service. Your supervisor may also ask you to send your risk assessment through email. The preferred process of your organisation will be explained in workplace procedures. Check your organisation's procedures for filing risk assessment reports. You may also consult your supervisor about these procedures.

After properly filing the risk assessment, you must discuss this with your supervisor. To do this, visit your supervisor during work hours for a consultation. You may also schedule a meeting to ensure that you and your supervisor are free for the discussion. Before meeting with your supervisor, it is best to provide them with a copy of your risk assessment beforehand for their review. During the meeting, you will be discussing the details in your risk assessment report. You will also be discussing the course of action required. For example, you may discuss additional infection control measures to be implemented. At the end of the meeting, you may receive additional instructions. These instructions will relate to your role in implementing the infection control measures.

Identifying Common Sources of Infection in a Home-Based Environment

If you are working as a care worker in a home-based environment, you must be aware of certain sources of infection. The home setting is different from a care centre setting in that you do not always have control of the home environment of your client. Care centres observe standard precautions for infection control. These precautions are part of compliance requirements for the organisation. However, your client's home is not a regulated environment. Conditions and availability of resources will vary depending on your client's home setting. In a client's home, infections will most likely come from:

absence of basic infection control protocols

breaches in infection control protocols by clients or their families

insufficient hygiene resources (e.g. soap, sanitisers, PPEs)

infections carried by clients from other locations into their homes

unpredictability of activities at the home.

To minimise the transfer of infectious diseases at home, everyone must follow standard precautions. Review the standard precautions discussed in Subchapter 3.1. You must orient your client and their family on how to follow these standard precautions. This will include:

- proper hand hygiene and care practices
- use of PPE, if necessary
- respiratory hygiene and cough etiquette
- basic cleaning procedures
- precautions for handling waste
- precautions for handling linen.

In case of suspected infections at home, you must also guide your client in following additional precautions. This will include precautions for contact, droplet and airborne infection transmissions. For the home setting, additional precautions include the following:

- The potentially infected person must be isolated from other persons residing in the same home.
- Physical contact with the infected person must be avoided.
- PPEs must be worn by everyone who needs to come in contact with the infected person.

Remember that you must also report these risks of infection to your supervisor for proper action.

For suspected infections at home, you, the client and other close contacts may also be required to undergo quarantine. The quarantine period will depend on the nature of the infection. For serious cases of infection, your organisation may refer you to healthcare professionals for the next steps.



Checkpoint! Let's Review

1. Identifying infection risks involves identifying:
 - the infectious agent
 - the source of infection
 - the mode of transmission.
2. Investigating risks of infection may require:
 - observation
 - examination of precautions
 - interviews
 - review of client records.



Learning Activity for Chapter 3

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IV. Contribute to Safe Work Practices in the Workplace



The first three chapters discussed how to follow safe work practices in different areas of your work. With this knowledge, you can develop ways to improve practices based on your experience on the job.

For example, you may find that some current practices may be ineffective. You may find some incidents and situations that the implemented safe work practices do not address. Your day-to-day work includes caring for clients, manual handling tasks and infection control tasks. In short, you have valuable experience when it comes to the applications of safe work practices. Your experiences and suggestions will help in improving the safe work practices of your organisation. If you and your colleagues do not contribute, safe work practices may not improve. Practices may not be able to adapt to future emerging care situations.

In this chapter, you will learn how to:

- raise WHS issues with designated persons according to organisational procedures
- participate in workplace safety meetings, inspections and consultative activities
- contribute to the development and implementation of safe workplace policies and procedures.

4.1 Raise WHS Issues with Designated Persons According to Organisational Procedures

Raising WHS issues is covered in Section 48(1)(b) of the [Work Health and Safety Act 2011](#). Workers must be given the opportunity to raise any WHS issues they have in the workplace. They must also be consulted during the process of handling these issues.

A WHS issue may become apparent in a number of ways, including where a care worker:

becomes aware of a potential hazard

becomes aware of an existing hazard

experiences a near miss or an accident.

WHS issues may result from hazards and risks in existing work settings. However, issues may also arise from implementing new work settings (e.g. new equipment, processes and procedures).

If there are issues that you feel pose a risk to work health and safety, you should follow procedures set by your workplace. Generally, this involves reporting your concerns to designated persons. Designated persons in your organisation may include:

- your direct supervisor
- health and safety representative (HSR)
- health and safety committee (HSC).

Here are sample procedures on reporting WHS issues from Lotus Compassionate Care:

- Report all issues encountered to your supervisor.
- Maintain privacy and confidentiality when making reports.
- Document and report any client issues, including changes to the client's condition, to your supervisor.
- Report all hazards and incidents to your supervisor using the appropriate workplace forms.



Lotus Compassionate Care

Access and review the policies and procedures of LCC for reporting issues through the link below:

[Lotus Compassionate Care Policies & Procedures](#)

(username: newusername password: newpassword)

If your workplace does not have a procedure in place, the WHS Regulations 2011 has a default procedure which can be found in Section 23. Under the Regulations, the procedure begins when any party to the issue tells the other party about the issue and its nature and scope.

(4) The parties must have regard to all relevant matters, including the following:

- (a) the degree and immediacy of risk to workers or other persons affected by the issue;
- (b) the number and location of workers and other persons affected by the issue;
- (c) the measures (both temporary and permanent) that must be implemented to resolve the issue;
- (d) who will be responsible for implementing the resolution measures?

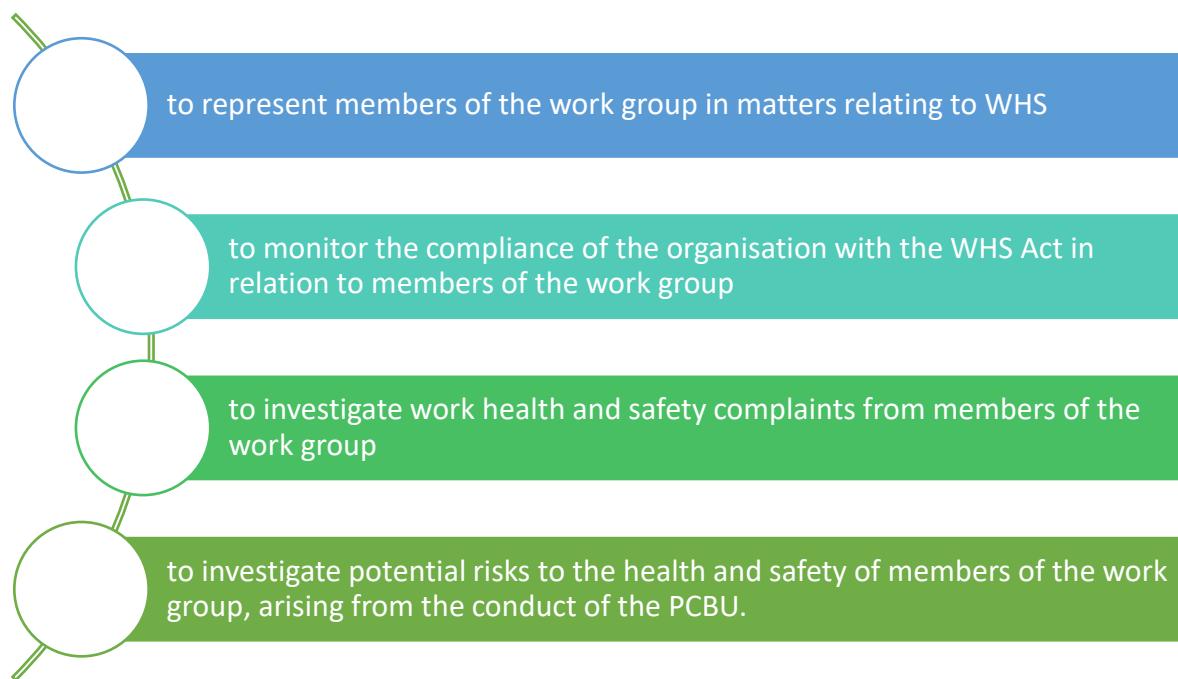
Based on content from the Federal Register of Legislation at November 16, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Regulations 2011, used under CC BY 4.0.

If all parties have agreed to a resolution, details of the issue and the resolution can be set out in a written agreement. A copy of this written agreement must be provided to all parties to the issue and to the health and safety committee if requested.

If a resolution has not been reached, any party to the issue may refer the issue to the regulator, who will then appoint an inspector to assist with them.



You may also report your concerns to a health and safety representative. A health and safety representative is elected by workers in a workgroup and has the following functions:



Based on content from the Federal Register of Legislation at November 16, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0.

Larger organisations will also have health and safety committees (HSC). This committee, composed of representatives from different sectors, will address WHS issues.



Checkpoint! Let's Review

1. You may raise WHS issues with designated persons, such as:
 - your direct supervisor
 - health and safety representative (HSR)
 - health and safety committee (HSC).
2. Resolutions on WHS issues must be agreed upon, in writing, by all parties involved.

4.2 Participate in Workplace Safety Meetings, Inspections and Consultative Activities

All organisations will hold meetings, inspections and consultative activities on a regular basis. These activities will be the best time to raise Workplace Health and Safety issues. You may raise identified hazards or incidents that have occurred at the workplace.

As a care worker, it is best to report safety issues to your supervisor. This is the usual practice in most organisations. Even if you feel like you can resolve issues by yourself, it is still best to consult a supervisor. The supervisor needs to be aware of Workplace Health and Safety issues. Such issues need to be documented for future reference to inform decisions and responses.

WHS Committees and Representatives

WHS committees and representatives are involved in all safe work practices. They have a significant role in meeting obligations in providing a safe workplace. The WHS committee provides a forum for both management and employees to consult about workplace hazards. The WHS Committee may identify hazards through:

consultation with employees and management

consultation about proposed changes to equipment or work processes

monitoring of a formal hazard reporting system

monitoring of incident/accident reports

workplace inspections.

4.2.1 Workplace Safety Meetings



Safety meetings are held regularly to discuss how to maintain health and safety in relation to specific work tasks. The frequency of these meetings will depend on the nature of your work. If there are many hazards and risks associated with your work, safety meetings might be held more often.

In safety meetings, you can contribute by:

- helping in reviewing safe work practices
- discussing how recent incidents were managed (the cause and response, how it can be prevented, etc.)
- discussing actions taken to eliminate or minimise recently reported hazards and risks.

Take along any observations, checklists or hazard reports you have completed to team meetings. These documents can support your discussions. Always think about ways to solve any issues you will raise. Your managers and supervisors will ask for your input on how to resolve issues. If you have already researched the issue beforehand, you can share your informed suggestions and solutions. This shows that you are willing to contribute to developing and implementing policies and procedures.

4.2.2 Inspections

You can expect two general types of inspections at the workplace:

internal inspections

inspections by WHS inspectors.

Internal Inspections

Inspections are used by organisations to proactively prevent workplace injuries. Inspections help in identifying and addressing hazards before they cause harm. Inspections may also occur after an incident has happened or when a new process or procedure is introduced.

The process of inspecting involves observing the following work aspects:

- physical work environment
- equipment, materials and substances used
- work tasks and how they are performed
- work design and management

They are usually conducted by a health and safety representative (HSR) or WHS practitioners and advisers.

As a care worker, your input is important during inspections. Your firsthand experience will help the inspectors identify possible sources of workplace hazards. You can contribute to internal inspections by cooperating with the inspectors. During internal inspections, you can contribute by:

- providing inspectors with your observations when:
 - moving around your work environment
 - using different equipment, materials and substances
- sharing challenges that you face when performing work tasks
- sharing previously identified workplace hazards
- answering questions that the inspectors may have regarding the workplace.

Inspections by WHS Inspectors

A WHS inspector is an individual who has been appointed by a regulator. They may be a staff member of the regulator, appointed under a corresponding WHS law, or a person in a prescribed class.

A WHS inspector may conduct an inspection to:

- monitor compliance with WHS standards
- investigate a complaint or incident
- assist with dispute resolution.

Based on content from [Regulatory guide - Inspectors' powers relating to documents and interviews](#), used under CC BY 4.0. © Commonwealth of Australia 2020

The WHS Act 2011 contains sections relating to your responsibilities as a worker during inspections. During inspections, you must:

- give the inspector reasonable help to exercise their powers
- tell the inspector who has custody of, or access to, certain documents
- produce required documents for the inspector while the inspector is at the workplace or within a specified period
- answer any questions asked by the inspector.

Based on content from the Federal Register of Legislation at November 16, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0.



Multimedia

Safe Work Australia provided a video with tips for conducting safety inspections in the workplace. Learn more by watching the video below.

[Top Tips for Doing a Safety Inspection in Your Workplace](#)



4.2.3 Consultative Activities

The management of WHS works best if everyone is actively involved in its development and implementation. Consultative activities use the knowledge and experience of all employees in the workplace. Employees are familiar with workplace processes and hazards and often have useful ideas about risk control.

WHS legislation requires the establishment of committees and representatives to encourage consultation. There are many ways to consult. The key is to adopt an approach that works in a particular work environment. For example, a particular consultation process that may be suitable in an office setting may not work in a medical facility.

Consultative activities start with the election of a Health and Safety Representative (HSR) or the formation of a Health and Safety Committee (HSC). To review, the HSR is the workplace representative in charge of addressing work health and safety matters. The HSC is a group of workplace representatives tasked to discuss and address work health and safety issues. Consultative activities are led by the HSR or the HSC. Consultative activities include the following:

Consultations with individual workers on health and safety concerns

Consultations with management on the implementation of health and safety policies and procedures

Discussions and fora on emerging health and safety issues in the workplace

As a care worker, you can contribute to consultative activities by:

- asking questions and raising concerns about health and safety
- reporting health and safety problems that you encounter while working
- sharing your opinions on current work health and safety practices
- suggesting steps to take in addressing health and safety issues.

Effective consultation with employees leads to more accurate risk assessments. This will result in practical solutions to reduce workplace hazards. It may also result in increased staff morale and productivity. Consultation may also provide opportunities to address other work issues, aside from those related to WHS.

Regardless of which consultation method is used, the input of all employees must be valued and encouraged. Successful consultation requires:

- regular opportunities for employees to provide input
- a non-threatening environment
- a positive workplace culture embracing collaborative problem-solving
- management representatives who listen to and act on agreed solutions
- employees who are willing to change work practices when necessary.

Staff involved in consultative activities need support, such as:

access to WHS consultants or representatives for advice

interpreter or counselling services

guidance on conflict resolution.

Support should be formally organised and clearly understood by all stakeholders. Employers may develop policies and procedures related to consultation. Organisations must support employees who are active in the consultative process. This will help in the timely and equitable resolution of WHS issues.



Further Reading

Codes of practice provide guidance on how workers and organisations can discuss health and safety matters. Learn more by accessing the link below.

[Codes of Practice Under the WHS Act](#)



Checkpoint! Let's Review

1. Workplace safety meetings are held to discuss how to maintain health and safety in the workplace.
2. Safety inspections may be conducted:
 - internally through assigned workers
 - externally through WHS inspectors.

4.3 Contribute to the Development and Implementation of Safe Workplace Policies and Procedures



The management of WHS works best if everyone is actively involved in its development and implementation. Your participation in consultative activities is important because your input as a worker is valuable. As an employee, you may not be in charge of directly developing and implementing policies and procedures. These are the responsibilities of employers, supervisors and health and safety representatives/committees. Your responsibility is to contribute to these activities. You must be proactive in identifying ways to improve policies and procedures based on your daily work experience.

In particular, you will be helping in developing and implementing safe work policies and procedures. Safe work policies and procedures are those that relate to following safe work practices. Safe work may refer to practices related to client care, manual handling and infection control.

Development of Policies and Procedures

You can make suggestions for additions or changes to policies and procedures based on your work experience. You can also suggest new policies and procedures that must be developed to address certain WHS issues.

Your employer may consult with you on the following matters to help develop safe workplace policies and procedures:

Potential hazards and their associated risks from the work you perform

Ways to eliminate or minimise risks

The working environment (facilities, conditions such as temperature, light, noise)

Changes that may affect the health or safety of workers

Decisions about the procedures related to the health or safety of workers

Opportunities and ways to provide information and training to other workers

Based on content from the Federal Register of Legislation at November 16, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0.

You can contribute to the development of safe work policies and procedures by:

- attending and participating actively in WHS-related meetings
- providing your input on client care plans
- listening and building upon ideas and opinions of other team members
- making recommendations on changes to work practices.

Implementation of Policies and Procedures

You may also contribute to the implementation of safe work policies and procedures. Managers and supervisors are mainly in charge of implementing policies and procedures. You can help them by reporting any issues in implementation. For example, if there are procedures that are unclear, you can report these to your supervisor. Misunderstandings in interpretation may lead to consequences for you and your clients.

In your work role, implementing policies and procedures means:

- following safe work policies and procedures in your own practice
- identifying, recording and reporting hazards and assessing risks
- identifying and reporting breaches to policies and procedures
- using equipment according to guidelines and operation manuals
- interacting with clients according to policies and procedures.

Health and Safety Committees

You may also choose to contribute to your organisation as a member of the health and safety committee (HSC). The WHS Act 2011 grants workers the right to request the establishment of a health and safety committee. This committee is composed of workers and representatives chosen by the organisation.

The committee is responsible for:

facilitating cooperation between the employer and other workers in developing and implementing measures to promote and maintain workers' health and safety

assisting in developing health and safety standards, rules and procedures

any other functions prescribed by legislation or as agreed upon by the employer and the committee.

Based on content from the Federal Register of Legislation at November 16, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0.

Being a member of your organisation's health and safety committee is a great opportunity for contribution. You can contribute to the development and implementation of WHS policies and procedures. Committee members have access to information such as risk assessments and incident reports. This allows the committee to discuss changes that will improve working conditions.



Checkpoint! Let's Review

1. Contributing to the development of policies and procedures involves suggesting ways to:
 - add provisions related to safe work practices
 - modify existing provisions to address emerging WHS issues.
2. Contributing to the implementation of policies and procedures involves reporting issues. These issues relate to how WHS provisions are being currently implemented.



Learning Activity for Chapter 4

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

V. Reflect on Own Safe Work Practices



In the previous chapter, you learned about different ways to contribute to safe work practices. Your contributions will help the organisation review and improve practices. Aside from helping the organisation improve, you should also know how to improve your own practices. Reflection is about looking back on how you performed your work role. What did you do well? What can you improve? How can you improve? Reflection on your own practice will lead to individual improvement. This will help your organisation deliver safe services. Without self-reflection, you will not know how to improve your work role. Organisational compliance may also be affected when your own practise does not improve.

Through reflection, you will be able to identify how to maintain the safety of the workplace. It is also an important practice that you can use to take care of your psychological health.

In this chapter, you will learn how to:

- identify ways to maintain currency of safe work practices
- reflect on own levels of stress and fatigue
- participate in workplace debriefing to address individual needs.

5.1 Identify Ways to Maintain Currency of Safe Work Practices

Maintaining currency involves continuous review and analysis of safe work practices. You are looking at possible areas of improvement. You will analyse practices based on guidelines, regulations, policies and procedures. You must identify ways to maintain currency of safe work practices so that:

- you remain compliant in your own practice
- your organisation remains compliant with WHS laws
- your clients receive the best care provisions.

Safe work practices may relate to:

workplace systems

workplace equipment

workplace processes.

All of these must be regularly maintained and updated to ensure that you are providing the best care for clients.

5.1.1 Workplace Systems

A *workplace system* refers to the organisation's approach to:

- policies
- procedures
- the workplace environment.

A good workplace system has documented policies and procedures. This will ensure compliant and effective workplace practices.

Review and Updating of Policies and Procedures

WHS policies and procedures need to be reviewed on a regular basis. Organisations need to check if these still meet legislative and industry requirements. This will also help in identifying the needs and capabilities of workers. Their effectiveness in achieving health and safety standards must also be examined.

The frequency of reviewing depends on the work involved. For example, the client care industry poses a lot of risks to both clients and carers. As such, client care organisations must frequently review their policies and procedures. The process of reviewing involves consultation between the management and the workers.

Inspection of the Workplace Environment

Workplace inspections are regular examinations of the workplace. These should be done on a regular schedule so that issues can be identified and addressed as quickly as possible. Inspection of the work environment should involve both the physical and psychosocial aspects. In the table below, you will find some guide questions you can use when inspecting the work environment.

Aspects of the work environment	Guide questions
Physical	<ul style="list-style-type: none"> ▪ Are workers provided with the right tools and resources? ▪ Are housekeeping practices observed? ▪ Are there hazards that need to be addressed?
Psychosocial	<ul style="list-style-type: none"> ▪ Are workers consulted on matters that will affect their health and safety in the workplace? ▪ Are workers given tasks appropriate to their skill level? ▪ Do workers receive sufficient training? ▪ Do workers have access to employee assistance programs? ▪ Does the workplace actively promote policies against discrimination, harassment and bullying? ▪ Are policies and procedures consistently and fairly implemented?

These considerations are within the control of the management of the organisation. However, as a worker, you have a say in the kind of workplace environment you need. Organisations need input from their workers in order to identify problems in workplace systems.

As a worker, you are the most aware of about what you need to perform your role effectively. To maintain an adequate workplace environment, coordinate closely with your organisation. You may meet with your colleagues to identify areas for improvement. Together, you can bring concerns up to your supervisors.

Seeking Training on Workplace Systems

Every now and then, your workplace may introduce new systems. This may be in the form of:

- new policies and procedures
- changes in the work environment
- changes in processes and equipment.

For example, your workplace may provide mechanical aids for tasks that previously required manual effort. Whenever new workplace systems are introduced, you must seek proper training on these systems. This will help you stay updated with the safe work practices involved in the new systems.

5.1.2 Workplace Equipment



Your work role will require you to use different types of equipment regularly. For example, you may need to operate assistive devices that help clients in moving around. You may also need to use different equipment to track the health of your clients. It is important to maintain your knowledge of practices involving workplace equipment.

You must always familiarise yourself with the latest equipment used in client care. This will include knowing how to do the following:

- **Operate equipment safely**

When providing new equipment, your organisation must also provide you with instructions on using the equipment. When you are not provided with adequate instructions, you may risk injuring yourself or others while using the equipment. For example, say your organisation provides hoists to help care workers lift clients. If you do not know how to operate these hoists, you may risk injuring your clients. As such, you must be updated on the proper procedures for operating client hoists.

- **Maintain equipment so that they can be used safely**

Maintenance checks need to be performed on a regular basis. Equipment malfunction may cause injuries to yourself and your clients. When performing maintenance checks, keep the following in mind:

- Is the equipment working as it should?
- Are there any damages to the equipment?
- Are faulty equipment or machines tagged appropriately (i.e. marked as 'not for use' or 'maintenance in progress')?
- Is there enough space around the equipment?

Maintaining currency of safe work practices in relation to workplace equipment will involve the following:

Undergoing training on how to operate and maintain new equipment

Seeking supervision in operating new equipment

Accessing online and print resources about best practices related to new equipment

5.1.3 Workplace Processes

Workplace processes refer to how your organisation operates. These include processes for:



Workplace processes may be regularly updated to reflect current and best practices in client care.

Performing Client Care Tasks

Participating in safety meetings is a good way for you to refresh your knowledge on performing tasks. Other topics that may be discussed in safety meetings are:

- responses to incidents or injuries
- actions are taken to address hazards and risks.

You will also be kept updated on health and safety issues present in your workplace by attending these meetings. You can also ask your supervisor to observe you as you perform your tasks. This way, you can immediately get feedback and take steps to improve your performance.

Risk Management

Risk management is the process of identifying hazards and risks and taking measures to remove or minimise them. The processes within risk management are:

- hazard identification
- risk assessment
- risk control
- review of effectiveness of control measures.

Hazards can be observed in:

the physical work environment

the equipment and materials used

the performance of work tasks

work design and management.

Regular assessments of the workplace should be observed so that:

- existing hazards can be immediately addressed
- potential hazards can be proactively dealt with.

Of course, if you observe a hazard outside of the scheduled assessment, there is no need to wait for the scheduled time. Immediately inform your supervisor or another designated person. Remember to follow your workplace's policy for reporting hazards.

Emergency Preparedness

Your organisation should have its own emergency plan that all workers should be familiar with. Your organisation should also provide training in the form of:

- regular fire and earthquake drills
- first aid seminars
- demonstration of an emergency shutdown of equipment.



Checkpoint! Let's Review

1. Safe work practices may relate to workplace systems, equipment and processes. These practices must be regularly updated to follow legislation and standards.
2. Maintaining currency of safe work practices will ensure that:
 - you remain compliant in your own practice
 - your organisation remains compliant with WHS laws
 - your clients receive the best care provisions.

5.2 Reflect on Own Levels of Stress and Fatigue



Stress and fatigue are known as psychosocial hazards, or hazards that may cause psychological or physical harm. Health covers both psychological and physical aspects of your wellbeing. Taking care of your mental and emotional state is just as important as ensuring your physical safety.

Stress

Stress is a state where you experience emotional or physical tension. At work, you may experience stress when the demands of your work role exceed your capabilities as a worker.

Safe Work Australia identifies the following hazards that can lead to stress in the workplace:

- level of job demand
 - unreasonable deadlines
 - excessive workload
 - highly repetitive tasks
- poor support
 - workers do not have enough information or training to do their job
 - workers do not have access to employee assistance programs
- poor workplace relationships
 - discrimination
 - harassment
 - bullying

- poor role clarity
 - poorly defined work roles
 - conflicting job expectations
- poor organisational change management
 - changes to the organisation are poorly managed
 - changes to the organisation are not communicated to workers
- poor organisational justice (how a worker judges their organisation's behaviour in terms of fairness)
 - inconsistency or bias in the implementation of procedures
- poor environmental conditions
 - exposure to extreme weather conditions
 - high noise levels
- remote or isolated work
 - worker is not provided with a method of communication in case of emergencies
- violent or traumatic events
 - no access to counselling or therapy
 - lack of support from co-workers and supervisors

Based on [Preventing Psychological Injury Under Work Health and Safety Laws](#), used under CC BY 4.0. © Commonwealth of Australia.



The symptoms of stress may fall under four types: behavioural, emotional, physical and cognitive. In the table below, you will find different symptoms of stress related to each type.

Types of symptoms	Symptoms of stress
Behavioural	<ul style="list-style-type: none"> ▪ Problems in relationships ▪ Increased nicotine, alcohol or caffeine use ▪ Reduced engagement with enjoyable activities ▪ Avoidance of stressful situations that need to be dealt with
Emotional	<ul style="list-style-type: none"> ▪ Tension ▪ Anxiety ▪ Irritability ▪ Lack of enthusiasm
Physical	<ul style="list-style-type: none"> ▪ Headaches ▪ Difficulty sleeping ▪ Increased heart rate ▪ Nausea and fatigue ▪ Muscle aches and pains ▪ Increased sweating ▪ Constipation or diarrhea ▪ Changes in appetite
Cognitive	<ul style="list-style-type: none"> ▪ Negative thoughts/worrying ▪ Loss of concentration ▪ Forgetfulness ▪ Difficulty making decisions ▪ Bad dreams

Based on *Recognising and Managing Stress*. WayAhead

Note that some level of stress is necessary to function and can even serve as motivation. However, ongoing or too much stress can result in poor physical and psychological health.

Fatigue

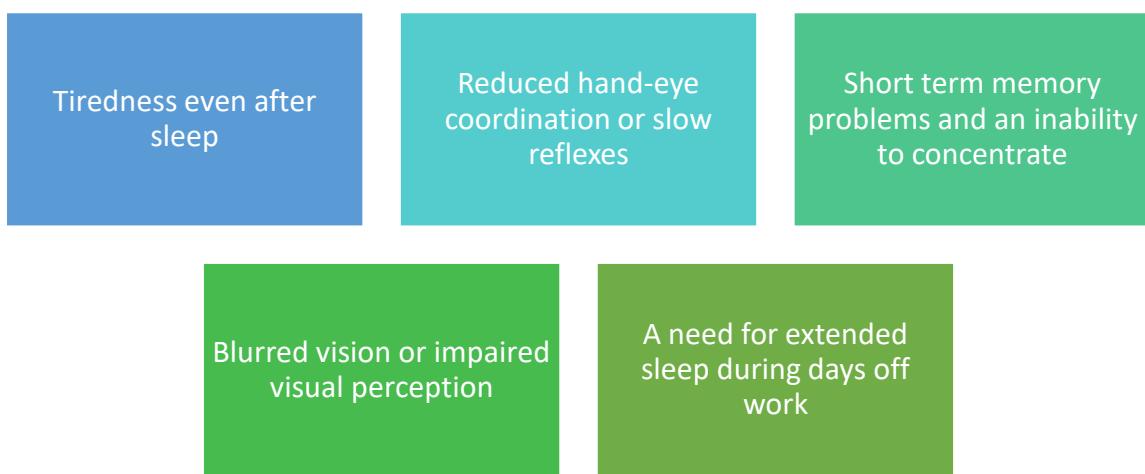
Fatigue is a physical state characterised by a lack of energy. When you are fatigued, it affects the way you work. It may slow down your pace of work or cause you to lose focus altogether.

Causes of fatigue include:

- prolonged or intense mental or physical activity
- sleep loss and/or disruption of your internal body clock
- organisational change
- travel
- exceptionally hot or cold working environments
- work scheduling
- excessively long shifts
- not enough time to recover between shifts
- strenuous jobs
- long commuting times.

Sourced from [Fatigue](#), used under CC BY 4.0. © Commonwealth of Australia.

Signs of fatigue include:



Sourced from [Fatigue management - a worker's guide](#), used under CC BY 4.0. © Commonwealth of Australia.

Reflecting on Levels of Stress and Fatigue

You can adapt the risk management process and use it as a self-reflection tool to identify and assess your emotional and mental wellbeing. The table below shows steps you can take when reflecting on your levels of stress and fatigue. For each step, guide questions are provided to help in your reflection.

Steps	Guide questions
Identification	<ul style="list-style-type: none"> ▪ What is causing you stress? ▪ What is causing you fatigue?
Assessment	<ul style="list-style-type: none"> ▪ What signs of stress and/or fatigue are you feeling? ▪ How are stress and/or fatigue affecting the quality of your work? ▪ How are stress and/or fatigue affecting your life outside of work?
Control	<ul style="list-style-type: none"> ▪ How can you address the factors causing stress and/or fatigue? ▪ How can your co-workers or supervisors help you manage stress and/or fatigue? ▪ What external options do you need? (e.g. counselling, therapy or medical advice) ▪ Do you need a break from work in order to reduce stress and fatigue?
Review	<ul style="list-style-type: none"> ▪ Are you taking the steps to address stress and/or fatigue effectively? ▪ What should be changed in your approach to stress and fatigue?

Procedure for Reporting Psychosocial Health

You have the following obligations under the WHS Act:

- take reasonable care of your own health and safety
- take reasonable care that your actions or omissions do not affect the health and safety of other persons

On the other hand, your organisation has a duty of care or obligation to ensure the health and safety of workers. If you are concerned about your psychosocial health, you must inform your supervisor. This is important when the quality of your life and work are already being affected. Your organisation is responsible for maintaining high-quality psychosocial health of workers.

After reflecting on your stress and fatigue levels, you must report your reflection to designated persons. Since your health condition affects your work performance, you must report any problems caused by stress and fatigue. The designated person may be your supervisor or a human resources (HR) officer in your organisation. In the table below, you can see the responsibilities of these designated persons in helping you address stress and fatigue.

Designated persons	Responsibilities
Supervisor	<ul style="list-style-type: none"> ▪ Assigning work tasks and managing workloads ▪ Monitoring your progress and issues in accomplishing work tasks ▪ Maintaining your health and welfare while at the workplace ▪ Providing resources that will help you minimise stress and fatigue at work
Human resources officer	<ul style="list-style-type: none"> ▪ Monitoring each employee's work performance ▪ Reporting on aspects that positively and negatively affect work performance ▪ Providing programs and initiatives to promote employee welfare, health and safety ▪ Recommending and organising counselling or psychological support for employees ▪ Reviewing work conditions that may affect the stress and fatigue levels of employees

Your supervisor can help you address concerns related to your work responsibilities. An HR officer can manage your overall concerns regarding your workplace or organisation. This may include:

- how you relate to other employees
- how you are affected by certain workplace processes.

You must follow workplace procedures when reporting about your stress and fatigue levels. It is important to let your organisation know about your stress and fatigue levels. However, there are proper procedures to follow in doing so. If you informally discuss your concerns with your colleagues, your organisation will not be aware of your problems. There will also be no actions taken to help you address your stress and fatigue levels. Following workplace procedures for reporting will ensure that:

designated persons fully understand your concerns

your concerns are given due attention

your concerns are properly recorded and documented

designated persons can help you come up with solutions to address your concerns.

Workplace procedures for reporting stress and fatigue levels may provide guidance on:

- who to talk to about stress and fatigue and how to approach them
- what to discuss during meetings and consultations about stress and fatigue
- what information to provide to designated persons about your stress and fatigue levels
- how to document reports regarding your stress and fatigue levels.

You may follow these steps in reporting about your stress and fatigue levels:

1. Schedule a meeting with the designated person.

You will be sharing work experiences that may have resulted in increased stress and fatigue levels. You must have the full attention of your supervisor or the HR officer during this discussion. An adequately scheduled meeting will allow you to focus on discussing your current health condition.

2. Talk about your own reflection.

When you reflect on your stress and fatigue, remember that you conducted a risk assessment for yourself. You can share your reflection with the designated person so that they can better understand your problem. You can tell them about what parts of work are causing you the most stress and fatigue. Identifying these problem areas will help you come up with solutions together. They can help you develop an action plan on how you can reduce your stress and fatigue levels.

3. Seek the designated person's advice.

The goal of meeting with the designated person is to help you lessen work-related stress and fatigue. It is important to discuss your problem in detail so that they can provide you with sound advice. After discussing your sentiments, ask them about what you and the organisation can do to lessen your stress and fatigue. For example, your supervisor can give you advice on how to tackle work tasks so that you do not easily burn out. You can also agree on how your work tasks can be modified to lessen your stress and fatigue levels. On the other hand, a HR officer can recommend programs to help you address stress and fatigue levels. For example, they can recommend options for counselling or psychological support.

When you experience high stress and fatigue, it is important to let these designated persons know about it. If no action is taken, you may risk long term health effects. From the organisation's point of view, it is also in their best interest to ensure that workers are healthy. Stressed and fatigued workers will tend to be less productive and may make more mistakes on the job. Everyone in the organisation must work together to ensure a healthy working environment.



Checkpoint! Let's Review



1. Stress is a state where you experience emotional or physical tension. Fatigue is a physical state characterised by a lack of energy.
2. You can address issues of stress and fatigue by using the risk management process as a self-reflection tool to assess your wellbeing.

5.3 Participate in Workplace Debriefing to Address Individual Needs

Workplace debriefing involves supporting employees who experience critical incidents at work. This is necessary in client care since you may undergo traumatic experiences such as critical injuries or, in the worst case, the death of a client. Workplace debriefing aims to:

- help employees share and reflect on their thoughts and emotions
- guide employees in recovering from the incident.

Workplace debriefing will help you resolve any needs and issues that may arise from incidents. This is also the opportunity for you to receive the support that you need so that your future work endeavours are not sacrificed.

Take note that debriefing is a voluntary activity. It aims to provide support for employees with specific needs following incidents in the workplace. It is an opportunity for workers to discuss incidents. Debriefing can help workers, and the organisation identify possible problems resulting from incidents.

Debriefing activities may possibly include sharing of sensitive information. It will also involve identifying key needs of workers in relation to certain work incidents. For these reasons, debriefings must be conducted by trained personnel. The following personnel may conduct debriefings:



To participate in a workplace debriefing, you must first express your need for the debriefing. After critical incidents, your organisation may organise debriefing sessions for workers involved. If you are involved in an incident, you may sign up for the debriefing. Alternatively, you may also discuss your need for debriefing with your supervisor. This applies to cases wherein the organisation does not schedule a debriefing following an incident. Approach your supervisor and talk about scheduling a debriefing. Explain to them why you need a debriefing. For example, you may need to talk about how a recent incident affected your work performance. You may also need to review your workplace practices and assess how you could have handled the incident differently.

After setting a schedule, you must attend the debriefing and participate in discussions. Workplace debriefings are incident specific. It follows from a critical incident experienced by workers in the workplace. During the debriefing, you may discuss:

the manner and sequence in which events took place

people affected by the incident

factors that caused the incident

consequences of the incident

individual experience of people involved

how each person felt about the incident

action plans on how to support the people affected by the incident.

Action plans are very important. There must be a resolution on how to support workers following an incident. Otherwise, workers may not be mentally prepared to return to work. The incident may continue to negatively affect their work performance.

It is also important to note that issues may not always be resolved after one debriefing session. In most cases, follow-up support is required to check in on workers. For example, workers may experience additional psychological responses. Some of these responses may not have been apparent during the first debriefing. Support after incidents may come in the form of:

- additional counselling
- review of practices and resources
- training and development activities
- additional supervision and guidance.



Multimedia

The Crisis and Trauma Resource Institute (CTRI) provided a recorded demonstration of an incident debriefing. Learn more about how debriefing is conducted by watching the video below.

[Critical Incident Group Debriefing: Example of Structure and Process](#)



Checkpoint! Let's Review

1. Workplace debriefing involves supporting employees who experience critical incidents at work.
2. After workplace debriefing, it is important to come up with action plans on how to support workers affected by the incident. This will ensure that the incident does not negatively impact their work performance.



Learning Activity for Chapter 5

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

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