



Policy & Procedure Manual

SECTION 4 WORK HEALTH AND SAFETY

Work Health and Safety Policy

Purpose

The purpose of this policy is to provide guidelines as far as reasonably practicable to establish the process for reporting, investigating and applying appropriate control measures when an accident, incident or near miss occurs. The aim is to provide safe systems of work along with a safe working environment for all Minto Community Services worksites.

This policy applies to all Minto Community Services staff, Board of Directors, visitors, contractors, volunteers and clients. Minto Community Services has a responsibility to ensure a safe and healthy workplace is provided for staff, Board members, volunteers, students, visitors and clients. These WHS policies are effective in guiding worker's compensation, return to work (RTW), rehabilitation, preventing and dealing with workplace bullying, manual handling, slips, trips and falls, travel and vehicle usage, security and visitor safety.

Minto Community Services is committed to minimising staff harm and injury, and minimising lost work time and compensation costs and commits to establishing a formal process to report and investigate all workplace accidents/incidents and near miss occurrences involving all participants, clients, staff and visitors. The process includes identifying contributing factors of the accident/incident or near miss and making the necessary recommendations to prevent a recurrence. In the event that there is any doubt about the safety of workers or if workers appear to be at risk, a risk assessment must be carried out prior to commencement of work and a risk management plan developed to manage the risk.

Scope

This policy applies to all Minto Community Services employees, contractors and volunteers.

Policy Statement

Minto Community Services is committed to providing a safe workplace for all staff, volunteers, contractors, clients and visitors. Minto Community Services will take every reasonable steps to ensure that Management and staff are exercising and demonstrating due diligence including but not limited to acquire up-to-date knowledge of the WHS Act, regulations and codes of practice. Minto Community Services has a duty of care to its clients and to its workers. Minto Community Services will endeavour to meet their duty of care to their clients while maintaining their obligation to protect the health and safety of workers.

Minto Community Services Staff, volunteers and students on placement have a duty to take the care of which they are capable for their clients and their own health and safety, and for others affected by their actions at work. This includes the duty to immediately inform their Operations Manager should they become aware of any workplace risks or hazards that are not addressed in Work, Health and Safety Policy.

1. Work Health and Safety Definitions and Concepts

An accident is an unplanned and uncontrolled incident in which the action or reaction of an object, substance, person or radiation results in personal injury or illness or the probability thereof.

Due diligence requires an employer to take every precaution reasonable in the circumstances to protect the health, safety and welfare of all who work in, are contracted to and visit Minto Community Services .

Duty of care is a broad ranging legal principle. It simply means that one must take reasonable steps to ensure one's actions (or failure to act) do not knowingly cause harm to another individual.

In such cases, the courts look to:

- The nature of the relationship between the parties;
- Whether the incident resulting in harm was reasonably foreseeable; and
- The proximity or causal connection between one person's conduct and the other person's injury.

An emergency is an unplanned or imminent event that affects or threatens the health, safety or welfare of people, property and infrastructure, and which requires a significant and coordinated response. The defining characteristic of an emergency event or situation is that usual resources are overwhelmed or have the potential to be overwhelmed. Emergencies may be a specific event with a clear beginning, end and recovery process, or a situation that develops over time and where the implications are gradual rather than immediate.

First aid is the difference you can make to assist someone who has become ill or injured before emergency help arrives. First aid is the immediate, initial attention given to a person suffering an injury or illness. The purpose of first aid is to prevent the illness or injury from getting worse, to preserve life, stabilise the person's condition, promotes recovery, protection and comfort of the person. First aiders are any people providing first aid.

A first aid injury (FAI) is an injury that requires a single first aid treatment and a follow-up visit for subsequent observation involving only minor injuries (minor scratches, burns, cuts and so forth) which do not ordinarily require medical care, and for which the person would typically return immediately to their normal activities. Such treatment and observation is considered first aid even if it is administered by a physician or registered medical professional. (Definition Source <https://zenenergygroup.com.au/first-aid-and-medical-treatment-injuries-how-do-they-differ/>)

Hazard means a situation or thing that has the potential to harm a person. Hazards at work may include (but are not limited to):

- electrical hazards
- lifting heavy weights
- a repetitive job
- bullying
- violence

- infectious diseases
- working with people effected by trauma
- a poorly designed workplace or work tools
- inadequate management systems (for example, poor supervision and support, inadequate procedures for performing tasks safely)
- other physical or chemical induced injuries

Health and Safety Representative (HSR) are employees elected or selected for the role, who represent the health and safety interests of employees within their designated work group in an organisation. HSRs play an important role in developing and maintaining a partnership between employers and employees on work health and safety issues.

An Incident is any work related accident or event in which an injury or ill health –regardless of its severity has occurred, and includes:

- occupational illnesses
- injuries (minor or major)
- psychological, primary and secondary injury
- sexual assault or carnal abuse
- serious equipment plant or property damage
- dangerous occurrences which could have, but did not, injure any person
- exposure to hazardous substances or circumstances
- minor injuries
- any other serious incident that could put people or property at risk.

Infection requires three main elements — a source of the infectious agent, a mode of transmission and a susceptible host.

- Infection control is preventing the transmission of infectious organisms and managing infections if they occur.
- Infectious agents are biological agents that cause disease or illness to their hosts.

A lost-time injury (LTI) is a work place related injury or illness that results in a fatality, permanent disability or time lost from work. It could be as little as one day or shift.

A medical treatment injury (MTI) is defined as an injury or disease that resulted in a certain level of treatment (not first aid treatment) given by a physician or other medical personnel under standing orders of a physician.

An officer is a person who makes decisions, or participates in making decisions that affect the whole, or a substantial part, of a business or undertaking and has the capacity to significantly affect the financial standing of the business. In the context of Minto Community Services, an officer includes Operations Manager, Director or other Management Staff). An officer of a PCBU must exercise due diligence to ensure that the PCBU complies with their duties under the WHS legislation.

Persons conducting a business or undertaking (PCBU) conduct a (for profit or non-profit) business or undertaking alone or with others, and employs any person to carry out work. Minto Community Services is a PCBU.

Risk is the likelihood that a harmful consequence (death, injury or illness) might result when exposed to a hazard.

Risk control means taking action to first eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimising the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard.

A worker also referred to as staff is anyone who carries out work for a PCBU, such as:

- an employee
- a contractor or sub-contractor
- an employee of a contractor or sub-contractor
- an employee of a labour hire company
- an apprentice or trainee
- a student gaining work experience
- a field worker
- a volunteer

2. Management Responsibility: Structures and Governance Arrangements

Minto Community Services recognises and acknowledges its responsibility as a 'person conducting a business or undertaking' (PCBU) under the WHS Act 2011 (NSW) and associated legislation. Minto Community Services understands that it cannot transfer its work and safety responsibilities to another person and will never assume that someone else is taking care of a health and safety matter.

The organisational structure is outline in Error! Reference source not found.

2.1. Consultation

Consultation is a legal requirement and an essential part of managing health and safety risks. A PCBU must give people the opportunity to participate and share information about work health and safety issues. Consultation under the WHS Act is required for matters including:

- (i) risk management activities;
- (ii) proposed changes that may affect the health and safety of workers;
- (iii) decision making about any work health and safety procedures and
- (iv) the adequacy of facilities for the welfare of workers.

When a PCBU shares concurrent WHS duties with another employer or business, they must consult, cooperate and coordinate with each other and any workers of the business (or other PCBU) whose health and safety is likely to be effected.

2.2. Role of Officers (Managers)

The Officers (Managers) of Minto Community Services has various roles.

- They maintain an appropriate level of understanding of their WHS obligations.
- Appropriate and effective structures and systems are in place, and remain in place, so that safety is entrenched in all business activities, and decisions are based on WHS information that is current and relevant to the Agency.
- They gain an understanding of the nature of the business undertaken by the Agency, and of the hazards and risks associated with the operations of the business.
- Managers/supervisors have specific WHS responsibilities, which should be set out in their job descriptions and performance agreements. Managers/supervisors must be provided with the skills, authority and resources to implement and maintain risk control measures effectively.
- Ensure that WHS is a standing agenda item of staff meetings and individual performance development meetings and that information is shared, as appropriate.
- Ensure WHS matters or purchases, requiring the approval of more senior managers, are escalated for consideration in a timely way.
- Provide information on WHS matters eg Prohibition and Improvement Notices (PINS) issued by WorkCover or Health and Safety Representatives, emerging issues, to senior managers in a timely way.
- Ensure WHS implications are considered as part of any decisions they make.

Note: Managers and supervisors are classified as workers under the WHS Act, and as such they must comply with any reasonable instruction by the PCBU and cooperate with any reasonable policies and procedures of the PCBU. They will also have appropriate and reasonable levels of administrative responsibility for implementing WHS processes in the workplaces for which they have responsibility.

2.3. Role of Workers

The workers of Minto Community Services has various responsibilities.

- Reporting accidents, incidents or near misses to their Officer as soon as practicable;
- Take reasonable care for their own health and safety, and reasonable care that their acts or omissions do not adversely affect the health and safety of others;
- Complying with reasonable instructions that are given by the organisation in order for the organisation to comply with the Act and WHS procedure immediately;
- Assess the situation and check for danger;
- Remove person from danger if safe to do so;
- Call Emergency Services (dial 000) if required;
- Refer to First Aid Officer for appropriate application of First Aid treatment if required - relevant details to be recorded onto the First Aid Register/Injury log;
- Do not alter scene (unless necessary to reduce risk of further harm or damage);
- Report the incident to an Officer or the Operations/General Manager within 24 hours.

3. WHS training

All management, staff and workers must receive regular WHS training. In particular, those meeting the definition of Officer should keep up to date with current WHS legislation and issues that may affect their workplace.

Training for managers, supervisors and Health and Safety Representatives (HSRs) should include topics:

- their roles and responsibilities;
- legislation;
- hazards and hazard management;
- conducting audits and incident investigation
- resolution of WHS issues the role of WHS inspectors and Health and Safety Representatives (HSRs)
- roles, responsibilities and rights of workers
- injury management.

Training for workers (including volunteers) should include whatever knowledge and skills are needed for them to safely carryout their work. They should receive training:

- during induction (See an example Induction Checklist in P&P Manual)
- prior to commencing hazardous tasks they have not previously done regularly as updates.

Training should include:

- worker and management responsibilities
- Basic manual handling (See *Appendix 2: Basic Client Manual Handling Plan*)
- Hazard identification including risk assessment of individuals (see *Appendix 4: Individual Risk Assessment Form*) and assessment of clients homes for slips, trips and falls hazards (See *Appendix 5: Risk Assessment Form: Slip, Trips and Falls Prevention*)
- specific hazards e.g. manual tasks, electrical safety, hazardous substances
- use of internal systems (hazard reporting, home safety checks, risk assessments and incident reporting) See Appendices 6 and 7.
- Workers compensation and return to work.

In addition, specific training must be provided for Health and Safety Representatives (HSRs), WHS committee members, first aid officers, emergency control staff, WHS Co-ordinators and the Rehabilitation and Return-to-Work Coordinators (RRTWC). Training should

4. WHS Principles & Procedures

Management and staff must ensure so far as is reasonably practicable, that the health and safety of persons is not put at risk from work carried out as part of the conduct of the business or undertaking by:

- Ensuring all accidents/incidents and near-miss occurrences are reported to their Team Leader or Minto Community Services Senior Management within 24 hours;
- Having investigations commence immediately upon receiving the report and, where a worker is injured, involve the worker in the investigation;
- Implementing the most effective controls practicable that do not introduce other hazards;
- Monitoring and reviewing controls;
- Consulting with workers who carry out work for the business or undertaking who are, or are likely to be, directly affected by an incident;
- • Information/feedback is provided to the relevant Health & Safety Representative and/or WHS Officer or Operations Manager;
- Ensuring workers and, where applicable, contractors are provided with orientation, induction and training in safe work practices so that they understand their responsibilities and carry out their role in the management of any incident. WHS Officers must exercise due diligence to ensure that the organisation meets their responsibilities as above. Due diligence includes taking reasonable steps to:
 - Acquire and keep up-to-date knowledge of work health and safety matters including legislative requirement for reporting incidents;
 - Gain an understanding of the nature of the operations of the business or undertaking and generally of the hazards and risks associated with those operations;
 - Ensure that the organisation has appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out;
 - Ensure that the organisation has appropriate resources for the management of incidents;
 - Ensure that the organisation has appropriate processes for receiving and considering information regarding incidents,
 - • Ensure that the organisation has, and implements, processes for complying with duties/obligation under the Act.

5. Notification of Incidents and Near Misses

Accident/incident investigation provides a mechanism for the recognition, evaluation and control of workplace hazards. It determines why the accident or incident occurred and identified corrective action to be taken to prevent recurrences.

5.1. Notifiable Incident

A "notifiable incident" under the work health and safety legislation relates to:

- the death of a person
- a serious injury or illness of a person
- a potentially dangerous incident

If a serious injury or illness, a death or a dangerous incident occurs, the PCBU must report it to SafeWork immediately and notify their insurer within 48 hours. Significant penalties apply for failure to notify an incident.

If notifiable (or unsure) contact General Manager immediately after becoming aware of the incident. A record of each notifiable incident must also be kept. Information required will be:

-

- Name and address of the person giving notice –
- Date and time of the event
- The place where the incident happened
- The cause of the incident (if apparent)
- The nature and extent of the damage
- The work that was being carried out at the time of the incident
- Name and contact details of any injured/affected parties
- Contact SafeWork NSW and the Police (where applicable)
- The person with management or control of the workplace must ensure, so far as reasonably practicable, that the site where the incident occurred is not disturbed until either a SafeWork NSW inspector or Minto Community Services Senior Management informs you that the area is no longer required to be preserved. **Note:** If the incident **IS** Notifiable and are unsuccessful in contacting Minto Community Services Senior Management (in the first instance) within the required time, contact SafeWork NSW and/or the Police direct.
- You must notify your insurer within 48 hours of becoming aware a worker has received a workplace injury if workers compensation is payable or may be payable (such as for time lost and/or medical expenses). You may avoid paying a claims excess if there is an injury by notifying your insurer within 48 hours.
- A register of injuries to record workplace injuries or illnesses sustained by workers must be kept by Minto Community Services regardless of whether there has been a claim. There are penalties for failing to keep a register of injuries.
- The register of injuries may be kept in writing or be electronic (like on a computer) and must include:
 - Name of injured or otherwise affected worker
 - The worker's address
 - The worker's age at the time of the injury
 - The worker's occupation at the time of the injury
 - Date and time of the event
 - The industry in which the worker was employed at the time of the injury
 - The nature of the injury
 - The place where the injury happened
 - The cause of the injury

An Injured Worker Information Sheet is included at *Return to Work Information for Injured Workers*. Further details on how to submit a claim to SafeWork can be found on their website <http://www.safework.nsw.gov.au/health-and-safety/Report-an-incident-or-injury/notifying-us>.

5.1.1. Notification of exposure to blood or body substances

The PCBU is required to notify SafeWork NSW by calling 131050 when a worker has received any of the following types of medical treatment within 48 hours of an exposure incident involving contact with blood or body substances (include any human secretion other than blood or sweat):

- 1) A worker who has been exposed to blood or body substances and
 - 1.1. has never been vaccinated against hepatitis B, or
 - 1.2. is a non-responder to previous hepatitis B vaccination courses and, following the exposure incident, requires a
 - hepatitis B vaccination and
 - hepatitis B immunoglobulin
- 2) A worker requires post-exposure prophylaxis (a medicine or device intended to prevent disease) against HIV infection.
- 3) An infection occurs as a result of the exposure, such as:
 - hepatitis B
 - hepatitis C
 - HIV

5.2. Near Miss Reporting

While it is not required by the legislation, all employers and workers are encouraged to report and record 'near misses'.^[11] A near miss should be considered as a warning sign and may indicate a potential problem that could result in serious injury. Immediately complete pages an incident report - if multiple people injured, report to General Manager immediately and in writing

The General Manager will assign investigator/s immediately after an incident report is submitted (within 24hours of the incident).

5.3. Injury Management

Minto Community Services will ensure injury management is integrated into human resources and other policies across the organisation. For more information on how to notify an injury refer to Section 5.1 Notifiable Incident and see *Incident and Injury Report Form*.

6. Workers Compensation

Minto Community Services' workers compensation insurance policy accurately reflects the nature of its business, the number of workers and total wages. Minto Community Services will provide the name and contact details of its workers compensation insurer to employees. The Operations Manager will ensure that the workers compensation insurer is contacted within 48hrs of an employee injury and will follow all relevant processes relating to the

management of a worker's compensation claim (see *Return to Work Information for Injured Workers*).

7. Monitoring and Review of the WHS Policy

This implementation and compliance with this policy will be monitored in keeping with legislation and as outline in *WH&S Planning Procedure*. Specific monitoring activities undertaken will include:

- Review of WHS Policy by the Operations Manager (or authorised delegate) every two years at a minimum, or earlier in the event that a policy review is triggered.
- Responsibility for emergency procedure management by the identified officers
- WHS is a standard agenda item at Board and staff meetings
- Quarterly WHS premises inspection by delegated staff members.

8. Related Minto Community Services Standards, Policies and Procedures

Standard 6- Service Delivery Policy

Human Resources Management Policy

Vehicle Safety Policy and Procedure

Risk Management Policy

Home Visit Policy

Prevention of Violence in the Workplace Policy

9. Legislation, Other References and Resources

1. Work Health and Safety Act 2011
<https://www.legislation.nsw.gov.au/#/view/act/2011/10>
2. Work Health and Safety Regulations 2017
<https://www.legislation.nsw.gov.au/#/view/regulation/2017/404>
3. Workers Compensation Act 1987 No 70
<https://www.legislation.nsw.gov.au/#/view/act/1987/70/full>
4. Workers Compensation Regulation 2016
<https://www.legislation.nsw.gov.au/#/view/regulation/2016/559/full>
5. Workplace Injury Management and Workers Compensation Act 1998 (NSW)
6. Safe Work Australia, 2011. *Code of Practice: Managing the work environment and facilities*.
http://www.safework.nsw.gov.au/_data/assets/pdf_file/0016/50074/managing-work-environment-facilities-code-of-practice-3567.pdf Accessed 7th November, 2017.
7. Safe Work Australia, 2011. *Code of Practice: How to manage work health and safety risks*
http://www.safework.nsw.gov.au/_data/assets/pdf_file/0012/50070/how-manage-work-health-safety-risks-code-of-practice-3565.pdf Accessed 7th November, 2017.

8. Safe Work Australia, 2011. *Code of Practice: Work health and safety consultation, co-operation and coordination*.
http://www.safework.nsw.gov.au/_data/assets/pdf_file/0013/50071/whs-consultation-cooperation-coordination-code-of-practice-3568.pdf Accessed 7th November, 2017.
9. MHCC (2010) *Working Safe Toolkit: Overview*.
<http://www.mhcc.org.au/media/5901/working-safe-overview.pdf> Accessed 7th November, 2017.
10. NADA, 2010. *Occupational Health and Safety Policy*.
http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44
11. SafeWork NSW Website, 2017. *Definitions of PCBUS and workers*.
<http://www.safework.nsw.gov.au/law-and-policy/employer-and-business-obligations/definitions-of-pcbus-and-workers> Accessed 7th November, 2017.

Appendix 2: Basic Client Manual Handling Plan

Name of person completing assessment: _____

Position: _____

Date Completed: __/__/__

Date of next review: __/__/__

This plan is to be used if client is fully or partially weight-bearing and there are no complex medical conditions impacting on manual handling.

Client Name: _____ **DOB:** _____ **Date of assessment:** __/__/__

| | | | | | | | |
|------------|---------------|-------------|--|-------------------|--|---------------|--|
| Weight: | | Height: | | Vision: | | Hearing: | |
| Sensation: | | Muscle tone | | ROM: | | Balance: | |
| Speech | Understands | | | Expresses clearly | | | |
| Behaviour | Aggressive | | | Resistive | | | |
| | Concentration | | | Memory | | Confused | |
| Medical | Seizures | | | Continence | | Delicate Skin | |
| | Medications | | | History of falls | | Fatigue/pain | |

| ACTIVITY | LEVEL OF ASSISTANCE | SPECIFIC COMMENTS/SWMS |
|------------|--|------------------------|
| Feeding: | Needs full assistance | |
| | Needs help with: Cutting food, spreading butter, | |
| | Precautions to note | |
| | Independent | |
| Showering: | Needs full assistance: shower trolley, commode chair, standing at rail | |

| ACTIVITY | LEVEL OF ASSISTANCE | SPECIFIC COMMENTS/SWMS |
|-----------|---|------------------------|
| | Needs help with: reaching feet(lower legs), reaching buttocks, reaching back | |
| | Requires supervision | |
| | Precautions to note | |
| | Independent | |
| Grooming: | Needs full assistance | |
| | Needs help with: shaving, cleaning teeth, hair | |
| | Requires supervision with: shaving, cleaning teeth, hair | |
| | Precautions to note | |
| | Independent | |
| Dressing: | Needs full assistance: in chair, standing at rail, in bed | |
| | Needs help with: top half, bottom half, socks & shoes, buttons, zippers | |
| | Requires supervision with: top half, bottom half, socks & shoes, buttons, zippers | |
| | Precautions to note | |
| | Independent | |
| Toileting | Incontinent: Pads to be changed on change table with one or two people | |

| ACTIVITY | LEVEL OF ASSISTANCE | SPECIFIC COMMENTS/SWMS |
|-----------|---|------------------------|
| | | |
| | Needs assistance with: transfers, clothing adjustment, standing incontinence pad changes | |
| | Requires reminders/supervision | |
| | Precautions to note | |
| | Independent | |
| Mobility | Non-weight-bearing: electric w/chair, manual w/chair self-propelled, ,manual w/chair – non-self-propelled | |
| | Partial weight-bearing: walking frame, walking stick, one person support, leg weakness | |
| | Requires supervision | |
| | Precautions to note | |
| | Fully weight-bearing | |
| Transfers | Able to sit from lying | |
| | Able to sit on side of bed | |
| | Able to do a pivot transfer | |
| | Standing transfer – one person or rail | |
| | Standing transfer – two people | |

| ACTIVITY | LEVEL OF ASSISTANCE | SPECIFIC COMMENTS/SWMS |
|----------|---------------------------------------|------------------------|
| | | |
| | Transfer belt: one person, two people | |
| | Slide board | |
| | Ceiling or floor hoist Sling type: | |
| | Precautions to note | |
| Walking | Wheelchair only | |
| | Walking frame – no assistance | |
| | Walking frame with assistance | |
| | Walking stick | |
| | Transfer belt: one person, two people | |
| | Walking with one or two people | |
| | Walk independently up to 10 metres | |
| | Walk independently up to 100 metres | |
| | Precautions to note | |
| | Walk independently | |
| Stairs | Unable | |

| ACTIVITY | LEVEL OF ASSISTANCE | SPECIFIC COMMENTS/SWMS |
|----------|-------------------------------|------------------------|
| | Able with rail and one person | |
| | Able with rail | |
| | Limited going up, down | |
| | Precautions to note | |
| | Independent | |

Name of person completing assessment: _____

Position: _____

Date Completed: __/__/__

Date of next review: __/__/__

Checklist for the Prevention of Slips, Trips and Falls

| Possible Hazards | Yes | No | N/A |
|--|------------|-----------|------------|
| Floors | Yes | No | N/A |
| Can water be walked onto smooth floors (e.g. foyers) on rainy days? | | | |
| Are there any hard, smooth floors in wet or oily areas? | | | |
| Are there any leaks of fluids onto the floor from processes or machines? | | | |
| Is poor drainage causing pooling of fluids? | | | |
| Are there any floor surface transitions not easily noticed (any ridge that is as high as a footwear sole or higher)? | | | |
| Is there any ice or water on cold room floors? | | | |
| Is the floor slippery when wet? | | | |
| Is there poor drainage causing pooling of fluids? | | | |
| Are any anti-slip paint, coating profiles or tapes worn smooth or damaged? | | | |
| Are there any isolated low steps (commonly at doorways)? | | | |
| Are there any trip hazards due to equipment and other objects left on the floor? | | | |
| Are there any raised carpet edges or holes worn in carpets? | | | |
| Are there any tiles becoming unstuck or curling at the edges? | | | |
| Are there any holes or unevenness in the floor surface? | | | |
| Stairs and ramps | Yes | No | N/A |
| Is the lighting insufficient for ramps or steps to be seen clearly and without glare? | | | |
| Do any steps have too small a rise or tread or an excessive nosing? | | | |
| Are any step edges (nosings) slippery or hard to see? | | | |
| Are the steps uneven or are there excessive variations in step dimensions? | | | |
| Are handrails inadequate on stairs? | | | |
| Are ramps too steep, or too slippery? | | | |
| Lighting | Yes | No | N/A |

| Possible Hazards | Yes | No | N/A |
|---|------------|-----------|------------|
| Is there insufficient lighting in passageways and at flooring transitions, ramps or stairs? | | | |
| Does the lighting throw distracting shadows or produce excessive glare? | | | |
| Outdoor areas | Yes | No | N/A |
| Is there a build-up of moss or other vegetation on pathways? | | | |
| Are there any surface transitions not easily noticed (any ridge that is as high as a footwear sole or higher) ? | | | |
| Are there potholes in footpaths or walkways ? | | | |
| Housekeeping | Yes | No | N/A |
| Is there a build-up of polish on floors? | | | |
| Is there an excessive residue of detergent? | | | |
| Do employees have to walk on floors wet from washing? | | | |
| Are wet floor signs not available or not used correctly? | | | |
| Do you need to provide information / training / advice to contractors regarding cleaning procedures? | | | |
| Are paper, rubbish, dirt, spills etc. left on the floor? | | | |
| Are aisles poorly marked and cluttered? | | | |
| Are any anti-slip paint and coating profiles or tapes worn smooth or damaged? | | | |
| Are there any trip hazards due to equipment and other movable objects left lying on the ground? | | | |
| Do spills (wet or dry) occur regularly during work processes? | | | |
| Tasks | Yes | No | N/A |
| Do employees have to walk or work on greasy, oily or wet floors that are not adequately slip resistant? | | | |
| Do loads that are carried or pushed interfere with forward vision? | | | |
| Are the loads to be carried excessive or likely to upset a person's balance? | | | |
| Do heavy trolleys have to be pushed up ramps? | | | |
| Are employees hurried due to time constraints? | | | |
| Footwear | Yes | No | N/A |
| Do the employees' shoes lack grip? | | | |

| Possible Hazards | Yes | No | N/A |
|--|-----|----|-----|
| Are the tread patterns on footwear too worn? | | | |
| Are the tread patterns clogged with dirt? | | | |

If YES is selected for any of these hazards, then further action is needed. Conduct a Risk Assessment **using the Form in Appendix 5: Risk Assessment Form: Slip, Trips and Falls Prevention.**

Checklist completed by: _____ **Date:** __/__/__

Risk Assessment Needed? Yes ☐ No ☐

Risk Controls Implemented: Yes No

Checked by: _____ **Date:** __/__/__

Appendix 4: Client Risk Assessment Form

| | |
|--|------------------------------|
| Client Name: _____ | File No: _____ |
| Address: _____ _____ _____ | Phone: _____ |
| Person completing assessment: _____ | |
| Date: __/__/__ | |
| Disability: _____ | Review date: __/__/__ |

| | Yes | No | Hazards identified & actions required | Completed (date) |
|--|-----|----|---------------------------------------|------------------|
| Communication | | | | |
| Hearing OK | | | | |
| Speech OK | | | | |
| Able to write | | | | |
| English language skills | | | | |
| Cognition | | | | |
| Client willing to participate and assist in care | | | | |
| Oriented in time and place | | | | |
| Client able to accept direction and instruction | | | | |
| Short-term memory issues | | | | |
| Mobility | | | | |
| Walk unaided | | | | |
| Manages stairs unaided | | | | |
| Uses walking aid to walk | | | | |
| Uses self-propelled wheelchair | | | | |
| Uses electric wheelchair/scooter | | | | |
| Transfers independently | | | | |
| Transfers with supervision | | | | |
| Transfers with hoist | | | | |
| Personal Care assistance required | | | | |
| Bed mobility | | | | |
| Showering | | | | |
| Toileting | | | | |
| Grooming | | | | |
| Repositioning in bed | | | | |
| Repositioning in chair | | | | |
| Mouthcare | | | | |

| | | | | |
|---|---------------------------|---------------------------|--|--|
| Eating | | | | |
| Skin care | | | | |
| Manual handling | | | | |
| Worker able to adopt safe work postures | | | | |
| Are manual handling tasks risk assessed | | | | |
| Is manual handling equipment in place and used | | | | |
| Have safe work procedures been developed | | | | |
| Has training been provided to support staff for specific client handling techniques | | | | |
| Can all manual handling tasks be undertaken safely with current staff and equipment | | | | |
| Can vehicle transfers be undertaken safely if required | | | | |
| Violence risk | Present Yes/No | History Yes/No | | |
| Physical aggression to support worker | | | | |
| Verbal aggression to support worker | | | | |
| Aggression to other clients | | | | |
| Aggression with/against objects | | | | |
| Self harm | | | | |
| Substance abuse | | | | |
| Sexual abuse | | | | |
| Threats to staff in any way | | | | |
| Use of emotions to achieve goals | | | | |

NOTES: _____

(Adapted from National Disability Service)

Appendix 5: Risk Assessment Form: Slip, Trips and Falls Prevention

| HAZARD LOCATION | RISK | ASSESSMENT | CONTROL |
|--------------------|------|------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Assessment completed by: _____

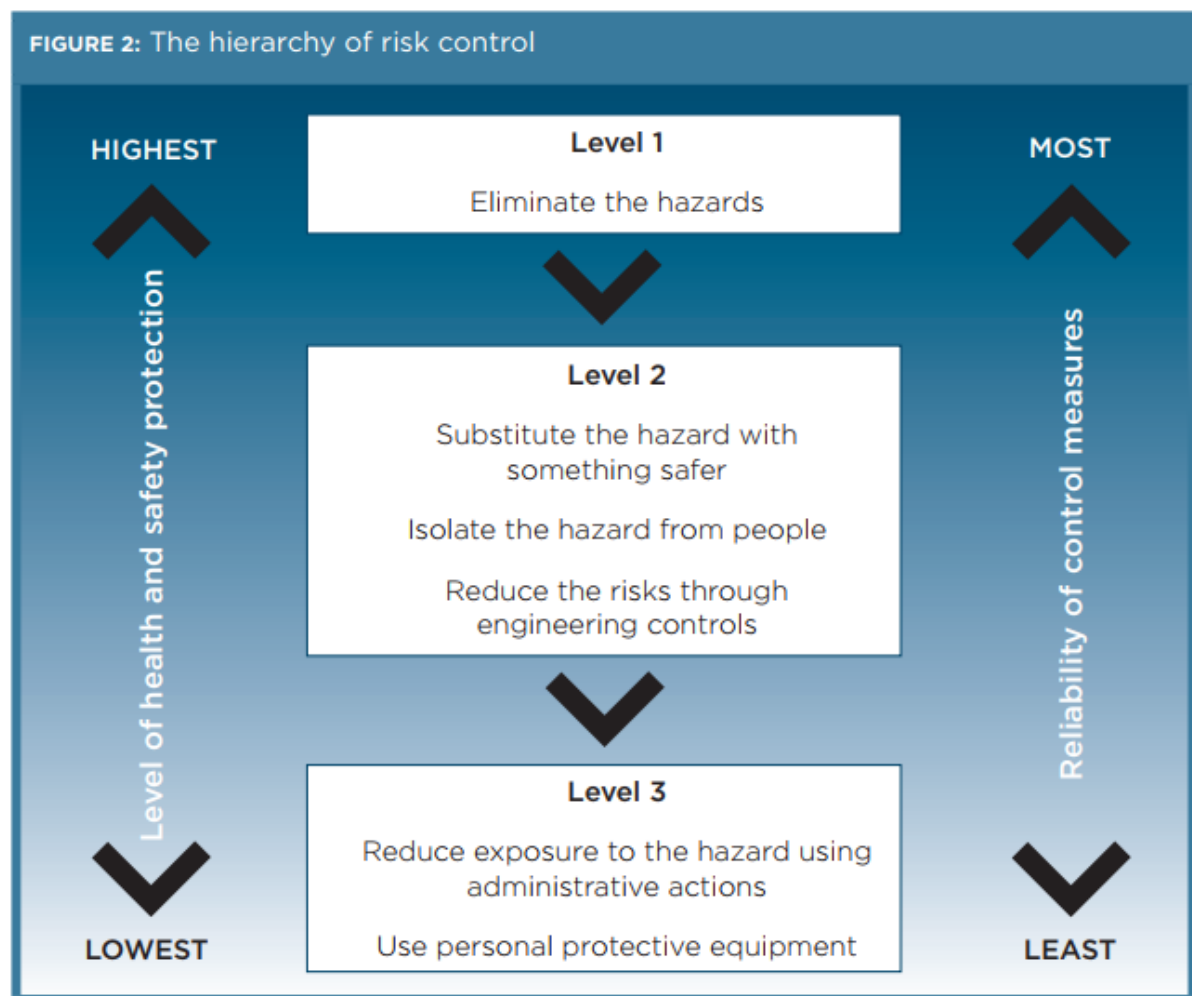
Date: __/__/__

Risk Controls Implemented: Yes ☐ No ☐

Checked by: _____

Date

Appendix 6: Hierarchy of Controls



Source: Safe Work Australia, 2011. *Code of Practice: How to manage work health and safety risks*
http://www.safework.nsw.gov.au/_data/assets/pdf_file/0012/50070/how-manage-work-health-safety-risks-code-of-practice-3565.pdf

Appendix 7: Hazard Report Form

To be completed by staff member

Name of person reporting problem: _____

Time: _____

Date: __/__/__

What is the problem? _____

Has any short-term measure been taken to resolve problem? (e.g. erect barrier etc.)
– describe: _____

What further action is required? _____

Signed: _____ Dated: __/__/__

Completed by manager

Action taken to rectify problem: _____

Action completed by: _____ Date: __/__/__

Managers Signature: _____ Date: __/__/__

Copy of form returned to person(s) raising issue: Yes ☐

Monitoring that control measure effective: Yes ☐ Date: __/__/__

Incident and Injury Report Form

To be completed for ALL incidents and for accidents where an injury has or could have occurred.

Employers are required to keep a register of injuries that is readily accessible in the workplace (Under Section 63 of the Workplace Injury Management and Workers Compensation Act 1998). The manager of any mine or quarry, or the occupier of any factory, workshop, office or shop is responsible for this register of injuries.

| | |
|--|--|
| Work Location: <input type="checkbox"/> Minto Community Services <input type="checkbox"/> In _____ the Community <input type="checkbox"/> Client Home <input type="checkbox"/> Other _____ (specify) _____ | Today's Date: _____ / _____ / _____ |
| Status of involved person: <input type="checkbox"/> Employee <input type="checkbox"/> Client / resident <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor | Outcome: <input type="checkbox"/> Hazard <input type="checkbox"/> Near Miss <input type="checkbox"/> LTI ¹ <input type="checkbox"/> MTI ² <input type="checkbox"/> First Aid ³ |
| Injured / ill worker's details | |
| Details of involved person: Surname: _____ First name: _____ DOB: _____ / _____ / _____ Home Address: _____ Phone: _____ _____ Sex: M / F Employment Status: <input type="checkbox"/> Casual <input type="checkbox"/> Permanent <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor: _____ <input type="checkbox"/> Other (specify): _____ Length of time working in current position (if applicable): <input type="checkbox"/> 0-3 months <input type="checkbox"/> 4-12 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> Over 10 years | |
| Details of witnesses (if any): Name: _____ Phone: _____ Address: _____ Name: _____ Phone: _____ Address: _____ | |
| Injury or illness details | |
| Details of incident or accident: Date: _____ / _____ / _____ Time of Injury: _____ AM / PM Activity engaged in at time of incident: _____ | |

¹ A lost-time injury (LTI) is a work place related injury or illness that results in a fatality, permanent disability or time lost from work. It could be as little as one day or shift.

² A medical treatment injury (MTI) is defined as an injury or disease that resulted in a certain level of treatment (not first aid treatment) given by a physician or other medical personnel under standing orders of a physician.

³ A first aid injury (FAI) is an injury that requires a single first aid treatment and a follow-up visit for subsequent observation involving only minor injuries (minor scratches, burns, cuts and so forth) which do not ordinarily require medical care, and for which the person would typically return immediately to their normal activities. Such treatment and observation is considered first aid even if it is administered by a physician or registered medical professional. (Definition Source <https://zenenergygroup.com.au/first-aid-and-medical-treatment-injuries-how-do-they-differ/>)

Exact location of person at time of incident: _____

Please include car registration number if reporting a Motor Vehicle Accident

Car Registration (if applicable): _____

Type and Model (if applicable): _____

Describe how and what happened (please give full details & include a diagram, if appropriate. Use a separate sheet if necessary).

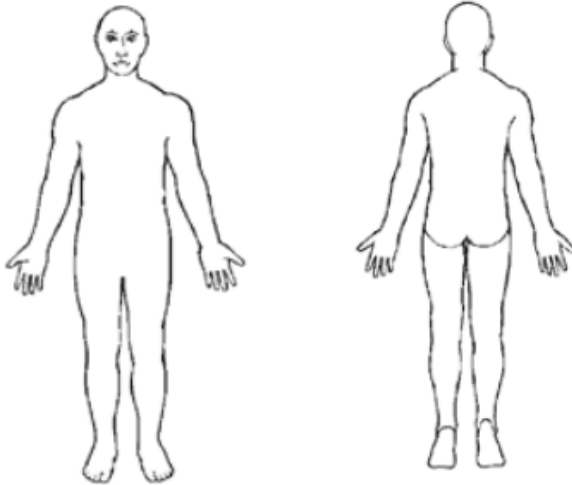
Details of injury if applicable: (supervisor may need to assist completion)

Cause of Injury:

- | | | |
|--|---|---|
| <input type="checkbox"/> Lift/bend/push/pull Object | <input type="checkbox"/> Psychological/Stress - Bullying/Harassment | <input type="checkbox"/> Surface/Material or Sun Exposure |
| <input type="checkbox"/> Lift/bend/push/pull Person | <input type="checkbox"/> Psychological/Stress - Workload/Organisation | <input type="checkbox"/> Electric Shock |
| <input type="checkbox"/> Static or Repetitive Posture or Arm Usage | <input type="checkbox"/> Hazardous Substance/ Material | <input type="checkbox"/> Hand Held Tools |
| <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Infectious Agent | <input type="checkbox"/> Contact with Animal/Insect |
| <input type="checkbox"/> Slip/Trip/Fall – Indoors | <input type="checkbox"/> Entrapment in Equipment/Machinery | <input type="checkbox"/> Vehicle Accident - Work Vehicle |
| <input type="checkbox"/> Slip/Trip/Fall – Outdoors | <input type="checkbox"/> Strike/Struck by Equipment/ Machinery | <input type="checkbox"/> Vehicle Accident - Own Vehicle |
| <input type="checkbox"/> Superficial if not cause by above | <input type="checkbox"/> Involuntary Movement of client | <input type="checkbox"/> Behaviour of client |
| <input type="checkbox"/> Other: _____ | | |

Nature of injury/illness (e.g. burn, sprain, cut etc.) _____

Location on body (please circle and specify): _____



How injury occurred (e.g. fall, grabbed by person, muscular stress): _____

What caused the injury (e.g. furniture, another person, hot water etc): _____

Treatment administered (if required): Yes ☐ No ☐

Treatment: _____

Referral required: Yes ☐ No ☐ Who/where to: _____

First aid attendant (Print Name): _____ Signature: _____

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE MANAGER
OR A SENIOR STAFF MEMBER ON DUTY**

Incident or accident investigation:

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Did the incident occur as part of the involved person's normal activities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did equipment contribute to incident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was the equipment used designed for activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was the equipment properly maintained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did the equipment fail? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was a risk assessment done prior? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Are there documented safe work procedures (SWP) for activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Were these SWP followed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was appropriate PPE used? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was the involved person trained in this activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did a known behaviour problem contribute? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was there a known behaviour management plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Was it followed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did poor housekeeping contribute? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Did the work environment contribute? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

After reviewing the above prompts and through interview/site visits what is the identified cause(s):

Remedial actions recommended:

- | | | |
|---|--|---|
| <input type="checkbox"/> Conduct task analysis design/construction/ | <input type="checkbox"/> Re-instruct persons involved | <input type="checkbox"/> Improve Guarding |
| <input type="checkbox"/> Conduct hazard systems audit | <input type="checkbox"/> Improve skills mix | <input type="checkbox"/> Add to inspection program |
| <input type="checkbox"/> Develop/review task procedures | <input type="checkbox"/> Provide debriefing and/or counselling | <input type="checkbox"/> Improve communication/reporting procedures |
| <input type="checkbox"/> Improve work environment | <input type="checkbox"/> Request maintenance | <input type="checkbox"/> Improve security |
| <input type="checkbox"/> Review OHS policy/programs | <input type="checkbox"/> Improve personal protection | <input type="checkbox"/> Temporarily relocate employees involved |
| <input type="checkbox"/> Replace equipment/tools | <input type="checkbox"/> Improve work congestion/Housekeeping | <input type="checkbox"/> Falls Prevention Assessment |
| <input type="checkbox"/> Improve work organisation | <input type="checkbox"/> Investigate safer alternatives | <input type="checkbox"/> Request MSDS |
| <input type="checkbox"/> Develop and/or provide training | <input type="checkbox"/> Other (specify) | |

What, in your own words, has been implemented or planned to prevent recurrence:

Remedial actions completed: _____

Supervisor Name: _____ **Signature:** _____

Date: ____ / ____ / ____

Did the injured person stop work: ☐ Yes ☐ No

If yes, state date: ____ / ____ / ____ Time: ____ AM / PM

Outcome (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Treated by Doctor | <input type="checkbox"/> Lodged workers comp claim | <input type="checkbox"/> Contacted by RTW Coord |
| <input type="checkbox"/> WorkCover notified | <input type="checkbox"/> Insurer notified | <input type="checkbox"/> Returned to normal duties |
| <input type="checkbox"/> Returned to modified duties | <input type="checkbox"/> Hospitalised | <input type="checkbox"/> OHS Committee/ reps advised |

Manager's review Comments:

Signed: _____ **Date:** ____ / ____ / ____

Information in relation to Work Health and Safety Laws

Under the Work Health and Safety (WHS) laws, you may not be required under workers compensation laws to record injuries in your register of injuries for workers other than employees (for

example contractors). However it is good practice to do so. If you wish to include details of all injuries in the one place you should add space in the template to indicate whether or not the person is an employee for workers compensation purposes.

Additional resources

Please refer to the [Workers Compensation Regulation 2016](http://www.legislation.nsw.gov.au) (www.legislation.nsw.gov.au) for more detailed information.

Further Information

Contact SafeWork NSW Customer Service on **13 10 50** or visit safework.nsw.gov.au.

This information sheet has been prepared using the latest information available to SafeWork NSW.

Return to Work Information for Injured Workers

INJURED WORKER INFORMATION SHEET

There are a number of people involved in helping you return to work after your injury in the workplace. These include your employer and the doctor/s treating you. It is important that you report your injury immediately or as soon as possible. Don't wait until the next day hoping that it will get better in the meantime.

Your employer may have an arrangement with a doctor/group of doctors who specialise in managing work-related injuries and who will see you immediately to arrange a treatment plan. Your supervisor will assist in arranging transport to the doctor in the safest manner. If you have a regular doctor, you may wish to have them treat you when you have experienced a workplace injury.

Injury management will assist you to return to work as soon as possible. You should be actively involved with decisions regarding your return-to-work program. Your supervisor, or the rehabilitation and return-to-work coordinator, may give you a copy of the Job Dictionary related to your position and a list of duties that you would normally undertake. This will enable your doctor to choose duties that will not increase your injury, and these will be recorded on your medical certificate. Your employer can then develop a return-to-work-strategy – in consultation with you, your supervisor and the rehabilitation and return-to-work coordinator – that can be implemented in stages to safely get you back to work.

It is important for you to keep in touch with your employer, the rehabilitation and return-to-work coordinator, your doctor and other treatment providers. You must submit medical certificates to your employer as soon as possible (within 24 hours of receipt) to help keep your employer informed of your medical condition and level of fitness for work.

Once your treating doctor finds that you are partially fit to return to work in some capacity, a written return-to-work program will be established and your input is encouraged. Your input is important particularly when:

- your employer is developing alternate or different duties that are meaningful to both you and your employer
- your existing duties have been modified
- different equipment have been obtained to help you undertake these duties.

The return-to-work program should include:

- your doctor's name and your name
- a description of the goal of the return-to-work program
- the actions to be taken and who is to take them.

All parties will sign the plan to indicate agreement with the strategies documented. Any changes to your return-to-work program as a result of advice from your treating doctor must be made with your agreement and in writing. Your employer must give you and the treating doctor a copy of the changed program.

The Case Manager at Employers Mutual Limited (the claims agent) or the rehabilitation and return-to-work coordinator may recommend using a vocational rehabilitation service to help you return to work sooner.

WH&S Planning Procedure

Every Quarter

- The WH&S Workgroup/Committee will hold meeting once
- Heads of Department will conduct/organise risk assessments for all new clients, equipment as needed.
- WH&S Workgroup/Committee will review risk assessments, incident reports, hazards register, first aid register
- First Aid Kits checked and restocked as appropriate
- Personal Protective Equipment will be checked and replaced as appropriate
- WH&S training will be conducted as appropriate

Every Year

- WH&S Workgroup/Committee will develop annual plan (for following year) including job and workplace redesign, inspection schedule, WH&S training schedule etc.
- Property / Maintenance will develop preventative maintenance schedule for equipment, buildings and grounds
- Training needs will be reviewed
- WH&S laws, latest information and technical innovations will be reviewed and updated in WH&S Folders
- Annual report of risk assessments, incident reports, hazards register, first aid register will be prepared and reviewed by the CEO and Board.
- Budgeting for WH&S will be undertaken
- Open Workers Compensation claims will be reviewed prior to policy renewal.
- At least one emergency and lockdown procedures drills will be conducted and debriefed

Every Two Years

- Consultation strategy will be reviewed with workers
- WH&S Committee/Rep elections will be held if relevant
- WH&S Policy and associated Procedures and Forms will be reviewed
- Independent audit of WHS Management System will be undertaken (as necessary)

Ad hoc

- Induction training will be provided to new workers
- Procedures will be reviewed and amended as appropriate, in the event of an incident
- Incidents will be investigated
- Hazard reports will be received and hazards corrected and/or feedback provided
- Plant and equipment, buildings, grounds, personal protective equipment will be fixed or replaced as appropriate on report of faults/breakages
- RTW plans will be reviewed on an ongoing basis by RTW coordinator

| Schedule for Revision of Policy: WHS | | | | |
|--------------------------------------|---------|---------------------|-------------|--|
| Date Adopted by Board | Outcome | Author | Next Review | Comments |
| Jan 2020 | adopted | Dr Stephanie Lartey | 2022 | This policy is scheduled for review in 2020 or sooner if there are any significant changes to WHS Laws and Regulations or any significant changes in the organisational structure of Minto Community Services. |
| | | | | |