P002 – Risk and Workplace Health and Safety

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| Version | Approved: | Comments | Next review date |
| 1.0 | [date] |  | 01/09/2017 |
| 1.11.2 | 14/5/1801/05/19 | Implemented changes to drug and alcohol and smoking section as recommended by Workplace Assured.Update re NDIS standards | 01/05/2021 |

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| Applies to: |
| All staff |

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# PURPOSE

First Call’s commitment to the health, safety and welfare of employees, care recipients and community members is of the highest importance and is a primary focus of its operations. First Call recognises its responsibility to ensure the health, safety and wellbeing of all employees and others who visit its workplace.

This policy aims to:

* Identify hazards in the workplace.
* Improve health and safety practices and procedures.
* Measure WHS legislative compliance.
* Maintain employee and client participation in health and safety activities.
* Outline processes to be followed regarding risk assessment and any expressed concerns raised by the client/family/carer.
* Outline safety and hygiene guidelines for staff members.

First Call will always endeavour to meet the standards of health, safety and welfare required for a safe working environment in accordance with applicable occupational health and safety legislation and ensure that it minimises or eliminates risk on its premises and in its operations.

First Call aims to achieve this goal through three major policy focusses:

1. Workplace Health and Safety safe practices.
2. Risk identification and mitigation.
3. Personal presentation, personal protective equipment and hygiene.

It is an obligation of all First Call Nursing staff to comply with the following policies and procedures.

## FORMS

[F017 Incident / Complaint Form (Accident/Near Miss)](#f017)

[F020 Initial Home Visit Risk Assessment Checklist](#f020)

[F022 Hazard Report Flowchart](#f022)

[F021 Risk Assessment Table Matrix](#f021)

# Workplace Health and Safety Policy

## Overview

All employees will be expected to demonstrate a willingness to embrace, adopt and improve upon safe work practices and safe working environments. Employees have the responsibility to behave in a safe manner, which ensures that their actions do not adversely affect the health, safety and wellbeing of themselves and others in the workplace.

## Employees must:

* Comply with all WHS safety and work instructions.
* Participate in any WHS training provided by First Call.
* Report any incident or potential hazard verbally and using [F017 - Incident / Complaint Form (Accident/Near Miss)](#f017).
* Correctly use Personal Protective Equipment provided.
* Continually assess their work environment and reduce the risk of injury

It is a condition of working in all workplaces and a condition of employment to observe the following rules regarding safety:

* Always Wear the required PPE as specified by the Dress, PPE and Grooming Policy or as instructed by the host employer or co-ordinator.
* All nursing staff must wear duty shoes while providing support services.
* Only trained and qualified persons are to operate equipment and transfer aids.
* Keep your work areas clean and free of materials that could become hazards.
* At all times take reasonable care of your co-workers. Do not do anything that could place them at risk or cause harm.
* Report any unsafe work conditions, potential hazards or unsafe work practices to either the co-ordinator or management.
* Be familiar with all reporting and documentation procedures.
* If you are not comfortable performing a task or duty due to potential health and safety risks: **DO NOT DO IT!** Stop, and inform the co-ordinator or management.

## Education and training

### Principles

1. All employees have the right to work in a safe and healthy environment and to perform their work without risks to their physical and psychological health and safety.
2. Employees have rights relating to WHS and these rights are supported by relevant WHS legislation.
3. Prevention of injury, illness and disease must be the first WHS priority of First Call Nursing.
4. **Employers** have the responsibility to:
	1. Ensure reporting of all incidents and near misses as well as accidents and injuries.
	2. Ensure the appropriate forms are completed and investigated for all reported events.
	3. Ensure that personal protective equipment (PPE) is available and is used.
	4. Ensure that equipment is maintained in safe condition and undergoes a regular program of maintenance.
	5. Conduct regular inspections of the workplace and identify potential hazards and problems. Where necessary, arrange assessment of possible hazards and institute control measures.
	6. Always prevent the risk of exposure to hazardous substances.
	7. Stimulate a high level of safety awareness at all times in the workplace.
	8. Comply with legislation and relevant guidance material.
5. Every **employee** has the responsibility to:
	1. Read, understand and abide by all company policies.
	2. Supply First Call with all accurate and relevant information pertaining to all qualifications, past and present injuries, or claims.
	3. Complete First Call’s induction program.
	4. Maintain a high level of safety awareness at the workplace at all times.
	5. Report all hazards, incidents and near misses using the correct company procedure and documentation.
	6. Co-operate with the employer, host employer or other supervisory person so far as is necessary to enable compliance with any requirements under the WHS Act and Regulation that is imposed in the interest of health, safety and welfare on any persons.
	7. **MUST NOT** deliberately create a risk to the health and safety of others at the workplace with the intention of causing a disruption in work.
	8. **MUST NOT** act in a way that causes a serious risk to the health and safety of a person in the workplace.

# Risk Identification and Management

## Risk Management Overview

First Call recognises that risk management is essential for the conduct of effective and efficient business processes that ensure accountability and compliance. First Call is committed to the effective and efficient identification and reduction of risks in all aspects of our organisation and the services we provide.

First Call is committed to developing a culture of risk awareness, where all staff and management are responsible for identifying and managing risks and with staff being informed of Risk and Hazard Identification and management. Care staff are to carry out [F020 Initial Home Visit Risk Assessment](#f020) to ensure their safety and the safety of the client while providing support.

Management is responsible for investigating all risks and hazards identified and documented and follow up on them as per First Call’s Risk Management Procedure. Types of risks that are managed by First Call staff include risks associated with:

* Incident management.
* Complaints.
* Work Health and Safety.
* Human Resources.
* Finance.
* Documentation and information.
* Governance.

First Call’s [F021 Risk Management Assessment Table/ Matrix](#f021), [F022 Hazard Flow Chart](#f022) and Risk Management Register encompass identifying, assessing and controlling risks.

Identified risks are dealt with in a timely manner and prioritised based on First Call’s Risk Management Matrix and Risk Management Register.

Staff will work and act with regard to their own and their client’s safety and wellbeing and will follow steps outlined in this policy document. This ensures that risks are managed and minimised, and Duty of Care to clients is always achieved.

## DEFINITIONS

* **Hazard** is a situation in the workplace that has the potential to harm the health and safety of people or to damage plant and equipment. The situation could involve a task, chemical or equipment.
* **Corrective Action** is an action taken after an incident to correct the problem and to prevent recurrence (Monash University).
* **Non-conformance** is an activity or item that does not conform to First Call Nursing’s WHS policy, procedures, hazard flow chart, and risk assessment table-matrix.
* **Risk** is the significance of a hazard in terms of the probability and severity of an injury or illness occurring as a result of the hazard.
* **Risk management** is the term applied to a logical and systematic method of identifying, analysing, assessing, controlling, monitoring and communicating risks associated with any activity, function or process, in a way that will enable organisations to minimise WHS risks and maximise WHS strategies (WorkCover NSW).

## PROCEDURE

### When and how hazards are identified:

1. The [F022 Hazard Report Flowchart](#f022) is to be made available to all care workers and clients (if requested).
2. Management or the care worker will take a proactive approach to identify and assess potential hazards and control risk relating to operations in the client’s environment using the [F020 Initial Home Visit Risk Assessment](#f020)or ongoing service[F017 - Incident / Complaint Form (Accident/Near Miss)](#f017).
3. Care workers are required to identify all hazards and risks at the workplace that could cause harm to themselves and others using the above forms. If the hazard can be controlled immediately, the care worker will act to control it and record action. Care workers are also required to perform a risk assessment at the first visit before they commence services. following the development of a care recipient’s care plan. This is done by completing F020 Initial Home Visit Risk Assessment form.
4. If the hazard cannot be controlled immediately, the care worker will notify the co-ordinator, who will notify the contract funder/brokerage company via telephone and follow-up email, record in R001 (Register 4), Register 2 (Risk Register) for discussion and input into the database.
5. For brokerage, host employers are required to perform their own risk assessment of workplaces prior to First Call employees being engaged.
6. The initial home visit risk assessment form[F021 risk assessment table/matrix](#f021), and consultation between the care worker and management are used to facilitate risk identification and elimination with discussion with client.

### Reporting

1. The care worker notifies the co-ordinator and records hazard in F020 Initial Home Visit Risk Assessment or F017 - Incident / Complaint Form (Accident/Near Miss).
2. The co-ordinator will complete the standard details on the F017 - Incident / Complaint Form (Accident/Near Miss).
3. Record in R4 Initial Home Visit Risk Assessment Register to document for action and result, record result on F020.
4. Private Service, record in R4 and assign to appropriate person to rectify and record result on F020.
5. Brokerage - the co-ordinator sends the completed form to the service provider’s case manager.
6. The co-ordinator will ensure that rectification of the hazard report occurs within an acceptable timeframe as discussed with the client/carer. A hazard marked as high must be investigated immediately.
7. A hazard marked as medium must be investigated and acted upon within 24 hours; marked as low must be investigated within 7 days.
8. When the hazard is rectified, the form is signed off by the relevant parties.
9. If management if satisfied, sign off on the report and complete R4.
10. The incident is recorded on the computer and the report is filed.
11. Monthly reports will be reviewed, and issues discussed at next office meeting. Issues will then be added to minutes of next staff meeting.
12. Reports are used for continuous improvement practices.

### How to consult to resolve risk issues:

1. This clause sets out the default procedure for issue resolution for the purposes of section 81 (2) of the Act.
2. Any party to the issue may commence the procedure by informing each other party:
	1. that there is an issue to be resolved, and
	2. the nature and scope of the issue.
3. As soon as parties are informed of the issue, all parties must meet or communicate with each other to attempt to resolve the issue.
4. The parties must have regard to all relevant matters, including the following:
	1. The degree and immediacy of risk to workers or other persons affected by the issue.
	2. The number and location of workers and other persons affected by the issue.
	3. The measures (both temporary and permanent) that must be implemented to resolve the issue.
	4. The person responsible for implementing the resolution measures.
5. A party may, in resolving the issue, be assisted or represented by a person nominated by the party (Advocate).
6. If the issue is resolved, details of the issue and its resolution must be set out in a written agreement if any party to the issue requests this.
	* Note: Under the Act, parties to an issue include not only a person conducting a business or undertaking, a worker and a health and safety representative, but also representatives of these persons (see section 80 of the Act).
7. If a written agreement is prepared, all parties to the issue must be satisfied that the agreement reflects the resolution of the issues.
8. A copy of the written agreement must be given to:
	1. All parties to the issue.
	2. If requested, to the health and safety committee for the workplace.
9. To avoid doubt, nothing in this procedure prevents a worker from bringing a work health and safety issue to the attention of the worker’s health and safety representative.

### Managing risks:

1. Either the care worker or management with input from client is required to identify an option to control the risk.
2. Management will assess the risk control options by considering the cost and benefits of such controls.
3. Management will consult with the client and care worker on the controls to be undertaken before implementation.
4. After consultation, a decision is made on whether control is required:
	1. If no control is required, documentation, monitoring and review is required.
	2. If control is required, risk control is implemented.
5. Management will record the controls and measures implemented on the computer R001(R4) and the database WHS section.
6. Incident reports are reviewed for follow-up, review and continuous improvement practices.

### After risks have been managed:

1. When the hazard is rectified, the form is signed off by the relevant parties.
2. If satisfied, management signs off on the report and completes R001 (R4).
3. Issues are recorded for discussion at the next office meeting and added to minutes of next staff meeting.
4. Care worker must complete a risk assessment with the help of management.
	1. This determines the level of risk (Low, Medium and High) by combining the likelihood of an event and its consequences.
	2. This is achieved by multiplying the combination of consequences and their likelihoods to a factored level of risk in the risk matrix to determine high, medium or low-level risk.
	3. Risk assessment is to be completing using the form [F021 Risk Assessment Table Matrix](#f021).
5. All incidents are recorded on the computer R001 (4) –the database -WHS section.
6. The Risk register is monitored and reviewed periodically.
7. First Call must communicate and consult with all clients, care workers and service providers that could be affected by the risks identified.
8. Reports are used for continuous improvement practices.

FCN's will periodically monitor and review its risk register. Risk management control strategies are assessed and discussed to determine their effectiveness. Risk management control strategies are then be altered if necessary.

## Safety Management Organisational Chart

### Workplace Safety Assessments:

1. At the initial meeting management carries out a [F019 Service Risk Assessment](file:///%5C%5Cserver-201512%5CGroups%5C2017%20FC%20P%20%26%20P%5C20161201%20New%20P%20%26%20P%5CForms%5CF019%20Service%20Risk%20Assessment%20V2.doc)
2. Support staff member to perform workplace safety inspection and record the results in the [F020 Initial Home Visit Risk Assessment](#f020)
3. The staff member is to complete all questions on the checklist
4. If hazards are identified during the inspection, they are noted in [F020](#f020).
5. For contract funder/brokerage services, the case manager is notified via phone or email.
6. Record in R4 Initial Home Visit Risk Assessment Register to document for action and result, record result on [F020](#f020).
7. Private Service, record in R4 and assign to appropriate person to rectify and record result on [F020](#f020).
8. When the corrective action is completed, it is to be dated and noted on the inspection report/checklist.
9. [F020](#f020) reports are to be tendered immediately after a new workplace has been visited.

# No Lifting / Manual Handling Policy

A **no lifting manual handling** policy provides for a safer approach to patient handling whereby the manual handling of patients is eliminated or minimised wherever possible.

First Call’s no lifting policy promotes the use of mechanical lifting aids and other equipment to assist staff in the moving, transferring and handling of patients, to ensure that minimal force or exertion of the body is employed by care workers when handling patients.

It is a policy of First Call that:

* Maintenance of a patient’s independence by encouraging mobility is a priority.
* Patients who are able to assist in their transfer should be encouraged to do so.
* Mechanical lifting equipment is to be used in place of manual handling wherever possible.
* The need or action for manual handling is to be eliminated wherever possible in all but exceptional circumstances e.g. Life-threatening situations.

All First Call staff are responsible for individually assessing any manual handling tasks that they are confronted with. In cases where manual handling is required, all staff are to follow and adhere to the Manual Handling Policy.

First Call is committed to providing ongoing education and training in the use of mechanical equipment for lifting/handling.

## PROCEDURE

When required, the following procedure must be followed for manual handling.

## Equipment required

Gloves

## Implementation

Plan: Assess the load and determine how it should be handled:

1. Determine where the load will be placed.
2. Assess whether a mechanical lifting device is needed.
3. Assess whether another person’s assistance is needed (two care staff required?)

Determine the best technique:

1. Take all factors into account when determining the best technique.
2. Manual handling should be done efficiently and rhythmically.
3. Ensure you have a secure footing and balance.
4. Avoid using excessive bending, twisting and reaching.
5. Use a technique specific to the risk requirement.

Take a secure grip on the object being handled:

1. The grip is one determining factor in the safe delivery of the task.
2. Wherever possible, use a “power grip” that utilises the entirety of both hands.
3. Never use a pinch grip that utilises only the fingers and thumbs.

Pull the load close to the body:

1. The centre of gravity of the load must be kept close to the body.
2. Bend at the knees to bring the load close to the body when picking something off the ground.
3. Minimise the effects of acceleration by handling the load slowly, smoothly and without jerking.

Vary manual handling tasks with lighter work:

1. Allocate your duties in a way that alternates tasks so as to not stress the same muscles used in manual handling applications.

## Special precautions

* Back injury
* Confined and restrictive workplace
* Uneven floor surface
* Slippery floors
* Obstacles in the way
* Suitability of the worker for the manual handling task
* Inadequate training in or experience of correct manual handling techniques.

# DRUGS AND ALCOHOL AND SMOKING

## Application of the Policy

This Policy applies to all permanent, temporary, and casual staff and contractors of First Call Nursing including Management, whether employed directly or through other related or unrelated entities including employment agencies.

This Policy does not form part of any employee’s contract of employment, nor does it form part of any contractor’s contract for services.

## Purpose of the Policy

First Call has obligations under Work Health and Safety legislation to, as far as is reasonably practicable, ensure the safety and health of all people associated with its operations and those of its clients.

A key aspect of meeting those obligations is the implementation of a sound and practical Drug and Alcohol policy.

It is recognised that the inappropriate use of drugs and alcohol by staff/contractor, can lead to major deficiencies in an individual’s work performance and can be a contributing factor in industrial accidents, driving accidents and road fatalities.

For this reason, First Call has a **ZERO TOLERANCE** approach to breaches of this policy. If a staff member/contractor is found to be in breach of this policy the likely outcome, but for exceptional circumstances, will be the termination of employment or termination of a contractor’s contract for services.

## Consumption of alcohol and drugs whilst at work

The manufacture, possession, use, distribution, sale, purchase, transfer of and consumption of alcohol or illegal drugs is prohibited while on First Call’s premises or whilst performing duties on behalf of the First Call.

## Presenting for work and performing work

It is prohibited for a staff member to present for work or perform any work whilst the staff member has a blood alcohol content of:

* 0.02 or greater for employees working in a Safety Critical Environment; or
* 0.05 or greater for employees working in other environments.

It is prohibited for a staff member to present for work or perform any work whilst the staff member has in his or her system the presence of the following substances at or above the Australian Standards Cut-Off Levels prescribed below:

| Code | Test Drug | Cut-Off Level |
| --- | --- | --- |
| AMP | Amphetamine | 300 µg/L |
| BZO | Benzodiazepines | 200 µg/L |
| COC | Cocaine Metabolites | 300 µg/L |
| MET | Methamphetamine | 300 µg/L |
| OPI | Opiates | 300 µg/L |
| THC | Cannabis Metabolites | 50 µg/L |

## Work functions and alcohol

Despite the above, First Call recognises that at some work-related functions responsible consumption of alcohol is allowed, for example, at a staff function, Christmas party or customer function.

Staff must not consume alcohol in the workplace or at work-related functions unless specifically authorised by Management to do so. In these cases:

* It is the responsibility of the staff member to ensure that they behave in a manner that is legally and socially acceptable.
* Staff must consume alcohol responsibly.
* Staff must not become drunk. Inebriation does not diminish a staff member’s responsibility for misconduct.
* Staff must always uphold an appropriate standard of behaviour, consistent with First Call’s workplace policies.
* Staff must not drive any vehicle from a work-related function if they have a Blood Alcohol Concentration above **0.02**. Alternative options to driving from a function are to catch a taxi, obtain a lift with a non-drinker, or simply not drink.
* Staff who do not have a safe means of transport should advise management so that such transport may be arranged.
* If a staff member is required to return to work, or continue working after the function, and the consumption of alcohol could adversely affect their ability to perform work effectively and safely, consumption of alcohol by those staff members is not permitted.
* If a staff member breaches this policy at a work-related function and acts inappropriately, the staff member may be subject to disciplinary action, and may not be permitted to consume any alcohol at future work related functions and/or have their employment terminated.

## Prescription and pharmacy drugs

Where a staff member is taking prescription or pharmacy drugs that contain a warning that the person should not drive a vehicle or operate machinery, then that staff member must not drive a First Call vehicle or any vehicle, or operate machinery unless:

* Contrary specific medical advice is obtained and confirmed in writing, from the staff member’s medical practitioner.
* The staff member’s manager is notified that the staff member is taking the prescription or pharmacy drugs and express approval is obtained for the Staff member to continue to operate the vehicle or machinery.

If a staff member is taking prescription or pharmacy drugs and suspects or ought to suspect that their ability to safely drive a vehicle or operate machinery is affected, the staff member must not drive a First Call vehicle, or any vehicle, or operate machinery and must notify their manager or supervisor immediately.

## When will First Call conduct drug and alcohol testing?

**Dictionary**

The following definitions will apply to this part:

**‘Alcohol screen test’** — means any analytical procedure or test which is carried out on a staff member to determine the presence and/or the concentration alcohol (including but not limited to a breath test, urine sample, oral swab and blood test).

**‘Authorised Officer’** — means a suitably trained, qualified and authorised person from an independent testing agency or a suitably trained, qualified and authorised person appointed by First Call for the purposes of undertaking or arranging an alcohol screen test and/or drug screen test.

**‘Confirmatory test’** — means any analytical procedure or test which is undertaken after a first alcohol screen test or drug screen test, which is used to verify the presence of drugs or alcohol. This may include, but is not limited to the following:

* A test applied to a second sample of a staff member’s urine.
* A test applied to any oral swab taken from a staff member.
* A second breath test.
* Analysis of a Staff member’s blood.

‘**Drug screen test**’ — means any analytical procedure or test which is carried out on a staff member to determine the presence and/or the concentration of any drug (including but not limited to a breath test, urine sample, oral swab and blood test).

‘**Sample**’ — in relation to urine, includes, if the sample is divided into portions, a portion of the sample.

**Drug and alcohol testing**

First Call may require staff members to undergo testing for the presence of drugs or alcohol in the following circumstances, with or without, prior notice:

Causal based

1. If First Call suspects, on reasonable grounds, that a staff member is under the influence of drugs or alcohol in breach of this Policy.
2. Upon finding evidence that a staff member has used, possessed, sold, purchased, solicited, or transferred drugs whilst in the workplace or while on First Call’s property.
3. Where First Call finds drugs or alcohol in the workplace.
4. Upon receipt of a report of drug or alcohol use, provided by a reliable and credible source and confirmed by investigation, in breach of this Policy.
5. Upon obtaining evidence that a staff member has interfered with, tampered with, falsified, or destroyed an alcohol screen test or drug screen test.
6. Where a staff member has previously received a positive alcohol screen test or drug screen test and has refused to undergo a confirmatory test, he/she shall be required to undergo subsequent testing.
7. Where a staff member has previously received a confirmatory test result confirming the use of Illegal Drugs or alcohol in breach of this Policy, he/she shall be required to undergo subsequent testing.
8. Where a staff member notifies First Call that he/she has a drug or alcohol problem.
9. Where a staff member is taking prescription or pharmacy drugs which may affect their ability to perform the duties and responsibilities of their position in an efficient, competent and safe manner, without risk to the health, welfare or safety of the staff member, or others in the workplace.

**Targeted testing** - Where the staff member holds a position in First Call in which the use of drugs or alcohol by that staff member in carrying out the duties and responsibilities of that position would pose a significant risk to the health, welfare or safety of that staff member or others in the workplace.

**Post incident or near-miss** - Where the investigation of an incident or near-miss determines that the staff member’s actions may have been impaired due to the use of drugs or alcohol, or the staff member was under the influence of drugs or alcohol.

**Random testing** - When a staff member, or group of staff members are randomly selected by First Call or an authorised officer to undergo a drug screen test and/or alcohol screen test. A staff member who is required to undertake a drug screen test and/or alcohol screen test will be required to sign a consent form before taking a drug screen test and/or alcohol screen test.

**Use of information** - First Call will not use information collected from any drug test and/or alcohol screen for the purposes other than for which it is collected. For the avoidance of doubt, the purposes of collecting this drug and alcohol testing information is to ensure the productivity, health and safety of personnel, to apply this Policy, and for disciplinary purposes.

**Refusal to undergo testing** - A refusal to undergo a drug screen test and/or alcohol screen test or providing false information during such a test constitutes a breach of this Policy and may result in action being taken against the staff member, including action as set out below under ‘Breach of this Policy’.

## Breach of this Policy

Staff members must always comply with this Policy.

If a staff member is found to have breached this policy, the staff member will be subject to disciplinary action which will, in most cases, result in termination. If exceptional circumstances arise, First Call may implement disciplinary action other than termination, which might include:

* Performance counselling.
* A formal warning.
* Suspension.
* Referral for counselling, treatment or rehabilitation for drug or alcohol dependency.

Agents or contractors (including temporary contractors) of First Call who are found to have breached this Policy may have their contracts with First Call terminated, or not renewed.

In circumstances where a staff member’s behaviour or conduct may involve a breach of any Australian law, First Call may notify the police or other relevant government authority.

## Definitions

In this Policy references to:

‘**drug(s)**’ — include Illegal Drugs, prescription or pharmacy drugs, or synthetic drugs as defined below.

‘**Illegal Drug(s)**’ — include:

* Any drug prohibited by Australian State, Territory or Federal law or any other laws (including foreign and international laws) to which First Call is subject, or which apply to the work performed at or for First Call.
* Prescription or pharmacy drugs (as defined below) which are used without the necessary prescription, or for non-medical purposes.
* Any synthetic drug (whether prohibited by law or not), being a psychoactive herbal and/or chemical product which, when consumed, mimics the effects of a prohibited drug, for example synthetic cannabis.

**‘Management’** — means First Call’s managers, supervisors, team leaders (whichever are relevant) and all staff members with supervisory responsibilities.

**‘Safety Critical Environment’** means any environment in which:

* A person might be exposed to serious health or safety risks that cannot be eliminated.
* Any human error or process malfunction may lead to serious injury or severe damage to property or equipment.
* Safety critical environments include (but are not limited to) the following environments.
* Warehouses, factories, mine sites and laboratories.
* Confined spaces.
* Roads, railways and tramways.
* Workplaces involving the presence of or access to hazardous materials.
* Workspaces with slippery floors or at heights.
* Any workplace involving driving of vehicles or the operating of heavy machinery.
* Any workplace involving access to or exposure to electrical cabling, wires or live electricity.
* Workplaces involving interaction with bodies of water.
* Any work inside planes, trains, trams and automobiles.
* Any work requiring interaction with individuals who may be suffering from disabilities (including mental or physical illness), disease, drug abuse, alcohol abuse or any other condition or behavioural patterns which might result in the individual becoming unstable, aggressive or violent.

## Smoking

First Call will respect the needs of both smokers and non-smokers. It is committed to providing a safe workplace and will comply with any relevant legislation which regulates and relates to the health and safety of employees.

First Call will always endeavour to meet the standards of health, safety and welfare required for a safe working environment in accordance with applicable occupational health and safety legislation and ensure that it minimises or eliminates the risk or exposure to environmental tobacco smoke at its premises.

* Smoking by employees and visitors is not permitted within First Call’s workplaces and offices.
* Smoking is permitted outside except where otherwise indicated.
* Smoking is not permitted in any client’s home, facility or vehicle transporting clients or their carers.
* This policy applies to all workplaces of First Call.

## Variations

First Call reserves the right to vary, replace or terminate this policy from time to time.

## DOCUMENTS

F017 - Incident / Complaint Form (Accident/Near Miss)

# Dress, Personal Protective Equipment & Grooming

Dress

First Call has strict protocols and requirements for all nursing staff about dress, personal protective equipment (PPE) and personal hygiene. First Call offers uniforms and it is encouraged that staff wear them unless requested by a client and unless the office is notified. It is important that all First Call staff always represent First Call in a professional manner.

Uniforms are always to be worn. Uniforms are made up of the following:

* First Call monogrammed shirt (men/women)
* White or pale blue collared shirt (men)
* White or pale blue shirt or blouse (women)
* Navy or black slacks (men)
* Navy or black skirt or slacks (women)
* Duty shoes/joggers (men/women)
* ID badge
* **No open toe footwear** for example thongs or sandals
* **No sharp rings or bracelets** (or large bulky jewellery)
* **No large, hoop earrings**
* **No nose rings**
* **No eyebrow rings**

## Personal Protective Equipment (PPE)

* Gloves are always to be used and for all duties. Gloves are to be changed on a task to task basis.
* Goggles are to be used during bowel care.
* Masks are to be worn when working with clients with low immune systems or when an employee has flu-like symptoms.
* Aprons and shoe covers are to be used where appropriate.

(PPE – available from the office)

## Grooming

When representing First Call, it is important that staff are always well groomed. It is expected that:

* Hair will always be clean and tidy.
* Long hair is to be tied back off your face.
* Fingernails are to be short and clean.
* Shoes are to be clean and tidy.
* Males are to be clean shaven or beards trimmed neatly.
* Hands to be washed before and after all nursing procedures.

## DOCUMENTS

F017 - Incident / Complaint Form (Accident/Near Miss)

F020 - Initial Home Visit Risk Assessment

F022 - Hazard Report Flowchart

F021 - Risk Assessment Table Matrix

**F017 - INCIDENT / COMPLAINT FORM**

**(ACCIDENT/NEAR MISS)**

|  |
| --- |
| **Staff member:**  |
| **Name of person reporting:**  |
| **Time & Date of Complaint/Incident:** |
| **Nature of Incident** – please give a detailed report of the complaint/incident |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Staff member signature:** |
| **Name & Contact number of Witness:** |
| **Incident reported to:**  |
| **Signature of person receiving report:** **Date:** |
| **Describe how the issue was resolved and what action was taken:** |
|  |
|  |
|  |
|  |
|  |
|  |
| Is counselling required? |
| **Signed:** (Managing Director, Co-ordinator) **Date:** |

The person/employee filing this incident/complaint report will be given a copy after it is signed off on behalf of First Call Nursing.

**Service Risk Assessment**

First Call Nursing carries out a risk assessment of the home before the commencement of home care support services being provided.

Name of client: ...................................................................................................................

Address of assessment: ...........................................................................................................

Date assessment conducted: ….../.…. /……… by: ……………………………...……………….

Signed: ……………………………...………………...

|  |  |  |  |
| --- | --- | --- | --- |
|  | Visually Safe | Visually Unsafe | Identified hazards and recommended controls |
| 1. Access to home – easy access and exit, more than on exit from the home
 |  |  |  |
| 1. Pathways – level surface, uncluttered, adequate width
 |  |  |  |
| 1. Steps/stair – non-slip, level surface, solid
 |  |  |  |
| 1. Pets – adequately restrained
 |  |  |  |
| 1. Lighting – well-lit, dark hiding place

NB. If any home visits need to be carried out after dark - adequate street and house lighting |  |  |  |
| 1. Is there safe, well-lit parking close to the home?
 |  |  |  |
| 1. Neighbourhood – general safety
 |  |  |  |
| 1. Doors – easily opened, unobstructed
 |  |  |  |
| 1. Is there any indication of potential violence (including client, family, friends, neighbours or other)?
 |  |  |  |
| 1. Any other safety issues associated with this service?
 |  |  |  |
| 1. Is the client resistant to support services?
 |  |  |  |
| 1. Any weapons or potential weapons e.g. Wood, metal, broken glass in the area?
 |  |  |  |
| 1. Are there any other risk factors/hazards?
 |  |  |  |

Considering the risks identified (if any) how can they be managed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For office use only:**

**Recorded:**

**Date:**

**Signed:**

**F020 INITIAL HOME VISIT RISK ASSESSMENT**

|  |  |
| --- | --- |
| **Client name:** **Address:** **Person completing checklist:****Location of door to enter:****❒ Front ❒ Side ❒ Back ❒ Other****First Call Nursing have been engaged to provide your care service(s) is there/have you any cultural values and beliefs we need to be aware of?** | **Client provider:****Phone:****Date:****Emergency Details:****Phone #:****Y/N – if yes, please provide details in section provided.****What language is spoken/understood in the household?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Place a ✓ if hazard is identified** | **Unsafe** | **Place a ✓ if hazard is identified** | **Unsafe** |
| **OUTSIDE RESIDENCE** |  | **BATHROOM / TOILET** |  |
| Parking and access |  | Access to bath / shower / toilet (use and clean) |  |
| Gates (easy to open) Lock working |  | Taps clearly labelled |  |
| Pathway / garden |  | Ventilation/ |  |
| Steps / stairs /railings |  | Handrails  |  |
| Veranda / porch surface |  | Electrical equipment |  |
| Pets (consider allergies, aggression etc) |  | **KITCHEN / DINING** |  |
| Lighting pathway |  | Stove |  |
| Doorway clear of obstruction |  | Electrical equipment |  |
| **INSIDE RESIDENCE** |  | Food storage – fridge/cupboards |  |
| Floor surfaces |  | Condition – clean/good repair |  |
| Lighting – hallways, stairs, living areas |  | **LAUNDRY** |  |
| Signs of pest infestation |  | Taps clearly labelled  |  |
| Freedom of movement |  | Workspace -access to sink, washing machine, dryer and shelving/cupboards |  |
| Squalor |  |  |  |
| Pets (Consider allergies, aggression etc) |  |  |  |
| Utensils/appliances storage |  | Clothes line access/adjustable |  |
| Weapons e.g. guns |  | Ventilation |  |
| Emergency Exit |  |  |  |
| Ventilation |  | **BEDROOMS** |  |
| Smoke Detector |  | Sufficient space around bed |  |
| **Personal Care Equipment** |  | Bed suitable height |  |
| Shower chair |  | Heaters present |  |
| Commode |  | Electrical cords / power points |  |
| Walking frame |  |  |  |
| Wheelchair |  |  |  |
| Hoist/lifter |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ELECTRICAL / GAS** |  | **LOUNGE** |  |
| Portable equipment  |  | Workspace organisation |  |
| Electrical sockets/leads |  | Furniture position |  |
| Switches / plugs |  |  |  |
| Gas cylinders |  |  |  |
| Power points near water |  |  |  |
| Gas cylinders (hot water heating/oxygen) |  |  |  |
| Complete this section if domestic assistance is required as part of service |
| **Place a ✓ if hazard is identified** | In disrepair | Unavailable | Replacement required |
| **HOUSEHOLD EQUIPMENT** |  |  |  |
| Vacuum cleaner |  |  |  |
| Carpet sweeper |  |  |  |
| Broom (eg handle length) |  |  |  |
| Mop / bucket |  |  |  |
| Iron / ironing board |  |  |  |
| Washing machine / dryer |  |  |  |
| Laundry trolley with basket |  |  |  |
| Cloths and sponges |  |  |  |
| Food preparation equipment |  |  |  |
| Clothes line |  |  |  |

Complete the following section if hazardous substances are to be use for cleaning – for example kitchen/laundry/bathroom **✓ if** identified

|  |  |  |  |
| --- | --- | --- | --- |
| Substances not labelled clearly |  | Not stored in safe position |  |
| Substances not in original container |  | No exhaust fan / open window |  |
| Not suitable for purpose |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER ISSUES** | **✓ if**identified |  | **✓ if**identified |
| History of aggression or violence |  | Risk of infection |  |
| Resistance to care |  | Manual handling assessment required |  |
| Unable to accept instructions |  |  |  |

Please add any risk identified that have not been included in the previous section of this form.

**Risk control summary** – describe the identified risk/s; rank the risk/s using FC Risk Assessment Table/Matrix[[1]](#footnote-1) and outline a control to address the risk/s in consultation with management and/or service provider

|  |  |  |  |
| --- | --- | --- | --- |
| Risk/Hazard identified | Ranking | Strategy to Manage Risk | Implemented |
|  |  |  |  |
|  |  |  |  |
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**NOTES: Please detail any cultural needs, beliefs and value systems First Call Nursing needs to
be aware of:**

|  |
| --- |
|  |

Is there a current care plan in place? Y/N Dated: …./…./….

Is there a signed service agreement in place? Y/N Dated: …./…./….

Is there a risk assessment in place? Y/N Dated: …./…./….

**Inspection conducted by:**

**Care Worker Name:**

**Date:**

**Signature:**

**Privacy statement:**

The purpose of collecting this information is to assist the staff at First Call Nursing in providing the required service/s; no part of this information will be passed onto any other person or organisation without the express permission of the client or their representative.

**Declaration:**

*I, …………………………………………………….., hereby declare that I have given permission for this information to be provided to First Call Nursing*

*Client or Carer Signature:……………………………………………………………….*

**F021** **FIRST CALL RISK ASSESSMENT TABLE/MATRIX**

**Table 1: Consequence / Severity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rating / level** | **Descriptor** | **Health and Safety** | **Legal** |
| **1** | Low | No injuries or 1st Aid required. Minor delays. Less than minor system or environmental damage | No legal / minor legal issue |
| **2** | Medium | Medical or 1st Aid treatment required. Minor systems or environmental damage | Breach of regulation |
| **3** | High | Death of one or more people. Extensive or multiple injuries. Hospitalisation required. Permanent severe health effects. Major system or environmental damage | Major breach of regulation. Investigation by authority with significant prosecution or fine |

**Table 2: Likelihood / Probability**

|  |  |  |
| --- | --- | --- |
| **Rating / level** | **Descriptor** | **Description** |
| **A** | Unlikely | The event rarely occurs but is possible |
| **B** | Possible | The event could be possible or likely to occur sometimes |
| **C** | Likely | The event will probably occur at sometime or the event is expected to occur |

**Table 3: Risk Matrix / Rating = (Consequence x Likelihood)**

|  |  |
| --- | --- |
|  | **Consequence / Severity** |
| **Likelihood / Probability** | **High (3)** | **Medium (2)** | **Low (1)** |
| **Likely (C)** | **High (3C)** | **High (2C)** | **Medium (1C)** |
| **Possible / Occasional (B)** | **High (3B)** | **Medium (2B)** | **Low (1B)** |
| **Unlikely / Remote (A)** | **Medium (3A)** | **Low (2A)** | **Low (1A)** |

**4: Risk Treatment Key**

|  |  |
| --- | --- |
| **Class 3 HIGH:****Immediate action** | **Immediate Action** is required to eliminate the risk or reduce the foreseeable risk arising from the task or process. A supervisor must be made aware of the hazard. However, the supervisor may give special permission for staff to undertake some high risk activities provided that work systems are clearly documented, specific training has been given in the required procedure and an adequate review of the work and risk control has been undertaken.This includes providing risk control identified in Legislation, Australian Standards, Codes of Practice[[2]](#footnote-2) (Hierarchy of Control). A detailed Standard Operating Procedure is required and monitoring of its implementation must occur to check the risk level. |
| **Class 2 MEDIUM:****Within 24 hours** | Action to eliminate or reduce the risk is required within a specified period. The supervisor should approve all moderate risk task or process activities. A Standard Operating Procedure or Safe Work Practice required. |
| **Class 1 LOW:****Within 7 days** | Business as usual and manage by routine procedure. |

 These regulatory documents identify requirements to reduce the risk of an individual undertaking the work at a level that the regulatory body identified as being acceptable.

Care Worker identifies Hazard

Yes – do it.

**Hazard controlled**

**Office notified**

**Incident/Complaint form lodged/recorded and filed**

No

What is the risk class?

(Low, Med or High)

[F021 Risk Assessment Table-Matrix V2.doc](file:///%5C%5CFYUSIONSBS%5CFiles%5CFyusion%20Asia%20Pacific%5CClients%5CFirst%20Call%20Nursing%5CPolicy%20Review%5CNew%20Policies%5CDocuments%5CF021%20Risk%20Assessment%20Table-Matrix%20V2.doc)

Controls required?

Area / Item quarantined for immediate rectification?

Temporary control measure needed?

Worker notifies management and completes hazard report form

[F017 Incident-Complaint Form V3.doc](file:///%5C%5CFYUSIONSBS%5CFiles%5CFyusion%20Asia%20Pacific%5CClients%5CFirst%20Call%20Nursing%5CPolicy%20Review%5CNew%20Policies%5CDocuments%5CF017%20Incident-Complaint%20Form%20V3.doc)

Management signs off & files Hazard Report in WHS folder, record in the database, WHS section. Review of control options preformed within specified period.

Manager confirms corrective action is in place.

Hazard Controlled?

Management (Service Provider) and Care Worker implements corrective action

Management establishes corrective action & deadline

**F022 - Hazard Report Flowchart**

Can the hazard be controlled?

NO

Yes

1. [F021 Risk Assessment Table-Matrix V2.doc](file:///%5C%5CFYUSIONSBS%5CFiles%5CFyusion%20Asia%20Pacific%5CClients%5CFirst%20Call%20Nursing%5CPolicy%20Review%5CNew%20Policies%5CNew%20Numbers2%5CF021%20Risk%20Assessment%20Table-Matrix%20V2.doc) [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)