

Bethany Care Ltd

## Health & Safety

Policy & Procedure 22

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## 1. Object & Field of Application

- 1.1 This document details the process adopted by Bethany Care Ltd in recognition of the need to provide effective corporate governance through sound and visible management systems and practices”
- 1.2 We (Bethany Care) will consider the health and safety impact of every decision we make, and of every activity we perform. We care about the health and safety of our employees, our clients, their families, visitors and communities
- 1.3 **PLEASE NOTE: FIRE & RISK MANAGEMENT PROCEDURES are available in a separate policies & procedures**

## References

- 2.1 The Human Services Quality Framework
- 2.2 Queensland University of Technology Health & Safety Policy
- 2.3 Virginia State Education Department Health & Safety Audit
- 2.4 Work Safety Legislation Amendment Act 2011
- 2.5 QLD Anti-Discrimination Act 1991
- 2.6 Queensland Work Health and Safety Act 2011

## Definitions

- 3.1 **Safety** is the condition of being safe, freedom from danger, risk, or injury
- 3.2 **Hazard** is something that can cause harm
- 3.3 **Risk** is the probability of the hazard causing harm

## 4. Legislation

- Queensland Work Health and Safety Act 2011
- 4.1 Under common law, employers have a duty of care to take all reasonable measures to protect their employees from foreseeable risks arising from their employment. This duty of care embraces provision of the following;
    - Sufficient competent staff
    - A safe system or method of work
    - A safe work environment
    - Safe structures and equipment including reasonably foreseeable misuse of such
    - Adequate training, instruction and supervision
  - The Queensland Work Health and Safety Act 2011 creates a statutory obligation for employers to ensure the health and safety of employees and other persons at work. The onus of proof of meeting this duty rests with the employer. The burden of proof is 'on the balance of probability'.
  - 4.3 The major elements of the employer's obligations are to ensure a safe workplace for all through identifying hazards, assessing the risk, eliminating the risk or minimising the potential harmful

consequences of the hazard (please refer to the Bethany Care Material Safety Data Sheets and Risk Management folders for further information).

- 4.4 Employees also have an obligation under the Act to maintain healthy and safe workplace conduct. An employee or anyone else at a workplace has the following obligations:
- to comply with the instructions given for workplace health and safety at the workplace by the employer or anyone representing the employer
  - for an employee - to use personal protective equipment if the equipment is provided by the employer and the employee is properly instructed in its use
  - not to wilfully or recklessly interfere with or misuse anything provided for workplace health and safety
  - not to wilfully place at risk the health and safety of any person at the workplace
  - not to wilfully injure himself or herself
  - Persons other than an employer or employee must comply with the standards applying at the workplace and obey safety directions at that workplace
- 4.5 The Workplace Health and Safety Act defines and requires an employer to record injuries, illnesses and dangerous events at the workplace (please see the Bethany Care RIF forms for further information).

## **5. Policy Statements**

- Bethany views its duty of care regarding safety issues extremely seriously, and is committed to comply with all applicable current legislation in this area.
- Bethany will ensure its service locations are risk assessed and subject to regular monthly safety inspections to ensure a safe environment for all.
- Bethany is committed to ensuring its staff are adequately trained in First Aid and CPR and comply with the State Government requirements for criminal history screening both for people with disability and also blue cards for safe working with children.
- Bethany will always consider the health and safety impact of its decisions and activities
- Hazard identification, risk assessment and risk control represent the foundation of Bethany's Health & Safety management system.
- Our Health & Safety management system is based on a continuous improvement principle.

## **6. Client Premises Security & Safety**

- The physical status of individuals may change due to temporary disability (e.g. sprained ankle) or ageing. The home environment is dynamic and always changing in small, unnoticeable ways. This results in the possible development of hazards, e.g. worn step treads, old appliances, loose mats.
- For this reason our personal carers must monitor the maintenance of safe practices in households in areas such as:
  - Storage of dangerous substances and items
  - Electrical appliances
  - Storage and preparation of food
  - Fire safety
  - The use of hot water
  - Storage of medication
  - Emergency procedures

## **7. Reporting of Accidents and Incidents**

- Bethany Care is aware that accidents and incidents will happen from time to time, especially given the nature of work in this sector. Bethany Care believes in swift reporting and investigation of accidents and incidents. Investigation is required to assess why the incident has happened and to identify preventative measures to minimise reoccurrence. It also aids continuous improvement.
- All employees are required to report accidents and incidents immediately using the RIF (Record of Incident and Grievance form).
- The Assistant Manager has special responsibility to investigate all accidents and incidents.
- Monthly team meetings will be used to discuss any accidents and incidents that have been observed during the course of work.

## **8. Duty of Care**

Bethany Care has a duty of care to provide:

- For the health, safety and welfare of its employees
- For the health, safety and welfare of visitors to their place of business
- Safe access to the workplace
- Information, training and supervision

To Bethany Care this specifically means:

- We will train staff to use all equipment safely
- We will provide safety equipment such as masks, goggles, gloves and any other equipment needed to safely use chemicals and any other dangerous goods at work
- We will provide staff with a well-lit and ventilated place to work
- We will ensure all equipment and machinery will be safe, well maintained and conform to safety standards
- Under the Work Safety Legislation Amendment Act 2009, employers and employees have key duties in relation to both bullying and occupational violence

## **9. Provide Personal Protective Equipment**

Bethany Care will provide all the necessary personal protective equipment. This may include rubber gloves, aprons, anti-bacterial soap and sunscreen lotion. We strongly recommend staff provide and wear their own hats when out in the field.

## **10. Workplace Bullying or Discrimination**

- 10.1. Bethany Care is committed to the provision of an environment which is safe for all staff (including volunteers) and clients, free from intimidation, hostility, offensiveness and harassment in accordance with the QLD Anti-Discrimination Act 1991. We are committed to stamping out all cases of workplace bullying and discrimination.
- 10.2. Workplace bullying occurs when an employee is verbally, physically, socially or psychologically hurt. This could be by your employer (or manager), or another person or group of people at work.
- 10.3. It's worth keeping in mind that bullying is not the same as conflict. Disagreement and conflict happens at most workplaces, however it should never turn into bullying or harassment.

## **11. What to do if you are being bullied at work**

- 11.1. Please contact the Service Manager or Assistant Manager directly regarding sexual harassment or bullying concerns
- 11.2. If the situation continues or is serious, you may need to make a formal (written) complaint that follows Bethany policy (using a RIF form). The person doing the bullying may be officially warned, and be required to have counselling. If the bullying continues, there may be a mediation process and, if all else fails, the person bullying may be fired. If you end up having to leave, you may be eligible for outstanding wages and entitlements.

## **12. Infection Control**

- 12.1. Infection control is vital to your well-being and also to your client. Infection control procedures prevent the spread of illnesses to you and your client. Infections may include urinary tract infections, respiratory infections, food-borne illnesses, hepatitis B and HIV. Anyone can get an infection, but the elderly and people in poor health are especially vulnerable as they have low resistance to infections.
- 12.2. As Hepatitis B and HIV are transmitted through blood and body fluids, always wear gloves when handling any blood or body fluid, to provide a barrier between you and the possibly infected material. Always wash your hands after removing gloves. Put the gloves and any contaminated material in a plastic bag for disposal. If you have any contact with blood or body fluids during your work, report the incident to your supervisor using an Incident Report Form (RIF).
- 12.3. Healthy, smooth skin forms a protective shield against harmful germs, but cracks and cuts are route of entry for germs to the body. Cover any cuts with a waterproof dressing.

### **Safe Working Practices**

## **13. Hand Washing**

- 13.1 Your hands are your tools for giving client care and are used to touch people, equipment, furniture, and yourselves. Your hands connect you to your surrounding environment. Because you use your hands to perform all types of care, the skin on your hands is the body's defence against invasion by harmful microorganisms. Healthy, intact skin forms a protective shield against harmful invaders. Your hands connect you to your client and your surrounding environment, so they play an important role in transmitting microorganisms, which can cause infections. Your hands, with nails, cuticles and cracks, are an ideal place for large numbers of microorganisms to hide. Client care requires us to touch our clients and handle their possessions. Treatment and medications are given using your hands.
- 13.2 Your clients may have lower levels of resistance to infection. Therefore, in order to prevent transferring these potentially dangerous microorganisms to your clients, it is your responsibility as professionals to make sure your hands are as clean as possible before and during client care. Cross infection by unclean hands cannot be underestimated. Hand washing is the single and most important method of preventing the spread of infections. Hand washing decreases microbial counts on hands and makes them cleaner and safer 'instruments' of client care. Hand washing is basic to general hygiene and sanitation, and is essential in preventing transmission of contaminants from one person to another. Simple, effective hand washing with soap or cleansers and water rids the hands of visible superficial dirt, debris and also invisible transient microorganisms acquired through contact with colonised or infected people, or through environmental sources. The purposes of hand washing are:
  - To remove dirt and debris from hands and fingernails
  - To reduce cross-contamination from microbes, potentially infectious body fluids and substances, and other contaminants
  - To break a link in the chain of infection

13.3 Wash your hands as often as necessary, using soap, warm water and lots of friction. Lather and wash hands for 15 seconds then rinse thoroughly; dry hands on paper towels. Cleanliness is the key to infection control. Hand washing, using liquid soap and water is performed:

- Before and after each client contact (e.g., before giving medication)
- Between different tasks on the same client
- Before and after the use of gloves
- Before handling food or drinks
- After contact with blood, any body substances, mucous membranes, non-intact skin and contaminated surfaces, and inanimate objects.
- Personal hygiene
- After handling waste

13.4 You need to wash your hands even when you wear gloves, as the integrity of gloves cannot be guaranteed. There is no substitute for hand washing.

## **14. Back Care Principles**

14.1 When caring for clients you may find that lifting, helping them dress or move around may place a strain on your back. It may be impossible to avoid lifting and handling the person you care for but you can get advice on guidelines to follow that may reduce the risk of injury.

## **15. Safe Lifting Techniques**

- Assess the load
- Plan the lift
- Place feet apart for good balance
- Place front foot in direction of movement
- Avoid lifting with a bent back, maintain a straight back with a hollow in the lower back (not necessarily vertical)
- Brace spine, pelvic floor & abdominal muscles
- Grasp the load securely with your hands, not your fingers
- Lift with the muscles of legs & buttocks (not your spine)
- Move feet in a straight line – don't lift & twist
- Hold the load close to your body
- Grasp securely with hands, not fingers
- Eliminate hazards



## **16. First Aid Care for Back Pain**

- Immediately hyperextend back in standing
- Rest by lying flat (not on a water bed)
- Lying flat on stomach, hyperextend back often if possible
- Apply ice to lower back often in first 48 hours
- Avoid bending of any sort
- Avoid sitting (especially driving)
- Seek medical/ physiotherapy attention if pain persists, or if there is leg pain

## **17. Back Rehabilitation**

- Heat after first 48 hours
- Achieve pain free back hyper-extension
- Strengthen back muscles. Achieve pain free back flexion in lying if pain free back hyper-extension has been achieved
- Strengthen abdominal muscles
- Strengthen pelvic floor muscles
- Achieve good flexibility of trunk
- Strengthen legs (squats, stair climbing)
- Maintain good standing, sitting and lifting posture

## **18. Safe Handling of People**

- Ask if the client would like assistance
- Care for your own back – don't bend or twist
- Remove any hazards – e.g. Obstacles in the path you intend to follow before you start moving

## **19. Getting out of a chair**

- The lower the seat, the more effort is required to get up
- Higher armrests help brace for the lifting effort
- It's easier to thrust up if feet are on the ground (wiggle forward to edge of chair if necessary)
- It's easier to get up if one foot is slightly underneath the chair. If that isn't possible, position one foot in front of the other.

## **20. Walking sticks/frames**

- Help balance by increasing the base of support
- A stick is used in the hand opposite the affected or weakened leg. If you're accompanying someone using a stick, walk on the other side (i.e. the same side as the affected or weak leg).
- Walk behind someone using a walking frame. Don't try to talk to them while walking – they may unbalance

## **21. Stairs**

- Precede client down stairs, facing client – if this is safe for you to do!
- Follow client upstairs, facing client's back

## 22. Using a Wheelchair

22.1 People with a wide range of disabilities use wheelchairs from straightforward lower limb damage, right through to impairment of both legs, both arms and ability to think. Some people will be able to push their own chairs, others will not be able to learn the correct techniques, or may lack strength to manipulate their chairs. Some people do not know the position of their limbs in relation to the ground or the wheelchair. Special care is needed to make sure they do not get hands and feet trapped in the wheels or footplates.

### 22.2 Slopes

- If the slope is steep, “slalom” up or down it – go diagonally in a zigzag.
- Going down a slope: take the chair down backwards to make sure the client doesn’t tip out. If necessary to take a rest on the slope, lock the brakes. Stay behind the chair while you rest.
- Going up a slope: check the client’s feet can’t trail or catch on the ground. Rest as above if necessary. Never leave the client unattended.

### 22.3 Kerbs

- Going down a kerb: turn the chair back to the kerb. Pull the back wheels down over the edge of the step and lower the chair gently by pulling it towards you. Get the chair on the ground before trying to turn it.
- Going up a kerb: wheelchair faces the kerb. Hold the chair grips and use the base plate to facilitate safe tipping to the upper level.
- Many designs of chair have a base plate (a flat metal plate attached near the back wheels) to make it easier for the escort to tip the chair at kerbs. Put your foot on it to lever the chair wheels up onto a kerb.

### 22.4 Outdoors:

- Check before you take a wheelchair on unsealed surfaces. Gravel, grass and uneven ground make it much harder to move wheelchairs.

### 22.5 Folding a wheelchair:

Most wheelchairs with sling-type seats and backrests can be folded.

- Fold the foot plates back
- Remove loose cushions.
- Pull up the middle of the seat to bring sides of chair together.
- Move folded chair by wheeling it. Remember armrests may come off.
- Unfold by pressing on the sides of the seat.

## 22.6 Lifting a wheelchair into a car:

A wheelchair weights at least 20kg (45 lbs) and is not easy to lift.

- Detach removable parts (footplates and armrests are often detachable) to lighten the load.
- Fold the wheelchair.
- Lift by chair grips and the cross bars at the wheels.
- Team lift if possible: it's much easier with two. Keep your back straight!

## 22.7 A Few Hints

- Let the client know before you move him/her.
- Never leave a wheelchair (empty or occupied) without locking the brakes.
- Watch out for loose rugs/ narrow doorways.
- Watch the client's elbows as they can easily be knocked on doorways and walls.
- Talk to your client as you push him/her along. S/he may have a 'preferred speed' or special techniques for hazards like slopes.
- Always hold footplates back before a client gets into or out of a wheelchair, or the client may tear their skin on the metal.

## Guidance for Home Visits

### 23. Premises Security & Safety

Staff must monitor the maintenance of safe practices in households in areas such as:

- Storage of dangerous substances and items
- Electrical appliances
- Storage and preparation of food
- Fire safety
- The use of hot water
- Storage of medication
- Emergency procedures.

## 24. During Your Home Visits – All Team Members

- Wear your official Bethany identification badge and uniform (if you do not have one please contact the Bethany administration office on (07) 5501-8070).
- If the client doesn't answer the door when you arrive, don't force an entry. Wait, and try again in a few minutes; then ring them. If still no answer, check with the neighbours, if appropriate, and notify the office as soon as possible.
- Telephone your manager / supervisor when you arrive and when you are leaving the client's home.
- Please do not discuss your own health or problems.
- If doctors/ nursing staff arrive, step out of earshot unless otherwise directed.
- If relatives arrive, ask if they would like you to go.
- Be aware of personal safety. Report hazards/ incidents to the office.
- If a client becomes aggressive or stressed in any way during your visit, seek assistance immediately. Leave the house if you can; telephone the office or 000 if you are in danger.
- In case of an emergency e.g. cardiac arrest, choking etc. phone 000 and stay with the client until the ambulance arrives. (If you are First Aid trained, and your qualification is current, commence first aid). When the ambulance arrives, phone the office to report the situation.
- Fill in the required documentation of your visit before you leave.

## 25. After Your Home Visits

- Report important information to your Manager

## 26. Some More Tips

- Introduce yourself each time when you arrive and address the clients and family by name (ask them what they prefer to be called).
- Tell the client how long you can stay – leave when that time is up.
- If the client is seated or lying down, sits at the client's eye level or kneel down. Don't stand over someone who is seated. It is best not to sit on beds.
- Encourage eye contact – except with Aboriginal or Asian people in whose cultures eye contact is impolite.

## 27. Planned Schedule of Safety Audits

- 27.1 Bethany Care is committed to a planned schedule of formal assessment. These assessments take place in the buildings it commonly uses.
- 27.2 Safety is the responsibility of everyone – staff, clients, advocates, and the community. An audit is one tool that, if used effectively, can provide a snapshot of levels of safety and identify those areas that need improvement. This proactive process will help ensure that our clients can enjoy accessing Bethany Care services within a safe and secure environment.

<b>Building Name</b>	<b>Formal Inspection Frequency</b>	<b>Person Responsible</b>
Hope Cottage	At the end of each month	AM – or appointed staff member
Maidenhair House	At the end of each month	House Coordinator
Yodelay House	At the end of each month	House Coordinator
Client's Place of Residence	At the commencement of service delivery	AM or Service Manager

- 27.3 Any safety improvements or problem areas identified from a Bethany Care safety audit must be recorded in the continuous improvement register.
- 27.4 Safety audits are to be stored in the relevant folder by the Quality Assurance officer.

## 28. Registration of the Workplace

- Workplace registration requirements have been abolished effective 1 February 2005.
- Owners of workplaces no longer need to register their workplaces with Workplace Health and Safety Queensland.
- This change is due to amendments to the Workplace Health and Safety Act 1995 and the Workplace Health and Safety Regulation 1997.

## 29. Workcover Claims Applications

- 29.1 If a staff member has been injured while working at Bethany Care, they are entitled to lodge an application for compensation with WorkCover Queensland.
- 29.2 A worker can lodge an application in three ways:
- (a) by sending an Application for Compensation form, along with their Workers' Compensation Medical Certificate, to their nearest WorkCover office
  - (b) by lodging it with Bethany Care
  - (c) by calling WorkCover on 1300 362 128 and lodging an application over the phone.
  - (d) For further Information please log on to [www.workcover.qld.gov.au](http://www.workcover.qld.gov.au)

## **30. Rehabilitation Processes**

- 30.1 Under workers' compensation legislation, the purpose of rehabilitation is to ensure the worker's earliest possible return-to-work or to maximise the worker's independent functioning. Current legislation places responsibility on both Bethany and its staff members to take every reasonable step to participate in rehabilitation and return-to-work programs.
- 30.2 Rehabilitation for return-to-work (sometimes called occupational, vocational or workplace rehabilitation) can include treatment, assessments of work capacity and suitable duties programs. For example, a person's rehabilitation program could include a combination of the following:
- physiotherapy
  - occupational therapy
  - psychological counselling
  - suitable duties program (at the workplace)
  - on-the-job training for new skills
  - special assistance for workers with serious injuries
- 30.3 How long rehabilitation takes is different for each injury and each person, however the majority of staff members who participate in rehabilitation programs are able to return to work at the end of the program. If a worker is unable to return to work because of their injury, WorkCover will discuss options with them and Bethany Care.
- 30.4 For more information on rehabilitation phone WorkCover on 1300 362 128 to speak with an appropriate WorkCover contact.

END