QUESTCARE
WORK HEALTH & SAFETY POLICY AND GUIDELINES

GENERAL STATEMENT OF POLICY

This policy recognises that the health and safety of all employees within QuestCare is the responsibility of company management and staff. In fulfilling this responsibility management has a duty to provide and maintain so far as reasonably practicable a working environment that is safe and without risks to health and includes:

1. Providing and maintaining safe equipment, systems of work and access and egress from the workplace;
2. Making and monitoring arrangements for the safe use, handling, storage and transport of equipment and substances;
3. Maintaining the workplace in a safe and healthy condition;
4. Provide adequate facilities to protect the welfare of all employees;
5. Providing information, training and supervision for all employees enabling them to work in a safe manner; and
6. Maintain information and records relating to employees health and safety.

7. Regular monitoring and quarterly reviews of WHS policies and guidelines' at senior management levels; and

8. QuestCare management to engage in consultative processes and consider responses when making decisions on WHS matters.

The Senior Management Team is responsible for implementing, updating and reviewing this policy. The WHS Policy is to be reviewed annually and updated to ensure that it complies with current legislation, Codes of Practice and Standards. The health and safety duties of management at all levels will be detailed, and company procedures for training and staff support should be followed. In fulfilling the objectives of this policy, management is committed to regular consultation with employees to ensure that the policy operates effectively, and that health and safety issues are regularly reviewed.

ROLES & RESPONSIBILITIES

Recognising the hazards occurring in the Disability Industry, QuestCare will take every practicable step to provide and maintain a safe and healthy work environment for all employees. Therefore:

Management and Team Leaders

- Is responsible for the effective implementation of the company health and safety policy;

- Must observe, implement and fulfil its responsibilities under the Acts and Regulation (*Work Health and Safety Act 2011 and Work Health and Safety Regulation 2011)*, which apply to workplace health and safety;
- Must ensure that the agreed procedures for regular consultation between management and those with designated and elected health and safety responsibilities are followed;
- Must make annual assessment of health and safety performance and resources in cooperation with those with designated and elected health and safety objectives;
- Must ensure that all specific policies operating within Quest – fire and explosion, dangerous goods, noise, training, first aid, IT, and systems of work – are periodically revised and consistent with company health and safety objectives;
- Must provide information, training and supervision for all employees in the correct use of equipment and substances used throughout QuestCare; and
- Must be informed of incidents and accidents occurring on the company premises or to company employees and clients so that health and safety performance can accurately be gauged.

Employees

- Have a duty to take all reasonably practicable steps for their own health and safety and of others affected by their actions of their work and to work in a safe manner at all times;
- Should comply with the safety procedures and directions agreed between management and employees with nominated or elected health and safety functions;
- Must not interfere with or misuse items or facilities provided in the interests of health safety and welfare of company employees; and
- Must in accordance with agreed company procedures for accident and incident reporting, report potential and actual hazards to their elected health and safety representatives.

Client responsibilities

As the client's home is a workplace, clients must provide, as far as is reasonable, a safe working environment for workers coming into their home. Clients may be asked to:

- secure their pets to avoid harm to the worker
- allow reasonable modifications to be made to ensure the safety of workers e.g. move mats which may cause a fall
- leave an outside light on for after-dark visits
- not smoke while the worker is present
- provide appropriate and safe equipment (if required)
- treat workers with courtesy and respect (non-abusive and non-threatening).

TOBACCO PRODUCTS REGULATIONS ACT REQUIRMENTS

Employers must ensure that workers are not exposed to smoke in the workplace, including client homes.

Procedures must be implemented to ensure workers are not exposed to cigarette smoke e.g. agreement for the client to refrain from smoking while the worker is present.

DUTY OF CARE TO CLIENT Vs DUTY OF WORKERS

QuestCare is committed to meet their duty of care to clients while maintaining their obligation to protect the health and safety of workers. Where this is in doubt and the safety of workers appears at risk then the work is to stop. The workers will conduct a risk assessment and develop a plan to manage the risk.

Solutions must ensure the safety of both the worker and the client, and wherever possible should not disadvantage either party. The client should, wherever possible, be involved in conducting risk assessments and developing solutions. In some situations, it may be necessary to develop contracts with clients in order to provide a safe working environment.

Some situations require effective negotiation skills to enable a positive outcome for both the client and the service provider. QuestCare will follow this process:

- identify and define the hazard and risk

- consultation between the client and the worker to gather information

- analyse the information

- develop alternative solutions or controls

- in consultation select the most practical, effective and economic solution to resolve the problem

- evaluate the effectiveness of the situation – have you achieved your objective/desired outcome? If not, revisit the steps until a positive outcome is achieved.

PROCESS FOR REPORTING WH&S CONCERNS

- If you have a concern about WHS including the safety of a client, you must in the first instance comply with any site specific procedural requirements.
- As soon as practical, report the incident or concern verbally in person or by phone to a QuestCare Manager at the QuestCare main office. QuestCare office staff will advise accordingly on what needs to occur. This will in most cases involve completing a *Hazard Report Form.*

SAFE WORKING TIPS

Safe working tips for workers include:

- ensure pre-visit assessment and all other relevant information has been obtained

- if there is any suspicion of risk, arrange with your employer to have another worker accompany you

- obtain a list of emergency numbers and key the emergency number 000 or 112 into the quick-dial section of your mobile phone

- check that you have the correct location details for the client, a street directory and a first aid kit in your vehicle

- ensure you have any appropriate safety equipment with you including gloves,

mask, antiseptic gels, torch and batteries (if lighting is poor or after dark)

- ensure your whereabouts are communicated to your employer and to your family if appropriate
    - e.g. visiting client on the way home
- utilise any previous knowledge you, or other workers, have about the client, relatives, carers, visitors, neighbours etc
- dress appropriately e.g. business-like, non-provocative
- listen for conflict prior to entry
- respect that you are entering another person's environment
- stand back and to the side of the door after knocking
- keep mobile phone and keys on your person e.g. on a key ring on your belt
- know where the exit doors are and keep them clear and unlocked
- park vehicle in a safe, well-lit area with easy egress (not in the driveway)
- be aware of how your interpersonal skills may affect the situation. Be aware of your own limitations
    - e.g. response to conflict, values, commitment to safety vs risk taking etc
- have a good understanding of emergency procedures (including vehicle break downs, car-jacking, road rage etc)
- be willing to participate in post-incident debriefing/counselling/worker assistance programmes
- advise clients of expected time of arrival and ask them to restrain pets away from the visit area
- never assume the environment is 100% safe or the client 100% safe. Always be prepared for the unexpected.

Police offer the following advice on dealing with aggressive behaviour:

- maintain a distance of safety and/or place a barrier between you and the client
- if two workers are present, one worker should do the talking while the other worker observes
- read body language to predict aggressive behaviour e.g. red face, clenched jaw or fists, sweating, exaggerated gestures, rapid breathing, crossed arms and legs, previous behaviour
- stay calm and calm the aggressor – speak slowly, clearly and quietly
- while self-defence training is usually not necessary, simple actions to de-escalate aggressive behaviour can be appropriate e.g. keep hands down (below shoulder level), lower your voice (don't try and reason with the person), slowly back away
- listen carefully and nod in agreement, rephrase
- be confident – stay on the same eye level
- keep silent and patient
- explore what the real issues are
- take an active role, make notes

- use good interpersonal skills to gain information and take time to consider your options

- don't be lulled into a false sense of security, convey threatening gestures, make tasteless comments, take sides, become defensive or make promises you can't keep.

MANAGING HAZARDS

Effective hazard management is the key to preventing/eliminating or minimising workplace illness and injury. Hazard management is most effective when it is managed on a systems basis rather than ad hoc. This involves five steps (often referred to as the **SAFER** approach):

- **SEE** (identify) the hazards

- **ASSESS** the risks (decide how serious they are)

- **FIX** (control) the risks

- **EVALUATE** the outcomes

- **REVIEW** the controls and monitor compliance.

The major goal of managing hazards in the community is worker safety. They must be made aware that, if their personal safety is threatened, it is better to leave than remain in an at-risk environment.

Hazard identification

A hazard is something that has the potential to cause injury or illness.

To identify hazards you should:

- conduct a safety check before the worker starts work in a new client's home
- seek information about hazards from referring agencies
- encourage workers to report hazards using hazard forms or direct reporting
- discuss WHS at staff meetings (while maintaining client confidentiality)
- check records of incidents, injuries or near misses

Some hazards will be more obvious than others. When you are conducting an inspection include both the outside of a home and the inside. Review the environment (lighting, access, dust and noise), security, housekeeping, work tasks, equipment and check for any hazardous substances.

It is important to consult with the client when conducting a safety check and to involve them as much as possible, informing them of any issues identified which may affect their, or a Support Worker's personal safety.

RISK ASSESMENT

Risk assessment is deciding the level of risk associated with a hazard in order to plan what to do about it. Risk assessment is best done in consultation with the people working in the area. To estimate the level of risk, you and your workers should consider:

- **Likelihood:** How likely is it that an injury or illness will result from the hazard?

- **Consequences:** How severe the injury or illness resulting from the hazard might be.

You may need to consider:

- the nature of the hazard
- how it might affect health and safety
- how workers are exposed to the hazard
- how much, how often and how long workers are exposed
- the location of the hazard

HAZARDOUS MANUAL TASKS

Hazardous manual tasks are defined as any activity that requires a person to use their body (musculoskeletal system) to perform work. This includes lifting, lowering, pushing, pulling, carrying, holding or restraining something, and tasks which require repetitive actions, sustained postures and exposure to vibration.

Manual handling is a major cause of injury in the community sector. These injuries may result from:

- moving clients e.g. in and out of bed, chairs, vehicles or the shower
- lifting and carrying equipment or shopping e.g. from vehicles
- repetitive movements e.g. vacuuming/sweeping indoors or outdoor paths
- pushing clients in wheelchairs
- lack of space in homes
- moving heavy furniture (should not be done without the right equipment)
- stooping to low work surfaces e.g. beds or low sinks
- extended reaching e.g. up to high cupboards, high dusting, gutter maintenance.

Manual task hazards should be identified during the initial home safety check, but workers may also identify these when the tasks are being done:

- think about the tasks to be performed e.g. vacuuming, showering
- observe the work area e.g. bed height, space around the bed
- review the equipment e.g. the length of the vacuum cleaner tube/pipe

When manual task hazards are identified, assessing the risk requires you to consider a number of factors. These include:

- actions, postures and movements e.g. bending, twisting, over-stretching
- workplace layout e.g. cramped work space, low work surface
- weights and forces (worker shouldn't lift more than 16-20kg)
- characteristics of the load e.g. unstable or unpredictable load, difficult to slide, push, pull or turn, difficult to handle, sharp edges, slippery
- location of load and distances moved e.g. storage above shoulder or below knee or

load carried a long distance

- frequent and prolonged movements e.g. repetitive tasks, prolonged exertion
- job organisation e.g. heavy workload, too many clients in one day, lack of staff, unrealistic deadlines, bottlenecks of work
- work environment e.g. uneven or slippery floor surfaces, lighting, extremes of hot or cold
- individual factors e.g. worker skills and training, worker hampered by illness, disability or restrictive clothing
- vibration e.g. using power tools.

SLIPS, TRIPS AND FALLS

Slips, trips and falls result in many injuries to workers and clients in the community setting. Major slip, trip and fall hazards include:

- uneven or damaged floor surfaces e.g. ridges between carpet and tiles, damaged carpets, rotted floorboards
- loose mats and rugs, especially on polished floors, towels on the bathroom floor or bedding (including quilts) on the bedroom floor
- wet or oily floors e.g. bathrooms, recently washed floors or spills
- obstructions e.g. pets, excess furniture, electrical cords, boxes or newspapers
- working at heights e.g. to clean light fittings or to remove cobwebs, gutter cleaning, pruning
- inappropriate footwear
- carrying loads which obstruct the view
- poor lighting in client homes
- uneven steps, stairs or paths
- leaf litter, seed pods, slippery vegetation such as moss.

Assessment of the risk of these hazards requires you to consider the location of the hazard, how often workers (and clients) are exposed and the potential severity of an injury.

ISOLATED OR REMOTE WORK

Community workers at times find themselves alone in situations where their access to support/help is limited.

When assessing the risks to workers, employers need to consider how likely the threat is and how severe the outcome may be. You and your workers should consider the following:

- location of the workplace (is it isolated geographically?)
- if the worker had an incident, what is the likelihood of the client or their family being able to contact help on the worker's behalf?
- are workers working alone?
- is work carried out after dark?

- distances travelled, road surfaces and condition

- distances from help (where workers are in isolated areas)

- any neighbourhood security hazards

- mobile phone coverage.

Where the potential for a problem is identified, solutions must aim to eliminate or reduce the risk. In most situations, planning and technology will assist this.

For further information refer to *QuestCare Safe Home Visiting Policy, Practice and Principles.*

CHALLENGING OR AGGRESSIVE BEHAVIOUR

Workplace violence is defined as 'any incident where an employer or worker is abused, threatened or assaulted in situations relating to their work' and includes issues such as sexual harassment, bullying and challenging client behaviours.

Threats to the personal safety of community workers may arise from interaction with clients, client's family members or friends, or members of the general public. This issue presents a particular problem, as community workers often work alone and after dark. The work is conducted within another person's environment and workers can be confronted with values, attitudes and belief systems at odds with their specific training and experience.

It is sometimes difficult to anticipate who else may be in the house at the time workers visit or to control the behaviour of visitors. As a result, workers may be at risk of experiencing challenging, aggressive and/or violent behaviour from a client or a client's relative or visitor/s.

In most situations, planning and good interpersonal skills will significantly reduce the likelihood of situations deteriorating to the point where workers are threatened. Workers should be trained to always be aware of their surroundings and how to de-escalate tense situations.

Challenging behaviour may include:

- verbal abuse

- inappropriate sexual behaviour

- difficult personalities

- those with unrealistic expectations or who repeatedly refuse services

- aggressive or threatening behaviours directed at themselves, property or others.

These behaviours can put the physical or psychological health of workers at risk. There may also be an accumulative effect, that is, while a one-off incident may not cause psychological harm; repeated incidents may result in harm. Further, psychological harm from the incident will vary in degree from worker to worker depending on their past experiences, values and beliefs.

Factors that may contribute to clients displaying challenging behaviour include:

- pain (physical or psychological)

- a feeling of loss of control

- depression, anxiety, loss or grief

- frustration from not being understood due to language barriers or speech impediments, or from misunderstanding/misinterpreting information or situations

- lack of self worth, loneliness, powerless, feeling ignored, having unmet needs or rejection

- confused states caused by dementia, hypoglycaemia or epilepsy

- mental illness or personality disorders

- brain injury or physical and neurological disability

- medication – either incorrect or omitted doses.

When facing the risk of challenging behaviour, you and your workers should consider whether the client exhibiting challenging behaviours has control of their behaviour or is without control e.g. due to brain injury, dementia, mental illness etc. Those who do have control should be made aware of the natural consequences of their behaviour e.g. changes to the services provided.

Where clients do not have control, it is essential to identify triggers and to prevent these occurring or to minimise the risk of hazardous outcomes. Details relating to the client's capacity to control behaviours, triggers, risk assessment, strategies to address specific behaviours and any actions taken must be recorded and communicated to relevant workers.

The worker's perception of aggressive behaviour is important. Not all expressed anger is a problem to workers, but if 'it hurts your feelings' or 'makes you feel uncomfortable' it is an incident and should be reported.

For further information refer to QuestCare **Positive Behaviour Support Policy and Procedure.**

INFECTION CONTROL

A safe and healthy working environment includes the control of risk from exposure to infection and infectious diseases. The nature of an aged care facility is such that an infectious disease can spread quickly to affect many residents, Workers and others.

For further information refer to **QuestCare Infection Control Policy and Procedures.**

PERSONAL PROTECTIVE CLOTHING AND EQUIPMENTS (PPE)

Personal protective clothing and equipment (PPE) selected carefully and used and maintained properly are an important part of a WH&S program. However, they should only be considered after all possible measures have been taken to eliminate or reduce hazards.

This procedure sets the guidelines for use of protective clothing and equipment to achieve a safe and healthy working environment.

PROCEDURE

- The requirements for PPE should be based on the outcomes of a hazard audit.

- PPE requirements should be included in documented work procedures.
- QuestCare will provide personal issue of all protective equipment used in this procedure with the exception of standard clothing/uniforms.
- Worker representatives and the Workers using specific PPE shall be consulted during the selection and purchase of PPE.
- Re-useable PPE should be checked, cleaned and maintained as appropriate.

Clothing

- Clothing must be per the Uniform Code. See *Support Worker Manual*
- Suitable aprons/gowns made of rubber/or PVC should be worn when performing dirty jobs or where there is a risk of contact with body substances. Aprons/gowns should be changed as soon as they become soiled.

Footwear

Types of footwear affect the risk of slips and falls and can also contribute to back pain and fatigue. Shoes should be flat-heeled, closed-in and supportive. Soles should provide good grip.

Eye protection

Eye protection may be required for certain jobs or work areas. It is important that you wear this protection to prevent serious eye damage. You will be told where eye protection is required and the type of protection to be worn.

Gloves

- Appropriate gloves shall be worn when handling/or potentially contacting body substances. The gloves shall be changed before starting a new task. Care must still be taken with hand washing when wearing gloves.
- Appropriate gloves shall be worn when using chemicals.
- Workers should wear appropriate gloves when performing tasks with a risk of hand injury or dermatitis, for example hand washing dishes, cleaning or gardening.
- Oven mitts or gauntlets shall be used for handling hot dishes in the kitchen. Tea towels should never be used as oven or pot mitts.

HAND WASHING

Hand wash for at least 30 seconds and include washing up to the wrists.

Hand washing procedures for Support workers is imperative to reduce the risks of cross infection. The purpose of hand washing is to remove dirt and germs, and to protect yourself from infections and disease. Times that hands should be washed are:

- After hands-on contact with patients (with or without

infections).   After removal of gloves.

- Before and after patient contact.
- Before handling food.
- Before all cleaning procedures.

The recommended length of time for hand washing is at least 30 seconds, and includes washing up to the wrists. Paper towel is preferred for hand drying as hot-air dryers are only effective to dry to 55%. Paper towel should then be disposed of in an appropriate bin. Turn taps off with the elbows if possible to reduce the risk of recontamination.

PERSONAL HYGIENE

Personal cleanliness is important in helping to prevent illness and the spread of infection. Wash your hands before eating, immediately after using any chemicals and before and after going to the toilet. You will need to launder your uniform daily to reduce the risk of cross infections. Any contaminated (e.g. blood, chemical) protective clothing will need to be laundered or disposed of appropriately.

WASTE MANAGEMENT

Clients will inform you of the requirements of waste management during the induction. Some guidelines are:

- Check signage to see if the item can be recycled and if it has a particular waste container.

- Segregate all waste into correct containers:

    - Infectious,
    - General,
    - Sharps only fill to the fill line,
    - Cytotoxic,
    - Recyclables.

- Do not put sharps or items with free liquid into a plastic bag.
- Flatten cardboard and place paper in the area provided.
- Recycle drink cans, glass, plastic bottles and milk cartons.

For further information refer to *QuestCare Waste Management Policy and Procedures.*

VEHICLE AND DRIVER SAFETY

Travelling between clients' homes and/or community venues presents a number of hazards for workers in community settings. Vehicles may belong to the organisation or the workers may use their own car. Where workers use their own vehicle for work, they must demonstrate that it is in registered and in a safe, acceptable working condition

Issues you may need to consider include:

- design of the vehicle (ergonomics) e.g. hatchbacks may limit head space in rear doorways, reducing mobility

- maintenance of vehicle safety e.g. tyres, brakes, lights, seatbelts

- road safety issues e.g. poor weather, dirt roads, high traffic levels, driving at night, road rage, car-jacking

- getting in/out of the vehicle and accessing the boot

- entering and leaving roadways

- driver fatigue and/or stress due to tight schedules

- assisting clients in and out of vehicles

- distractions within the car

- unsecured loads, storage and loading/unloading of equipment/shopping etc

- procedures following motor vehicle accidents

- insurance cover for transporting clients in either workers' own cars or the organisation's cars

- driver competency and driving record

- legislative requirements e.g. driver accreditation for community buses etc

- clients with medical clearance allowing them to travel without wearing seat belts

- Never use your mobile phone when driving

Once you have identified hazards, you then need to assess the level of risk and implement controls.

DOMESTIC SQUALOR

Workers are sometimes required to provide services to clients who live in domestic squalor. Severe domestic squalor includes extreme household uncleanliness and hoarding, where the accumulation of materials has led to the living environment being unclean, unsanitary, dangerous or a fire risk.

Where clients live in severe domestic squalor, circumstances are usually so complex that a multi-agency approach is the best way to achieve positive outcomes e.g. local council, Housing, Mental Health Unit, local aged care providers, general practitioner (GP), Aged Care Assessment Team, and even the RSPCA, with one organisation to manage the case. The different agencies can provide different types of expertise, as well as share the associated costs related to service provision in these situations.

Quite often a client will refuse assistance, due to a wide range of reasons. Their refusal may be related to a lack of insight about the squalid condition of their home and the risk it presents. Community organisations have a duty of care to persevere, however, if the client's health and safety is at risk or their neighbour's health and safety is impacted. Success is more likely if time is taken to build a relationship of trust before proceeding with services.

It is critical that the underlying reason for the squalor is determined if an ongoing solution is to be found. The aim is to identify any existing conditions, such as dementia, malnutrition, infection, psychiatric condition, substance abuse etc, which may be contributing to the situation.

Once the cause is identified, the best approach can be determined. Clients with hoarding disorders will need support from mental health professionals, as any clean-up will cause

significant stress.

Where the squalor does not present a risk to the person, neighbours or the fabric of the building, intervention does not need to be immediate, but a plan of support does need to be developed to prevent further deterioration causing problems in the future.

When sending workers into a home where there is squalor or unsanitary conditions, the actual risk to workers must be considered along with what controls could be put in place.

The actions required to ensure the health and safety of workers entering a client's home where there is squalor will depend on the work being conducted. For example, taking a client shopping presents no risk to workers and should not stop the client getting help. Risk assessments of the tasks, considering the environment, must be made and controls implemented.

Possible controls

Each situation is unique, but the following control approaches have proved effective in some situations:

- Take the client shopping without entering the house (if appropriate).

- Enlist the help and support of family where possible.

- Involve the client with setting achievable goals, such as cleaning small areas within a set timeframe and assisting them to identify the benefits in their life if the squalor is resolved.

- If cleaning is agreed to, forensic cleaners should have the necessary expertise to work safely in severe domestic squalor.

- If there are large numbers of pets contributing to the unsanitary conditions or pets in poor condition, a reduction in numbers and desexing of remaining pets may be accepted before the destruction or rehousing of all animals is considered. The RSPCA may assist with this.

PERSONAL SAFETY

All staff undertake an initial Induction before starting shifts with QuestCare, as part of this staff are advised about WHS policy and how to escalate an issue as required by contacting a QuestCare Manager. All QuestCare managers are trained in crisis management and will follow procedures as outlined in our *Incident and Reportable Incident Management Policy and Procedure.*

ADDITIONAL WHS INFORMATION

If you require further information about WHS, including legislation and information applicable in the ACT, you can visit Worksafe ACT at https://www.worksafe.act.gov.au/ in NSW visit www.safework.nsw.gov.au

If you have any questions about WHS which you feel may impact on your job functions or questions about Duty of Care, we encourage you to speak with the QuestCare General Manager or Assistant Manager as soon as possible.

Version No.	Issue Date	Document Owner
1.3	**13.06.2023**	**Senior Management Team**
Version History		
Version No.	**Review Date**	**Revision Description**
1	31.03.2017	Operations Manager
1.2	March 2020	Operations Manager