

PRACTICE OPERATIONS MANUAL

Health and Safety

powerdiary

HEALTHY AND SAFETY

Here's where we describe core expectations for health and safety, including the prevention of workplace injury and ensuring a safe and secure working environment.

Review these policies at least annually for any needed updates.

OCCUPATIONAL HEALTH AND SAFETY

Purpose

The purpose of this policy is to protect the health, safety and welfare of employees and other people in the workplace.

Definitions

OH&S refers to occupational health and safety of staff and visitors, as covered by the regulations of your country and local laws.

Policy

[Business Name] acknowledges that health and safety is an integral part of every activity in the practice. As such, employees maintain current knowledge of the obligations under relevant legislation, and understand that non-compliance with these legal requirements can result in being prosecuted and / or fined.

Employer Responsibility

It is a legal duty of every workplace to maintain standards to protect the health, safety and welfare of every person within the workplace. This includes employees, clients, visitors and anyone else who may enter the premises.

Employee Responsibility

All employees have a duty of care to ensure that they work in a manner that is not harmful to their own health and safety, or to the health and safety of others.

Procedure

Information relating to OH&S issues will be posted on a notice board / conveyed to all employees. Employees are consulted on matters that may directly affect their health, safety or welfare.

- The practice acknowledges a duty of care to safeguard the health of employees, which covers psychological as well as physical health.
- The practice provides a working environment in which all employees, clients and visitors are not subject to unlawful discrimination, sexual harassment, violence or bullying.

To support the safety, health and wellbeing of the team, practice policies and procedures cover the following:

Regulatory

- The practice maintains workplace injury insurance as required by law
- The practice keeps a register of injuries so that work-related injuries and illnesses can be tracked

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- For workplace incidents that cause or could have caused serious injury or death, relevant bodies must be notified
- When an injured employee records an injury or illness in the register of injuries, this is acknowledged in writing to the employee

Orientation

- At orientation and periodically, all employees are instructed in safety and infection control protocols ensuring risks are known and precautions taken, including vaccination
- At orientation, all new employees are informed in writing of the nature of their work and asked if they have any pre-existing injury that may be affected by the new job
- New employees are notified in writing that failure to inform, or hiding a pre-existing injury, which might be affected by the nature of the proposed new job, could result in that injury not being eligible for future compensation claims

Ongoing Training

- Employees have adequate information, instruction, training and supervision to work in a safe and healthy manner
- Non-medical emergency procedures and fire safety precautions are clearly documented
- Non-medical emergency training is conducted annually, such as fire drills

Physical Environment

- The workplace is maintained in a safe condition, such as ensuring fire exits are not blocked, emergency equipment is serviceable, emergency equipment and exits are clearly marked, and the workplace is generally tidy
- Employees are provided with adequate facilities, such as clean toilets and hygienic eating areas
- A safe physical work environment is maintained, to support the health and wellbeing of employees, clients and visitors, including ensuring regular breaks, adequate staffing levels and a smoke-free environment
- Emergency exits and equipment have clear signage and are unobstructed

Manual Handling

- Tasks involving manual handling are identified, and measures are taken to reduce or eliminate the risk of injury to employees as far as reasonably practicable

Record Keeping

- Audits are undertaken to ascertain that all practice and office equipment is appropriate for its purpose, as per Physical Environment section records of maintenance, including electrical safety checks and calibration schedules are maintained
- Records of updates and training provided to all employees in relevant equipment operation and maintenance, manual handling skills, and compliance with occupational health legal requirements are maintained

Reporting

- Workplace incidents and all injuries involving all employees, clients and others are documented and managed professionally and ethically, according to relevant standards and guidelines

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Responsibility

- Consultation between management and employees is encouraged on all matters pertaining to workplace health and safety as obligated under legislation
- One employee is appointed with primary responsibility for the development and consistent implementation of infection control systems and procedures, which includes environmental cleaning
- Specific areas of responsibility may be delegated to nominated members of the practice team, and these responsibilities should be documented in the relevant position descriptions

To reduce harm to clients, clear lines of accountability and responsibility for the delivery of safe and effective quality care are established.

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EMPLOYEE HEALTH AND WELLBEING

Purpose

The purpose of this policy is to provide a safe and healthy workplace for employees, including psychological and physical health.

Policy

[Business Name] has implemented strategies to ensure the occupational health and safety of employees, including breaks. Breaks may reduce fatigue and support the health and wellbeing of all employees, as well as enhancing the quality of client care.

Employees can discuss concerns about violence and abuse in the practice. The practice retains the right to discontinue care for abusive clients.

Procedure

Breaks

- When employees require a break or are unexpectedly absent, strategies are in place for managing workflow, that are known to team members
- Regular breaks should be scheduled for all employees, dependent upon the hours or shifts worked, and during consulting sessions for practitioners
- When a work break has been scheduled, where possible, relieving employee(s) will complete the workload of an absent employee, in addition to their own workload

Leave

- The practice should ensure that employees take regular leave, and that leave is not permitted to accrue to an excessive amount
- Unplanned leave will be covered by existing practice employees, or by agency or locum staff as required

Support

- The practice should have current information on programs that support the health and wellbeing of employees
- Occasionally, employees may be confronted by physically or verbally aggressive clients or other stressful incidents or situations, including assisting with emergencies- the practice should provide emotional debriefing or counselling in these situations within a reasonable period of time after the incident

Minimum Staffing Levels

- During normal practice hours at least one staff member, who is trained to take telephone calls and make appointments, assess the urgency of requests for appointments and assist with medical emergencies and CPR, must be present
- Outside normal practice opening hours, appropriate staffing is encouraged to assist in providing security and safety for clients and practitioners

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RISK ASSESSMENT AND MANAGEMENT

Purpose

The purpose this policy is to:

- Identify all strategic risks using a risk management process
- Ensure risk management becomes part of day to day management
- Co-ordinate the undertaking of regular formal risk assessments and reviews with employees involved
- Provide employees with education and policies and procedures necessary to manage risk
- Ensure staff are aware of risks and how to manage them
- Regularly monitor and document risk profile and implement a continuous improvement approach to risk management

Policy

The practice regularly monitors, identifies and reports near misses and mistakes that may cause client, employees or visitors harm.

A designated employee is appointed with primary responsibility for risk management systems. These may include clinical and non-clinical risks and events. Specific areas of responsibility can be delegated to other nominated members of the team.

A documented system is in place for dealing with near misses and mistakes. The practice ensures that employees are educated in what to do and whom to notify when a slip, lapse or mistake occurs, or when there is an unanticipated adverse outcome. Any improvements implemented to prevent identified slips, lapses and mistakes or potential risks are documented and the practice team is informed.

Procedure

Employees use an Adverse Outcome Report (Appendix C) to report any slips, lapses or near misses in client care that might result in harm. The practice indemnity insurance is contacted for events that might give rise to a claim.

Some of the tools and strategies used by [Business Name] to manage risk include:

Employee:

- Regular employee meetings and effective communication, encouraging involvement in solutions and recommendations
- Appropriate employee qualifications, induction and training

Client:

- Client feedback obtained via surveys / suggestion box / logbook of complaints / comments
- Comprehensive client health records and backup of electronic data

Systems:

- Documentation of sterilization procedures including servicing, details of individual loads / cycles and training
- Regular reviews of systems and procedures especially any analysis of reported near misses
- Ensuring correct identification of clients at each face to face, telephone and electronic encounter and on correspondence by using "name", "date of birth", "gender" or "address"

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INCIDENTS, INJURY AND ADVERSE EVENTS

Purpose

The purpose of this policy is to maintain appropriate reporting and response in regard to risk assessment and / or incidents in the workplace.

Policy

[Business Name] encourages the identification, analysis and prevention of errors, failure or inadequate systems that can potentially be a risk to employees and clients. The practice has a “no blame” culture to assist with risk management strategies.

Incidents that should be reported (regardless of whether harm has occurred) include:

- Needle stick injury or mucous membrane exposure to blood or bodily fluids
- Slip or fall
- Drug or vaccine incident (loss, misplacement or other)
- Adverse client outcome
- Failure or inadequate client handover or identification of a client at the point of transfer of care
- Delayed treatment or delayed follow up or unnecessary repeat of tests
- Medication errors
- Any deviations from standard clinical practice

Accidents or incidents may involve the following:

- Staff (employed directly by this practice)
- Non-staff (clients, visitors, contractors)
- Events (Such as theft, non-client assault, gas leak, bomb hoax, security breach, medication error or client complication following treatment, breakdown in clinical handover)

Actual and potential risks are identified and actions are taken to increase the safety and improve quality care. The privacy of individuals involved is maintained.

Procedure

Employees report any slips, lapses or near misses in care or deviations in client care that might result in harm. The indemnity insurer is contacted for events that might give rise to a claim.

Completed “Adverse Outcome Reports” are:

- Completed as soon as possible after the incident occurs, preferably within 24 hours
- Filed in a “Significant Event Register” folder

Any additional medical and or other certificates, reports or pathology, related to the accident / incident are submitted as soon as possible, all documents submitted with the report are originals.

For injury occurring in the practice or course of work, [Business Name] reporting protocols must be followed. It is a requirement to report all injuries sustained in the workplace.

The practitioner should refer clients to another practitioner if there is a possible conflict of interest, for example an employee claim being managed by the employing practitioner.

Risk assessment

The designated employee conducts a thorough review of all hazards relevant to cause(s) of any injury, with a view to identifying appropriate controls.

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Risk control

Involves identifying and implementing all practicable strategies to reduce subsequent similar events or eliminate / reduce the causes(s) of injury or incident.

Informing relevant employees about changes and why they have been implemented (usually at a staff meeting) to reduce the likelihood of recurrences.

Retaining any documentation or evidence of the implementation of improvements.

Conducting subsequent review / s to ascertain whether the implementation of improvements was successful.

Documentation

Retain documentation of the investigation process and any agreed actions implemented to reduce the recurrence of the incident, and to log trends

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HAZARDOUS SUBSTANCES

Purpose

The purpose of this policy is to ensure that employees and community members are protected from the risks associated with using chemicals.

Definition

Hazardous substances are substances that can harm people's health. They may be solids, liquids or gasses. In the workplace, they are often in the form of fumes, dust, mists and gas.

Material Safety Data Sheets or Safety Data Sheets (MSDS or SDS) is information supplied by manufacturers and importing suppliers regarding a hazardous substance.

Personal Protective Equipment (PPE) is any item used or worn to reduce risk to workers' health and safety- including, but not limited to - boots, ear plugs, face masks, gloves, goggles, gowns.

Policy

[Business Name] ensures that all employees are educated in the safe use of hazardous material. Employees who are required to handle chemicals are trained in their correct and safe use, including the correct use of PPE.

All chemicals and cleaning equipment are used for the purpose intended and in accordance with manufacturer instructions. Dilution ratios are strictly adhered to.

Procedure

Cleaning Chemicals

The practice does not use cleaning agents or other chemicals which are known to be toxic to the user, such as glutaraldehyde and chlorine-based products. Chemicals and cleaning agents used in the practice are used according to manufacturer instructions.

Cleaning solution (detergents) mixed with other liquids is made at the beginning of each working day and discarded at the end of each working day, with the container rinsed and left upside down to dry overnight. To avoid wastage, only one days' worth of solution is made up at a time.

All containers of chemical agents are labeled for easy identification and appropriate use. Labels must be kept fixed to the container at all times and clearly legible.

Containers with diluted cleaning agents should state:

- Name, type and purpose of chemical agent
- Instructions on preparing and discarding the solution
- Warnings and / or health and safety instructions

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HAZARDOUS SUBSTANCES

Material Safety Data Sheets (MSDS) or Safety Data Sheets (SDS)

MSDS are made available for all substances used in the practice as required by law. The use and handling of chemicals, including cleaning agents, must comply with manufacturer instructions, and these can be found on the label or MSDS.

- MSDS and SDS are maintained and visibly placed on equipment and hazardous substances, to describe them and give clear instructions for their use
- The current manufacturer, importer or supplier copy of the MSDS or SDS is used by the practice, and this information is never altered
- A register of hazardous substances is kept and maintained by the practice

Storage

Chemicals are stored in a safe area, to prevent unapproved access. Check local, state / territory or federal legislation for specific handling and storage requirements.

- Containers of chemicals are stored in a cupboard out of the reach of children
- If the cupboard is below the waist, a childproof lock should be fitted
- All chemicals and hazardous materials are stored where practicable in the original container, when this is not practicable the container is labeled correctly with:
 - Name, type and purpose of chemical agent
 - Instructions on preparing and discarding the solution
 - Warnings and/or health and safety instructions

Education

- Employees are instructed on how to handle hazardous substances appropriately- documentation and ongoing training is provided
- Employees receive training on the correct use of PPE
- Contractors are aware of the use of hazardous substances and follow the practice's policy and procedure

Review

- Regular risk assessment is undertaken associated with the use of hazardous substances
- Regular audits of products are undertaken, and hazardous substances are stored, handled and documented according to assessed risk

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MATERIAL HANDLING

Purpose

The purpose of this policy is to reduce the number and severity of musculoskeletal disorders associated with tasks involving manual handling.

Definition

Manual Handling is any activity requiring the use of force exerted by a person to lift, push, pull, carry, or otherwise move or restrain any animate or inanimate object.

Policy

[Business Name] aims to identify tasks involving hazardous manual handling and to undertake risk assessments, reducing risks to employees as far as practicable.

Factors to be included in risk assessments include:

- Force applied
- Actions & movements used
- Range of weights
- How often & for how long, manual handling is done
- Where the load is positioned & how far it has to be moved
- Availability of mechanical aids
- Layout & condition of the work environment
- Workflow organisation
- Position of the body while working
- Analysis of injury statistics
- Age, skill & experience of workers
- Nature of the object handled
- Any other risk factor considered relevant

Procedure

Assess Risk

Before doing any type of manual handling, assess the situation.

Employees should ask the following questions:

- Should two people be lifting this, or am I able to lift this safely without risk or injury?

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MATERIAL HANDLING

- Is my pathway clear of all objects?
- What distance will I be going?
- Can I see clearly?
- Can I split the load to make it lighter?
- Should I use a moving device, such as a cart?

Action

- Reduce the size or weight of objects to be lifted or carried
- Prevent slips or falls by wearing appropriate footwear
- Ensure adequate lighting
- Size up the load – if in doubt seek assistance
- Clean the area regularly; spills should be wiped up immediately
- Check that equipment is in good working order and there is adequate space in which to work
- Weight limits: Seated – 4.5 kg. Standing – 16 to 20 kg (For ideal conditions and with a compact load held close to the body and with a short carrying distance)

Avoid

Avoid tasks that involve:

- Twisting, bending or extensive reaching
- Repeated or prolonged stooped posture
- Lifting that requires extended reach
- Repetitive lifts from below mid thigh or using forceful movements
- Prolonged bent neck posture when working on a low flat bench
- Repetitive tasks for a prolonged time
- Using excessive force to push, pull or hold an object

Employee Responsibility

If an employee identifies a task, piece of equipment, or work area that may be a risk, it should be reported to the appropriate person in the practice. A further detailed risk assessment will be conducted, and if necessary, changes will be made to reduce the risk of injury with training for employees as needed.

Purpose

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WORKPLACE VIOLENCE

Purpose

The purpose of this policy is to provide a safe, violence free working environment for employees, clients and visitors.

Policy

It is the responsibility of the practice and all employees to maintain a workplace that is free from threats and violence. Each team member and everyone in the practice deserve to be treated with courtesy and respect.

[Business Name] will not tolerate any violence in the workplace, this includes violence committed by or against team members.

Procedure

The list of actions, while not exhaustive, provides examples of conduct that is prohibited:

- Causing physical injury to another person
- Making threatening remarks
- Acting out in an aggressive or hostile manner that creates a reasonable fear of injury to another person, or subjects another individual to emotional distress
- Intentionally damaging practice property, or the property of another
- Possessing a weapon while in the practice facility or grounds
- Committing acts motivated by, or related to, sexual harassment or domestic violence

Reporting Procedures - Non Urgent

Any potentially dangerous situations must be reported immediately to a supervisor, team member or practitioner.

Reports of workplace violence may be made anonymously. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis.

All parties involved in a situation will be counseled and the results of investigations will be discussed with them. The practice will take appropriate action at any indication of a potentially hostile or violent situation.

Risk Reduction Measures

While the practice does not expect employees to be skilled at identifying potentially dangerous persons, the team are expected to exercise good judgment and to inform their supervisor, team member or practitioner if anyone exhibits activity which could lead to a potentially dangerous situation.

Such actions include, but are not limited to, the following:

- Discussing dangerous weapons and / or bringing such weapons into the workplace
- Displaying overt signs of extreme stress, resentment, hostility, or anger
- Making threatening remarks
- Exhibiting sudden or significant deterioration of performance
- Displaying irrational or inappropriate behavior

Urgent Dangerous Situations

Employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual. Employees should remain calm, make constant eye contact and talk to the individual.

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WORKPLACE VIOLENCE

If someone can be safely notified of the need for urgent assistance without endangering the safety of the staff or others, such notice should be given.

If a panic alarm is available and can be activated, do so immediately.

Enforcement

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination.

Non-employees engaged in violent acts on [Business Name]'s premises will be reported to the proper authorities and fully prosecuted.

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NON-HEALTHCARE EMERGENCIES

Purpose

The purpose of this policy is to outline standard emergency procedures and fire safety precautions within the practice, so that those required to take actions related to the protection of life and property have a reference and a basis for their decisions.

Definition

Unarmed Threat is defined as a threat by others confronting in a violent or threatening manner, or where a person threatens self-harm or suicide.

Armed Threat is defined as above, but where the person exhibiting threatening actions is armed with a weapon or there is a perception that the weapon will be used.

Policy

Types of non-healthcare emergencies include: failure of electricity supply, telephone or water, fire or false fire alarm, property damage, break-in, abusive or threatening telephone calls or persons at the practice, leakage of toxic chemicals, bomb threats and letter bombs.

Procedure

Non Medical Emergency Equipment (Located in reception area)

- White safety hat
- Yellow safety hat
- 2 x safety vests
- Whistle

Fire

- Small fires can be extinguished using a fire extinguisher as long as there is no danger to persons involved
- In the event that a fire that cannot be contained, call emergency services and begin evacuation

Fire Wardens

The following individuals are currently designated as Fire Wardens. They will assist in ensuring that the practice is completely evacuated when necessary by checking all rooms / toilets before leaving the building themselves, without putting themselves at risk.

They are also responsible for a head count at the assembly point.

Fire Warden: XXXXX (White Hat and Safety Vest)

Deputy Fire Warden: XXXXX (Yellow Hat and Safety Vest)

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Bomb Threat

A bomb threat may be received via telephone, in written format, or as a suspect object. The threat may be specific (where details of the device, location etc. are given) or nonspecific (merely a statement that a device has been placed somewhere).

In the event that a telephone bomb threat is received, the recipient should keep the caller talking (do not hang up at any time), and note as many details as possible on the “Bomb Threat Checklist”. (Refer to Appendix A).

Employees should regard all threats as genuine. Do not give details of the threat to the news media.

Action

- Attract the attention of a second person who can dial emergency service, but **DO NOT HANG UP THE PHONE**- even after the caller has hung up, as the telephone company may be able to trace the origin of the call
- Record exact information from the caller, including the location of the device, time of detonation
- Ask specific questions as per “Bomb Threat Checklist”
- Do not interrupt the caller, and listen for background noise
- Try to determine gender, age and nationality of caller if possible, listen for accent, how the message was delivered

If threat is in form of an object/package:

- If it is in unknown whereabouts, but on site, then employees should report to emergency services and search in pairs
- Examine areas that are easily accessible to the public first
- Open doors and windows so, in case of explosion, pressure is dissipated and structural damage is reduced
- If a suspicious object is found – **DO NOT TOUCH IT!** Report the find, keep the area clear, and contact emergency service who will provide advice
- If bomb explodes treat as a fire emergency and evacuate

If a suspected explosive device is found:

- Do not touch
- Clear the area
- Notify emergency services immediately
- Follow the directions given
- Prevent all persons from entering the area where the device is located

Personal Threat

A ‘Personal Threat’ may be in the form of either an ‘unarmed’ or ‘armed’ confrontation. It may result in robbery, theft, assault, or some other type of crime.

Action

- Ensure that other employees are notified immediately
- Notify the police using the emergency service number
- Press the duress alarm

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- Do not say or do anything that may encourage irrational action- In particular, try to:
 - Keep further than arms length away from the subject
 - Maintain an exit path for escape where possible
 - Avoid being trapped in a corner or small room
- Initiate action to:
 - Restrict entry to the practice if possible
 - Confine or isolate the threat from others
 - Clear the area of all persons not required to assist
 - Clear the area of all items that may be used as a weapon or items that may cause damage
- Evacuation should be considered (only if safe to do so)
- In addition, try to:
 - Preserve the scene until police arrive
 - Exclude media
 - Keep calm
 - Do not put yourself in any danger
 - Press duress alarm
 - Get the backup of a work colleague
- Keep distance between yourself and the aggressor; do not isolate yourself

Property Damage or Break in

Property damage refers to loss or harm to property owned or leased by the practice, whether it is located 'on site' at the facility or car park, or 'off site'. A 'break in' is defined as unlawful entry into the practice premises or other relevant areas operated by the practice.

In the event of property damage or a 'break in':

- Do not touch anything
- Clear the area of all employees and clients
- Initiate action to restrict entry to the building if possible in order to prevent all persons from entering the area
- Call emergency services- provide as much information about the property damage or 'break in' as possible
- Notify [Business Name] principal practitioner

Robbery

Prevention

Cash Handling

- Do not discuss cash holdings or storage of cash in public
- Consider not keeping cash on site
- Ensure procedures are in place regarding handling of cash and valuable equipment

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- Ensure all practice team members are aware of security and cash robbery procedures and what to do in the case of such an event- this routine should be regularly practiced as with any other type of emergency drill
- Make use of signage and stickers (such as, No cash held on premises)

Other

- Ensure sharps containers are anchor bolted to prevent easy removal of container
- Predetermine and designate escape routes and safe areas for practice team members to move to when required
- Consider installation of additional security devices such as duress/panic buttons and quality Closed Circuit Television (CCTV)

In The Event:

Employers

- Try to remain calm, assess the situation and do exactly as the offender says- remember the number one priority is your safety, the safety of other practice team members and clients
- Activate alarm devices as soon as possible, but only if it is safe to do so
- Avoid sudden actions and calmly explain any necessary movements to the offender- movements could pose an unintended threat to the offender, who may already be anxious and tense
- Speak only when spoken to, as any conversation with the offender will prolong the incident
- Observe and take note of any weapons that are being used
- If safe to do so, observe the direction of travel taken by the offender / s when they leave the premises
- Never take drastic action, and do not chase the offender

If an employee feels threatened by a client or individual, especially someone who is affected by drugs and seeking a prescription or needles:

- Consider giving the client what they want and getting them out of the treatment room or facility as quickly as possible
- Or leave the offender alone and vacate the practice
- Then call the police
- Don't confront the offender

After an Incident

Immediately telephone emergency services, even if a hold up or duress alarm has been activated.

Provide the police telephone operator with:

- Exact location – practice name / address of where the crime occurred, including the closest intersecting street
- Your name
- Details of persons injured and whether medical assistance is required
- Date/Time/Nature of the offence
- Number and description of offender / s, including any vehicles used
- Direction of travel
- Only hang up the telephone when told to do so, and stay off the phone until police arrive- unless you remember additional information that may be important

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In the practice:

- Close the practice to the public and keep unapproved persons out
- Make sure that no person touches or moves any items where the offender / s was / were present
- Consider arranging someone to meet police outside
- Request that witnesses, practice team members and / or clients remain until the police arrive, failing that, request their names, addresses and telephone numbers and pass them onto police when they arrive
- Supply to police all details no matter how insignificant they appear- this could include earlier suspicious clients / visitors, rude, drunk or drug affected clients or simply details of certain cars constantly driving past
- Crime affects different people in different ways and the impact may not be felt immediately- consideration should be given to coordinating professional trauma counseling for employees affected by crime

Power Outage

Clients can still be seen if the practitioner deems that a current history or notes are not necessary.

A power outage tray with letterhead, blank client summary sheets and flashlight is available at reception.

Reception:

- Fill in the client summary sheet with client details - minimum full name, address and date of birth
- Set up scanning in tray, away from public access

When power comes on:

- Arrive all clients through Power Diary
- Scan all new clinical notes and attach to the client file

Practitioner:

- Write visit up manually
- Place the written notes in the “to be scanned” tray, blank side up to protect client privacy

Evacuation

In certain circumstances, it may be necessary to evacuate the practice facility because of fire, bomb threat or hazardous fumes.

Employees and clients will be alerted to this by the distinct warning signal.

WARNING SIGNAL – Whistle (from Non-Medical emergency kit)

This is a warning to prepare to evacuate the practice facility. When the Evacuation Signal sounds, everyone should immediately leave the building by the nearest exit and move to the assembly point, as indicated on the practice’s established Fire Evacuation Plan.

Remain at the assembly point until “all clear” is given.

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BULLYING AND HARASSMENT PREVENTION

Purpose

The purpose of this policy is to provide all employees a fair and respectful workplace, outlining a culture of inclusivity without bias or discrimination.

Definition

Bullying and harassment describes any unwelcome actions or communication which has no legitimate function in the workplace and intimidates, humiliates or offends another person.

Policy

[Business Name] is committed to the principles of merit, fairness and respect for all people. The practice seeks to provide a working environment in which all employees are able to perform their duties without being subject to discrimination or inappropriate actions.

Bullying and harassment includes, but is not limited to:

- Name-calling and insults directed at another employee
- Writing of notes which are personally offensive to another
- Practical jokes (this may also be a safety issue)
- Unwanted physical contact of any kind
- Interfering with the personal property of any other employee
- Remarks or written comments which are personally insulting or offensive to other employees based on their race, background, gender, religion, sexual preference, appearance or any other personal attribute
- Unwelcome sexual advances, requests for sexual acts and other verbal or physical conduct of a sexual nature
- Interfering with the equipment, property or work of another employee in a way which is outside the normal course of duties (also a safety issue)
- Bullying can include isolating or excluding a person, psychological abuse, setting impossible deadlines, being overly critical and using aggressive language

Procedure

Activity is inappropriate and may constitute harassment if it is offensive to another person, even if this was not the intention of the one initiating the action. Bullying and harassment may be a once-off incident or a pattern of activity.

Any employee who is subjected to bullying, harassment or intimidation by a fellow employee, manager or supervisor should notify the principal practitioner. All complaints of harassment will be promptly and confidentially investigated using the practice's grievance procedure.

All employees have the responsibility to:

- Treat all people in the workplace fairly and with respect
- Refrain from actions which could constitute harassment, bullying or discrimination
- Report any incidents of harassment, bullying or discrimination to the principal practitioner
- Maintain confidentiality

Additionally, the practice is expected to:

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BULLYING AND HARASSMENT PREVENTION

- Follow appropriate procedures when a complaint is reported to them, making sure complaints are taken seriously, properly investigated, treated confidentially and resolved in a timely manner
- Ensure employees are aware of their obligations and the practice's policies and procedures relating to harassment, bullying or discrimination
- Promote a work environment free from harassment, bullying or discrimination

[Business Name] regards bullying and harassment as serious misconduct, and any person who is found to be behaving in this manner will be subject to disciplinary action and may have their employment terminated.

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TEAM HEALTH OBLIGATIONS

Purpose

The purpose of this policy is to encourage all employees to take their health and welfare, and the health and welfare of others seriously.

Policy

Employees are required to take reasonable care of themselves and not do anything that would affect the health and safety of others at work. Any reasonable health and safety instructions must be followed.

Employees must:

- Take reasonable care for their own health and safety
- Take reasonable care for the health and safety of others who may be affected by their acts or omissions
- Cooperate with anything the employer does to comply with health and safety laws or requirements
- Not 'intentionally or recklessly interfere with or misuse' anything provided in the workplace

Procedure

It is important that employees:

- Ask if they are not sure how to safely perform a task
- Follow instructions and work safely
- Report unsafe and unhealthy situations and injuries to an immediate supervisor

All employees are responsible for protecting their own health and safety at work.

To reduce the risks to health and safety:

- Keep work areas free of hazards
- Make sure employees are provided induction, training and instructions to feel safe doing the tasks assigned
- Follow all reasonable (safe) directions by supervisors
- Employees should not undertake work if they're not confident the task can be done safely - refer to a supervisor for guidance and training
- Stop work if you become aware of an unsafe situation and immediately report it to your supervisor
- Read all policies and procedures carefully, particularly where they may impact on health and safety.
- Comply with all policies, procedures and instructions in relation to work, health and safety (WHS)
- Wear all required PPE
- Equipment must be in line with correct policies, procedures and training
- Do not take drugs or consume alcohol before or at work
- Actively support WHS consultation processes
- Assist incident investigators or workplace inspectors

Do not place others at risk.

It is every employee's responsibility to not place others at risk:

- Do not divulge co-workers personal information, including telephone numbers to others
- Take reasonable care that actions or lack of action does not adversely affect others
- Do not interfere with, change or remove any safeguard, safety device or PPE, except when part of an approved maintenance, repair or emergency procedure
- Report all hazards or incidents to a supervisor as soon as possible
- Do not attend work when infectious or unwell - employees should be free of symptoms for at least 24 hours before attending the workplace

HEALTH AND SAFETY

HOME VISITS

Purpose

The purpose of this policy is to ensure all home visiting by [Business Name] employees and contractors is conducted in a safe and secure manner.

Policy

Practitioners make visits to regular clients where it is safe and reasonable. These visits may be to clients in their homes, a residential aged care facility, or hospital both within and outside normal opening hours where such visits are deemed safe, and where the clients are acutely ill, immobile and elderly or have no means of transport to the practice.

For regular clients whose circumstances are deemed not safe and reasonable, the practice ensures that there is an alternate system of care that these clients can access.

Procedure

The following safe practice procedure enables practitioners to carry out home visits with a high level of safety.

Home visits are regarded as a workplace activity and the following requirements apply:

- It is the duty of the employer to identify and assess hazards and if reasonably practicable, eliminate risks- if that is impracticable, the risks must be controlled
- It is the duty of the manager or supervisor to ensure that the policy and procedures of the employer are implemented, followed and reviewed
- It is the duty of all staff to take reasonable care for the health and safety of people who are at the employees' place of work and who may be affected by the employees' acts or omissions at work

As part of any safe workplace, practitioners are strongly encouraged to always use past experience and to consult with colleagues and managers at all times.

Conduct risk assessment

Prior to the first home visit and when circumstances change, an assessment is carried out to evaluate any risks associated with the client and their home. (Appendix B)

A formal assessment clarifies whether the risk is:

- High / extreme risk: Do not visit the client - consider alternative arrangements (see Document risk management plan below)
- Medium / significant risk: Two staff to visit the client until further assessments demonstrate otherwise
- Low risk: Visit the client, but always conduct a mini risk assessment immediately prior to entry

Clients with stable mental health will have the level of risk re-assessed at their management / individual plan review, or where there is reason to believe that the level of risk has changed. Assessment, prevention and management planning should include the client, as well as the roles of caregivers, clients family members and other practitioners involved in the client's care.

Assess Risk

When assessing risk:

- For existing clients, refer to and use the client's health history for guidance on management of any risks identified

HEALTH AND SAFETY

HOME VISITS

- Two employees will conduct an initial assessment for risk of aggression, preferably at the designated workplace if possible. If only one employee is available, measures must be in place for the worker's safety, such as phoning the office prior to engaging the client and establishing safety protocols
- Two employees should conduct the initial home visit during office hours, and during this visit, the home assessment should be completed
- Workers who are uncertain as to the level of risk involved in a home visit must discuss the situation with their supervisor before going to and / or entering the client's home
- Consider risk to staff concerning possible allegations of sexual misconduct by clients, particularly in the privacy of a client's home

Risk management planning

In making decisions regarding home visits, all factors need to be considered, including mitigating circumstances such as physical disability and presence of supportive relatives.

Where risk is assessed as medium / significant or high / extreme, practitioners should never visit a residence, until they have discussed risk with their supervisor and a management plan is developed.

Management plans must always contain risk reduction strategies.

Risk management strategies need to be built into the individual's care plan and the effectiveness monitored and evaluated:

- Individually between the client and their care coordinator
- Through regular team meetings and care conferences (where applicable)

Risk Categories

The assessed level of risk will inform risk management options.

Level A (Low Risk)

The level of risk is acceptable and able to be managed with existing procedures (no plan required)

For example:

A telephone call to the client to ensure that:

- The practitioner can safely provide the service
- Safe and well-lit access is available through gates, doors, and when entering high density housing
- Pets are suitably restrained
- The house and entry are illuminated, if the visit is to be conducted at night (avoid visits after dark as much as practicable)

Level B (Medium Risk/Significant)

The level of risk is acceptable but requires adjustments to human resources (such as, the client must be visited by 2 people) and a risk management plan developed.

Two staff should visit when:

- The risk of aggression is 'medium / significant', or has not been assessed
- Violence has occurred in the past but not in the recent past, and there are concerns that the client may be unwell or is becoming unwell
- Reports have indicated that the client is 'upset' or 'distressed'

HEALTH AND SAFETY

HOME VISITS

- The practitioner visiting:
 - Does not know the client
 - Is not trained in assessing aggression or assessing the environment
 - Is not trained in de-escalation or self-defence strategies
 - Is not aware of safe home visiting policies and procedures

If two workers can not undertake the home visit, the home visit is not to be actioned.

Level C (High Risk/Extreme)

The level of risk is too high and cannot be mitigated through rearrangement of resources or a risk management plan, practitioners should not visit a client at home if:

- The assessed risk of aggression is 'high' or 'extreme'
- Violence is known to have recently occurred and the perpetrator (client or other person) is at the address or could return to or arrive during the visit
- The client or other person / people present is exhibiting signs of aggression and / or intoxicated by alcohol and / or drugs
- If it is considered unsafe to visit a client at home, then alternative arrangements must be made

Alternative arrangements may include:

- Client attendance at a health care facility during office hours
- A multi-party appointment with another service

When a home visit has been assessed as unsafe, practitioners will:

- Explain and document the reasons
- Work with the client to identify more appropriate options
- With the client's consent, refer appropriately

Attending the home visit

Visiting a client on the way to or from work

Home or community visits on the way to work or on the way home from work will not occur without prior approval of a manager, with documented justification for this decision. Procedures should be put in place to manage such visits.

Practitioners Movements

The practitioner about to embark on a home visit must contact [Business Name] reception prior to a home visit, otherwise the home visit must not be actioned as employee safety is paramount. Where possible, a "share my location application" should be used.

Prior to leaving for a home visit, the practitioner must inform reception of the following:

- Expected time of arrival at the nominated venue (or venues, if conducting several visits or appointments)
- Expected length of each visit or appointment
- Name, address and telephone number of the client's being visited
- Any other appointments that the practitioner will be conducting while out, and the order in which visitations are expected to occur
- Mobile telephone number
- A description of the vehicle to be used including colour, registration and type / model

HEALTH AND SAFETY

HOME VISITS

Reception will:

- Review the client's risk profile
- Agree on a code word for the practitioner to use if in distress

The practitioner must report back to the office by phone upon return, and in circumstances where the visit has gone beyond the expected timeframe.

If reception receives a call from a practitioner at risk:

- Check the address, ask the nature of the crisis and ask what is needed
- If you hear the agreed upon code word, call emergency services

Necessary Equipment

When conducting a home visit, practitioners should:

- Always carry a working mobile phone that is appropriately charged
- Have emergency service and relevant office numbers programmed into the speed dial function of the mobile phone
- Have access to relevant safety equipment such as flashlights (practitioners must always carry a flashlight if visiting at night), first aid kits and emergency information folders, ensuring that these items are in good working order and up to date

Upon Arrival

- Park on the street in a well-lit place where the car can't be parked in or obstructed
- Do not enter the home if you can hear people arguing at the premises, if you see people using alcohol or drugs at the premises or if you feel threatened

If you become concerned for your safety or are threatened with physical harm upon arrival for a client visit, you should:

- Leave immediately
- Drive to a safe location and then contact the office, or if urgent, the police and then your manager
- If necessary, proceed to the nearest police station

During home visit

All practitioners should receive full training in identifying and managing risks, such as risk of aggression and hazards around the home.

The following safety procedures should be adhered to by all employees during home visits:

- Be cautious when entering a client's home
- If an unfamiliar person opens the door, make sure the client is home and that you feel safe before entering (It may be necessary to abandon the visit if you have any concerns)
- Ask whether there are other people at home- be aware of the presence of others
- Be aware of house layout and your exit routes
- Keep your keys and mobile phone on you
- Conduct a quick assessment by asking yourself:
 - Is the client coherent?
 - Is there anything different in their actions?
 - Are they exhibiting signs of agitation or aggression?

HEALTH AND SAFETY

HOME VISITS

- Is there any evidence of alcohol or drug use?
- Are other people present?
- Is anyone arguing?
- Are there any weapons?
- Is the home in disarray or different than usual?
- NEVER attempt to physically stop violent activity or get involved in arguments
- If there is an identified safety risk due to aggression, leave immediately
- Take note of all possible hazards and report them on your return to the practice
- If a medical emergency arises while on a home visit, call emergency services and wait for help

After the visit

- Report any incident or significant observations to a supervisor or manager (see Critical situations below)
- Document any incidents, concerns or significant observations in the client notes
- Report to the office via phone after each visit
- Speak to a supervisor if you need debriefing, counselling or support services

Critical Situations

Employees must not enter any client's home if there is a potential critical situation. Under these circumstances, the practitioner should leave immediately and alert a manager to determine who needs to be contacted for assistance.

In circumstances of impending danger, the practitioner should contact the relevant emergency services first and then inform a manager.

After an incident:

- Ensure there is no longer any danger present- if there is concern for the welfare of the client or others, immediately contact the police and / or ambulance and a manager
- Seek medical treatment for yourself if required
- Request debriefing, support and/or ongoing counselling if required
- Ensure a critical incident report is completed within 24 hours and assessed by a manager
- Facilitate debriefing and support for the client and others involved

HEALTH AND SAFETY

OFF SITE / WORKING FROM HOME

Purpose

The purpose of this policy is to offer employees the ability to work from home under certain circumstances.

Definition

VPN is a Virtual Private Network.

Policy

[Business Name] offer team members the ability to work from home under certain circumstances, enhancing work life balance, improving productivity and to facilitate government directions (such as where required or possible during the COVID-19 pandemic).

Procedure

Working hours

Any employee who has been approved to work from home will set their working hours in discussion with practice management. The set schedule will be maintained.

Safety

[Business Name]

may have responsibilities for the safety of employees even when working from home. Generally, the practice is only responsible for the duration of time that the employee is working as scheduled. Therefore, [Business Name] will not be at fault if an injury occurs outside of work hours.

Communication guidelines

Remote collaboration cannot happen without communication. When employees are working from home, it is expected they will use email and internal instant messaging as day to day communication. Messages should be replied to in a timely manner.

Technology usage

[Business Name]'s Use of Equipment and Computer Policy is to be followed at all times. Lost or damaged equipment must be reported immediately.

Home Office Environment

Physical Environment

- A designated work / study area has been identified which provides sufficient clear space to enable the employee to have the full range of movement required to work without risk of strain or injury
- There are no trip hazards (such as cabling, mats, clutter)
- Non-smoking environment
- For two level homes, it is recommended that all work is undertaken on the ground floor or same level where practicable- stairs (if any) have a continuous handrail from top to bottom
- There are appropriate amenities

HEALTH AND SAFETY

OFF SITE / WORKING FROM HOME

- Ventilation and room temperature can be controlled, regardless of season
- Path to the exit is reasonably direct, free of obstructions or trip hazards to allow unimpeded passage

Auditory / Visual

- Lighting is adequate for the tasks being performed, glare and reflection can be controlled
- There is no excessive noise affecting the work area

Security

- Security is sufficient to prevent unapproved entry by intruders

Electrical

- Power outlets are not overloaded with double adapters and power boards
- Electrical circuit protection (circuit breakers) is in place for work related equipment
- Electrical cords are safely stowed
- Connectors, plugs and outlet sockets are in a safe condition
- Electrical equipment is free from any obvious external damage
- Computers and mobile devices are used only on a VPN

Workstation Set Up

Work Area

- The area of the work surface is adequate for the tasks to be performed
- A document holder is used if transcribing information from hard copy to computer, or if referring to reference material for prolonged periods
- The most frequently used items are within easy reach from the seated position
- There are no sharp contact points on the workstation or other equipment

Seating

- The seat height, seat tilt, angle and back rest are all adjustable
- The chair has a 5-point base to ensure stability (does not slip or roll) on the floor
- There is adequate lumbar support and padding
- The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor
- The seat back is adjusted to support the lumbar curve of the lower back
- The seat pan tilt is adjusted so that hips and tops of thighs are at right angles or slightly greater
- Chair arms are not present or are low enough to easily clear the desk

Desk

- The desk is at a suitable height
- There is adequate leg room under the desk, and no clutter
- A footrest is available if needed

Computer Equipment

- Keyboard to user distance allows user to relax shoulders with elbows close to the body
- Keyboard position is flat and in front of the screen
- Mouse is placed directly next to the keyboard, fits hand comfortably and works freely

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OFF SITE / WORKING FROM HOME

- Mouse is at same level as the keyboard
- Monitor height is adjusted so the top of the screen is level with or at slightly lower height than eye level (approx. 400mm above the work surface)
- Monitor is approximately arm's length from user
- Monitor is positioned to avoid glare, such as perpendicular to a window or other strong light source

In the event of using a laptop computer:

- A laptop stand is used to raise the laptop screen such that it is the same height as the user's eyes
- An external keyboard and mouse is used with the laptop

Once setup is completed, a photo of the home office is sent to [Business Name] and kept on file for future reference.

Physical Aspects

- Safe posture is adopted
- Any lifting, pushing or carrying type task is well within physical capacity
- Wrists are kept straight and not supported on surface while typing, or ergonomic wrist cushion is used
- Sitting posture is upright or slightly reclined, with lower back supported
- The telephone is within easy reach from the seated position
- Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching

Emergency Procedure

- A procedure has been established to periodically confirm with the office workplace that the home worker is safe and well
- Telephone or other communication devices are readily available to allow effective communication in an emergency situation
- Emergency contact numbers and details are known
- Access to first aid supplies is available in the home
- A smoke detector is installed in / near the designated work area and is properly maintained
- Any safety incidents will be reported using the practice's incident reporting system

Individual factors

The employee's fitness and health is suitable for the tasks to be undertaken.

Important: Any special needs to ensure health and safety have been advised to a manager and can be accommodated (such as, are there any pre-existing injuries, illness or disease that could be accelerated, exacerbated, aggravated, re-occur or deteriorate in performing the inherent requirements of the role – especially when working remotely from a home-based office?).

HEALTH AND SAFETY

EMPLOYEE VACCINATIONS

Purpose

The purpose of this policy is to reduce employee risk of catching diseases that are preventable through vaccination, and to reduce the risk of passing these diseases on to vulnerable people in their care.

Definition

WHO is the World Health Organization.

Policy

[Business Name] take all reasonable steps to encourage workers to be vaccinated.

Employees working directly with clients should get appropriate vaccinations to reduce the chance of getting or spreading vaccine preventable diseases.

Employees are offered vaccinations where appropriate, depending upon the likelihood of their contact with clients and / or blood supply substances.

Any government mandatory vaccinations are adhered to by the practice and employees.

Procedure

Vaccination history is sought from all new employees at orientation. Any additional vaccination requirements will be administered within the first few weeks of employment, with the exception of influenza which should be administered annually in autumn.

Each employee should be individually assessed for specific vaccines, taking possible contraindications into account.

The practice keeps an extensive and up-to-date record of the vaccination history of each employee. This assists in identifying non-immune employees to ensure they are excluded from contact with clients during disease outbreaks.

Guidelines for Vaccination

[Business Name] follows the advice of WHO and the national disease control organisation for guidance in the appropriate vaccination requirements for practitioners and other staff.

Employees are offered recommended vaccinations as appropriate to their duties.

The following vaccinations should be considered:

- Diphtheria, Tetanus
- Pertussis
- Poliomyelitis
- Measles Mumps & Rubella
- Meningococcal Type C
- Influenza
- Hepatitis B
- Chicken Pox

HEALTH AND SAFETY

EMPLOYEE VACCINATIONS

- COVID-19

Documentation

Employment Records are initiated for all employees detailing their vaccination status.

These will be maintained and include details of:

- Disease history
- Vaccination
- Antibody results
- Test results (such as Serology results)
- A record of vaccines consented / refused

These records remain confidential, secure and accessible by approved practice employees 24 hours a day, 7 days a week. Records are maintained by a designated employee and are routinely updated whenever new vaccinations, tests or disease occur.

For all work related vaccinations, employees should be given a verbal explanation about each disease (and its effects).

To further enhance informed consent, It is strongly recommended that employees are advised to speak with their primary care provider regarding related vaccinations.

If vaccinations are requested by [Business Name] of employees, then employees are required to providing written consent for either:

- Vaccination
- Serology
- Refusal of vaccination

If employee receive vaccinations, the following details must be recorded:

- Informed written consent
- Date vaccine administered
- Brand name

HEALTH AND SAFETY

SHARPS INJURY MANAGEMENT AND BODY FLUID EXPOSURE

Purpose

The purpose of this policy is to ensure that all employees are familiar with the management of sharps injury and body fluid exposure.

Definition

Personal Protective Equipment (PPE) is personal protective equipment: any item used or worn to reduce risk to employee health and safety, such as gloves, protective eyewear and face masks.

Standard precautions are standard operating procedures that apply to the care and treatment of all clients, regardless of their perceived or confirmed infectious status.

HBV is Hepatitis B Virus, a blood borne virus.

HBC is Hepatitis C Virus, a blood borne virus.

HIV is Human Immunodeficiency Virus, a blood borne virus.

Policy

Occupational exposure to needle stick injuries and body substances can be prevented by using standard precautions, wearing PPE and implementing safe work processes.

[Business Name] is responsible to ensure that:

- Employees are familiar with the practice policy regarding management of blood and body fluid exposure, including prevention
- Employees consider the blood and body substances of all patients as potential sources of infection
- Employees receive education and regular in-service training in infection control matters
- Documentation is maintained of employee vaccination status, and employees have been offered recommended vaccinations appropriate to their role
- Investigate any incidents and modify procedures as required to reduce the risk of recurrence

Procedure

The practice understands that the management of occupational exposure to blood or body fluids includes:

- Rapid assessment of the employee and the source client
- Referral to casualty department or general practitioner for assessment
- Documentation of the incident
- Counselling for the employee
- Timely administration of medications where appropriate
- Investigation of the incident to enable modification of procedures if required

Occupational exposure to needle stick injuries and body substances can be prevented by using standard precautions, wearing PPE and implementing safe work processes.

HEALTH AND SAFETY

SHARPS INJURY MANAGEMENT AND BODY FLUID EXPOSURE

Preventing blood and body fluid exposure

- Use standard precautions where there is a risk of blood or body fluid exposure
- Implement safe work practices around the handling of sharps, specimens, waste, cleaning of the environment and reusable items
- Assess and manage any blood and body fluid exposure immediately

Hierarchy of Controls

- Elimination of hazard:
 - Remove sharps and needles and eliminate all unnecessary injections
 - Jet injectors may substitute for syringes and needles
 - Other examples include the elimination of unnecessary sharps like towel clips, and using needleless IV systems
- Engineering controls:
 - Examples include needles that retract, sheathe or blunt immediately after use
- Administrative controls:
 - Policies aimed to limit exposure to the hazard
 - Examples include allocation of resources demonstrating a commitment to health care worker safety, a needlestick prevention committee, an exposure control plan, removing all unsafe devices, and consistent training on the use of safe devices
- Work practice controls:
 - Examples include no re-capping, placing sharps containers at eye-level and at arms reach, emptying sharps containers before they're full, and establishing the means for safe handling and disposing of sharps devices before beginning a procedure
- PPE:
 - Barriers and filters between the worker and the hazard
 - Examples include eye goggles, gloves, masks, and gowns

Following Occupational Exposure

The practice follows this procedure after occupational exposure:

Clean / decontaminate:

- Skin, wash with soap and water
- Mouth / nose / eyes, rinse well with water or saline

Notify the appropriate person at the workplace

The Source Client

- Explain to the client what has occurred- reassure the source client, and offer pre-test counselling
- Refer to primary care provider or emergency services, as appropriate
- Obtain consent to have the source client's blood tested for Hepatitis B, Hepatitis C and HIV
- Take a history from the source client – maintain the client's confidentiality and do not interview them in front of relatives:
 - Unprotected sexual intercourse

HEALTH AND SAFETY

SHARPS INJURY MANAGEMENT AND BODY FLUID EXPOSURE

- Sharing needles, tattoos, body piercing
 - Sharing razor blades or toothbrushes
 - Blood or body fluid exposure of mucous membranes or non intact skin
 - Infection with HIV, HBV, HCV
 - If the source client has a history of at - risk activities, inform them that it can take upto 3 months after exposure for a positive result (window period in diagnosis)
- If any of the employee's blood went into the client, or onto instruments that were then used, the employee also needs to be listed as a source

The Exposed Person

- Person needs to be tested and post exposure prophylaxis (PEP) needs to be considered
- Obtain consent from the exposed person for urgent baseline testing for Hepatitis B, Hepatitis C and HIV to establish if the employee has previously acquired an infection from other exposures
- The exposed person's confidentiality must be maintained
- Refer the exposed person to the casualty department or a general practitioner- the exposed person may elect to have these tests performed at a different practice facility, or with their own doctor
- Advise them to practice safe sex until their results and the source's results and history have been reviewed
- Give the exposed person the telephone number for the relevant health department or communicable disease contact, and other advisory services

Treatment

Effective treatment is of utmost importance, refer both the source client and exposed person to their primary care provider or emergency services for the proper course of care.

Documentation

Report any exposure to the appropriate employee, in addition to normal incident reporting protocols:

- What procedure was being undertaken
- How the injury happened
- The name of anyone that witnessed it
- The nature and extent of the injury
- Exactly what you were injured with (specify gauge of the needle)
- The body substance involved
- How much blood or body fluid was the health professional exposed to
- What personal protective equipment was being used?
- The full name and address of the source. If the source cannot be identified, document "source person not known"

BOMB THREAT CHECKLIST

KEEP NEXT TO PHONE

Try to record the exact wording of the threat: _____

Ask the following questions:

When is the Bomb going to explode? _____

Where did you put the Bomb? _____

When did you put it there? _____

What does the Bomb look like? _____

What kind of Bomb is it? _____

What will make the Bomb explode? _____

Did you place the Bomb? _____

Why did you place the Bomb? _____

What is your name? _____

Where are you now? _____

What is your address? _____

DO NOT HANG UP

BOMB THREAT CHECKLIST

KEEP NEXT TO PHONE

Voice	Speech	Manner	Telephone	Background
Male	Accent	Calm / Angry	Mobile	Noisy
Female	Fast / Slow	Emotional	Public Phone	Quiet
Child	Impeded	Loud	Private	Music
Unknown	Nasal	Soft		Typing
	Hesitant	Polite		Children
	Uneducated	Intoxicated		TV
	Other	Other		Machinery
				Aircraft
				Trains
				Other

HOME VISIT CHECKLIST

Client ID: _____

Date: _____ Staff Member: _____

Client Address: _____

Question	Yes/No	Notes
Visit scheduled during office hours		
Checked address on google maps, checked landmarks		
Property well lit		
Easy access / parking		
Pets present		
Pets restrained		
Are there any smokers in the home?		
Check whether there are other people living at the address or if there will be anyone else present at the time of the visit. If so, who and does anyone have a history of violence?		
Are there firearms held at the property?		
Check the current care plan, including information about the client, the needs and history, including any challenging actions.		
Prepare	Yes/No	Notes
Become familiar with potential work health and safety risks and their controls and safe work procedures.		
Record the appointment details including client's home address and ID number in your Power Diary calendar and notify reception of your schedule.		
Know what to do in an emergency or threatening situation & how to leave the client's home if you feel unsafe		

HOME VISIT CHECKLIST

Discuss with Intake that ringing the office and saying "I have left my red folder on the desk and can someone bring the folder to (address)- will alert that I am in danger and require immediate help.		
Ensure that mobile phone is fully charged and carry it at all times.		
Install 'Slack' and a "Find Me App" on your mobile and alert reception of the home visit and expected time of departure.		
Pre-program emergency and out of hours telephone numbers into your mobile.		
Dress appropriately with appropriate footwear - fully enclosed, non-slip with durable soles.		
Ensure there is adequate fuel in the vehicle, and the vehicle is in good order prior to leaving.		
Keep vehicle locked while driving.		
If vehicle breaks down, call roadside assistance, notify office and remain in your vehicle		
Ensure there is first aid equipment permanently in vehicle.		
At First Visit	Yes/No	Notes
Park vehicle on the street in a well-lit place, facing the way you will be exiting.		
Note entrances and exits to the home and keep your keys and mobile on you.		
Do not enter if there are any unrestrained, potentially aggressive animals.		

HOME VISIT CHECKLIST

Before knocking, listen for arguments, or anything that may make you feel uneasy about entering the premises. i.e. drug use or domestic violence, etc.		
Leave if there is any evidence of a threat to you or safety issue.		
If an unfamiliar person opens the door, make sure the client is home before entering (can do this with a pre-visit phone call).		
Only take to the premises what you need.		
Report risks to a manager to consider an alternate plan (e.g. postponing visit).		
After the Visit	Yes/No	Notes
Report any incident or significant observations to your manager		
Report to reception when you return from the visit		
If Incident occurs	Yes/No	Notes
Ensure there is no longer any present danger. If concerned for the welfare of client or others, immediately contact the police and/or ambulance and your manager.		
Seek medical treatment for yourself if required		
Request debriefing, support and/or ongoing counselling from a manager, if required.		
Ensure a critical incident report is completed within 24 hours and assessed by a Manager		
Facilitate debriefing and support for the client and others involved.		

ADVERSE OUTCOME REPORT

Reported by: _____

Date and Time of Adverse Event: _____

Who was involved (Circle Answer):

Staff

Visitor

Name of any witnesses:

Incident Classification (Circle Answer):

Fall

Exposure to Body Fluids

Needle Stick

Hazardous Spill

Adverse Response to treatment

Privacy Breach

Act of Aggression

Equipment Failure

Complaint

Theft/Loss

Factual Description of Event:

Immediate Action:

ADVERSE OUTCOME REPORT

Investigation and Lessons Learnt:

Assistance (Circle Answer)

Police Fire Ambulance

Debriefing (Circle Answer)

Onsite Referred

For discussion at Practice Meeting (Circle Answer)

Yes No

Reported to (Circle Answer):

Manager/Practice Owner Indemnity Insurer

Signature of reportee

Signature of Manager/Practice Owner
