

# Work Health and Safety Policy and Procedures

## Reference Materials Appendices G – M

### Table of Contents

<b><i>G. Injury Management</i></b>	<b>2</b>
<b><i>H. Emergency (Crisis) Response</i></b>	<b>3</b>
<b><i>I. Health Issues</i></b>	<b>5</b>
<b><i>J. Waste Management</i></b>	<b>15</b>
<b><i>K. Responding to Behaviours in Emergency Situations</i></b>	<b>17</b>
<b><i>L. Safety with Electrical Appliances</i></b>	<b>20</b>
<b><i>M. What to do when someone falls</i></b>	<b>22</b>

## G. Injury Management

Injury Management includes the processing and administration of all WorkCover claims and the provision of vocational rehabilitation where appropriate. In accordance with the Workers' Rehabilitation and Compensation Act. The House Operator undertakes to meet the obligations of the employer by being actively involved in all rehabilitation programs by-

- Training coordinators with rehabilitation responsibilities in effective rehabilitation
- Providing supervision for the injured staff member and ensuring that the workplace is conducive to safe working practices
- Identifying appropriate duties for which the staff member has a capacity to perform
- Assisting in the monitoring of the rehabilitation program

### a. Claims Management

The employer is required to comply with all relevant WorkCover legislation and regulations and relevant terms of the applicable industrial award covering an employee injured during their approved working hours. The House Operator will seek support from any specialised services and or consultants if additional professional advice is required.

If an employee is injured during approved work hours and undertaking approved work then the following will apply:

- Employee reports all accidents / incidents to the WHS officer and the Board via an Incident Report form.

### All staff are responsible for:

Advising the WHS officer, who will notify WorkCover in the case of immediately notifiable work injuries which are:

- A work-related injury that causes death
- A work-related injury that causes acute symptoms associated with exposure to a substance at work
- A work-related injury that requires treatment as an in-patient in a hospital immediately after the injury.

**WorkCover** requires that these injuries are reported **immediately** or as soon as practical by phone or fax and in writing on the prescribed form within 24 hours.

### b. Rehabilitation Management

Staff members with a work-related injury will be contacted by and given information and assistance regarding their claim. Not all injured staff members will require a detailed rehabilitation program. Most will be restored to their pre-injury duties through normal medical services provided by their treating medical practitioner.

Where rehabilitation is required, the WHS officer will arrange to meet with the staff member and other relevant parties which may include treating medical specialists arrange early intervention and support for an early and safe return to work. There may be times when an external rehabilitation coordinator is required.

## **Recognition of Roles and Responsibilities**

### **A Staff member with a work-related injury is entitled to:**

- Choose their treating medical practitioner regarding their rehabilitation
- Have a current copy of their rehabilitation program
- Be meaningfully involved in all decisions regarding their rehabilitation program
- Have any personal information concerning their claim kept confidential and no information divulged without their written authority (within the provisions of the Act.)
- Seek independent advice before signing any document
- Be provided with access to this procedure
- Access to medical or vocational information which pertains to their rehabilitation program
- Have a review of a rehabilitation program where it is proving ineffectual or unsatisfactory
- Security of employment during rehabilitation
- Provision of a rehabilitation program which takes account of individual needs including recognition of cultural or linguistic background
- Have any grievance or dispute managed in a timely manner.

### **When a staff member sustains a compensable injury they must**

- Undertake appropriate treatment from the medical practitioner of their choice to facilitate a safe return to work
- Participate actively in the planning and implementation of a rehabilitation program with the agreed primary goal being to return to work
- Accept the provision of safe and suitable alternative duties where they form part of an agreed rehabilitation program
- Abide by agreed medical restraints and not carry out duties which conflict with these restraints.

## **H. Emergency (Crisis) Response**

Unforeseen incidents may occur at short notice that must be dealt with urgently outside the standard policy framework. While precise procedures cannot be laid down, there is a need for a general policy to guide the response to crisis.

### **Possible types of emergencies (crises) that could occur in the Workplace Include:**

- Medical and health
- Fire and flood
- Bomb Threat
- Burglary and Theft
- Motor Vehicle Accident
- Accident in the workplace
- Accident in a community setting
- Threatening behaviour or violence
- Death of a client or staff member on duty.
- Terrorist Attack

On being informed of any crisis situation, the WHS Officer shall arrange to meet with the Board at the first feasible opportunity and report on any actions taken to:

- Ascertain the nature and extent of any damage
- Institute any urgent recovery procedures

### **Responsibilities of all employees**

It is the responsibility of each employee to ensure that they are aware of the potential threats to their personal safety that have been identified. They must also ensure that they are familiar with the procedures that have been developed for responding to those threats.

### **Medical and health emergencies**

- All direct care staff will have a current first aid certificate.
- Staff will administer first aid in an emergency situation and call for an ambulance. Staff are not to hesitate in their decision to call an ambulance and will not be chastised or disciplined for calling an ambulance which may not be required.
- Staff will receive training and support related to special health care issues including management of choking, or management of epilepsy. Training will be from a designated registered nurse and will include appropriate emergency responses.
- Staff resources will be allocated to ensure clients are safe when pursuing activities/interests. If adequate supports are not available to safely support clients with activities then the activity may need to be postponed or cancelled until adequate resources are available
- The House Operator will have systems in place to ensure any impacts of staff shortages do not compromise resident safety. This may result in staff being reallocated across the services in an emergency. The Board will provide back-up support to direct hands-on staff and will be available to provide additional advice and support
- In the event of a staff member ceasing employment, the House Operator will make appropriate arrangements to cover the position in the interim by qualified staff until relevant recruitment is undertaken.

### **Burglary and theft**

In the case of burglary or theft, contact the police and make a report. An incident report must be lodged.

### **“Accident” in the workplace**

- Staff will administer first aid and call for an ambulance
- Under no circumstances are staff to place participants, themselves or other staff at risk in an attempt to save property, e.g. fire or burglary.

### **“Accident” in community settings**

- Staff are to seek support from the public in emergency situation if required, e.g. request for someone to telephone the ambulance or police if they do not have their own mobile phone
- When faced with an emergency whilst in public, staff are to ensure the privacy and confidentiality of the participant(s) is maintained.

### **Threatening behaviour or violence**

- At all times staff have a duty to respond immediately in order to protect their client(s) themselves, and others at risk.
- Participants who exhibit severe behaviour problems do so in order to have their needs understood and met, and may continue to experience difficulties in coping, and outbursts of behaviour which threatens injury to self, others and damage to property, may occur.

### **Death of a resident or staff member on duty**

Death is a very sensitive issue and it is vital that staff be aware of the need to provide support to other clients and to adequately deal with their own grief and loss.

The following are clear guidelines on what steps to take and who to contact:

- Under no circumstances is the body to be moved until authorised by a Medical Practitioner (GP) or the Police
- The immediate area is not to be disturbed and no items moved, as this may interfere with forensic evidence gathering.
- The staff member will advise the Board immediately who will:
  - contact the Police
  - attend and give assistance as required to GP/Police/other residents/staff.

### **Debriefing**

After dealing with an emergency situation, any staff member or participants may wish to take the opportunity to talk about what happened with someone not directly involved with the emergency. They are to contact the WHS officer if they would like to discuss what happened and how they are feeling. In cases of extreme trauma, the House Operator may arrange for staff and/or participants to access professional counselling services

## **I. Health Issues**

To ensure that appropriate infection control procedures are established, the following areas will be addressed to minimise the risk infection transfer:

- Environment/housekeeping
- Food handling and storage
- Personal care
- Infectious and general waste disposal including blood or body fluids and discarded used needles or syringes
- damaged/broken skin, dermatitis and eczema

Practical prevention and control strategies appropriate to the workplace should include:

- Safe work procedures, incorporating standard and additional transmission based precautions where appropriate
- Higher level controls such as retractable needles to prevent needle stick injuries and isolation rooms to house infectious clients
- Personal hygiene

- personal protective equipment (PPE), including rubber gloves, eye goggles and face shields
- Post-injury testing, counseling and follow-up
- An immunization program for Hepatitis B and flu when relevant
- Availability and use of appropriate PPE
- Good housekeeping
- Appropriate waste management, including sharps handling and disposal
- Supervision and monitoring
- Critical incident planning including planning for Pandemics<sup>1</sup>
- Staff training in risk control measures.

Staff will be provided with appropriate information/training, and will comply with the documented procedures in every aspect of their work. There is a two-tier approach to infection control:

- Standard Precautions - Basic work practices undertaken by everyone against infection spread by contact
- Additional Precautions - Extra precautions taken to protect the individual against specific conditions e.g. airborne infection, T.B., measles, chicken pox, COVID-19

### **Standard Precautions (previously known as universal precautions)**

Standard Precautions apply to everyone (residents, staff and volunteers) regardless of whether they are known to be infectious or not and involves assessing the extent of possible contact with bodily fluids, and taking the appropriate protective measures. Consider all blood and body fluids as infectious (body fluids include urine, faeces, vomit, saliva, sputum, semen, and vaginal discharge).

### **The elements of Standard Precautions are:**

- hand washing
- protective wear
- environmental control
- waste disposal
- response after exposure to blood or bodily fluids.

### **The following procedures address each of these five elements**

#### **a. Hands should be washed**

Hand washing is an extremely important means of infection control as most infections are spread by hands. Intact skin is a natural barrier against infection and hand washing is the most effective way to stop the spread of infection:

- Before handling food, using gloves, smoking, entering or leaving workplace
- After using the toilet, wiping noses, cleaning blood or bodily fluids, handling dirty linen, removing gloves, smoking
- After each client contact especially when skin contact is involved. In this instance, dry hand washing using antibacterial hand wash will suffice.

### **Correct Hand washing Technique**

- Wet hands under warm running water

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<sup>1</sup> Refer to COVID-19 folder in Members section of SILC website under Useful Resources and COVID-19 Continuity Plan on House Operator's G-drive

- Lather well with soap (preferably liquid soap)
- Rub hands vigorously, wash all surfaces, extra care needs to be taken between fingers and under nails.
- Rinse well, especially under rings (non-essential jewellery should be removed before client contact)
- Pat dry with paper towels or clean towel
- Apply moisturiser regularly.

### **b. Protective Wear**

Assess the extent of possible contact with blood or body fluids and select a suitable level of protective wear. Gloves, protective eyewear, gowns, plastic apron, boots to be worn if splash or sprays are expected e.g. vomiting, severe diarrhoea, cleaning toilets.

The House Operator will ensure that latex gloves are available for use, and that a resuscitation mask is available in the First Aid kits.

Latex gloves must be worn in conjunction with thorough hand washing practices to reduce the risk of contamination. Wear disposable gloves whenever performing direct care functions involving blood, urine, faeces, semen, vaginal fluid or other body fluids contaminated with blood. Ensure that the appropriate size glove is worn, gloves are only used once, all cuts and broken skin are covered with waterproof dressings and hands are washed before and after using gloves.

#### **The situations where gloves should be worn include:**

- Food Management if direct contact with bodily fluids or blood is expected e.g. urine and faeces
- Provision of first aid, when bleeding has occurred
- Assisting with intimate personal hygiene and menstrual management
- Assisting with dental care (especially when gums are bleeding).

Suitable footwear must be worn. Except when the worker is in bed during a sleepover shift or supporting a resident during an activity such as swimming, this means wearing flat-soled, enclosed footwear.

### **c. Environmental Control**

Good housekeeping in conjunction with appropriate waste disposal helps provide a safe working environment.

#### **Good housekeeping includes:**

- Regular cleaning of the surfaces of furniture and equipment with detergent and water
- Protection from flies
- Covering food, washing utensils, sweeping floors and wiping tables immediately after meals using fly spray if necessary
- Cleaning up blood and body fluid spills immediately e.g. urine, faeces, vomit. Dried blood and body substances are still infectious
- Soaking up spills with paper towels
- Washing with detergent and hot water

- Assisting or prompting clients to remove themselves from other participants or food, or turning head and/or covering nose and mouth when sneezing or coughing.
- Correct general cleaning techniques
- Use detergent and water to wash soiled surfaces like tap handles, toilet seats and handles at least once daily
- Cleaning prior to disinfecting will remove most of the bacteria, and those that remain will be accessible to disinfectant. Correct dilution and water temperature is important. Follow manufacturer's instructions
- All disinfectants take time to work. Some bacteria die more slowly than others. The activity of most disinfectants stops on drying. Disinfectants gradually deteriorate after dilution. Freshly prepared disinfectants must always be used
- Blood, mucus, pus, vomit and faeces reduce or prevent the activity of disinfectants.

Therefore, washing with hot soapy water is the most important part of any cleaning and disinfecting routine. Do not use disinfectant if thorough cleaning is sufficient.

#### **d. Waste disposal Linen**

- Never share bath towels, face washers or personal clothing
- Urine bags, colostomy bags and disposable gloves. Contents must be emptied into toilet before putting bags and gloves into a covered plastic bin lined with a plastic liner provided in the accessible toilet
- Sanitary/Incontinence pads are to be placed into plastic bags and placed in the bin provided for the purpose in the facility toilet.

#### **e. Exposure to blood or bodily fluid**

- There must be an immediate response to exposure to blood or other bodily fluid.
- Encourage bleeding from the affected site if possible e.g. from cut or needle stick injury
- Wash the affected area thoroughly with soap and water
- If eyes are contaminated, rinse with water or normal saline thoroughly, while eyes are open
- If mouth is contaminated with blood spit it out, then rinse with water thoroughly.

#### **f. Sharps**

The principal risk of occupational exposure to infection of Hepatitis and HIV for most workers is from sharps injuries. Sharps should only be handled with appropriate designed tongs or similar equipment. If this is not available the sharp should be disposed of by holding the barrel of the syringe with a gloved hand. The sharp should be placed in a sealable rigid-walled, puncture-resistant container and the local council or health service should be contacted for collection/disposal information.

The following principles should also apply to the use and handling of sharps:

- Containers should be positioned at the point of use
- The person generating the sharp should be responsible for its safe disposal
- Sharps should not be passed by hand between workers
- Disposable sharps should be used when possible

Workers should be instructed not to:

- Bend, break, recap or otherwise manipulate needles
- Place their hands into areas where their hands or fingers are not clearly visible (e.g. into garbage bags and crevices)
- Manually compress garbage bags, hold garbage bags close to their body
- Hold garbage bags by the base of the bag.

#### **g. Participants with infectious diseases**

- In situations where employees are supporting a resident who is known as having an infectious disease, the House Operator will ensure that the resident receives counselling and information for management and knowledge of their disease.
- The participant understands the importance of ensuring support workers have the knowledge required to provide pertinent support.
- To enable this to occur, staff will consult with the participant representative to sign a release of information relevant to the program/service they are involved with.
- The participant will be protected by the Anti-Discrimination Act as well as SILC's Privacy and Confidentiality Policy.
- Employees will receive information regarding the infectious disease<sup>2</sup>
- Employees will be offered appropriate immunisation as deemed necessary by a medical to further reduce risk.
- The Board will take appropriate steps to identify other residents who may be at risk and ensure that they have information
- If participants do not have the ability to understand or take appropriate protective measures, the WHS officer will consult with their participant representative regarding the most appropriate and sensitive outcome
- If a resident is unwilling to disclose their infectious disease status to people who are at risk of being infected, the House Operator will seek legal advice to assist them in making the appropriate response until the advice has been sought, protective measures will be made without disclosure of information.

#### **h. Staff with infectious diseases**

In situations where staff have an infectious disease, the following steps will be taken:

- Staff will obtain medical advice about their ability to undertake their normal work duties and to determine whether a period of absence is required
- Staff are obligated to honestly inform their doctor of the work they are required to undertake
- Staff are required to disclose information to the House Operator Board and will be assured of confidentiality within the framework of further conveying this information only to the most relevant people. This may include the WHS officer and other relevant staff
- Information disclosure will be discussed with the employee

#### **Safe Working Procedures - Standard precautions:**

Compliance with standard precautions has been shown to significantly reduce the risk of exposure. A high standard of personal hygiene is essential and the following practices should apply to all workers and other persons:

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<sup>2</sup> Refer to COVID-19 folder on SILC website

- Hands must be washed after contact with blood and body fluids/substances and before eating, drinking or smoking
- A mild liquid hand wash (with no added substances which may cause irritation or dryness) should be used for routine hand washing
- To minimize chapping of hands, use warm water and pat hands dry rather than rubbing them
- Liquid handwash dispensers with disposable cartridges, including disposable dispensing nozzle, are preferable to refillable containers, which may predispose to bacterial colonization.
- Repeated hand washing and wearing of gloves can cause irritation or sensitivity, leading to dermatitis or allergic reactions. This can be minimized by early intervention, including assessment of hand-washing technique and the use of suitable individual-use hand creams.
- Aqueous-based hand creams should be used before wearing gloves. Oil-based preparations should be avoided as these may cause latex gloves to deteriorate.
- Water impermeable gloves must be readily available to all workers and worn when likely to be exposed to blood or other body fluids/substances, or contaminated materials. The wearing of gloves substantially reduces the risk of hands being contaminated with blood or other body fluids/substances.
- Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use).
- Gloves should be removed and replaced (if needed) once the specific task is finished.
- Waterproof aprons or gowns should be worn when clothing may be contaminated with blood or other body fluids/substances.
- Surgical masks and/or protective eyewear should be worn where eyes and/or mucous membranes may be exposed to splashed or sprayed blood or other body fluids/substances.
- Cuts or abrasions on any part of a worker's body must be covered with waterproof dressings at all times.

### **Routine cleaning**

- Standard precautions must be implemented when cleaning surfaces and facilities. Employees must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.
- Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment.
- Surfaces should be cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air.
- During COVID-19, touch points should be cleaned during each shift
- Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable. Routine surface cleaning should proceed as follows:

- clean and dry work surfaces before and after usage or when visibly soiled;
- spills should be dealt with immediately;
- use detergent and warm water for routine cleaning;
- where surface disinfection is required, use in accordance with manufacturer's instructions;
- clean and dry surfaces before and after applying disinfectants;
- empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.

### Standard Cleaning Materials

This should include a mop and cleaning bucket plus cleaning agents should be readily available for spills management and should be stored in an area known to all staff.

1. A large reusable plastic container or bucket with fitted lid;
2. large zip seal plastic bags for waste material;
3. Dustpan and broom;
4. Sodium hypochlorite (bleach) or other suitable (equivalent acting) disinfectant.
5. Disposable rubber gloves suitable for cleaning;
6. Eye protection (disposable or re-usable);
7. A plastic apron; and
8. A mask (for protection against inhalation of powder from the disinfectant granules, or aerosols from high risk spills which may be generated during the cleaning process).

With all spills management protocols, it is essential that the area is left clean and dry.

It is recommended that differently coloured buckets and mops be used for cleaning different areas:



### Blood Spills

#### *Small blood spills*

- Ensure the employee is wearing latex/rubber gloves and enclosed footwear. Small blood spills can be easily managed by wiping the area immediately with

paper towelling and then cleaning the area with water and detergent or a suitable disinfectant such as sodium hypochlorite (bleach).

- Small spots or drops of blood or body fluids can be removed immediately by wiping the area with a damp cloth, tissue or paper towelling. A disposable alcohol wipe can also be used.
- Large blood spills in a 'wet' area e.g. a bathroom or toilet area
- Ensure the employee is wearing latex/rubber gloves and enclosed footwear. The spill should be carefully washed down the sink and the area flushed with water and detergent.
- After the area is cleaned and if there is a possibility of bare skin contact with the surface, the area should be disinfected as above with sodium hypochlorite (bleach) or other suitable (equivalent acting) disinfectant.

#### *Large blood spills in 'dry' areas*

- Ensure the employee is wearing latex/rubber gloves and enclosed footwear
- The area should be decontaminated and the area of the spill contained. (no access to clients)
- A scraper and pan should be used to remove the absorbed material if required. The area of the spill should then be cleaned with a mop and bucket of water with sodium hypochlorite (bleach) or other suitable (equivalent acting) disinfectant.
- The bucket and mop should be thoroughly cleaned after use and stored dry.

#### **Post exposure procedures**

Where it is believed that an employee has been exposed to potentially infectious material they should follow the following post exposure steps.

#### *Needle-Stick Injuries*

If a staff member accidentally pricks themselves with the needle of a used syringe, the following first aid measures must be taken:

- encourage the puncture point to bleed by gently squeezing around it;
- wash away any blood or body substances using soap and water (if available);
- cleanse puncture point with a Medi-Prep antiseptic wipe (first aid kit item);
- apply a fabric strip (eg band aid) to puncture point;
- a doctor should be seen as soon as possible for an assessment;

#### *Other Exposures*

If a staff member is exposed to (is in direct contact with) blood or body fluids the following first aid measures should be taken:

- Skin – wash with soap and water
- Eyes – rinse eyes with copious amounts of water
- Mouth – spit out and repeatedly rinse with water

#### **Incident Management**

Following a needle-stick injury or exposure where there has been a possibility of blood or body fluid entering the body (i.e. via cut or broken skin, eyes or mouth):

A staff member or relative must:

- Immediately accompany the resident or staff member to a doctor – take the needles or syringe if safe to do so for potential testing.
- The doctor will assess the risk of disease transmission and discuss what tests and/or treatment may be necessary;
- Inform the staff member about their access to appropriate professional counselling
- The WHS officer is to notify and investigate the incident
- The Board is to ensure confidentiality of all investigations and related documents.

### *Waste Management*

- All waste generated from first aid treatments or the cleanup of spills should be handled with care, so as to avoid contact with blood and body substances. Medical latex gloves should be worn when handling contaminated waste.
- Small amounts of contaminated waste should be placed in a sealed, leak-proof bag and disposed of with general waste.

### *Soiled Clothing*

- Latex medical gloves must be worn when handling soiled clothing. Soiled clothing should be identified as such and placed in a leak proof bag separate from other materials.
- Staff should be advised to take home any soiled clothing belonging to them and to wash as soon as possible. Normal washing procedures and detergents are adequate for decontamination of most laundry items.

### **Hepatitis and HIV Testing and Counselling**

Testing for HIV/AIDS/Hepatitis antibodies involves a blood test.

In the case of HIV/AIDS/Hepatitis a positive test indicates the person is infected with HIV/AIDS /Hepatitis. A negative result may mean either the person is not infected or is infected but has not yet developed antibodies to HIV/AIDS/Hepatitis.

It usually takes about three months for HIV/AIDS/Hepatitis antibodies to appear after exposure to HIV/AIDS/Hepatitis, so if a person has recently been at risk, a second test is recommended after three months.

### **Pandemic planning:**

A pandemic if/when it occurs arises rapidly, spreads quickly and usually comes in waves, each of which can last for months. Service Providers need to have a plan in place to ensure that they are in the best position to manage the effects of a pandemic should one eventuate. A Pandemic occurs when a new strain of influenza or virus spreads around the globe, infecting many people at once as there is no immunity. Up to 25-30 percent of the world's population could be infected. Strategies need to be developed

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<sup>3</sup> Refer to COVID-19 folder on SILC website

before the Pandemic strikes. Good Hygiene practices and social distancing is one of the key first measures. This means limiting interaction among groups of people. People will be encouraged to stay at home and avoid public places. You will need to determine how you will continue to deliver services without placing staff and clients at extra risk.

All staff shall receive training<sup>4</sup> covering:

- Routes of infection
- General effects of infectious agents
- General and infectious waste disposal
- Infection control procedures relevant to their particular work.

Role-specific training should be provided in the following areas

- Personal care
- Housekeeping
- Food handling and storage.

The House Operator will support participants to purchase (when necessary) transport, store and prepare food in a manner that ensures food consumed is safe and wholesome. Food brought from the family home or elsewhere will be refrigerated immediately upon arrival at House Operator premises.

Staff will observe the following hand washing protocol.

- Hands are to be washed in hot soapy water and then dried:
- Before preparing, serving or eating food
- After touching ears, nose, mouth, hair or other parts of the body
- After using the toilet
- After using a handkerchief or tissue, coughing or sneezing
- Smoking
- Touching animals
- Handling garbage

Staff will observe general overall cleanliness of lunch area when serving the lunch-box contents for the resident's lunches. Staff must wear disposable gloves if any broken skin or lesions are present.

The House Operator will ensure the provision of appropriate equipment to assist with the safe handling of food:

- Coloured chopping boards
- Disposable Gloves
- Fridge for storage
- Hot water, soap and paper towel for washing and drying hands
- Hot water, detergent and towels to wash and dry crockery and cutlery
- Cooler bags and ice blocks for excursions and outings

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<sup>4</sup> SILC Learning Hub Pathway 3 Keeping our residents safe/Infection Control

## J. Waste Management

SILC is committed to minimising waste and to dealing responsibly with the waste produced to reduce its impact on our natural environment and ecosystems. Minimising waste reduces cost through greater energy efficiency and reduced waste to land fill.

### **Definitions**

**Waste:** left over, or any unwanted by-product, from residential, commercial, industrial or other activity.

**Green waste:** plant and vegetable matter permitted to be collected in GREEN bins.

**General waste:** including organic (food waste), non-recyclable plastics and paper.

**The waste management hierarchy:** is a concept that promotes waste avoidance ahead of recycling and disposal.

**Sustainability:** defined as the goal of sustainable development, which is 'types of economic and social development that protect and enhance the natural environment and social equity' (Diesendorf 2000: 23).

**E waste:** unwanted electronic equipment such as computers, monitors, and mobile phones.

### **Procedure**

#### **Avoid**

During the procurement of items for use by SILC or House Operators, consideration will be given to their efficiency, suitability, effective and safe application. Consideration will also be given to the disposal of any by-products produced from the items purchased and if an alternative item is available which satisfies the requirements and produces less waste, then that product will be sourced.

#### **Reuse**

Where practical we will introduce practices for the reuse of materials or items that can be reused for similar or different purposes as designed, provided the application is safe and is in accordance with the intension of minimising waste and or saving energy sources

#### **Recycling**

Materials considered being waste, that is left over or a by-product, that cannot be utilised for any other purpose should be disposed of in accordance with the materials characteristics (paper, plastics, cardboards, metals and wood).

Bins provided by Council will be used for bottles and drink containers and paper recycling.

Where practical Staff members and Participants collect and take suitable drink containers to Return N Earn stations.

## **Disposal**

Materials that are categorised as general waste are to be disposed of as quickly as possible using Council collections. General waste has the potential to generate secondary issues such as potential for fire fuel or an attraction for pests (ants, cockroaches, flies, mice and rats etc) and therefore must be dealt with as soon as possible. This category of waste is to be disposed of in the **RED** topped bin for Council collection.

Large items and general waste items that are not suitable for weekly collection, will be safely stored until semi-annual Council pick up. Where items cannot be safely stored the House Manager or delegate will arrange disposal at a Waste Depot.

## **E waste**

E waste is to be disposed of by special means via arranged pick up or taken for disposal by designated representatives at an authorised drop off point. Computer hard drives and other data storing devices are to be wiped of any data before disposal. If, for whatever reason, this is not practical then the hard drive is to be removed and destroyed.

## **Furnishings**

These items are to be disposed at the discretion of House Operators in accordance to the following:

- Sold
- Given to a suitable charity
- Given to personnel or others
- Given away for free
- Council pick up

For item that are not suitable for any of the above then these are to be considered general waste and treated as such.

**Note:** When handling any waste material, always practice effective hygiene, manual handling and safe practice. Do not allow waste to build up either inside the building or outside the building, as this can be a work health and safety risk.

## **Energy Conservation**

We are committed to reducing the amount of energy we consume for the purposes of our activities. We will be vigilant to turn off items that consume energy sources (electricity/gas) when not in use, as long as there is a significant benefit in doing so. We will implement a dynamic 'energy conservation program' where we will only use facilities (lights, air conditioning, heating, general power to computers and other office fixtures) as necessary. It is the responsibility of supervisors to ensure this dynamic practice is adopted every day.

## **Responsibilities**

## House Manager or Designated Staff Member

- Implement waste minimisation strategies and providing leadership in the reduction, management and disposal of waste.
- Manage waste in accordance to the waste management hierarchy
- Ensure suitable disposal streams are available
- Ensure content of this document is communicated to personnel through induction

## Staff Members

- Participate in waste minimisation strategies
- Manage waste in accordance with the waste management hierarchy
- Adopt 'energy conservation program'.
- Manage waste on a daily basis. This includes the removal of office waste, the removal of recycling and monitoring of any large items that need to be disposed of.

Where safe and practical Participants assist in putting waste in appropriate bins and taking out recycling bins.

Also refer to Appendix I: d), e) and f).

## K. Responding to Behaviours in Emergency Situations

### After the Initial Outburst

Some simple techniques that staff can use to minimise the impact of the behavioural outbursts are:

- Allow the person to calm down
- The person may become distressed, upset or remorseful. Reassure the person and continue to make no demands of them
- **Do not** tell the person what they have done
- **Do not** use this time to teach the person
- **Do not** reprimand.

The person will have the opportunity to debrief once they are completely calm. This may take minutes, hours or days depending on the individual.

### Procedures to Assist Other People Involved in the Incident

It is important that other participants have the opportunity to understand what has happened.

The participant(s) may feel unsafe, confused and frightened:

- Reassure the participant(s)
- Allow the participant(s) time to cry
- Assist the participant(s) to feel safe.

Understand that everyone experiencing a behaviour outburst, whether they have been removed from the situation or not, will be frightened or will be feeling an emotional or physical reaction to the incident.

Staff will assist participants to access counselling supports or will assist them in coping with the physical and emotional impact of the behavioural outburst.

It is important for staff to debrief following a high-risk situation. Acknowledge that you too will experience a physical and/or emotional impact from the experience.

You may wish to:

- Speak to other staff of the House Operator.
- Speak with the Parents to:
  - Discuss the situation
  - Be relieved from duty
- Contact the Designated Person to:
  - Discuss the situation
  - Be relieved from duty
- Get counselling services if requested.

### **Procedures for Protective Strategies in Emergency Situations**

The House Operator may accept residents with a history of serious, challenging or aggressive behaviours. If resident display new challenging behaviours there are some general protective strategies that staff can use to protect themselves and others. The aim of protective strategies is to enable staff or residents to remove the immediate threat of injury.

### **Techniques to Assist in Supporting People with Challenging Behaviours**

The following techniques will greatly assist clients manage their behaviour:

#### **Diversion**

One strategy for interrupting an escalating behaviour is to redirect or direct the person to an activity that has a strong attraction for that person. This may include directing a person towards an activity that has a ritualistic or compulsive quality to it or is reinforcing to the person. For example, a person who needs to have the knives and forks in specific places, it may be helpful to empty the knives and forks onto a bench or floor and direct that person to put the knives and forks away.

#### **Maintaining Non- Reinforcing Events**

Challenging behaviour may occur because a person has a low level of reinforcing events in their day, i.e. may be bored, life is not enjoyable. Therefore, providing someone with an enforcing event, maintained at a high level throughout the day regardless (non-contingent) of behaviour, is a practical and easily maintained method of ensuring that behaviours are kept to a minimum.

#### **Inappropriate Behaviour**

When people's lives are not reinforcing, reducing a person's access to reinforcing events may be ethically questionable.

#### **Proximity Control**

Being close to or away from a person can have an impact on a person's behaviour. A reassuring touch (or moving closer to the person) may be enough to break an escalating behaviour.

Moving away from a person, allowing them 'space', may assist a person to calm if he/she is agitated. Developing a rapport with the person will assist staff to know which strategy may be helpful.

## Behavioural Outburst

Behavioural outbursts tend to follow a pattern of escalation and de-escalation. Understanding this pattern can assist staff in supporting a person prior to and during the behavioural incident. The pattern is as follows:

1. **Antecedent / Triggers** - Those events that initiate the behavioural outburst. It is important to identify the antecedents/ triggers in order to plan to diffuse the situation.
2. **Escalation** - The period of time during which a person's anxiety increases. People may show physical signs that they are becoming anxious. Staff should be familiar with these physical signs and have a clear knowledge of how best to calm, to redirect or divert the person to avoid the behavioural incident.
3. **Peak** - The behavioural outburst. Each person will have in their program plan emergency strategies that staff can use in order to minimise the risk of harm to the client (s) to others and to themselves. It is paramount that safety be the focus of any strategy at this time.
4. **De - escalation** - Following the behavioural outburst the individual will begin to calm. It is important that staff recognise the physical signs of de-escalation and are aware of how best to support the person to recover from the outburst. It is often best not to make demands of the person at this time.
5. **Remorse** - Many people will feel guilt, shame, remorse or regret following a severe behaviour outburst. Staff need to reassure and comfort the person and encourage the person to become involved again in activities.
6. **Recovery** - Once the behaviour has finished and the person has calmed (this may take minutes or hours) it is the time to discuss more appropriate ways of communicating needs.

Positive programmes will be documented in the behaviour intervention plan.

## Procedures to Utilise in the Event of a Behavioural Outburst

1. **If grabbed by hair** - Push the person's hands towards your head and hold in that position.
2. Retreat from the person, still holding onto his/her hands.
3. **If being bitten** - Push body part into or towards the person's mouth.
4. **If being kicked** - Leave the situation if possible or place object, e.g. chair, between yourself and the person.
5. **If someone is attempting to grab you** - Move in a way that makes it difficult for the person to hold on, e.g. If someone is trying to grab your arms move away from the person, if possible, flail your arms like windscreen wipers.
6. **If someone is trying to grab your legs** - keep moving your legs or move away from the person.
7. **If someone has grabbed you** - Do not wrestle with the person unless it is clear that you will be able to escape. Hold onto the person's hands if possible. Call for assistance
8. **If someone is head-banging (self-injurious)** - Cushion the blow if possible by placing a pillow, rolled blanket between the person's head and the object they are hitting. Physical restraint may be necessary but must be documented in the person's emergency reaction plan if it is used.

9. **If someone is head-banging (you)** - Escape, if possible, call for assistance. Drop to the floor, curl into a ball protecting your head OR push the person to one side or over and run.
10. **If someone is throwing objects** - Do NOT put yourself in the line of fire. Remove yourself from the situation. Obscure the person's vision, e.g. turn off lights, and throw a blanket over their head so that they cannot see where you are. Do NOT attempt to catch or deflect objects - run away.
11. **A sudden and threatening invasion of personal space with intent to injure** - Move away, leave the room, if possible, spin the person and run away, push the attacker over or to one side and run, drop and curl protecting head.
12. **If someone is spitting or throwing bodily secretions** - remove yourself from the situation if possible or cover yourself with a blanket, sheet or towel.

**When the person has calmed, clean the area, being careful to follow universal precautions.**

## L. Safety with Electrical Appliances

Adequate and appropriate lighting must be provided at a workplace and at any other place where a person may be required to go in the normal course of work.

Employees are to treat every situation as potentially dangerous and only proceed if it is safe to do so, and if the required safety procedures are followed. An electrician is to be consulted if there is any doubt if the electrical equipment is live or dead.

Switch off all heating appliances if the power fails. Fires have been caused when power returns unexpectedly. Switch off before pulling out a plug. Grasp the plug – not the cord.

Tie the tapes of the electric blanket to prevent creasing.

Don't spray household cleaners and insecticides on power points or switches. They may cause cracking and an electrical hazard.

Combustible material must be kept clear of all heating appliances, such as bedding, clothes, curtains, furniture, newspapers, etc.

Some overseas products may not operate satisfactorily or safely under Australian conditions using 240V 50Hz supply. Such products could be hazardous if used without modification. Have them checked before use.

### **Cords, cables and plugs**

- Fully unwind extension cords before use as they may overheat.
- Damaged cords and older style plugs are dangerous. Have them replaced.
- Never connect a piggyback plug or ordinary plug on the 'wrong' flex like this - the live pins could kill you.
- Don't stack plugs. It can overload the power point and cause a fire.
- Home-made extension cords, wrongly wired or without an earth wire are dangerous. Buy ready-made cords, they're cheaper and safer.

Don't leave appliances and cords out in the weather – put them away after use.

Be careful where you dig or drive stakes. There may be buried cables, especially in areas with underground supply.

Never use a portable appliance or extension cord where it could be splashed or fall into the pool. Temporary or makeshift wiring arrangements to pool pumps and spas are hazardous.

Electric shocks received in wet areas are more likely to be fatal than in other locations as they often involve bare feet, minimum clothing and water. Take extra care near swimming pools.

Do not immerse appliances in water to wash them unless instructions clearly allow it.

Don't touch appliances or switches with wet hands.

Do not use a portable electric radiator in the bathroom. A permanently installed heater is much safer.

Never leave an appliance near the bath or basin. Children have been electrocuted by pulling hairdryers into baths even though the hairdryer switch was off. Unplug the appliance after every use.

Dry shoes should be worn when using electrical appliances in laundries, on concrete floors or outdoors. Electric shocks are much more likely to be fatal with bare feet.

For your safety, always follow instructions that come with appliances.

- Before working on an appliance, switch off and pull out the plug. Parts of the appliance are energised even though the appliance switch is off. Please remember all electrical repairs should be carried out by an approved repairer.
- Always treat a 'tingle' or slight shock as a warning. Never touch an appliance which causes a 'tingle' or shock until it is repaired by an approved repairer.
- If liquid spills onto an appliance, unplug it and have it checked before using again.
- Broken switches and power points should be replaced. Cover them up while waiting for an electrician.
- If misused, a generator can be just as dangerous as mains supply. The connection of a portable generator to a house with mains supply must be done correctly.
- Only use hand lamps which are fitted with guards to protect the globe. A broken globe gives easy access to the live filament and its live internal parts.
- It's vital to keep appliances, electrical wiring, fittings, switchboard and earthing connections (particularly for properties over 25 years old) in good working order. If you ever have, or suspect a problem, always contact a licensed electrician.

## **Inspection, Testing and Maintenance of Electrical Equipment – responsibility**

Clause 150 of the Work Health and Safety Regulation states that electrical equipment must be regularly inspected and tested by a competent person if the electrical equipment is:

1. Supplied with electricity through an electrical socket outlet: and
2. Used in an environment in which the normal use of the electrical equipment exposes the equipment to operating conditions that are likely to result in damage to the equipment or a reduction in its expected life span, including conditions that involve exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust.

New and unused electrical equipment only needs to be inspected for obvious damage prior to use.

Records of testing must be kept until next testing or removal or disposal of the equipment. Records must specify name of person who carried out testing, date of testing, outcome of testing, the date when testing is next required and may be in the form of a tag attached to the electrical equipment. Untested equipment should not be used.

You must apply a systematic risk management approach to any electrical equipment which does not fall into the above categories. After the risk assessment, you can then implement a range of control measures including:

- routine visual checks
- regular inspection
- maintenance
- repair
- replacement
- use of residual current devices (RCDs)
- where warranted, testing of identified electrical equipment.

## M. What to do when someone falls

Depends on a multitude of factors and there are two basic principles:

- Your own safety
- Safety of the resident

### 1. Prevention of injury

If the resident is falling, guide to the floor rather than try to stop the fall. Assist the resident only if it can be done without injury to the worker.

### 2. Assessment

- What is the reason for the fall?  
Simple e.g. trip or medical e.g. heart attack
- How big/heavy is the resident?  
How strong are you?  
I.e. Know your limitations. By trying to help you may do more damage.
- Is the person injured by the fall?  
Talk to the person

### **3. Make the person comfortable**

### **4. Get Help or Assist with the Transfer**

Note: An Incident Report or Hazard Report Form is to be completed and submitted on same working day.

Trainings<sup>5</sup>

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<sup>5</sup> SILC Learning Hub Pathway 3 Keeping my colleagues and I safe at work/Trips, Slips and Falls