

# Happyville Compassionate Care Work Health and Safety Policies and Procedures



## Code of Conduct

### *Policy*

Happyville Compassionate Care is committed to ensuring Care Workers/Disability Support Workers behave in an expected manner consistent with Happyville Compassionate Care policy, procedures, goals and objective when working and communicating with clients, family members, colleagues and other agencies.

### **Work role duties and responsibilities**

When Care Workers/Disability Support Workers carry out their duties they have a responsibility to;

- Work within their role and responsibilities
- Familiarise themselves with the policy, procedures, goals and objective of Happyville Compassionate Care and behave accordingly.
- Co-operate, show respect and communicate appropriately with management, colleagues and other agencies to promote and deliver quality services to clients.
- Show respect and provide care in a way that upholds the client's privacy and dignity.
- At all times maintain a 'professional' relationship with clients.
- Promote and protect clients' right in relation to diversity and equity.
- Immediately raise concerns with the supervisor in relation to suspected client harm and abuse.
- Fully involve the client (and family where appropriate) in making informed decision about their lives and how to meet their individual needs.

- Provide person centred care that considers the individual's culture, religious, social, emotional and physical needs.
- Understand and comply with the privacy and confidentiality practices of Happyville Compassionate Care and maintain accurate records as required.
- Refrain from being under the influence of alcohol or illegal drugs whilst carrying out work duties.
- Refrain from using position and information improperly which could result in being detrimental to the organisation and its clients or for the advantage of self or others, directly or indirectly.
- Be committed to developing own knowledge and skills.

## Workplace Health and Safety (WHS)

Happyville Compassionate Care is committed to ensuring a safe environment for clients, family members, staff and visitors.

Happyville Compassionate Care comply with the following WHS Codes of Practice:

[How to manage work health and safety risks Codes of Practice](#)

[Hazardous Manual Tasks Code of Practice](#)

Workplace Health and Safety (WHS) practices will be managed consistently and within WHS legislative requirements.

- All Happyville Compassionate Care staff will be provided with appropriate information and training in relevant WHS standards and practices.
- All Happyville Compassionate Care staff will be provided with the necessary equipment to minimise workplace accidents, injuries and illnesses
- Happyville Compassionate Care will take all reasonable steps to assess the safety of the locations where Happyville Compassionate Care staff provides support to clients. This includes conducting WHS assessment prior to staff delivering services to clients in their home.
- Where appropriate Happyville Compassionate Care staff will be provided with a safe and reliable means of transportation between the office and work sites.
- Happyville Compassionate Care will ensure all work related accidents, injuries and illnesses are properly documentation, investigated and managed in line with WHS legislative requirements.
- In the event of injury or illness Happyville Compassionate Care will implement a rehabilitation plan to assist the staff member to return to work as soon as practicable.
- Happyville Compassionate Care will promptly investigate, remedy and document any organisational employee concerns regarding occupational health and safety matters.

### *Managing hazards*

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

- SEE (identify) the hazards
- ASSESS the risks (decide how serious they are)
- FIX (control) the risks

- EVALUATE the outcomes
- REVIEW the controls and monitor compliance.

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

### *Hazard identification*

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

To identify hazards you should:

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

Some hazards will be more obvious than others. When you are conducting an inspection include both the outside of a home and the inside.

Review the environment (lighting, access, dust and noise), security, housekeeping, work tasks, equipment and check for any hazardous substances. It is important to consult with the client when conducting a safety check and to involve them as much as possible, informing them of any issues identified which may affect their, or a Support Worker's personal safety.

### *Risk assessment*

Risk assessment is deciding the level of risk associated with a hazard in order to plan what to do about it. Risk assessment is best done in consultation with the people working in the area.

To estimate the level of risk, you and your workers should consider:

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

Consequences: How severe the injury or illness resulting from the hazard might be. You may need to consider:

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

### *Challenging or aggressive behaviour*

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

Threats to the personal safety of community workers may arise from interaction with clients, client's family members or friends, or members of the general public. This issue presents a particular problem, as community

workers often work alone and after dark.

The work is conducted within another person's environment and workers can be confronted with values, attitudes and belief systems at odds with their specific training and experience.

It is sometimes difficult to anticipate who else may be in the house at the time workers visit or to control the behaviour of visitors. As a result, workers may be at risk of experiencing challenging, aggressive and/or violent behaviour from a client or a client's relative or visitor/s. In most situations, planning and good interpersonal skills will significantly reduce the likelihood of situations deteriorating to the point where workers are threatened. Workers should be trained to always be aware of their surroundings and how to de-escalate tense situations.

Challenging behaviour may include:

- verbal abuse
- inappropriate sexual behaviour
- difficult personalities
- those with unrealistic expectations or who repeatedly refuse services
- aggressive or threatening behaviours directed at themselves, property or others.

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

Factors that may contribute to clients displaying challenging behaviour include:

- pain(physical or psychological)
- a feeling of loss of control
- depression, anxiety, loss or grief
- frustration from not being understood due to language barriers, speech impediments, or from misunderstanding/misinterpreting information or situations
- lack of self worth, loneliness, powerless, feeling ignored, having unmet needs or rejection
- confused states caused by dementia, hypoglycaemia or epilepsy
- mental illness or personality disorders
- brain injury or physical and neurological disability
- medication – either incorrect or omitted doses.

When facing the risk of challenging behaviour, you should remove yourself from the situation if it's safe to do so, you and your workers should consider whether the client exhibiting challenging behaviours has control of their behaviour or is without control e.g. due to brain injury, dementia, mental illness etc.

Those who do have control should be made aware of the natural consequences of their behaviour e.g. changes to the services provided.

Where clients do not have control, it is essential to identify triggers and to prevent these occurring or to minimise the risk of hazardous outcomes. Details relating to the client's capacity to control behaviours, triggers, risk assessment, assisting medical staff and other members to develop a behaviour management plan along with applying strategies to address specific behaviours and any actions taken must be recorded and communicated to relevant workers, informing medical staff of the clients conditions, completing an incident report . The worker's perception of aggressive behaviour is important.

**Important:** Not all expressed anger is a problem to workers, but if 'it hurts your feelings' or 'makes you feel uncomfortable' it is an incident and should be reported.

For instance, people with dementia may exhibit challenging behaviours such as aggression, agitation, or wandering.

Support Workers may find it challenging to manage these behaviours safely and effectively, especially without proper training and resources.

#### *Workplace Health and Safety legislation*

- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Relevant State/Territory WHS legislation:

<b>State or Territory</b>	<b>Appropriate Legislation</b>
Australian Capital Territory	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
New South Wales	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Northern Territory	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Queensland	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
South Australia	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Tasmania	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2007
Western Australia	Occupational Safety and Health Act 1984 Occupational Safety and Health Regulations 1996

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## Reporting and Recording

### *Hazard Reporting*

- Where possible staff should take immediate action to remove or minimise the risk associated with any hazards. In some circumstances to minimise this may involve removing equipment from service and applying 'out of service' tags or isolating an area where a spill may have occurred.
- If staff are not able to control the hazard themselves, they must notify the supervisor immediately.
- Staff must document all hazards that they identify or are reported to them by clients, visitors and/or family members which they cannot eliminate immediately.

- All hazards must be documented on the Hazard Report Form.
- The completed Hazard and Assessment Report Form must be completed and forwarded to the supervisor within 24 hours.

### *Incident Reporting*

- Staff must report all client concerns, injuries, incidents or 'near misses' to their supervisor for hazard identification and control.
- All incidents must be documented on an Incident Report Form
- Inform medical staff (where applicable) if you are in a client home and there is risk to your personal safety due to clients behaviour
- Assist medical practitioners and
- If staff are unable to complete an Incident Report Form at the time of the incident, they must complete the form within 24 hours and submit it to the supervisor.
- You may not have the legal responsibility to report abuse or neglect directly to authorities in some cases. Therefore, you will need to escalate concerns to your supervisor or via designated reporting channels, which can delay timely interventions.
- In the case of abuse or neglect you **must** notify your supervisor immediately via phone, email or face to face.

### *Progress Reporting*

- Staff must report all client concerns beyond the scope of their role to their supervisor either in writing via email or verbally
- Your email or verbal report must include the date, time and incident of the situation, e.g. challenges, concerns, actions or strategies that you may have recommended.

### **Case Notes**

- Staff must update client case notes where relevant
- Case notes should include the date, signature and printed name with all entries
- Put a line through any errors, date and sign
- Use blue or black ink
- Only use approved abbreviation approved
- Writing must be legible
- Entries must be objective and write clients direct words with quotation marks
- Entries must be factual, accurate and in a logical order.
- After the entry draw a line through to the end of the page.

## Manual Handling Procedure

Happyville is committed to provide a safe environment to its clients and staff members as per the [Model Code of Practice: Hazardous Manual Tasks](#).

As Manual handling is an activity that is simply part of everyday life; it cannot be avoided so we must do our best to make sure that we are using the safest techniques possible to avoid injury. It is defined as any activity that requires an individual to exert a force to push, pull, lift, carry, lower, restrain any person, animal or thing.

As a support worker, this means that Manual Handling is more than just moving and assisting our clients. The majority of tasks we complete in our day include some form of manual handling.

Manual Handling is described as any activity, which requires a person to exert force in order to...

- ✓ Lift
- ✓ Lower
- ✓ Push
- ✓ Pull
- ✓ Carry
- ✓ Move
- ✓ Hold, or
- ✓ Restrain

## Manual handling Injuries

Using unsafe manual handling techniques (e.g. incorrect lifting techniques, incorrect posture and moving items that are too heavy for a single person) can cause a variety of musculoskeletal injuries which can impact upon the person's ability to work and their quality of life. Musculoskeletal injuries that may occur from manual handling injuries can include:

- Muscle sprains and strains
- Ligament or tendon damage
- Prolapsed intervertebral disks
- Tendonitis of the shoulders/elbows
- Abdominal hernias

## Employee's Responsibilities in Manual Handling

As an employee you have a legal responsibility to ensure the safety of yourself and others in the workplace. According to the 2011 Work Health & Safety (WH&S) Act, a worker should:

- Take reasonable care to ensure the health and safety of yourself and others including clients and other workers;
- Report any and all incidents or hazards associated with manual handling immediately to the shift supervisor (including any changes to patient care plans);
- ALWAYS follow safe manual handling practices and techniques and use equipment according to the workplace training that you have received; and
- Be free from the influence of drugs and/or alcohol whilst at work.

# Manual handling techniques

## *Preparing for manual handling*

- Conduct a risk assessment of the environment. Ensure the area is clear and there are no obstructions or potential risks to the safety of the client and others.
- Refer to the client's care plan
- Communicate with the client about the activity, their preference and identify the degree of support required
- Assemble safety signage if required
- Ensure you have put on the correct PPE equipment
- Prepare manual handling equipment and sling
- Attend to the tasks with the recommended number of personnel
- Apply breaks (e.g. lifting device and wheelchair)
- Wash hands to maintain infection control
- Position the client and maintain client privacy and dignity at all times
- Encourage to client to help as much as possible when moving and lifting
- Use manual handling equipment correctly as per the training and the manufactures' instructions.
- When you have completed ensure, the client is comfortable
- Tidy the area and ensure it is safe.
- Report to your supervisor if you have any concerns

## *Lifting*

- Wear appropriate PPE such as closed shoes, safety vest
- Determine the size of the load
- Determine Is the load difficult to grasp and/or hold because of its
  - instability?
  - volume (bulky)?
  - shape?
  - surface material?
  - Check Is the load harmful because of its
    - sharp edges?
    - high or low temperature?
    - dangerous substance?
- Does the load block the worker's view?
- Check Is the floor of bad quality:
  - rough?
  - too soft?
  - slippery?
  - variation in levels?
  - cluttered?
- any other tripping hazards?
- Check Is the load being lifted/carried/pushed or pulled in a repetitive manner?
- Does the task require awkward postures like twisting the trunk, bending the back forwards or backwards, reaching, holding objects far from the body?
- Follow proper lifting techniques as per below:
  - Proper Positioning – Make sure to stand close to the load you are lifting, with your feet about shoulder width apart. Put one foot slightly ahead of the other to help improve your balance.
  - Squat at the Knees – Never bend down at the waste or with your back when lifting. Instead, bend your knees and keep your back as straight as possible. This will help avoid back injuries.



- Firm Grip – Make sure you have a very firm grip before lifting. Don't attempt to lift it up, and then adjust to get a better grip. Many times, using gloves can help with this.
- Lift Slowly – Don't make the mistake of quickly coming to a standing position. This can cause the object to shift, or the grip to slip. Instead, rise yourself up smoothly to ensure proper balance.
- Keep Objects Close – Once you are standing, make sure you hold the object close to the body so that it stays stable and secure. This will also help to avoid back injuries while moving.
- Carry and stack items in designated storage area
- Workers' maintains safe body position, stepping and moving body as needed.

### *Lifting an Object from the Floor*

Workers must assess the safety of the area and the weight of the object prior to attempting to lift it from the floor. Use your foot to push the object to determine its weight. If it is too heavy to lift by yourself, recruit another person to assist you or, if you can, divide up the load and move it in manageable-sized parts.

- Plan Before lifting or transporting an object, followed TILE in assessing if manual handling would involve strenuous activity and to strategize where to rest and recover.
- Position correctly Ensure to load the object evenly and use handles to maximise the power and grip. Establish a good posture with feet about shoulder-width apart and move the centre of the body as close as possible to the centre before lowering to lift the object
- Place yourself in the 'semi-squat' position

### *To Pick the load*

- use two hands when lifting a box and ensure to keep the load and torso aligned and neutral before moving. Keeping a heavy load on the "power zone," an area in the body that is horizontally between shoulders and vertically between the middle of thighs and centre of the chest, to ensure that the limbs and trunk are not forced into awkward postures to avoid the likelihood of injuries.
- Place one hand on one end of the top side of the box to tilt it enough to allow the second hand to be positioned underneath the raised side of the object; then bring the hand which is tilting the box down to under the bottom of the box to lift.
- With knees bent, lift the object up keeping it as close to your body as possible; and
- Place both hands underneath the box to protect Carpal Tunnels.
- Proceed ensuring the pathway is clear of any obstacles
- Place instead of dropping the load immediately put it down slowly, steadily, and smoothly when reaching the destination to protect from unnecessary strain and injury

### *Storage of Objects*

It is important to minimise risk when storing items in the workplace. To reduce the risk of manual handling hazards:

- Store any frequently used items at bench height.
- Store only infrequently used, heavy items below bench height; and
- Store only infrequently used, light objects above shoulder height.

### Pushing

Whenever you need to push a load, remember to use a wide base of support. Use your body weight to initiate the movement and try to keep your elbows close to your body to avoid injury. Pushing is always safer than trying to pull when moving a heavy object.

### Pulling


If you do need to pull an object, face the object and use both arms to pull. Place your feet so that your weight is distributed equally and use your body weight to initiate the movement. Preparation of the work area is important to minimise risk. Ensure your path is clear as you may need to walk backwards with the load.

### Team Transfers

Good communication is the key for safe team transfers. Most injuries that occur during team transfers are due to one person moving or dropping the load when the other person is not prepared.

To facilitate a successful team transfer:

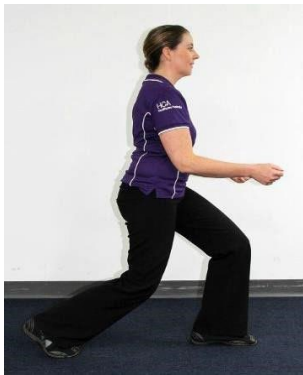
- Discuss the move with your work colleague and notify them if anything doesn't feel right whilst completing the move.
- Synchronise the movement using 'Ready, Set, GO' or 'One, Two, THREE'; and
- Maintain eye contact throughout the move.

Common Manual Handling Positions	
	<b>Weightlifters Position / Semi-Squat</b> <ul style="list-style-type: none"><li>• Feet placed evenly apart (either side of the object where possible)</li><li>• Hips and knees bent (knees approximately 90°)</li><li>• Bending of the knee is at its greatest when the load is being lifted from floor</li><li>• Spine in neutral curve</li><li>• Object close to body</li><li>• Abdominal muscles braced</li></ul>



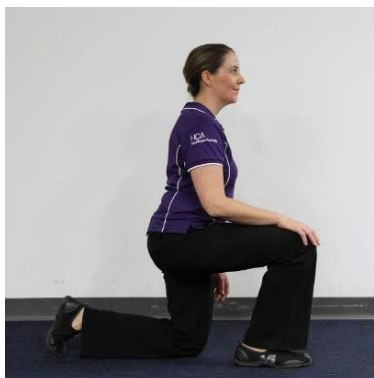
### Side-to-Side Lunge

- Feet slightly wider than shoulder width
- Weight through leg closest to head of the bed
- Spine in neutral curve
- Object close to body
- Brace arms against the body
- Smoothly transfer body weight horizontally (from side to side) to the leg closest to the foot of the bed.



### Backwards-Forwards Lunge

- Feet flat, pointing forward
- Weight through rear leg
- Back foot will receive the weight of the load
- Spine in neutral curve
- Object close to body
- Brace arms against the body
- Smoothly transfer body weight forward



### Knights Position

- Kneeling on one knee
- Toes of rear foot curled forward
- Maintain the neutral spinal curve.
- Rest your knee on a soft surface if available.



### **Walking Clients (Reliably Weight Bearing Clients)**

- Always walk with a reliably weight-bearing client close to handrail where possible (on client's strong side if only one worker)
- The worker should walk to the side and slightly behind client. Their near hand positioned in the middle of client's back (beltline). The worker should position their front hand in 'Duckbill' position for client to hold
- While walking the client take frequent breaks (if required).



### **Duckbill Hand Position**

- The 'Duckbill' hand position is with fingers held together and the thumb tucked underneath. This allows the worker to withdraw their hand easily when/if necessary and prevents potential injury.

# Managing Aggressive Client Behaviour

Our organisation is committed to providing a safe and respectful environment for all employees, clients, and visitors. This policy outlines the procedures for managing aggressive client behaviour to ensure the safety and well-being of everyone involved.

It is critical to follow the below process when managing aggressive client behaviour.

## Response to Aggressive Behaviour

- If a client displays aggressive behaviour, remain calm and composed.
- Assess the situation to determine the level of risk and the appropriate response.
- Ensure the safety of yourself, other clients, and staff members.
- Stay calm and composed, as your demeanour can influence the client's behaviour.
- Speak in a calm and soothing tone to help de-escalate the situation.

## Assess the Situation

- Quickly assess the situation to determine the level of risk and the potential triggers for the client's aggression.
- Identify any environmental factors or underlying issues contributing to the behaviour.

## Establish Rapport

- Build rapport with the client by using active listening and demonstrating empathy.
- Show understanding and validation of the client's feelings and concerns.

## Set Clear Boundaries

- Clearly communicate expectations and boundaries to the client in a firm but respectful manner.
- Reinforce consequences for unacceptable behaviour while offering positive reinforcement for compliant behaviour.

## Use Verbal De-escalation Techniques

- Employ verbal de-escalation techniques such as distraction, redirection, and reassurance.
- Validate the client's feelings and concerns while gently guiding the conversation towards a more positive topic.

## Provide Options and Choices

- Offer the client choices and options to help them regain a sense of control and empowerment.
- Avoid confrontational language and instead frame choices in a positive and supportive manner.

## Ensure Safety

- Prioritise the safety of yourself, other clients, and staff members at all times.
- Maintain a safe distance from the client if they become physically aggressive and remove any potential weapons or harmful objects from the vicinity.

## Involve Support Staff

- If necessary, involve additional support staff or a supervisor to help manage the situation.
- Work as a team to de-escalate the client's behaviour and ensure everyone's safety.

### **Monitor and Evaluate**

- Continuously monitor the client's behaviour and response to intervention strategies.
- Evaluate the effectiveness of your interventions and adjust your approach as needed.

### **Follow-Up and Support**

- After the situation has been resolved, follow up with the client to ensure they feel supported and understood.
- Provide additional support or counselling if needed to address any underlying issues contributing to the aggression.

## **Personal Protective Equipment (PPE)**

### **Work practices**

- Use correct PPE in line with work requirements
- Ensure PPE is fitted correctly
- Use latex gloves
- Wash hands after removing PPE
- Dispose of all PPE in correct clinical waste bins and wash hands thoroughly.

### **Donning PPE**

- Wash hands or use an alcohol based hand rub
- Apply gown and fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Fasten at the back of neck and waist.
- Apply mask and secure ties or elastic bands at middle of head and neck
- Protective eyewear or face shield and place over face and eyes adjusting to fit
- Apply gloves and extend to cover wrist or isolation gown

### **Doffing PPE**

- Remove PPE at doorway or in anteroom

### **GLOVES**

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist.
- Discard gloves in waste container.

### **HAND HYGIENE**

- Wash hand or use an alcohol based hand rub

#### **PROTECTIVE EYEWEAR OR FACE SHIELD**

- Outside of eye protection or face shield is contaminated!
- To remove, handle by head band or earpieces
- Place in designated receptacle for reprocessing or in waste container.

#### **GOWN**

- Gown front and sleeves are contaminated!
- Unfasten ties.
- Pull away from neck and shoulders, touching inside of gown only.
- Turn gown inside out.
- Fold or roll into a bundle and discard.

#### **MASK**

- Front of mask is contaminated—DO NOT TOUCH!
- Grasp bottom, then top ties or elastics
- Discard in waste container.

#### **HAND HYGIENE**

- Wash hands or use an alcohol based hand rub immediately after removing all PPE.

## **Infection Control**

Happyville Compassionate Care is committed to ensure infection control measures are put in place to ensure a safe environment for clients and staff. All body fluids are to be treated as potentially infectious.

#### **Work practices**

- Cuts and abrasions should be covered with a waterproof dressing.
- Staff must ensure nails kept short and clean if there is significant physical client contact.
- Staff with dermatitis on their hands should seek medical advice.
- Staff must treat all human body fluids, blood and tissues as potentially infectious.
- Maintain a high standard of personal hygiene and grooming.
- Maintain the recommended personal immunisation levels
- Wash hands thoroughly between clients and after contact with human blood, body fluids or tissues (with and without the use of gloves). Routine hand washing is required to remove any micro-organism contamination that may have been acquired from a persons' skin or from objects within the environment
- Staff must wear personal protective equipment (PPE) such as gowns, gloves, masks and goggles if it is likely that the skin, eyes or mouth will come into contact with human body fluids, blood and tissues.

#### **Standard and Additional Precautions**

Standard infection control procedures refer to the fundamental practices that are implemented to prevent the transmission of infections in healthcare settings on a routine basis. These procedures are essential components of everyday healthcare practices and

are designed to minimize the risk of spreading infections between patients, healthcare workers, and visitors. Examples of standard infection control procedures include:

1. Hand hygiene: Regular handwashing with soap and water or using alcohol-based hand sanitizers to reduce the spread of pathogens.
2. Personal protective equipment (PPE): Proper use of gloves, gowns, masks, and eye protection to prevent contact with infectious agents during patient care activities.
3. Environmental cleaning and disinfection: Routine cleaning and disinfection of surfaces and equipment to eliminate pathogens and prevent their spread.
4. Respiratory hygiene and cough etiquette: Covering the mouth and nose with tissues or elbows when coughing or sneezing to prevent the spread of respiratory droplets.
5. Safe injection practices: Using sterile equipment and proper techniques for administering injections to prevent the transmission of bloodborne pathogens.
6. Sharps safety: Proper handling and disposal of needles and other sharp objects to prevent accidental needlestick injuries and exposure to bloodborne pathogens.

Additional infection control procedures are specific measures that may be implemented in response to particular infectious diseases, outbreaks, or unique situations to enhance standard infection control practices. These additional procedures are often tailored to address specific risks and may include:

1. Enhanced personal protective equipment (PPE): In situations where standard PPE may not provide sufficient protection, additional PPE may be recommended or required. For example, the use of respirators for airborne precautions or specialized protective gear for handling highly infectious diseases.
2. Isolation precautions: Implementing isolation measures, such as contact, droplet, or airborne precautions, to prevent the transmission of specific pathogens based on the mode of transmission and infectiousness of the organism.
3. Enhanced environmental cleaning and disinfection: Increasing the frequency or intensity of cleaning and disinfection protocols in areas with a higher risk of contamination or during outbreaks.
4. Screening and triage protocols: Implementing screening measures for patients, visitors, and healthcare workers to identify individuals with symptoms of infectious diseases and directing them to appropriate care or isolation areas.
5. Visitor restrictions: Implementing restrictions on visitors or limiting access to healthcare facilities during outbreaks to reduce the risk of introducing or spreading infections.
6. Staff education and training: Providing additional training and resources to healthcare workers on specific infection control measures related to emerging infectious diseases or unique situations.

While standard infection control procedures form the foundation of infection prevention efforts in healthcare settings, additional procedures are implemented as needed to address specific risks and challenges posed by infectious diseases or outbreaks. Both types of procedures are essential components of comprehensive infection control programs aimed at protecting patients, healthcare workers, and the community from the spread of infections.

## Hand Hygiene

### Work practices



1. Remove jewellery
2. Use liquid soap supplied by Happyville Compassionate Care (an antiseptic solution is to be required for staff before performing an aseptic procedure)
3. Avoid touching sink
4. Wet hands thoroughly with warm water.
5. Lather hands with soap and vigorously rub them together making sure all surfaces of the hands are covered , approximately 20 seconds
6. Rinse thoroughly under a moderate stream of water.
7. Dry thoroughly
8. Turn the tap off with a dry paper towel

## Selecting and Donning PPE

The process of selecting, donning (putting on), and doffing (taking off) personal protective equipment (PPE) is crucial to ensure the safety of healthcare workers and prevent the spread of infections. Below are general procedures for selecting, donning, and doffing PPE:

### Selecting PPE:

1. Assess the situation: Determine the type of exposure or potential hazards involved in the task or procedure.
2. Identify the appropriate PPE required for the specific task or procedure.
3. Gather necessary equipment: Ensure that all required PPE is readily available, including gloves, gowns or aprons, masks or respirators, eye protection, and any additional items specified by the guidelines.
4. Consider individual needs: Take into account any personal factors, such as allergies or preferences, when selecting PPE.

### Donning PPE:

1. Perform hand hygiene: Wash hands with soap and water or use hand sanitizer before handling any PPE.
2. Put on gown or apron: If required, don a gown or apron and secure it properly, ensuring full coverage of the torso and arms.
3. Put on mask or respirator: Position the mask or respirator over the nose and mouth, securing it snugly to the face. Adjust the fit as needed to ensure a proper seal.
4. Wear eye protection: Put on goggles or a face shield, ensuring that it covers the eyes and surrounding areas fully and securely.
5. Don gloves: Put on gloves, ensuring that they cover the wrists and overlap with the gown sleeves if applicable.

### Doffing PPE:

1. Remove gloves: Grasp the outside edge of one glove near the wrist and peel it away from the hand, turning it inside out. Hold the removed glove in the gloved hand. Slide fingers of

the ungloved hand under the remaining glove at the wrist and peel it off, turning it inside out and covering the first glove.

2. Perform hand hygiene: Wash hands thoroughly with soap and water or use hand sanitizer.
3. Remove gown or apron: Untie or unfasten gown or apron at the back of the neck and waist, taking care to avoid touching the front of the gown. Remove the gown or apron by pulling it away from the body and rolling it inside out.
4. Remove eye protection: Carefully remove goggles or face shield by handling the headband or earpieces, avoiding contact with the front of the eye protection. Clean or disinfect eye protection if reusable, following institutional protocols.
5. Remove mask or respirator: Grasp the mask or respirator by the ear loops or ties and carefully remove it without touching the front of the mask. Dispose of single-use masks appropriately or place reusable masks in a designated receptacle for cleaning.
6. Perform hand hygiene: Wash hands thoroughly with soap and water or use hand sanitizer after removing all PPE.

**Additional considerations:**

- Follow specific institutional protocols and manufacturer instructions for donning and doffing PPE.
- Practice proper technique and take your time to avoid contamination or injury.
- Consider using a buddy system or having a trained observer to ensure proper technique and safety during doffing.
- Regularly review and update procedures based on emerging evidence and best practices.

The appropriate personal protective equipment (PPE) for infection control depends on various factors, including the type of infection, the mode of transmission, and the level of risk associated with the task being performed. However, there are some general principles and common types of PPE that are frequently used in healthcare settings for infection control:

1. **Gloves:** Gloves are essential for protecting hands from exposure to infectious materials, including blood, bodily fluids, and contaminated surfaces. They should be worn whenever there is a risk of contact with potentially infectious materials, such as during patient care activities, handling contaminated items, or cleaning spills. Different types of gloves are available, including latex, nitrile, and vinyl, with consideration for latex allergies when selecting the appropriate type.
2. **Gowns or Aprons:** Gowns or aprons provide a barrier to protect skin and clothing from contamination with infectious agents. They are typically worn when there is a risk of splashes, sprays, or contact with potentially infectious materials, such as during procedures involving blood or bodily fluids. Gowns should be fluid-resistant and cover the arms and torso fully.
3. **Face Masks:** Face masks help to prevent the spread of respiratory droplets from the wearer to others and provide some protection against inhalation of infectious particles. They are commonly used during patient care activities, particularly when there is a risk of respiratory infections such as influenza or COVID-19. Surgical masks are typically

used for routine care, while respirators (such as N95 masks) are used for higher-risk situations, such as caring for patients with suspected or confirmed airborne infections.

4. **Eye Protection:** Eye protection, such as goggles or face shields, helps to protect the eyes from exposure to infectious materials, including respiratory droplets, blood, and bodily fluids. They are essential when there is a risk of splashes, sprays, or aerosolization of infectious agents, such as during procedures involving suctioning, intubation, or wound irrigation.
5. **Respirators:** Respirators, such as N95 masks, are specialized face masks designed to filter out airborne particles, including infectious agents such as bacteria and viruses. They provide a higher level of respiratory protection than surgical masks and are used in situations where there is a risk of airborne transmission, such as caring for patients with tuberculosis or performing aerosol-generating procedures.
6. **Footwear and Head Covers:** In certain healthcare settings, such as operating rooms or isolation units, additional PPE such as shoe covers and surgical caps may be required to prevent contamination of the environment and to maintain sterility.

It's important for healthcare workers to receive training on the proper use, removal, and disposal of PPE to ensure effective protection against infections. Additionally, PPE should be selected based on a risk assessment of the specific tasks and situations encountered in the healthcare setting.

# Wet Floor Management Policy

Happyville Compassionate Care is committed to providing a safe and healthy work environment for all employees, visitors, and contractors. This policy establishes guidelines for the management of wet floors to prevent slips, trips, and falls.

## Responsibilities

Management are to ensure that adequate resources are allocated for the implementation of wet floor management procedures and that employees receive appropriate training on hazard identification and response.

Supervisors must supervisor and monitor compliance with wet floor management procedures within their respective areas of responsibility. Promptly address any deficiencies or non-compliance observed.

Employees must follow wet floor management procedures, including promptly reporting wet floor hazards and adhering to safety protocols to prevent slips and falls.

## Procedures

### a) Prevention:

- Regularly inspect work areas for potential wet floor hazards, paying particular attention to areas prone to wetness such as entrances, restrooms, and kitchen areas.
- Use non-slip mats or rugs in areas where water or other liquids are frequently present to reduce the risk of slips and falls.
- Ensure proper drainage systems are in place to prevent water accumulation on floors.

### b) Response

- Immediately cordon off the wet area using safety cones or barriers to alert employees and visitors of the hazard.
- Place warning signs such as "Caution: Wet Floor" or "Slippery Surface" around the affected area to provide visual cues and increase awareness.
- Assign trained personnel to monitor the wet area and provide assistance to individuals navigating through the space.

### c) Cleanup

- Quickly address the source of the wetness to prevent further spillage or leakage. For example, repair leaking pipes or fix malfunctioning equipment.
- Use appropriate cleaning materials and equipment, such as mops or absorbent towels, to dry the wet floor thoroughly.
- Dispose of used cleaning materials properly and ensure the area is left clean and dry to prevent future slip hazards.

### d) Communication

- Communicate the presence of a wet floor and the steps being taken to address the issue to all employees and visitors in the vicinity.
- Encourage employees to report wet floor hazards promptly to designated personnel or through established reporting channels.

## Training

- Conduct regular training sessions for employees on wet floor management procedures, including hazard identification, response protocols, and proper cleanup techniques.
- Provide guidance on the use of personal protective equipment (PPE) and other safety measures to minimise the risk of slips and falls.

#### Review and Evaluation

- Periodically review and evaluate the effectiveness of wet floor management procedures.
- Identify areas for improvement and implement corrective actions as necessary to enhance workplace safety and reduce the risk of slip and fall incidents.

#### Compliance

- Ensure compliance with applicable regulatory requirements and industry standards related to wet floor management.
- Monitor adherence to wet floor management procedures and take appropriate disciplinary action in cases of non-compliance.

### **Managing spills of blood and body substance**

1. Gather the a spill kit
  - disposable gloves, goggles and apron
  - absorbent fluid
  - Scoop
  - clinical waste bags with ties
2. Wash hands
3. Put the gloves and apron
4. Pour absorbent fluid over the spill
5. Cover the material with absorbent paper towel to contain the spill.
6. Scoop up the spill and dispose of it into an clinical waste bags
7. Remove gloves and dispose of them into an clinical waste bags
8. Clean the area with a disinfectant
9. Wash hands
10. Report incident to the supervisor

### **Handling and cleaning client equipment/shared equipment to prevent spread of infection: Equipment shared between patients must be cleaned and disinfected:**

- Between use
- At the point of care (patients room/bed space etc.)
- Before storage
- Before sending for repair

- When visibly soiled

### **Procedures for cleaning:**

- Clean grossly soiled equipment immediately to avoid contamination of the environment and damage to equipment from blood or body fluids drying on the surfaces
- When cleaning and disinfecting equipment, avoid splash contamination of nearby furnishings, linens, carts, and other clean items
- Designate a location or space for clean equipment storage. Ideally, clean storage rooms, clean service rooms, or utility rooms with minimum 2 meters (Six feet) separation from dirty equipment
- Contaminated equipment/devices shall not be transported through areas designated for storage of clean or sterile supplies, client/patient/resident care areas or high-traffic areas.
- Use approved disinfectant wipes for point of care cleaning and disinfection of patient equipment. Keep wipes wet; discard if they become dry. Follow instructions on the product label for appropriate personal protective equipment and contact time
- Follow the equipment manufacturer's instructions for cleaning protocols of specialty equipment.
- Confirm cleaning protocols with manager or designate
- Department manager or designate should ensure equipment cleaning protocols are monitored at least annually and with implementation of new equipment or procedures to ensure adherence to manufacturer's instructions for cleaning and infection control standards
- Medical equipment/devices labelled by the manufacturer "single pt. use" may be disinfected and reused on the same patient but must not be used on other patients.

### **Managing wastes**

Waste-disposal bags have standardised colours to allow ready identification.

- Black for general waste
- yellow for clinical and potentially infectious waste
- yellow rigid container for sharps

### **Managing wastes in the home**

- Wear gloves and or PPE
- Dispose of liquid wastes e.g. dispose of urine in the toilet

- Place waste in a sealed plastic bag and place in client wheelie bin\*

\*Happyville Compassionate Care will check with the local council as they may have different requirements for waste disposal.

## Fire and medical emergency

Happyville Compassionate Care is committed to ensure clients, visitors and staff are kept safe in the event of a fire and/or an emergency situation.

- A fire risk assessment, building and fire systems inspection is conducted every year or when required.
- A staff member is allocated as the Fire Warden
- Staff must attend fire safety every twelve months and practice fire evacuation procedures.
- Emergency contacts numbers must be clearly located near the phone.
- For staff providing 24 hour support for clients living in their home regular fire drills must be conducted.
- Fire safety plans are located throughout the Happyville Compassionate Care buildings and in the client's home.

### Responding to Fire Emergency

In the event of a fire emergency, having well-defined policies and procedures in place is crucial for ensuring the safety of everyone in the affected area. Here's a step-by-step guide on fire emergency procedures using the "PASS" technique (Pull, Aim, Squeeze, Sweep) for operating a fire extinguisher, as well as utilizing exit signs effectively:

1. **Pull the Fire Alarm:** Upon discovering a fire or upon hearing the fire alarm, immediately activate the building's fire alarm system. This action alerts everyone in the building to the emergency and initiates evacuation procedures. The fire alarm should be pulled without hesitation, as it's crucial to get people moving to safety as quickly as possible.
2. **Assess the Situation:** Before taking any further action, quickly assess the situation to determine if it's safe to attempt to extinguish the fire using a fire extinguisher. Consider factors such as the size and location of the fire, your proximity to exits, and your level of training in using fire extinguishers. If the fire is large, spreading rapidly, or if there is heavy smoke, evacuate immediately and do not attempt to extinguish the fire.
3. **Use the "PASS" Technique:** If it's safe to use a fire extinguisher, follow the "PASS" technique:
  - **Pull:** Pull the pin at the top of the fire extinguisher. This will break the tamper seal and allow you to discharge the extinguisher.
  - **Aim:** Aim the nozzle or hose at the base of the fire. Pointing at the base rather than the flames helps to extinguish the source of the fire.
  - **Squeeze:** Squeeze the handle of the fire extinguisher to release the extinguishing agent. Maintain a firm grip on the extinguisher while doing so.

- Sweep: Sweep the extinguisher from side to side, covering the entire area of the fire with the extinguishing agent. Continue until the fire is completely extinguished or until the extinguisher is empty.
4. Evacuate Safely following evacuation procedures: If the fire is not quickly controlled or if it's not safe to attempt extinguishing it, evacuate the building immediately. Follow the designated escape routes marked by exit signs. These signs are typically illuminated and clearly indicate the nearest exits.

**Stay Calm:** Remain calm and alert everyone in the household about the fire. Shout "Fire!" to alert others in the home.

**Check for Smoke:** Before opening any doors, check them for heat. If the door is hot, do not open it as there may be fire on the other side.

**Exit Quickly:** If possible, leave the building immediately. Do not waste time trying to save possessions. Your safety is the top priority.

**Crawl Low if Necessary:** If there is smoke, stay low to the ground where the air is less toxic and easier to breathe. Crawl on your hands and knees to the nearest exit.

**Close Doors Behind You:** As you exit each room, close the door behind you. This can help to contain the fire and prevent it from spreading rapidly.

**Use the Nearest Exit:** Use the nearest safe exit to leave the building. If the primary exit is blocked by fire or smoke, use an alternate exit if available.

**Feel Door Handles:** Before opening any doors, feel the doorknob or handle with the back of your hand. If it's hot, do not open the door. Find another way out.

**Stay Low During Escape:** As you exit the building, stay low to the ground to avoid inhaling smoke and toxic gases. Use a cloth to cover your nose and mouth if possible.

**Follow Escape Routes:** If you have previously established escape routes or a fire escape plan, follow them. Move quickly but cautiously towards the designated meeting point outside the home.

**Alert Emergency Services:** Once safely outside, call the fire department or emergency services from a safe location. Provide them with your address and details about the fire.

**Do Not Re-enter:** Under no circumstances should you re-enter the building until it has been declared safe to do so by the fire department.

**Account for Everyone:** Once outside, gather at the designated meeting point and ensure that everyone from the household is present. If someone is missing, inform the firefighters immediately.

5. Assist Others: While evacuating, assist others who may need help, such as individuals with disabilities, elderly individuals, or anyone else who may require assistance. Offer guidance and support to ensure everyone reaches safety.
6. Assemble at the Designated Meeting Point: Once outside, assemble at the designated meeting point, which should be a safe distance away from the building. This allows for accountability and ensures that everyone has evacuated safely.



7. **Notify Emergency Services:** Once safely evacuated, call emergency services (such as the fire department) to report the fire. Provide them with any relevant information, such as the location of the fire and any hazards they should be aware of.
8. **Do Not Re-enter the Building:** Under no circumstances should anyone re-enter the building until emergency personnel have declared it safe to do so.

Regular drills and training sessions on fire safety procedures are essential for ensuring that all occupants of the building are familiar with these steps and can respond effectively in the event of a fire emergency.

#### **What should I do if there is a fire in a client's home?**

1. Evacuate clients/visitors/staff from the house and close doors behind you.
2. Raise the alarm (Dial 000).
3. Fight fire only if safe to do so.
4. Do not allow any people to re-enter the house following evacuation.
5. Assemble all clients/visitors/staff in the nominated evacuation assembly area and complete a roll call.
6. Before leaving an area report status of evacuation to the Fire Brigade.
7. Report any clients/visitors/staff still in house to the Fire Brigade.

#### **What should I do if there is a fire in an aged care facility?**

1. Evacuate clients/visitors/staff from the area of immediate danger to a safe location and close doors.
2. Raise the alarm (Dial 000).
3. Fight fire only if safe to do so.
4. Evacuate clients/visitors/staff if necessary (follow exit signs)
5. Do not allow any people to re-enter the building following evacuation.
6. Assemble all clients/visitors/staff in the nominated evacuation assembly area and complete a roll call.
7. Before leaving an area report status of evacuation to Manager or Fire Brigade.
8. Report any clients/visitors/staff still in building to Manager/Fire Brigade.

#### **Medical Emergency in a client's home**

All Care Workers must have a current First Aid Certificate.

In the case of a client being admitted to the hospital via an ambulance the Care Worker must notify the supervisor immediately and ensure the clients medical history form accompanies the client.

## **Common organisation policies and procedures for managing medical emergency involves:**

### **Here are policies and procedures for handling these situations:**

**Cuts and Bleeding:** Policy: The policy for managing cuts and bleeding should prioritize the safety and well-being of the client while minimizing the risk of infection and further injury.

Procedure:

- Assess the severity of the cut and the extent of bleeding.
- Apply direct pressure to the wound using a clean cloth or sterile dressing to control bleeding.
- Elevate the affected limb if possible to reduce blood flow to the wound.
- If bleeding is severe or cannot be controlled with direct pressure, call emergency services (000 in Australia) immediately.
- Once bleeding is controlled, clean the wound with mild soap and water, apply an antiseptic, and cover with a sterile dressing.
- Monitor the client for signs of infection or complications and seek medical attention if necessary.

**Slips or Falls:** Policy: The policy for slips or falls should focus on ensuring the safety of the client, preventing further injury, and assessing for any underlying medical issues contributing to the fall. Procedure:

- Assess the client's condition and any injuries sustained from the fall. If the client is injured or complains of pain, avoid moving them and call emergency services (000) immediately.
- If the client is not injured but requires assistance getting up, assess the environment for hazards and ensure a safe lifting technique is used.
- Help the client into a comfortable position and monitor for signs of shock or other complications.
- Document the incident, including details of the fall, any injuries sustained, and actions taken.

**Other Medical Emergencies:** Policy: The policy for other medical emergencies should emphasize prompt assessment, appropriate first aid intervention, and timely activation of emergency services if required.

Procedure: Assess the client's condition and vital signs, including consciousness, breathing, and circulation.

Provide any necessary first aid interventions based on the client's symptoms, such as administering oxygen, assisting with medications, or performing CPR if necessary and if qualified to do so.

If the client's condition deteriorates or if they exhibit signs of a life-threatening emergency (e.g., chest pain, difficulty breathing), call emergency services (000) immediately. Stay with the client, provide reassurance and comfort, and continue to monitor their condition until help arrives.

Document the incident, including the client's symptoms, interventions performed, and any changes in their condition.

It's important for home care support workers to receive appropriate training in first aid, emergency response procedures, and infection control to effectively manage medical emergencies in the home setting while adhering to organizational policies and protocols.

### Organisations' Responsibility in Managing Emergencies

It is the legal responsibility of your service to ensure that workers and others have easy access to emergency equipment, such as fire extinguishers and fire blankets, and know how to use them. All organisations are required to hold practices or drills for emergency procedures such as fire and evacuation drills. Emergency procedures and emergency telephone numbers are displayed in a place where they can be easily seen. A copy of the emergency and evacuation floor plan and instructions must be displayed in a prominent position near each exit at the service. Casual staff should also be inducted into emergency plans and exits as part of their introduction to the service.

### **In Summary in an event of a medical emergency situation**

- Apply first Aid
- Raise the alarm (Dial 000)
- Follow the operators instructions and provide the following information
  - Address
  - Details of the emergency

### Travel and working alone

Happyville Compassionate Care is committed to ensuring a safe environment for Care Workers when delivering care services to clients in the community.

### **General**

- The Care Worker must hold a current class C motor vehicle drivers' licence.
- The Care Worker's car must be comprehensively insured.
- The Care Worker's car must be maintained in a roadworthy condition.
- The Care Worker is responsible for paying all traffic and parking fines incurred while on duty.
- The Care Worker must not drive while under the influence of alcohol and illegal drugs.
- The Care Worker must not drive if they are taking medication that cautions against driving.
- Payment for use of private car will be paid at the rate per km travelled, as provided by the Australian Taxation Office. The Care Worker is encouraged to record the kilometres driven in their log book.
- A first Aid Kit and mobile phone will be supplied by Happyville Compassionate Care

### **Prior to departure**

- Prior to departure the Care Worker must be aware of current weather and road conditions.
- The Care Worker must have accurate directions to the client's home.
- Care Workers are to ensure their identification badge is with them

### **Travelling to the clients home**

- If the Care Worker is travelling long hours they must take the designated breaks.
- The Care Worker must not stop or take breaks in isolated areas for their own safety.

### **At the clients home**

- When arriving at the clients home knock on the door and wait until the client answers. Do not enter the clients home and contact Happyville Compassionate Care immediately if;
  - The clients does not answer the door
  - There is conflict and arguments coming from within the clients home
  - The person answering the door is unknown and gives you cause for concern
  - The client shows behaviours of concern.
- Be alert to escape routes in case of an emergency exit
- Be alert to items that may be used as weapons such as knives.
- Leave the clients home immediately if there is a risk to your safety.
- The Care Worker must carry a mobile phone at all times with emergency numbers pre-programmed. If the Care Worker is in a threatening situation ring Happyville Compassionate Care and say the code words " I forgot the red marker pen"
- Advise Happyville Compassionate Care when arriving and exiting the client's home or at agreed times when there is a potential risk.
- Care Workers must keep car keys with them at all times

### **Leaving the clients home**

- Have car keys ready when leaving the clients premises and lock all doors and close all windows once in the vehicle.
- Complete all paperwork at the office or as otherwise stated

## **Fatigue and Stress Management**

Happyville Compassionate Care organisation believes in creating healthy work is a shared, co-operative venture, where both employees and employers have roles and responsibilities, including the maintenance of a balance between work and non-work activities. It is not something that can be imposed – and it will require mutual understanding, accommodation, respect and the normal processes of give and take for its success.

## 1 Basic facts about stress and fatigue

### 1.1 What is 'stress' and how does it affect us?

There are many definitions of stress, and many theories about it. No definition or theory of 'stress'

is perfect. Each theory and definition seems to answer one aspect of the problem well but other Happyville Compassionate Care aspects less well. The definitions adopted by OSH are:

**Stress** – defined in terms of the interaction between a person and their (work) environment and is the awareness of not being able to cope with the demands of one's environment, when this realisation is of concern to the person, in that both are associated with a negative emotional response.

**Stressors** – events or circumstances which may lead to the perception that physical or psychological demands are about to be exceeded. They can be of several types and can arise in and out of work.

For example, work-related stressors may be:

- inevitable: e.g. starting a new job, learning a new skill, the difficulty of dealing with adverse weather conditions such as drought or flood, unpredictable emergencies in the workplace, intrinsic difficulties in the work such as working in a competitive industry
- avoidable: e.g. undertaking hazardous work for too many hours each week for long periods in a physically demanding environment; producing multiple reports which no-one reads; inhospitable or dangerous physical environments; no performance feedback or only negative feedback; no interest shown by the supervisor in helping solve problems.

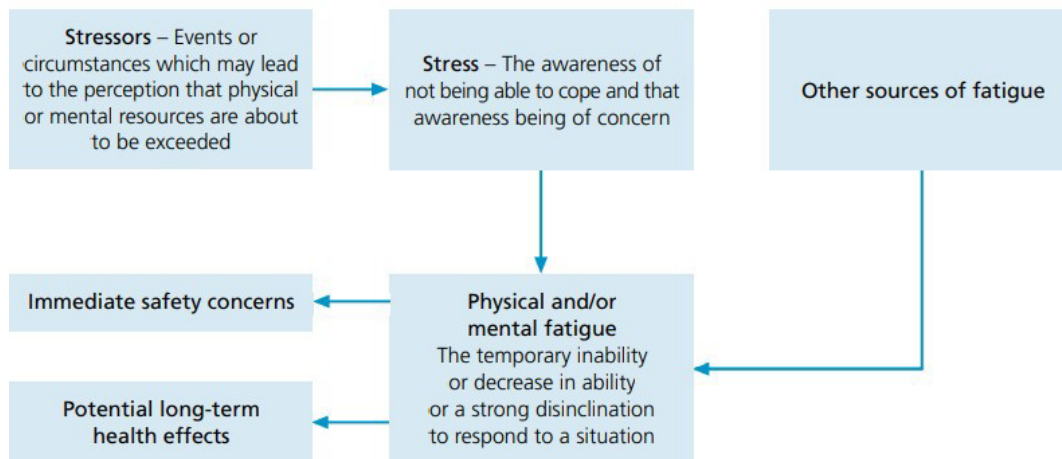
Non work-related stressors may include:

- personal: e.g. relationship, child or other family problems, financial difficulties
- intrinsic: feelings of not coping may just arise from within, with no apparent stressor(s) being discernible.

**Fatigue** – the temporary inability, or decrease in ability, or a strong disinclination, to respond to a situation, because of previous over-activity, either mental, emotional or physical.

While fatigue can be the result of many things it can result from both physical and mental effort.

Figure 1.1 Workplace stressors, stress and fatigue



Stress is not an illness but an awareness that a person is not coping, and that this is a negative feeling, which may need to be conveyed to the employer.

### How (and why) does stress affect us?

The interactions between all aspects of our lives are complex. No one model of 'stress' covers all the fragments of information that are known about it and its implied coping strategies. When are the effects of stress and fatigue critical?

Stress and fatigue can create safety hazards in the workplace, particularly in safety-critical or safety-sensitive jobs and are especially critical where other workers or members of the public may be affected.

Errors that can be made are not exclusive to health and safety:

- A fatigued pilot or air traffic controller is likely to place many more lives at risk than their own.
- A fatigued worker on a scaffold.
- Fatigued employees using dangerous machinery or a fatigued driver.
- A highly trained employee becomes unable to cope with being at the interface between public

expectations and legislative/operational requirements, and resigns.

- An employee in a company where business is increasing rapidly loses track of the status of an

order – and the company loses that customer's business.

Managers need to be able to recognise stress and fatigue when it develops in their employees and leads to impairment and should have the training and systems to make sure they can recognize impairment and its potential causes, and act to prevent problems.

### Strategies to Manage stress and fatigue:

- Acknowledge that it is normal to feel stressed in your situation.
- Take care of your basic needs.
- Take time to eat, exercise, rest and relax, even for short periods.
  
- Be mindful of the hours you are working and communicate with your leader if those hours become unreasonable or unmanageable.
- Check in with co-workers to see how they are doing and have them check in with you. Find ways to support each other.
- Speak to your leader about keeping reasonable working hours, where possible, so you do not become too exhausted and burn out.
- Stay connected to friends, family, and community through phone, social media, or messaging apps. This keeps you safe and helps bridge the gap if you find yourself experiencing avoidance by friends, family, or community due to their fear or perceived stigma.