1.0 Occupational Health & Safety

Policy

WGPN is committed to preventing workplace injury and illness and ensuring a safe and secure working environment for doctors, staff, patients and all other visitors.

We recognise that health and safety is an integral part of every activity we perform and as such we maintain current knowledge of our obligations under State/Territory and Federal OH&S legislation.

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

As an employer we must provide a safe and healthy workplace for our workers and contractors.

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

Procedure

WGPN designated health and safety representative (HSR) is the Finance Manager. The name and telephone extension of our HSR is kept on the staff notice board. Information relating to OH&S issues are posted on the notice board/conveyed to all members of staff and updated regularly by the HSR. We consult with employees on matters that may directly affect their health, safety or welfare and the HSR, is also involved in the consultation

WGPN keep a Register of Injuries to keep track of work-related injuries and illnesses and for workplace incidents that cause or could have caused serious injury or death we understand that we must notify WorkSafe on 13 23 60.

When an injured worker records an injury or illness in the Register of Injuries, we acknowledge this registration in writing to the worker.

- new staff are asked whether they have any pre-existing injury that may be affected by the new job.
- we ensure workers have adequate information, instruction, training and supervision to work in a safe and healthy manner.
- we maintain the workplace in a safe condition and provide staff with adequate facilities

To support the safety health and wellbeing of WGPN staff we have procedures in the following areas:

- tasks involving manual handling are identified and measures are taken to reduce or eliminate the risk of injury to doctors and staff as far as reasonably practical.
- incidents and all injuries involving all staff and patients and others that occur in the workplace are documented and managed professionally and ethically, according to relevant medical standards and guidelines.
- at induction and periodically all staff are instructed in safety and infection control protocols ensuring risks are known and precautions taken, including staff immunisation.
- we strive to work together to maintain a safe physical work environment and that supports the health and wellbeing of Doctors, staff, patients and visitors. Including ensuring regular breaks, adequate staffing levels and a smoke free environment.
- we have a duty of care to safeguard the health of employees which also covers psychological as well as physical health.
- we strive to encourage consultation between management and staff on all matters pertaining to OH&S matters as obligated under the legislation.
- we endeavour to provide a working environment in which all Doctors, staff, patients and visitors are not subject to unlawful discrimination, sexual harassment, violence or bullying.
- audits are undertaken to ascertain that all practice and office equipment is appropriate for its purpose. Records of maintenance, including electrical safety checks and calibration schedules are maintained.
- records of updates and training provided to all staff in relevant equipment operation and maintenance, manual handling skills, and compliance with OH&S requirements are maintained.
- we strive to ensure the practice environment and facilities are adequate, and provide for the comfort, safety and security of Doctors, staff, patients and visitors.
- we will not tolerate violence of any nature.
- non medical emergency procedures and fire safety precautions are clearly documented and designated members of the emergency team have a reference and a basis for their decisions and actions within that role.
- we have appointed one member of staff with primary responsibility for the development and consistent implementation of our infection control systems and procedures which includes environmental cleaning. (Refer Infection control)
- to minimise harm to our patients we have clear lines of accountability and responsibility for the delivery of safe and effective quality care.
- we have a requirement for two members of the staff to be present during the normal opening hours of the practice.

Hazardous Substances

- we implement arrangements for the safe use, handling, storage and transport of chemicals and hazardous substances. (Refer Handling and Use of Chemicals).
- regular audits of products used by the practice are undertaken and hazardous substances are stored, handled and documented according to assessed risk.
- material safety data sheets (MSDS) and Product Data sheets (PDS) are maintained and visibly placed on equipment and hazardous substances, to describe them and give clear instructions for their use.
- the current manufacturer's, importer's or supplier's copy of the MSDS is used by the practice and this information is never altered.
- the practice endeavours to control risk associated with the use of hazardous substances which are stored in labelled containers.
- a register of hazardous substances is kept and maintained by the practice. (see hint above about this).
- staff members are instructed on how to handle hazardous substances appropriately and documentation and ongoing training is provided regarding this.
- regular risk assessment is undertaken by this practice in order to control risk associated with the use of hazardous substances.

2.0 Manual Handling

Policy

Manual handling is any activity requiring the use of force exerted by a person to lift, push, pull, carry, or otherwise move or restrain any animate or inanimate object. It includes activities involving awkward posture and repetitive actions.

Under these regulations, WGPN aims to identify tasks involving hazardous manual handling and to undertake risk assessments. Risks to staff are thus reduced or eliminated as far as practicable.

Risk factors likely to cause manual handling injuries and therefore include in Practice Risk Assessments include:

- force applied.
- actions & movements used.
- range of weights.
- how often & for how long, manual handling is done.
- where the load is positioned & how far it has to be moved.
- availability of mechanical aids.
- layout & condition of the work environment.
- work organisation.
- position of the body whilst working.
- analysis of injury statistics.
- age, skill & experience of workers.

- nature of the object handled.
- any other risk factor considered relevant.

Procedure

- avoid tasks that involve:
  - twisting, bending or extensive reaching
  - repeated or prolonged stooped posture
  - lifting requiring extended reach
  - repetitive lifts from below mid thigh or using forceful movements
  - prolonged bent neck posture when working on low flat bench
  - repetitive tasks for a prolonged time
  - using excessive force to push, pull or hold object
- reduce the size or weight of objects to be lifted or carried.
- prevent slips or falls by wearing appropriate footwear.
- ensure adequate lighting.
- clean area regularly; spills should be wiped up immediately.
- check equipment is in good working order and there is adequate space in which to work.
- weight limits: Seated – 4.5 kg. Standing – 16 to 20 kg. (For ideal conditions and with a compact load held close to the body and with a short carrying distance).

Before doing any type of manual handling assess the situation ask the following questions:

- should two people be lifting this or am I able to lift this safely and without risk or injury?
- is my pathway clear of all objects?
- what distance am I going to be going?
- can I see clearly?
- can I split the load to make it lighter?
- size up the load – if in doubt seek assistance.

WGPN has one or more height adjustable examination couch/s to assist in the care of patients with a disability, and to reduce the risk of staff injuring themselves when assisting patients on or off the examination couch.

Staff Responsibility

If you identify a task, piece of equipment, or work area that may be a risk, report it to the Patient Services Manager or the OH&S representative. A further detailed risk assessment will be conducted and if necessary, changes will be made to reduce the risk of injury with training for staff as needed.

3.0 Environmental Cleaning Service

Policy

All areas of our practice environment are visibly clean.

Regular cleaning of work areas is necessary because dust, soil and microbes on surfaces can transmit infection. Cleaning of our practice clinical and non clinical areas must be regular and scrupulous.

We have appointed the practice nurse with responsibility for the development and consistent implementation of our infection control systems and procedures which includes environmental cleaning. (Principles of Infection control)

Specific areas of responsibility may be delegated to nominated members of the practice team and these particular responsibilities should be documented in the relevant position descriptions. The practice team member with delegated responsibility for environmental cleaning can describe the process for the routine cleaning of all areas of the practice and can provide documentation on the practice's cleaning policy.

A good neutral detergent can be used for most of the cleaning requirements in a health care setting, and this includes floors, walls, toilets and other surfaces. The use of disinfectants is discouraged because they are expensive, often toxic and require contact times to be effective.

All work surfaces are made of smooth, non-porous material without cracks or crevices to allow for efficient cleaning. Any gross soiling or body substance spills must be cleaned as soon as possible.

Sinks and wash basins must be either sealed to the wall or sufficiently far from the wall to allow cleaning of all surfaces.

Damp dusting and wet mopping is used in the cleaning of the environment. Dry dusting and sweeping will disperse dust and bacteria into the air and then resettle. It is potentially hazardous and inefficient, and must be avoided in patient treatment or food preparation areas.

All cleaning equipment is stored in a clean and dry condition, and in an area not accessible to the public.

WGPN has a cleaning schedule with procedures for cleaning clinical and non-clinical areas of our practice.

All cleaning staff must receive training in occupational health and safety issues appropriate to general practice and the immunisation status of all cleaning staff is documented.

All staff involved in cleaning receives ongoing education in our infection control policies including Hand Hygiene and the correct use of Personal Protective Equipment (PPE) and Waste management.

Procedure

The practice nurses have the responsibility for the development and consistent implementation of our environmental cleaning processes. This includes education of staff and following up any issues with the quality of environmental cleaning.

Our cleaning schedule below describes the frequency of cleaning, products to use and person responsible for cleaning specific clinical and non clinical areas of the practice. Where appropriate we have documented evidence of cleaning activity.

Additional and specific cleaning may be required in areas where patients known or suspected to be infected with highly transmissible agents (e.g. influenza) have been.

Practice staff and contract cleaners are responsible for cleaning the premises as specified in the attached cleaning guide.

Practice staff undertake daily cleaning and the contract cleaners provide general cleaning in all areas of the Practice on a daily basis.

This service is contracted to provide general cleaning in all areas of the Practice on a daily basis after the clinic is closed.

Spills that occur during normal consulting hours are the responsibility of the health practitioner (doctor, nurse) or if in non-clinical areas, the practice nurse.

Cleaning staff should adhere to the following principles when cleaning:

- don personal protective equipment (PPE) such as gloves and a waterproof apron
- make up water and detergent solution each day
- use clean dry cloths and mops
- wash and dry all surfaces
- promptly dispose of used cleaning solution in the dirty utility area, not in hand basins or clinical sinks
- wash and dry buckets, cloths, mops and PPE after use
- wash hands when each task is completed.

Areas which are only cleaned/ managed by appropriately trained practice staff are:

- spillage of blood or body fluids
- medical instruments or items for re-use are cleaned according to the procedure for cleaning instruments and re-usable items.
- treatment room benches and trolleys
- consulting room benches containing medical equipment

- infectious waste and sharps containers

All practice staff responsible for cleaning have been appropriately immunised as documented in their staff records. Should cleaning not conform to the expectations of staff it should be reported to the Patient Services Manager.

Patient Services Manager conducts routine audits to ensure a high standard of cleaning. Audits are done every two months or more frequently as required, using items as defined in the cleaning contract.

Safety data sheets of cleaning solutions, disinfectants etc are kept on file in case of a medical emergency i.e. swallowing, splashed in eyes.

The attached cleaning guide contains descriptions of all areas to be cleaned, frequency, method and responsible person.

Routine Cleaning Guide

Surface	Method and cleaning agents to be used	Frequency	Cleaner Responsible
Treatment room benches and trolleys	Wash with hot water and detergent. Dry thoroughly	Nightly and more often if required	Authorised practice staff
Benches/drawers containing medical Items	Wash with hot water and detergent. Dry thoroughly	Weekly and more often if required	Authorised practice staff
Re-usable medical items and instruments	Refer to procedure in Section 4	As required	Authorised practice staff
Benches and tables in kitchen	Wash with hot water and detergent	Nightly	
Sinks, hand basins and toilets	Hot water & detergent. An abrasive cream cleanser may be a useful stain remover	Daily	
Hard floors - Treatment Room	Vacuum and wet mop with hot water and detergent	Daily	
Hard floors - Other areas	Vacuum and wet mop with hot water and detergent	Daily - weekly depending on use	
Carpeted areas	Vacuum Steam Cleaned	Daily – weekly depending on use 6 –12 monthly	
Office desks, benches and furniture	Damp mop with hot water and detergent / Vacuum	Weekly	
Examination couches	Hot water and detergent	Daily	

Toys	Dishwasher / Hot water and detergent	Daily - Weekly depending on use	
Waiting Room furniture	Hot water and detergent/ Vacuum	Daily	
Curtains - Cubicle	Machine hot wash	3 monthly	
Windows and window furnishings	Dry clean / Vacuum	Annually	
Walls and ceilings	Hot water and detergent	Annually	
Storerooms	Hot water and detergent	3 monthly	

4.0 Risk Assessment & Management

Policy

WGPN has multiple systems to regularly monitor, identify and report near misses and mistakes in clinical care and to identify deviations from standard clinical practice that may result in patient harm.

WGPN has appointed the Finance Manager to have primary responsibility for our risk management systems. These may include clinical and non clinical risks and events. Specific areas of responsibility can be delegated to other nominated members of the practice team and these particular responsibilities should be documented in the relevant position descriptions.

The aim of risk assessment and management is to:

- identify all strategic risks using a risk management process.
- ensure risk management becomes part of day to day management.
- co-ordinate the undertaking of regular formal risk assessments and reviews with staff involved.
- provide staff with education and policies and procedures necessary to manage risk.
- ensure employees are aware of risks and how to manage them.
- assign responsibility for overseeing the practice risk management systems to designated staff, and document this in their position description.
- document and regularly review our risk management systems.
- monitor risk profile and implement a continuous improvement approach to risk management.
- ensure successful implementation of changes and improvements made to our risk management systems.

WGPN has a documented system for dealing with near misses and mistakes and we ensure that Doctors, Nurses and other staff involved in clinical care are educated in what to do and whom to notify when a slip, lapse or mistake occurs, or when there is an unanticipated adverse outcome. Any improvements that are implemented to prevent identified slips, lapses and mistakes or potential risks are documented and the practice team is informed.

WGPN has protocols for Non Medical Emergencies such as failure of electricity supply, telephone or water, fire or false fire alarm, property damage, break-in, abusive or threatening telephone calls or persons at the practice, leakage of toxic chemicals, bomb threats and letter bombs, natural disasters and the sudden unexpected absence of staff.

We also have a contingency plan for unexpected events such national or local infection outbreaks or the sudden, unexpected absence of clinical staff.

These include a mechanism to ensure the timely acquisition and dissemination of information (including regular updates) about alerts, emerging diseases, local disasters or emergencies.

Procedure

Staff use the “Adverse Outcome Report” to report any slips, lapses or near misses in clinical care or deviations in patient care that might result in harm. The medical defence organisation is contacted for events that might give rise to a claim.

Some of the tools and strategies used in this practice to manage risk include:

- achievement of RACGP standards via the accreditation process
- regular staff and clinical meetings and effective communication with our staff.
- appropriate staff qualifications, induction and training.
- patient feedback obtained via surveys/Suggestion Box /logbook of complaints/ comments.
- documentation of sterilisation procedures including servicing, details of individual loads/cycles and staff training
- comprehensive medical records and back up of electronic data.
- documentation/ tracking of abnormal results.
- regular reviews of systems and procedures especially as a result of any analysis of reported near misses.
- logging/recording of telephone exchanges with patients
- ensuring correct identification of patients at each face to face, telephone and electronic encounter and on correspondence by using “name”, “date of birth”, “gender” or “address”.
- documented contingency plans for events that may disrupt care or stretch practice resources to the limit, including disasters (e.g. bushfires, prolonged power failure, sudden staff absence) and disease outbreaks (e.g. pandemic flu).

4.0 Staff Immunisation

Policy

We have appointed the practice nurses with responsibility for the development and consistent implementation of our infection control systems and procedures which includes staff immunisation. (Refer Principles of Infection control).

Specific areas of responsibility may be delegated to nominated members of the practice team and these particular responsibilities should be documented in the relevant position descriptions

All practice staff should be advised of the risks of infection and be encouraged to be immunised against vaccine-preventable diseases to prevent transmission of disease to and from practice staff and patients. Staff should be offered additional vaccinations where appropriate depending upon the likelihood of their contact with patients and/or blood supply substances. These vaccinations may include Hepatitis A and other disease vaccinations.

WGPN will keep an extensive and up-to-date record of the immunisation history of each staff member. This will assist in identifying non immune staff to ensure they are excluded from contact with patients during disease outbreaks.

Subject to informed consent, the immunisation status of staff is known and recorded including the documentation of any refusal.

Procedure

1. A vaccination history is sought from all new staff at orientation.
2. Staff should receive the vaccines they require within the first few weeks of employment with the exception of influenza which should be administered annually between March and May.
3. Each staff should be individually assessed for specific vaccines, taking possible contraindications into account.
4. Staff immunisation history will be recorded on the “Staff Immunisation consent/refusal and record form” located at the end of this procedure. Informed consent should be obtained before screening and vaccination.
5. Staff will be given a personal immunisation record that documents vaccinations given and test results.

Guidelines for immunisation
Staff members are offered NHMRC recommended immunisations as appropriate to their duties. The following vaccines should be considered for practice staff:

Diphtheria, Tetanus
If not immunised, give three doses of ADT at one monthly intervals followed by booster doses at 10 and 20 years after primary course. It is recommended to give Boostrix as the first dose to provide immunisation against Pertussis. Give a further dose at age 50 if no booster dose in past 10 years. Boostrix is also recommended although not funded, to be used when giving a booster against Tetanus as it will give the added protection of Pertussis immunity.

Pertussis
Single dose of dTpa given for practice staff/healthcare workers in paediatric settings especially maternity and neonatal.

Poliomyelitis
Offer single dose to staff that may be exposed to polio and have not received a booster vaccination within the past 10 years. *(Page 255 The Australian Immunisation Handbook 9th Edition.)*

Measles Mumps & Rubella
Staff, with no known history of Measles, Mumps or Rubella, or vaccination should receive 2 doses of MMR one month apart. Antibody testing to ensure immunity should follow a few months after. Generally, those born prior to 1966 are considered immune.

Women, however, should not be vaccinated whilst pregnant or if there is a chance that they may be pregnant. Pregnancy should be avoid for 28 days after vaccination. (*pg 279 The Australian Immunisation Handbook 9th Edition)*

Meningococcal Type C
Meningococcal infections are transmitted via respiratory droplets and have the capacity to have a rapidly fatal course in previously healthy individuals. Staff members not immunised should be offered immunisation.

Influenza
Due to the highly transmissible nature of the influenza virus and possible serious consequences for the young and elderly, offer all practice staff an annual influenza vaccine for their own and their patient's protection.

Hepatitis B
All staff should be vaccinated. This is a course of 3 injections at 0, 1 & 6 months. Female staff that are or may be pregnant should not be vaccinated.
For staff who may deal with contaminated medical equipment and blood or body fluid spills, Hepatitis B vaccination is essential. All staff should have their Hepatitis B antibody status documented.

Chicken Pox

Varicella history or serology to confirm immunity is recommended for all staff. If seronegative, vaccination should be offered in a 2 dose schedule. *(pg 315. The Australian Immunisation Handbook 9th Edition)*

Staff Records

- records are initiated for all staff employed detailing their immunisation status. These will be maintained and include details of:
  - disease history.
  - vaccination.
  - antibody results.
  - test (e.g. Serology results) results.
  - a record of vaccines consented/refused.
- these records remain confidential, secure and accessible by authorised practice staff 24 hours a day, 7 days a week.
- records are maintained by a designated staff member and are routinely updated whenever new vaccinations, tests or disease occur.
- for all work related immunisations, staff should be given a verbal explanation about each disease (and its effects), from the General Practitioner.
- to further enhance informed consent, It is strongly recommended that staff are given a 'Fact Sheet' for all work related immunisations, similar to those which are available on the Immunise Australia Program website (Refer to Hints at end of this section)
- staff are required to sign the forms attached, providing written consent for either:
  - Vaccination.
  - Serology.
  - Supply of record.
  - Refusal of vaccination.
- if vaccination is given the following details must be recorded:
  - informed written consent.
  - date vaccine administered.
  - brand name.
  - batch number.
  - expiry date.