

SUTHERLAND DIVISION OF GENERAL PRACTICE



# Occupational Health and Safety Policy Manual

INFORMATION OBTAINED FROM THE FOLLOWING SOURCES:

- NORTH WEST SLOPES DIVISION OF GENERAL PRACTICE
- RACGP INFECTION CONTROL STANDARDS FOR OFFICE BASED PRACTICES (4TH EDITION)
- AMA (NSW) OCCUPATIONAL HEALTH AND SAFETY MANUAL (2002 EDITION)

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## Acknowledgements:

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Revised as at March 2007

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<INSERT PRACTICE NAME HERE OR LOGO>

# Occupational Health and Safety Policy

At <insert practice name here or logo> the Occupational Health & Safety system is based on the belief that the well-being of people employed at work, or people affected by our work, is a major priority and must be considered during all work performed by us or on our behalf.

People are our most important asset and their health and safety is our greatest responsibility.

## The objectives of our Occupational Health & Safety Policy are:

- To achieve an accident free workplace.
- To make health & safety an integral part of every managerial and supervisory position.
- To ensure health and safety is considered in all planning and work activities.
- To involve our employees in the decision making processes through regular communication, consultation and training.
- To provide a continuous program of education and learning to ensure that our employees work in the safest possible manner.
- To identify and control all potential hazards in the workplace through hazard identification and risk analysis.
- To ensure all potential accident/incidents are controlled and prevented.
- To provide effective injury management and rehabilitation for all employees.

## The success of our health and safety management is dependant on:

- Pro-active planning of all work activities with due consideration given to implementing occupational health & safety (OHS) controls that are suitable to each given situation.
- Understanding the total work process and associated OHS risks.
- Ensuring the work team is totally committed to achieving our objectives.
- Ensuring that open and honest communication exists between management and all employees.

## **This policy will be carried out through OH & S program, which includes:**

- Active involvement and commitment of managers
- Identification and control of hazards
- Investigation and reporting of all accidents and dangerous incidents
- Participation and consultation with, employees on safety matters of significance
- Provision of first aid and emergency procedures
- Provision of information, training and supervision as necessary for safety.

## **Responsibilities of Management**

The *<Practice Manager>* will carry out this policy, being responsible for the health and safety of all persons working in any operation under their control. They will actively take steps to identify hazards, which could cause harm to any person in their area of control or operation and take prompt action to control them.

## **Responsibilities of Employees**

Employees must take care of their health and safety and that of their fellow workers to the extent of their capability. This includes following all safety rules, procedures and the instructions of the manager. They must not misuse safety equipment and must report all hazards and injuries or ill health caused by work-related incidents to the *<Practice Manager>* or another management person if the manager is not present.

## **Responsibilities of Contractors**

Contractors must follow the OHS policies and procedures of *<insert practice name here >* in addition, all practices undertaken by the contractor and the contractor's employees must be in a safe manner and must not, under any circumstance, create any hazards for the employees, patients and visitors of *<insert practice name here >*

# Consultation Statement

This Practice is committed to protect the health and safety of all its employees through the provision of a safe working environment. To so this, management will consult with all employees in the development / implementation of systems that are designed to reach this goal now and in the future. Employee involvement in all processes dealing with Occupational Health and Safety is essential to ensuring the success of the program.

## Consultation Arrangements

Employees are encouraged to provide feedback, complaints, and issues of concern or identified hazards through the **Occupational Health and Safety Problem Register** located in the *<Practice Managers office or Policy and Procedure Manual >*.

The **OH&S Problem Register** may be used as a confidential reporting system and will be checked regularly by the *<Practice Manager>*.

Where an OH&S issue has been raised by an employee with the *<Practice Manager>*, or through the Problem Register, the *<Practice Manager>* will consult with other employees who the issue could affect and provide feedback to all staff regarding the resolution/outcome.

# Employer Obligations

## An employer must ensure the health, safety and welfare at work of all the employees of the employer.

The OH&S Act 2000 imposes 2 broad duties on employers. Those broad duties are:

1. Employers have a duty to ensure the health, safety & welfare of all employees at their workplace. This includes looking after such matters as:
  - The place of work controlled by the employer where the employees work (and the means of access to or exit from the premises) are safe without risks to health
  - Ensuring that any plant or substance provided for use by the employees is safe and without risks to health when properly used
  - Workplace systems and workplace environment
  - Providing information, instruction and training to existing and new staff
  - Providing adequate facilities for employees
2. Employers also have a general duty to make sure that other persons ordinarily at their workplace, such as patients and their families in the case of medical practices are not exposed to health & safety risks.

## Specific Duties:

### Hazards

Employers must identify any foreseeable hazards that could affect their staff, or any other person at their practice.

Once a hazard is identified you must assess the risk of harm to the health and safety of yourself, and any other person legally present at your practice, which arises from the hazard.

You must **eliminate** risk identified and if it isn't reasonably practical to eliminate the risk, you must **control** it. In order to eliminate the risk, you must take the following steps, in order, until the stage where the risk is effectively controlled:

- a. Substitute the hazard
- b. Isolate the hazard
- c. Minimize the risk of hazard by engineering means (protective guards, handrails etc)
- d. Minimize the risk of hazard by administrative means (training, instruction, warning signs etc)
- e. Supplying personal protective equipment

All control measures undertaken must be properly maintained and must be reviewed whenever circumstances change (in a way that could affect a particular hazard).

# Training and Educating New Staff

An employer's obligation with regards to training & education are that:

- You must instruct, inform & train new staff about any OH&S issues that affect or could affect them at work.
- If a person could be exposed to a risk at work, they are to be informed of that risk and provided with any information or training necessary to cope with that risk.
- To be in compliance with these requirements, you must supply your staff with all the information they need.

## Supervision, Personal Protective Equipment

As an employer, you are legally obliged to:

- Provide adequate and qualified supervision of staff (if required)
- Supply any personal protective equipment, if required for staff to be safe.

**Emergencies:** Employers must have procedure & policies for emergencies that could arise in their workplace.

**Amenities and First Aid:** Employers must provide & maintain adequate amenities & first aid facilities. Display a sign notifying whereabouts of First Aid Kit.

## Employer Considerations:

**Workspace:** Ensure that sufficient space is provided for safe work. Floors & surfaces must minimize slips & trips, and people must be able to move safely around the workplace.

**Lighting:** Ensure that adequate lighting is provided. Lighting must not create glare or reflection.

**Heat and Cold:** Ensure adequate ventilation, and appropriate measures or equipment are in place for any exposure to cold (e.g. liquid nitrogen).

**Atmospheric Contaminates:** Ensure that any exposure is in line with national guidelines.

**Ventilation:** Ensure that mechanical ventilation to fix atmospheric problems is used & maintained.

**Fire and Explosion:** Eliminate the production of flammable atmospheres & ignition sources, remove waste material regularly and do anything to minimise fire & explosion risk.

**Electricity:** Eliminate or control any risk from electricity. Maintain electrical equipment, ensure equipment is used safely, electrical equipment should be tagged every 3 years and reviewed annually.

**Safety Equipment should serviced and checked:** Safety equipment such as fire extinguishers should be serviced and replaced if used.

**Manual Handling:** Control all manual handling risks. It is defined as any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object.

**Practice Equipment:** Ensure any new equipment is installed as the manufacturer instructs by a competent (trained) person. All equipment must be used only for the purpose intended. All equipment should be tested/inspected appropriately.

**Hazardous Substances:**

- a) Obtain Material Data Safety Sheet from supplier or manufacturer
- b) Ensure it is readily accessible to employees
- c) Ensure all containers holding hazardous substances are labeled
- d) Keep register of all hazardous substances
- e) Record the results of any risk assessment relating to use of a hazardous substance
- f) Keep records for 30 years.

## Fitness for Duty

This Practice requires all staff to be in a fit state to carry out their work duties. Employers and employees have a legal obligation to ensure health and safety at their workplace, and this Practice upholds the NSW Occupational Health and Safety legislation and regulation.

This Practice will regard as extremely serious any staff attending work when they are not fit to do so and may cause risks to the health and safety of other persons in the practice. This includes other staff and doctors, contractors, patients, suppliers and medical representatives.

Where it is considered that a staff member is unfit for work, the following procedure is to be followed:

1. Any staff member with concerns that a colleague is unfit for work must report this belief, as well as reasons for their belief, to the *<Practice Manager>* immediately;
2. The *<Practice Manager>* is responsible for making contact with the staff member and determining whether the staff member is fit to carry out their work duties (this may include being assessed by their doctor).
3. Should the staff member be considered unfit for work, the *<Practice Manager>* may request that staff member to cease work.
4. Where the staff member is requested to cease work, the *<Practice Manager>* must make the necessary arrangements for the staff member to seek medical attention if applicable, or organise transport for the staff member to return to their residence.

The staff member must be accurately discouraged from driving where it is believed that it would be a danger to the staff member, or others to do so.

5. The decision of the *<Practice Manager>* or authorised person in determining that a staff member is unfit for work is final and shall be adhered to.

# Incident and Injury Reporting

The reporting of incidents and injuries in this Practice assists with the control and minimisation of future accidents and injuries. It is only by reporting every injury and accident that the proper treatment of injuries can be given and appropriate action taken to prevent further accidents occurring.

It is a policy of the practice that employees report all work related incidents and injuries. An incident may not result in an injury, however it is important that the incident be reported so that the hazard is identified and managed.

Potential risks should be identified and the following actions taken to increase safety and improve quality care:

- **Reporting:** Complete incident form immediately after the incident occurs. The form should be given to the <*Practice Manager*> and our practice's insurance company notified (if applicable). If there are additional medical or other certificates or reports related to the accident/incident, the original should be given to the <*Practice Manager*>.
- **Injury investigation:** Our practice maintains a file of incidents reported. Specific cases and all clinical incidents reported are reviewed regularly at staff and/or clinical meetings.
- **Risk assessment:** Involves a thorough review of all the hazards relevant to the causes of any injury that has occurred and is conducted with a view to identify appropriate controls.
- **Risk control:** Involves identifying and implementing all the practicable measures to eliminate or reduce the causes of the injury or incident.
- **Documentation:** Any action taken to minimise the re-occurrence of the incident should be documented in the register where relevant.

# Emergency Procedures

## Fire

1. Sound the fire alarm located <.....> and call the fire brigade, **(Call 000)** no matter how small the fire
2. Only attempt to fight a fire if it is small (no larger than a wastebasket) and you have the correct equipment to handle it
3. Inform all staff and patients
4. Inform all doctors, if necessary by knocking on door, opening it and calling out.
5. Calmly ask all patients to proceed quickly and quietly out via the main entrance door of the practice or can be directed to exit through the “fire exit” doors of building.
6. Patient’s with poor mobility or advanced age are to receive priority, and are helped out by staff, if necessary by wheelchair. Children likewise receive priority.
7. If there is an electrical fire turn off electricity located <.....>
8. Leave the area, closing doors as you go (this will help limit the spread of fire and smoke)
9. Staff to check all rooms including toilets, to account for all within the practice including patients, staff, visitors and workmen.
10. Only once all patients have been evacuated then staff and doctors to leave quickly & orderly.
11. If smoke is present, crawl low (the air will be clearer near the floor)
12. All staff are then to reassemble in the <.....>, well away from the building.
13. Await the arrival of the fire brigade and follow their instructions
14. The fire brigade will forward a report of the fire incident or false alarm, after thoroughly investigating the scene.

# Bomb Threat

## Procedure:

1. Call 000
2. Keep clear of any suspicious objects
3. Evacuate the building
4. Leave door & windows open

## Bomb Threat Calls Checklist:

- Try to record the exact wording of the threat
- Record the duration of call
- Record gender of caller
- Questions to ask:
  - ➔ When is the bomb going to explode?
  - ➔ Where is the bomb?
  - ➔ What does the bomb look like?
  - ➔ What kind of bomb is it?
  - ➔ What will make it explode?
  - ➔ What is your name?
- Things to note:
  - ➔ Did the caller have an accent?
  - ➔ Did the caller have any speech impediment?
  - ➔ Did you recognise the voice?
  - ➔ Did you hear any background noise?

# Armed Hold-Up/Robbery

All staff must be aware of the following should armed robbery occur.

## Guidelines:

- Stay Calm
- Do precisely as you are told and no more
- Press distress button if in a position to do so inconspicuously
- Speak only when spoken to
- Make little or no eye contact
- Make no sudden movements
- Try to remain calm and control emotions
- Remember as many details as possible of the offender and the incident.

The practice must be closed immediately to allow staff to aid police and security.

1. All patients in the building to be kept on premises until Police arrive.
2. Staff to speak to doctor on-site to check that they are unharmed.
3. Other patients for following 2 hrs to be rung and postponed if at all possible.

## Immediate Action:

Call Ambulance –<.....> or **000**

Call Police –<.....> or **000**

Give name and address of premises, area and location.

Give number of offenders and description.

Request any people on the premises to stay or obtain names and addresses.

Isolate the crime scene, do not touch anything.

## Violence in the Workplace

- Remain calm
- Listen to the person
- Don't say anything to antagonise the person
- Keep further than arm's length away from the subject
- Maintain an exit path for own escape where possible
- Avoid being trapped in a corner or small room
- Clear the area of all persons not required to assist
- Clear the area of all items that may be used as weapons or items that may cause damage
- Notify another staff member if possible and ask them to contact 000 and ask for the police, *<or activate an emergency response button or distress button located in> <.....>*.
- If no-one is available, try to call 000 and ask for the police, if an alarm is present, press alarm located *<.....>*
- Preserve the scene until police arrive
- Exclude media.
- Ensure an Incident Report form is filled out

# Induction Program

Staff new to the Practice including GPs will be required to participate in an Induction Program. An Induction Program allows new staff and GPs to become familiar with the various policies and procedures of the Practice, as well as ensuring that the staff member is aware of their responsibilities and obligations as a member of the Practice.

Every new staff member will be inducted by the *<Practice Manager>*, or in the case of a new Practice Manager, by a person appointed by the *<Board>* or by the *<Principal GP & Practice Manager in the case of new GPs to the practice>*

The induction program will be designed to ensure that the new staff member:

- Is familiar with the practice, equipment and surroundings
- Is introduced to all staff and doctors
- Has all policies and procedures of the practice explained to them, and that their responsibilities as an employee of the practice are outlined
- Becomes familiar with their position requirements and conditions.

In addition to a program itinerary being provided to the new employee upon commencement, all necessary documentation, including practice policies and procedures must also be made available to the new staff member. The staff member will be given time to read and understand, and if needed, seek clarification on those policies as well as their responsibilities and obligations as a member of the Practice.

At all stages throughout the Induction Program, new staff is encouraged to speak with the *<Practice Manager or principal GP>* where they have queries about the practice and/or their employment with the practice.

A newly contracted person, such as a medical practitioner, shall be provided with a copy of all practice policy and procedure documents so they are aware of their responsibilities as a contractor.

# Employee Obligations

## Duties of Employees

1. An employee must, while at work take reasonable care for the health and safety of people who are at the employee's place of work and whom may be affected by the employee's acts or omissions at work.
2. An employee must, while at work, co-operate with his or her employer or other person as far as is necessary to enable compliance with any requirement under this Act or the regulations that is imposed in the interests of health, safety and welfare on the employer or any other person.

## **Person not to interfere with or misuse things provided for health, safety and welfare.**

A person must not, intentionally or recklessly, interfere with or misuse anything provided in the interest of health, safety and welfare under occupational health & safety legislation.

## **Person not to hinder aid to injured worker etc.**

1. A person must not, by intimidation or by any other act or omission, intentionally hinder or obstruct or attempt to hinder or obstruct, without reasonable excuse:
  - a. The giving or receiving of aid in respect of the illness or injury of a person at work, or
  - b. The doing of any act or thing to avoid or prevent a serious risk to the health and safety of a person at work.
2. A person at a place of work must not, without reasonable excuse, refuse any reasonable request:
  - a. For assistance in the giving or receiving of aid in respect of the illness or injury of a person at that place of work, or
  - b. For the doing of any act or thing to assist in the avoidance or prevention of serious risk to the health or safety of a person at work at that place of work

## **Person not to disrupt workplace by creating health or safety fears**

A person must not, without reasonable excuse, deliberately create a risk (or the appearance of a risk) to the health or safety of people at a place of work with the intention of causing a disruption of work at that place.

## OH&S Complaints Procedure

Where an employee has a query or complaint about a safety issue, the following process is to be undertaken:

1. The issue is referred to the OH&S contact in the workplace.
2. The representative formally reports the matter to the employer.
3. The employer is then required to respond in a timely fashion.
4. If the matter remains unsolved after a reasonable time, the OH&S representative can request that a WorkCover inspector conduct a safety inspection of the workplace.

## Duties and Responsibilities

Employees have a duty to assist with the establishment and maintenance of an OH&S management system as required under the new laws. Employees are required to:

- Take reasonable care for the health and safety of others who may be affected by their acts and omissions.
- Co-operate in anything done to improve health and safety in their workplace.
- Not interfere with or misuse anything in their workplace that is provided for health & safety reasons.
- Not disrupt the workplace by creating undue health & safety fears without reasonable excuse.
- Take reasonable steps to notify their employer of anything that could pose a risk to health & safety.

## Other Employee Rights

Employees have the right not to be:

- Charged for anything done pursuant to the new laws.
- Unlawfully dismissed, demoted or otherwise penalised in employment for making a complaint about work safety.
- Unlawfully dismissed, demoted or otherwise penalised when in the role of an OH&S representative.
- Hindered or intimidated when giving aid to an injured or sick worker, or doing anything to prevent a serious injury in the practice.
- Refused any reasonable request for assistance in giving or receiving aid to an injured or sick co-worker, or in removing any risk from the workplace.

## WorkCover

WorkCover **must** be notified in the event of any serious work-related accidents. Under the Act, these are referred to as:

- Non-disturbance occurrences; or
- Additional occurrences.

**Non – Disturbance Occurrences** – are defined as events so serious they require you to leave a 4-metre area surrounding the event untouched so that WorkCover and/or the police can investigate.

Non-disturbance occurrences are incidents that:

- Cause the death of a person
- Result in the amputation of a limb
- Result in a person being placed on a life-support system
- Present an immediate threat to life.

Trapped or injured person/s are to be assisted and property can be moved to avoid substantial damage.

Non-disturbance occurrences must be reported to WorkCover as soon as possible by the quickest means (phone, fax)

**Additional Occurrences** – are considered less severe, but still must be reported to WorkCover as soon as practicable, but not later than 7 days after becoming aware of the occurrence.

Events that are prescribed as additional occurrences:

- Any injury or illness which requires a staff member to be absent for more than 7 days
- Any incident of violence which results in an employee being absent for more than 7 days
- Damage to any equipment or building which makes it unsafe
- Any uncontrolled fires or explosions
- The escape of any gas or dangerous goods
- A spill of carcinogenic material
- Exposure to bodily fluids from a potentially infectious person
- Any occurrence which involves a risk of any of the above.

# Workers Compensation

For workers compensation purposes, injuries fall within two categories:

- Significant injury – is a workplace injury that is likely to result in an employee being unable to come to work for more than 7 days.
- Other injury – is an injury that is not a significant injury.

An injury for the purposes of a workers compensation claim is one that arises out of regular work duties. An injury while traveling to and from work may be subject to a workers compensation claim.

## Employer Obligations

As soon as an employer becomes aware of an injury the following steps must be taken:

- Significant injury – notify workers comp insurer within 48 hours of becoming aware of the injury
- Not significant injury – notify within 7 days of becoming aware of an injury

All injuries brought to your attention must be reported to insurer

- For significant injuries, participation in the creation of an Injury Management Plan, with insurer and nominated treating doctor
- Formulation of a Return to work Plan
- Notify your insurance company immediately if you are unable to provide suitable employment when a worker requests it.

## Claim Documentation

When dealing with a workers compensation claim you must:

- Send an injured worker's claim form and any other documentation to your insurer within 7 days of receiving document.
- When requested by the injured worker, provide the following wage information:
  - a. Details of the worker's award
  - b. Details of their (gross) actual earnings
  - c. Details of the (gross) actual earnings after the injury of at least 2 employees who were comparable to the injured worker
- When requested by the injured worker, provide them with the copies of the medical reports, if in your possession, within 10 days.

## Information to provide to workers

- Name & address of your workers compensation insurer
- Post a summary of the workers compensation laws in the workplace ( in Tea room)
- A copy of the medical report relating to an injured worker and in the case of a dispute claim within 10 days of receiving the request.

# Hazards and Risk Management

Hazards that can cause injury to a person, or that have the potential to affect the health of a person in a workplace must be controlled.

## Employer Obligations – Legislative Requirements

1. Identify any foreseeable hazard that could harm employees or other person in the workplace
2. Ensure effective procedures are in place to identify hazards
3. Assess the risk of harm where a hazard is identified
4. Eliminate or control any reasonably foreseeable risk and properly use and maintain these control measures
5. Review risk assessment processes and any measures adopt to control risks
6. Inform employees of any potential risk and provide them with information and/or training to cope with the risk.

## Hazards can be loosely classed into five groups:

1. **Physical** – Floor surfaces & stairs, radiation, workstation design, lighting, heating, manual handling, storage areas, lifting
2. **Chemical** – Cleaning agents, pesticides, toner
3. **Biological Hazards** – Diseases & viruses, other contagious medical conditions
4. **Mechanical/Electrical Hazards** – Electrical wiring, double adaptors & overloaded power points, mechanical equipment – photocopiers, shredders, fax machines
5. **Psychological Hazards** – Stress, overwork/long hours, assault & verbal threats

## Hazard Audits and Inspections

1. Should be done on a regular basis – 6 monthly
2. Hazard Identification Book – to record hazards that arise incidentally between inspections or report to manager.

## Accident/Incident Report Forms

When an employee is injured or an incident occurs the employee must complete a Register of Injuries form.

# Risk Assessment

## Controlling a Risk

1. Eliminate
2. Substitute – if elimination not possible
3. Isolate – if substitute not available – isolate hazard so limited no. of people affected
4. Administrative – maybe change work methods to lower degree of risk
5. Personal Protective Equipment – where necessary

## Review – Regular review and documentation

### Instruction, Training and Information:

Training & information should be provided:

- Where new equipment or processes implemented
- Where personal protective equipment must be used
- Where a risk is not eliminated – how to handle the risk
- The employee's role in hazard identification & complying with employers directions.

# No Smoking Policy

This practice is a smoke free workplace. Passive smoking is regarded as a health risk. To maintain a safe and healthy working environment for all staff, patients and other persons associated with the practice.

Staff will be educated about the possibility of infection at the practice. This includes:

- Smoking will not be permitted on the practice premises, this includes buildings and facilities.
- Smoking will only be permitted in areas external to the building and not in the immediate vicinity of the practice entrance.
- A No Smoking sign is displayed in the practice waiting area.
- Any persons who disregard non-smoking areas will be asked to leave the building.

# Staff Immunisation Policy

Working in a medical practice may involve a day-to-day risk of disease transmission from patients to staff members, and this practice is committed to providing a safe and healthy working environment for all employees.

In line with this commitment, all staff at the practice will be offered free immunisation to the diseases patients often come to this practice with.

Staff will be educated about the possibility of infection at the practice. This includes:

- Being informed about this policy located in < ***Practice and Procedure Manual***>
- Receiving education about risks of infection
- Being advised of the procedures to undertake in the event of a potentially infectious occurrence, and
- Pre and post–test counselling, where appropriate.

Those staff declining the offer of immunisation will be required sign a written statement indicating their refusal located < ***in Policy and Procedure Manual***>

# Infection Control

## Hand Washing

Hand washing is the most important procedure for preventing infection:

- Regardless of frequency hands must be washed thoroughly, with attention to nails and inter spaces for at least 15 seconds.
- Gloves must supplement but not substitute hygienic hand washing where there is a risk of blood or bodily fluid contact.
- Wash thoroughly with anti-microbial soap, pump action soap containers or antiseptic hand gels or wipes.
- Don't touch taps with clean hands – If elbow operated taps are not fitted use paper towel to turn off tap.
- Dry hands using paper towel.

## Hand Wash Prior to Surgical Procedure

- Wash hands, nails and forearms thoroughly with anti-microbial skin cleaner. Rinse keeping hands above elbows.
- First wash for the day – 5 mins. Subsequent washes 3 mins.
- Dry with sterile towels.
- The liquid soap dispensers must be emptied and thoroughly cleaned before adding fresh solution. Don't top up.

## Gloves

### Gloves Must be worn when

- Handling items, equipment or surfaces which have come in contact with blood or body substances, mucous membranes or non intact skin.
- When handling sterile equipment.
- When cleaning instruments and equipment.

### Sterile gloves must be worn for any invasive procedures

- Following use, gloves must be removed before touching objects such as charts, lights, phones and door handles.
- Hands should always be washed after to remove contamination that could occur through pin holes or other defects.

# Procedures for Cleaning and Sterilisation

Cleaning is the most important step. If an item is not clean it cannot be disinfected or sterilized.

**Manual Cleaning** - the most important process in sterilizing equipment.

Don't forget to wear protective gloves; apron and eye wear during the cleaning process.

- At point of use, pre-clean dirty instruments by opening instruments, dry- or damp-wiping off gross soil and/or rinsing under gently running tepid water in the dirty sink.
- If unable to clean instruments immediately after pre-cleaning, open instruments and soak in a bowl or container with a lid in tepid water and detergent until they can be cleaned. Clean instruments as soon as possible as prolonged soaking damages instruments.
- Prepare the "dirty sink" or basin by filling with tepid water and detergent based on the manufacturer's instructions.
- Thoroughly wash each instrument in the dirty sink/basin to remove all organic matter. Scrub instruments with a clean, firm-bristled brush and use a thin brush to push through lumens, holes or valves.
- Inspect instruments to ensure all matter has been removed.
- Rinse the washed instruments in hot water over the "rinsing/clean sink".
- Place each washed instrument on a rack with a lint free cloth underneath and repeat the above process until all instruments have been cleaned and rinsed.
- Carefully discard dirty water down the sink with gently running tepid water.
- Wash cleaning brushes/cloths with detergent and tepid water after every use and sterilize the brushes/cloths in the last load of the day.
- Wash the dirty sink and clean basin by rinsing it with tepid water and detergent. Wipe down the sink/basin with a disposable towel.
- Clean personal protective equipment by washing or wiping down and drying.
- Carefully dry each instrument with a clean, lint free cloth shortly after being cleaned (dry gloves must still be worn). Do not allow to air dry.
- Remove personal protective equipment including goggles, apron and kitchen gloves.
- Wash hands with liquid soap and dry thoroughly with paper or single use towel.

## Sterilising

Our practice sterilises our own instruments. /or *<insert name practice name or facility who provides sterilisation services>* is an accredited facility who complies with the AS 4187 and is contracted to sterilise instruments and return them in sealed sterile bags.

It is the responsibility of the *<..... >* to arrange items to be sterilised:

1. Ensure that all instruments that require sterilisation are pre-cleaned by washing in a warm solution of detergent and water then dried as soon as possible after use. This process must be thorough enough to remove all visible soiling including blood, faeces, saliva and body fluids. Pay particular attention to joints and disassemble instruments which are required to be disassembled.
2. Proceed with pre-cleaning and sterilisation procedure if sterilising is performed at the practice (*see Manual cleaning procedure*)

## For Off Site Sterilising

- a. Place all instruments in a plastic container labelled “contaminated” with a firmly fitting lid when sending to off-site facility and include a similar container labelled sterilised instruments for the return to the practice.
- b. Document all instruments leaving the practice, in the sterilisation log book.
- c. A staff member delivers instruments to *< insert name of /practice or facility > <between .....>*
- d. Instruments are returned to the practice in a clean plastic container labelled “Sterilised instruments”
- e. On return of the instruments following sterilisation, the staff member who is responsible for managing the sterilisation procedure checks the packages for damage thoroughly and checks indicators before signing off in Sterilisation logbook.
- f. Sterilised instruments are stored *<.....>*. Newly sterilised instruments are to be stored at the back of the appropriate pile. (NB. The ‘see through’ side of the packaging is considered to be the front of the packaging)
- g. It is the responsibility of the *<..... >* to check the sterilisation date stamped on instruments at the end of each month.

# Procedure for cleaning up spills of contaminated waste on office surfaces/floors

Wear gloves and protective clothing, eyewear if required

1. Quarantine area
2. Use disposable paper to absorb the bulk of the blood and body fluid
3. Wash the surface with warm water and a neutral detergent (*such as sonident or clinident*)
4. Dry thoroughly with a clean wipe
5. Dispose of waste in the infectious waste container
6. Spills bucket kept in <.....>
7. Infection Control kit kept in <.....>

## Spills Kit Bucket:

- 1 small bucket to contain all equipment
- 1 pair heavy duty rubber gloves
- 1 pair safety glasses
- 1 disposable or heavy-duty reusable impermeable/plastic apron
- 1 pair forceps
- 1 roll of paper towelling
- 2 pieces of firm cardboard
- 1 small dustpan
- 2 sachets of body fluid clean-up absorbent powder or granules (kitty litter is quite good)
- 2 biohazard bags.

A cleaning agent may also be required depending on the type and size of the spill.

With all spills management protocols, the affected area must be left clean and dry. Disposable items in the Spills Kit must be replaced after each use.

# Infection Control Procedure for Potential Infectious Patients

## Precautions to be taken with a potentially infectious patient

It is important that staff respond rapidly when confronted with a suspected or confirmed infectious disease.

- Placing a sign on the practice door and in the practice requesting patients presenting with symptoms of an infectious condition to inform receptionist.
- Consider asking a patient when booking appointment basic specific questions to determine if they may have a potential infectious disease or have either travelled overseas or been in contact with someone who has travelled overseas.
- If possible take the patient with a potentially infectious disease to a separate area
- If it is not possible to segregate the patient, attempt to provide a gap of at least 1 meter between infectious patient and other patients in the waiting area, you may ask this patient to wear a surgical mask and not to touch toys or other literature material in the waiting area.
- Consider offering a home visit to an infectious patient or make an appointment at the end of the day when waiting room is empty
- Consider wearing personal protective clothing and equipment if necessary

### For droplet or airborne disease

- Instruct patient on respiratory etiquette eg: covering mouth and nose when coughing and sneezing, using tissues, attend hand hygiene.
- Consider asking patient to wear a mask
- Instruct the patient on use of the mask, disposal of used tissues and hand hygiene.
- Consider explanation to other patients waiting near the potentially infectious patient

### For contact spread of disease

- Ask patient to refrain from touching communal objects such as toys etc.
- Wipe hard surfaces with a detergent used in the practice such as Sonident or Clinident
- Provide disinfectant hand gels or wipes
- Consider use of a Infection Kit containing P2/N95 masks, gowns, goggles, & gloves for health professional to use

## Infection Control Kit

**Suggested items for an Infection Control Kit would include:**

- Non sterile disposable gloves
- Goggles
- Gown preferably long sleeved with cuffs
- Masks - **regular surgical masks for patients use and N2/P95 masks for use by doctors, staff and health professionals**
- Tissues
- Lined Waste bin
- Alcohol wipes or disinfection spray for treating surfaces
- Yellow biohazard bags for disposal of contaminated items and to line the bin

## Disposal of Clinical Waste

- All contaminated waste must be placed into the Yellow Biohazard bags.
- All sharps must be placed into the sharps containers. Containers should only be  $\frac{3}{4}$  full.
- Needles must not be bent or broken prior to disposal.
- Needles must not be recapped (unless using specifically designed equipment).
- No staff other than the <.....> is to touch these containers.
- Adequate protection, i.e. gloves and protective eye wear and apron must be worn by any staff whilst collecting contaminated waste.
- Contaminated waste must be collected each day from doctors and treatment rooms, sealed and placed in the yellow contaminated waste bin. <***This is located.....***>.
- Full sharps containers are also to be sealed and placed /or collected by <.....>
- External Waste contractor <***name of contractor and contact details***> will be routinely collect the contaminated waste

## Linen

- Apply standard precautions
- Handle used linen with care – avoid shaking and throwing in patient care areas
- Place used linen in a laundry bag at the point of generation <***place in***>
- Place linen soiled with blood or body fluids into a leak proof plastic bag
- Do not sort or rinse used linen in patient care areas.
- Don't remove used linen from linen basket, <***name and contact details of cleaning service***> collects <***weekly***>

*Refer to Health and Safety Act*

Please note: OH&S Guidelines developed by NSW AMA is an excellent resource and can be purchased at [www.nswama.com.au](http://www.nswama.com.au)

## Appendix:

- Hazard Checklist For Medical Practice  
*(supplied by and with permission from AMA NSW)*
- Incident Report Form  
*(supplied by and with permission from AMA NSW)*
- Hand Wash Sign

*(Sourced from the following website link:*

*[http://www.health.gov.on.ca/english/public/pub/pubhealth/pdf/handwash\\_tech.pdf](http://www.health.gov.on.ca/english/public/pub/pubhealth/pdf/handwash_tech.pdf))*

## HAZARD CHECKLIST FOR MEDICAL PRACTICE

Practice Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Area Inspected: \_\_\_\_\_

Inspected by: \_\_\_\_\_

No	Item	Hazard Description
<b>FLOOR SURFACES</b>		
1	Are there any instances of worn or torn carpet, which could cause a trip and fall?	
2	Are there any instances of lifting tiles, which could cause a trip and fall?	
3	Where mats are used (including in entranceways), do they have non-slip backing and do they lie flat on the floor?	
4	Are non-carpeted surfaces kept clear of water in wet weather?	
5	Are non-carpeted areas covered with a suitable non-slip surface?	
6	Is carpet used in areas where blood or body fluids could be spilt?	
7	Are passageways and areas between desks/workstations kept clear of stored materials so there is clear access and egress?	
<b>STEPS/STAIRS/PLATFORMS</b>		
8	Are steps, carpeted or tiles, provided with anti-slip nosings on the treads?	
9	Are carpeted stairs free of rumpling of the carpet or tears in the carpet?	
10	Are stairs provided with hand railings, including a centre rail if the stairs are wide enough?	

No	Item	Hazard Description
11	Are the handrails adjacent to empty space provided with a barricade to stop a person slipping and falling through the rails?	
12	Are stairs and platforms kept clear of stored material so as to allow free access/egress?	
<b>STORAGE AREAS</b>		
13	Are storage shelves correctly loaded so that any heavy items are between shoulder and knuckle height?	
14	Are items stored on the top of cupboards or shelves stable and not easily dislodged?	
15	Is there a step-up device or a stepladder available to reach items on the top shelves?	
16	If a ladder is available do persons know how to use it?	
17	Are all shelves and cupboards clear of all material etc stored in front on the floor?	
18	Are there means to prevent accumulations of combustible material (eg: cardboard boxes etc accumulating)?	
19	Are compactuses well maintained and able to be moved easily without excessive force required?	
20	Is there some means of preventing a compactus being closed on a person inside if that person cannot be readily seen?	
21	Are compactus shelves properly loaded so as to minimise the need to stretch for heavy objects?	
22	Are filing cabinets properly loaded so that there is weight in the bottom drawer or the cabinet is bolted to a solid fixture?	
23	Are filing cabinets easily opened with use of undue force?	

No	Item	Hazard Description
<b>COPYING/DOCUMENT ROOMS</b>		
24	Are photocopiers sited so that they are at least 1800 cm away from workstations?	
25	Are tables for laying out work to be copied at a comfortable height so as to prevent stooping and subsequent back strain?	
26	Are all sharp implements such as knives and scalpels properly stowed away when not in use?	
27	Are there measures to prevent any build up of combustible material such as shredded paper etc?	
28	Are there measures to prevent fingers, neckties etc being caught in shredders or in guillotines?	
<b>KITCHEN/LUNCH ROOM AREAS</b>		
29	Is the floor area kept free of spills?	
30	Is there dedicated cleaning material (cloths etc.) for cleaning spills on the floor?	
31	Are rubbish containers not filled to overflowing?	
32	Are refrigerators and cooking appliances regularly cleaned and contents checked?	
33	Are power points so fitted that they cannot be easily splashed with water?	
34	Are appliances such as microwaves etc mounted at such a height as to be accessible to all persons in the workplace?	
35	Are cutlery, mugs and dishes regularly cleaned and stowed away?	
36	Are cleaning materials put away after use?	

No	Item	Hazard Description
37	Are clean dishcloths and tea towels available?	
<b>TOILETS/CHANGE ROOMS</b>		
38	Are floors surfaces non-slip and clear of spilled water etc?	
39	Are shower areas clean and clear of soap etc on floors?	
40	Are locker tops clear of stored material?	
41	Are rubbish bins and/or sanitary bins provided for in patient toilets?	
42	Are toilets regularly cleaned?	
<b>DOORWAYS</b>		
43	Are there see through sections or warning signs fitted to commonly used doors (especially where doors open into common walkways)?	
44	Are doors in good repair and swing easily without too great a pressure in door closers?	
45	Are doorways free of splinters or sharp surfaces?	
<b>FIRST AID</b>		
46	Is there a Register of Injuries book in the first aid room or with the first aid kits?	
47	Are the names and contact details of first aid personnel and the medical emergency procedures prominently displayed in the workplace especially when the doctor is not in the practice?	
48	Is first aid equipment provided as per the NSW OHS Regulation 2001, Chapter 2?	
<b>EMERGENCY FACILITIES/EQUIPMENT</b>		
49	Are fire extinguishers and fire hose reels serviced every 6 months as required by Australian Standard?	

No	Item	Hazard Description
50	Is the location of fire fighting equipment clearly signposted?	
51	Are fire fighting equipment storage cupboards clear of other stored material (eg: cleaning equipment) which could interfere with its deployment?	
52	Do office personnel know how to use the fire fighting equipment?	
53	Are fire escape doors always closed?	
54	Do emergency lights in the fire escapes work, are they serviced?	
55	Are the fire escape stairs slip-resistant?	
56	Are the fire escape stairwells clear of any combustible or flammable material?	
57	Are evacuation instructions and names of personnel responsible clearly displayed in the workplace?	
58	Are workplace evacuation procedures regularly practiced (eg: within the last 12 months)?	
<b>ELECTRICAL</b>		
59	Are there measures in place to prevent electrical leads being a trip hazard in passageways?	
60	Are electrical leads protected from damage from dropped objects?	
61	Are electrical power and extension leads subject to regular checks with a register kept recording these checks?	
62	Are electrical leads, plugs, sockets and power points free of damage with the plugs and sockets properly fitted (ie no insulated wires exposed)?	

No	Item	Hazard Description
63	Are power boards properly used with no "piggy backing" of power boards or of double adaptors fitted to power boards?	
<b>VENTILATION</b>		
64	Does the temperature in the office appear to be comfortable (around 21-24° ideal) and air circulating well?	
65	Are there any complaints from staff regarding temperature?	
66	Is regular cleaning and disinfecting of the water tower air conditioning system carried out (and documented)?	
67	Does the condition of air conditioning outlets (clean and not dirty) indicate that filters are regularly changed/cleaned?	
68	Do staff suffer from dry, irritated eyes by the end of the day?	
<b>NOISE</b>		
69	Is it difficult to hear a person 1 metre away speaking in a normal voice?	
70	Are there distracting or disruptive noises in the workplace?	
<b>LIGHTING</b>		
71	Are employees able to control incoming natural light?	
72	Are there windows or pictures available for eye relief?	
73	Is the overhead lighting over desks properly positioned so as not to enhance glare?	
74	Is task lighting available if required?	
75	Are glare guards for computer screens provided where glare reduction is not possible?	

No	Item	Hazard Description
76	Is all lighting working with diffusers properly fitted?	
77	Do employees find that they have tired, irritated eyes by the end of the day?	
<b>CHEMICALS</b>		
78	Are there Material Safety Data Sheets (MSDS) available for all chemicals on site used for work (including the cleaner's chemicals)?	
79	Has a chemical register been established?	
80	Are spray cans properly stowed away when not in use?	
81	Are chemicals properly labelled and stored securely?	
82	Are domestic cleaning agents used in preference to liquids such as methylated spirits?	
<b>WORK STATION SET-UP</b>		
83	Do VDU's appear to be set up so that the top of the VDU is just below the person's line of sight?	
84	Are VDU's sited so that the screen is not reflecting light into the eyes of the operator?	
85	Is the VDU set-up so that the screen is about an arms length away from the eyes of the operator?	
86	Are low radiation VDU's used?	
87	Are five spiked base chairs used?	
88	Do operators appear to be using the adjustments of the chairs properly (eg: sitting so that the arms and thighs are parallel to the ground)?	
89	Have persons been trained in how to adjust their chairs?	

No	Item	Hazard Description
90	Are footrests available if required?	
91	Do the desks have rounded corners for their tops?	
92	Is underneath desks free of stored material so that the operator's legs will comfortably fit?	
93	Do desks have a non-reflective surface in good repair?	
94	Are angle boards available for persons who need to write a lot in their job?	
95	Are operators able to support their arms on their desks when using a mouse?	
96	Is the mouse mat as close to and beside the keyboard as possible?	
97	Do operators who use the mouse or a trackball frequently complain of pains or burning in their wrist or hand muscles?	
98	Are other frequently used items such as telephones within easy reach so that there is no need to stretch?	
99	Are telephones positioned so that the cord is not stretched across a walkway or blocking desk access/egress?	
100	Are document holders available and used so that there is the minimum movement of the neck required to look from document to screen?	
<b>MANUAL HANDLING/LIFTING</b>		
101	Are there objects that require pushing, pulling, lowering, carrying, holding or moving and do these movements require considerable force?	
102	Are there large, awkward or heavy objects to be handled more than once every 5 minutes?	

No	Item	Hazard Description
103	Is manual handling required more than 5 times per hour over the day?	
104	Is manual handling performed below mid thigh height or above shoulder height?	
105	Are trolleys available to be used for moving heavy items on level surfaces and up and down stairs if needed?	
106	Are trolley wheels properly serviced/maintained?	
107	Are staff trained in proper lifting techniques including how to assist patients who require help to move?	
<b>JOB DESIGN</b>		
108	Are there measures in place to prevent highly repetitive tasks, eg. typing, being performed for more than 2 hours at any one time?	
109	Do tasks require constant sitting or standing for more than 2 hours at any one time?	
110	Do employees have some freedom of when, how and how frequently they perform some tasks or is this determined by the equipment of machine they use or by their supervisor?	
111	Are employees trained to vary their tasks and postures throughout the day?	
<b>CLEANING/INFECTION CONTROL</b>		
112	Are cleaning and disinfectant products checked for poor interaction?	
113	Are cleaning products provided in a liquid form, non-spray, so that they may be used in areas that could be contaminated by aerosols?	
114	Is a "contaminated fluid" spill kit available at all times including gloves for incidental use in conjunction with a standard precautions procedure?	
115	Are treatment rooms cleaned regularly and linen changed as necessary	

No	Item	Hazard Description
116	Are handwashing facilities available for doctors and staff in an easily accessible area?	
117	Is appropriate liquid handwash provided (as opposed to soap cakes) – the level of disinfectant commensurate with the type of patient contact?	
118	Are disposable handtowels provided at each handwash station?	
119	Is contaminated waste segregated and disposed of safely?	
120	Are sharps put, unsheathed, into a legally compliant “sharps” container that is stored close to where sharps are used but out of reach of children?	
121	Do staff regularly wash hands, especially in patient contact areas, to prevent cross contamination and illness?	
122	If a steriliser is used on site, is the person/s responsible trained in its use and is it regularly maintained?	
123	Is single use sterile equipment used only once and disposed of in a secure manner?	
124	Is sterile equipment handled in a way that it remains sterile?	
<b>GENERAL MEDICAL</b>		
125	Are blood and other pathology specimens kept in an area that is not easily accessed by patients and cannot be knocked over inadvertently?	
126	Are disposable gloves provided and used in the correct manner when treating patients?	
127	Is personal protective equipment provided and used in the correct manner for higher risk procedures, ie. where it is possible that body fluids may splash?	
128	Are vaccinations available for staff who request and/or require them and health records kept on all staff?	

VIOLENCE		
No	Item	Hazard Description
129	Is a duress alarm or other suitable system in place for front desk staff and medical practitioners?	
130	Are staff trained in how to manage a violent situation?	
131	Are narcotic and other medicines kept in a secure place out of eyesight of patients?	
132	Are the reception area and treatment rooms configured so that staff and medical practitioners have an escape route if being threatened?	
133	If banking is done physically (not through electronic means) is the person responsible for the money provided with transport and/or are they accompanied? Is the banking done at different times?	
Any other issue?		

Signature of Person Conducting Assessment: \_\_\_\_\_

Reference:  
The Brief Group Pty Ltd, Hazard Checklist

## INCIDENT REPORT FORM

DETAILS OF INCIDENT	
1	Description of Incident:
2	Area Where incident occurred:
3	What Caused the accident:
4	Date of Incident: <span style="float: right;">Date: <span style="margin-left: 100px;">Hour: am/pm</span></span>
5	Suggestions on how the incident could be prevented from occurring again:
DETAILS OF WORKER	
Name of worker	
Position:	
Division in which worker was engaged:	
Supervisor:	
Signed:	Date:
DETAILS OF WITNESS (if incident witnessed)	
Name of witness:	
Position:	
REMARKS	

Please complete all details possible and pass to the practice principal or the Occupational Health & Safety representative as soon as possible.

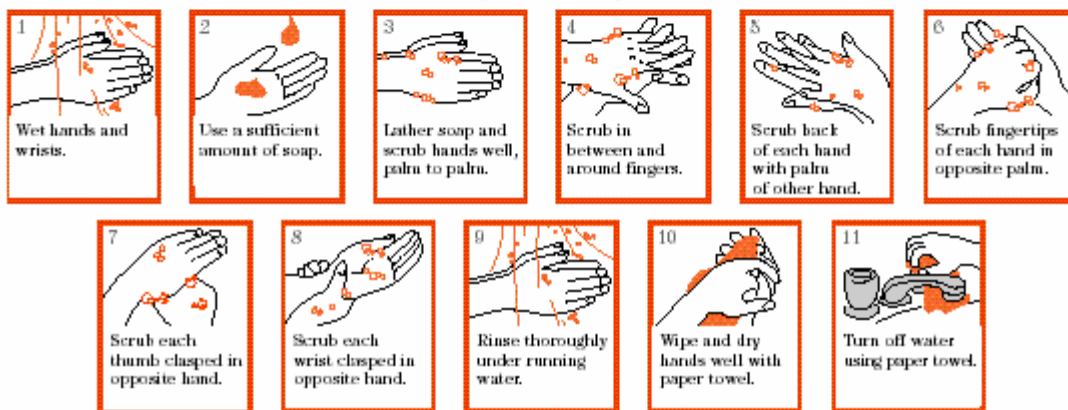
# Handwashing

To wash hands properly, rub all parts of the hands and wrists with soap and water or an alcohol-based hand sanitizer. Wash hands for at least 15 seconds or more. Pay special attention to the areas of the hand most frequently missed.

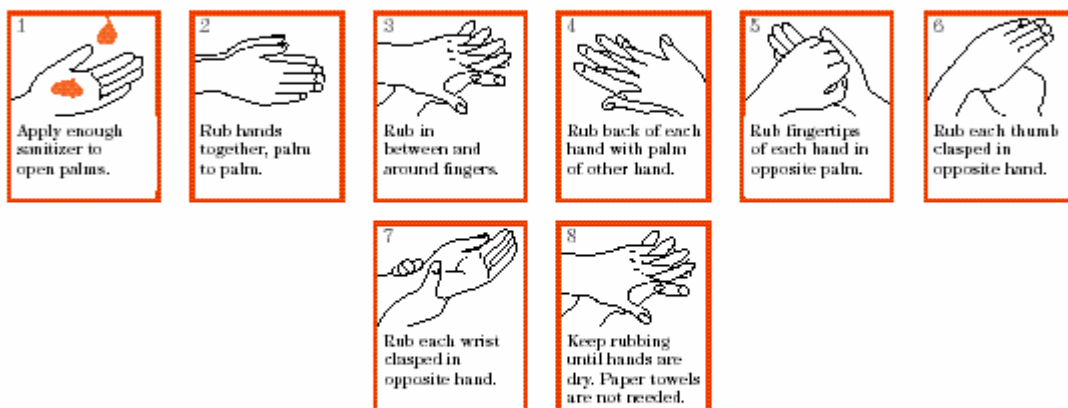
- Keep nails short.
- Avoid wearing rings.
- Avoid artificial nails or nail varnish.
- Remove watches and bracelets.
- Wash wrists and forearms if they are likely to have been contaminated.
- Make sure that sleeves are rolled up and do not get wet during washing.

If you have any questions regarding cuts, sores, allergies or pre-existing skin conditions, call Telehealth Ontario at 1-866-797-0000, TTY 1-866-797-0007.

## Handwashing with soap and water



## Cleaning with alcohol sanitizers



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