KindCare
Work Health and Safety Policy and Procedure

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Policy Statement

KindCare is committed to providing a safe and healthy environment for its staff, clients, families, carers, and visitors.

Emergencies and Evacuation

Currency evacuation plans are displayed throughout KindCare which show the emergency exists, evaluation pathway and assembly point.

Emergency exists must be kept clear at all times. Any obstructions should be removed immediately by staff, if it is safe to do so, or reported to a supervisor.

Emergency evaluation drills are conducted regularly and coordinated by the Fire Warden.

Emergency Evacuation Procedure

The following steps should be completed when evacuating in an emergency:

1. Identify the sound of the alarm
2. Immediately stop and look for signs of smoke or fire, or a fire warden
3. Explain to the client the need to evacuate immediately and leave their belongings behind
4. Reassure the client/s
5. Proceed as quickly as possible to the nearest exit with the client/s
6. Identify the assembly area
7. Go to the assembly area and wait there until rolls are called and it is safe to leave

First Aid Kits

First Aid kits are provided in KindCare work areas and should be checked regularly to ensure they are complete.

First Aid kits should always contain:

- A First Aid guide/booklet
- Adhesive dressings (band aids)
- Alcohol swabs
- Antiseptic swabs
- Bandages (standard crepe, and triangular)
- Combine and non-stick dressing pads
- Eye pad (sterile)
- Gauze swabs
- Gloves (disposable)
- Resuscitation face shield (disposable)
- Safety pins
- Saline
- Scissors (stainless steel)
- Tape (hypoallergenic)
- Thermal (shock) blanket

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- Tweezers (stainless steel)

Checking First Aid Kits Procedure

The following steps should be completed when checking the contents of First Aid Kits:

1. Access each First Aid Kit
2. Check the contents of the First Aid Kit against the list in the policy (above)
3. Record each item that is in the First Aid Kit (e.g. on a checklist)
4. Report any missing items to the supervisor to be ordered/replaced

Manual Handling

Staff should follow manual handling procedures when lifting any heavy object, but particularly when lifting or transferring clients.

Whenever possible, staff should eliminate or minimise the amount of manual handling, and the associated risks. Control measures for eliminating or reducing the amount of manual handling can include:

- Encouraging the person to assist when possible
- Eliminating pushing/pulling by using equipment (e.g. hoists, mechanical pushers, pullers, bed-movers, detachable load transporters, etc.)
- Using slide sheets to transfer clients
- Eliminate/reduce multiple handling actions by using equipment (e.g. tilting/reclining chairs, shower chairs/ trolleys, trolleys, mechanical lifting devices, etc.)
- Converting to pushing/pulling by using transfer systems (e.g. wheelchairs, trolleys, hoists, etc.)
- Using equipment with pushing/pulling applied at about waist level
- Using wheels or castors appropriate to floor surfaces
- Reducing the weight to be lifted or lowered (e.g. by removing blankets)
- Using lightweight chairs with wheeling attachments which move to avoid transferring from one chair to another
- Adjusting furniture in starting/finishing locations so they are at the same height for transfers
- Using furniture or mechanical equipment to eliminate/minimise holding time (e.g. pushers, chairs, beds, tables, etc.)

Manual Handling Actions and Positions

- Semi-squat, in which the support worker should position their their feet and hip width, bend the at the knees (keeping knees in line or behind toes and placing their weight on their heels)
- Side lunge, in which the support worker should position their feet slightly wider than hip width, turn their toes out (at around 45 degrees), placing their weight on one leg and then transfer it to the other leg smoothly, moving sideways
- Side lunge, in which the support worker should position their feet in a stride, turn their toes forward, placing their weight on one leg and then transfer it to the other leg smoothly, moving forwards/backwards

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- Kneeling, in which the support worker should position their feet in a stride, turn their toes forward, using their front foot to stabilise, and lowering their back knee towards the ground slowly to move to a kneeling position

Client Transfer Procedures

Transferring from Bed to Wheelchair Process

The following steps should be completed when completing transfers from a bed to wheelchair:

1. Assist client to sit on the edge of the bed
2. Position the wheelchair next to the bed
3. Remove the near side armrest from the wheelchair
4. Place a slide board under the client and across the wheelchair
5. Assist the client to hold onto the armrest on the far side of the wheelchair and lift and slide across the board

Assisting from Bed to Walker/Walking Stick Process

The following steps should be completed when completing assisting clients to transfer from a bed to walker/walking stick:

1. Assist client to sit on the edge of the bed
2. Position the walker/walking stick next to the bed
3. Assist the client to balance and hold the walker/walking stick and move to a standing position

Assisting Clients into Vehicles Process

The following steps should be completed when completing assisting clients to transfer into a car:

1. Assist the client to walk to the car
2. Unlock and open the door of the car
3. Assist the client to stand with their back to the car seat/open door
4. Place the clients left hand in you left hand using a thumb-hand grip
5. Ask the client to place their right hand on the inside door handle
6. Place your right hand at the base of the client's neck
7. Explain the following steps to the client before completing them
8. Ask the client to lean forward and bend their knees, while moving back onto the car seat
9. Guide the clients head to avoid bumping it
10. When the client is safely seated, let go of their hand
11. Kneel in front of the client and use both hand to lift the client's legs into the car and place their feet on the floor of the car
12. Lift the leg closest to the car first
    - Use palm pressure to grip the clients leg rather than fingers
    - Check, ask or assist the client to turn their torso toward the front of the car/the direction of their legs
13. Ask or assist the client to buckle their seatbelt
14. Close the door of the car

For diagrams to assist with this process, refer to https://dhs.sa.gov.au/services/disability-services/safe-work-instructions/assisting-a-person-into-a-vehicle

Assisting Clients into Vehicles Process

The following steps should be completed when completing assisting clients to transfer into a car:

1. Open the door of the car
2. *Set out standing aids typically used by the client when appropriate*

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3. Ask or assist the client to unbuckle their seatbelt
4. Kneel in front of the client and use both hand to lift the client's legs out of the car and place their feet on the ground
    - Lift the leg closest to the outside of the car first
    - Use palm pressure to grip the clients leg rather than fingers
    - Check, ask or assist the client to turn their torso toward the door of the car/the direction of their legs
5. Place the clients left hand in you left hand using a thumb-hand grip
6. Ask the client to place their right hand on the inside door handle
7. Place your right hand at the base of the client's neck
8. Explain the following steps to the client before completing them
9. Ask the client to lean forward and bend their knees, while moving up into the standing position
10. Guide the clients head to avoid bumping it
11. Grip the clients hand and provide support for them to lean on as they exit the car
12. When the client is safely standing, let go of their hand and/or assist to access other standing aids
13. Close and lock the door of the car

Assisting with Standing After Falls Process

The following steps should be completed when a client has fallen:

1. Place a chair or another object which can be used to leverage from, next to the client
2. Ask the client to get onto their hands and knees
3. Assist the client to hold onto the chair and move to a kneeling position
4. Assist the client to use the chair to push up from into a standing position
5. Assist the client to sit on the chair

Infection Control

Infection control is a critical responsibility of support workers. Support workers use the hand washing, surface cleaning and food preparation process regularly.

Staff may be required to apply other infection control processes during all activities in which they are exposed to bodily fluids, food, or personal items which could spread disease or when working with a client with a known infection. Additional precautions can include:

- Putting residential client's single rooms with ensuite facilities
- Keeping doors to rooms closed
- Using dedicated bathrooms and toilets
- Using PPE such as masks, gowns and face masks on visitors, on infected persons or on staff
- Cleaning equipment, instruments and facilities after the infection has been controlled
- Separating people such as workers and visitors to be one metre from the infected person to
- Covering coughs or sneezes to prevent spread
- Using workers who have been immunised against the infection
- Scheduling work duties so that non-infected persons would be seen before infected persons
- Not taking shared items into rooms where infected people are

When staff are exposed to risks of infection, they must report them verbally to a supervisor/manager immediately.

Risks of infection to the support worker can include:

- Being couched or sneezed on by an infected person
- Contact with bodily fluids such as blood, saliva and faeces

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- Needle-stick injuries

Other risks of infection (to clients or other staff) can include:

- Dirty air-conditioning vents
- Open wounds that contain infection

Hand Washing

Support workers must wash their hands routinely when providing care:

- Before and after every contact with the client, including:
    - Before touching a client
    - After a body substance exposure risk
    - After touching a client
    - After touching a client's belongings, surroundings or clothing
- After removing gloves

Hands must also be washed immediately after:

- Coughing, sneezing or blowing the nose
- Eating or drinking
- Touching hair, scalp or any wound
- Using the toilet
- Handling urine or faeces
- Handling raw food
- Handling dirty clothes
- Smoking

Hand Washing Process

The following steps should be completed when washing hands:

1. Wet hands
2. Apply and lather soap
3. Scrub hands for (approx.) 20 seconds, including
    - Backs of hands
    - Between fingers
    - Under your nails
    - Wrists
4. Rinse hands using warm, clean, running water
5. Turn off tap
6. Dry hand using:
    - Single use towels
    - Other means of effectively drying hands that are not likely to transfer pathogenic microorganisms to the hands (e.g. hand drier)

Routine Cleaning of Surfaces

Environmental cleaning must be completed on a regular basis to prevent the spread of infection through surface contact. Surfaces which are routinely touched and could be a source of infection transfer, should be cleaned daily or immediately after any spill or soiling.

Surface Cleaning Process

The following steps should be completed when cleaning surfaces:

1. Clean all surfaces which are frequently touched, once daily, by:

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   a. Mixing a detergent solution
   b. Wiping all areas of the surface with the detergent solution and a cloth
2. Clean surfaces after spills or when visibly soiled, by:
   a. Mixing a detergent solution
   b. Wiping all areas of the surface with the detergent solution and a cloth

Food Preparation
Support workers may be required to prepare food for clients. Food surfaces should be cleaned before and after use, and all perishable food products should be stored in a refrigerator.

Food Preparation Surface Cleaning Process
The following steps should be completed when preparing food:

1. Wipe surfaces with clean cloths which are not contaminated with human waste or other contaminates
2. Remove scrapes and disposing of them in correct way
3. Use different colour coded chopping boards for different food items and task
4. Sanitise surfaces to remove chemical contamination
5. Wash utensils between task

Incidents and Accidents

Incidents and accidents should be documented reported to a supervisor immediately after the event. Support workers should make an immediate verbal report (when possible), and then document the details of the incident/accident using the KindCare Accident or Incident Report and submit it to a supervisor/manager via email.

Hazard Inspections

Hazard inspections should be completed regularly to identify any hazards which could pose a risk to staff or client health and safety.

Seeking Advice or Reporting Hazards
When the person who identified the hazard and completed the risk assessment is unsure of how to manage the risk, they should seek advice and assistance from their direct supervisor.

Conduct Hazard Inspections Procedure
The following steps should be completed when conducting inspecting work areas for hazards:

1. Walk through the area to be inspected, checking for hazards
2. Document each hazard found
3. Complete a risk assessment after the inspection

Support and Care Risks

The risks present in support and care environment are not only physical hazards.
Risks can include the following categories.

Client Harm and Safety

- Abuse

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- Self-harm
- Self-neglect

Client Health and Wellbeing

- Impaired cognitive functioning
- Impaired judgement and problem solving abilities
- Social rights infringements
- Sudden or unexpected change in health status include sensory loss
- Uncharacteristic behaviours or behaviours of concern
- Eating problems
- Sleeplessness
- Substance abuse
- Withdrawal
- Disinhibition
- Emotional distress
- Impulsivity
- Confusion, disorientation

Support Worker Health and Safety

- Client aggression (physical and/or verbal)
- Client agitation
- Support worker depression, anxiety

Manual Handling Risks

- Heavy or overweight clients
- Old or poorly maintained equipment
- Working in a confined space
- Lack of equipment

Assessing Risks

Risks should be assessed following hazard inspections and an assessment of the client and their circumstances.

Risk assessment should include the risk, risk likelihood, risk consequence, (total) risk level, and selected risk controls.

Assessing Risk Likelihood

When assessing the likelihood of risks, the following rating scale should be used:

Rating	Likelihood	Description
1	**Rare**	May occur in exceptional circumstances
2	**Unlikely**	Could occur
3	**Likely**	May occur
4	**Almost certain**	Is expected to occur
5	**Very Likely**	Will probably occur

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Assessing Risk Consequence

When assessing the consequence of risks, the following rating scale should be used:

Rating	Consequence	Description		
		Injury/Illness	**Environmental and Property Damage**	**Estimated Loss**
1	**Insignificant**	First Aid required	Negligible damage; property of environmental damage up to $500	Les than $500
2	**Minor**	Medical attention; one or more days off work	Minor damage; property of environmental damage between $500 and $5,000	$500 - $5,000
3	**Moderate**	Medical attention; several days off work	Moderate damage; property of environmental damage between $5,000 and $20,000	$5,000 - $20,000
4	**Major**	Serious injury or illness/hospitalisation	Major damage; property of environmental damage between $20,000 and $100,000	$20,000 - $100,000
5	**Catastrophic**	Fatality/permeant disability	Extensive damage; property of environmental damage over $100,000	More than $100,000

Overall Risk Level

The overall risk level is calculated by multiplying the Likelihood Rating by the Consequence Rating.

Likelihood		**Rare**	**Unlikely**	**Likely**	**Very Likely**	**Almost certain**
Consequence	**Rating**	**1**	**2**	**3**	**4**	**5**
Insignificant	**1**	**1**	**2**	**3**	**4**	**5**
Minor	**2**	**2**	**4**	**6**	**8**	**10**
Moderate	**3**	**3**	**6**	**9**	**12**	**15**
Major	**4**	**4**	**8**	**12**	**16**	**20**
Catastrophic	**5**	**5**	**10**	**15**	**20**	**25**

Client Risk Assessments

Client risk assessments should be documented using the ***KindCare Personal Care Risk Assessment Form***. The risk assessment should be stored on the server or an online file sharing platform and a link send to the supervisor with a summary of the risk.

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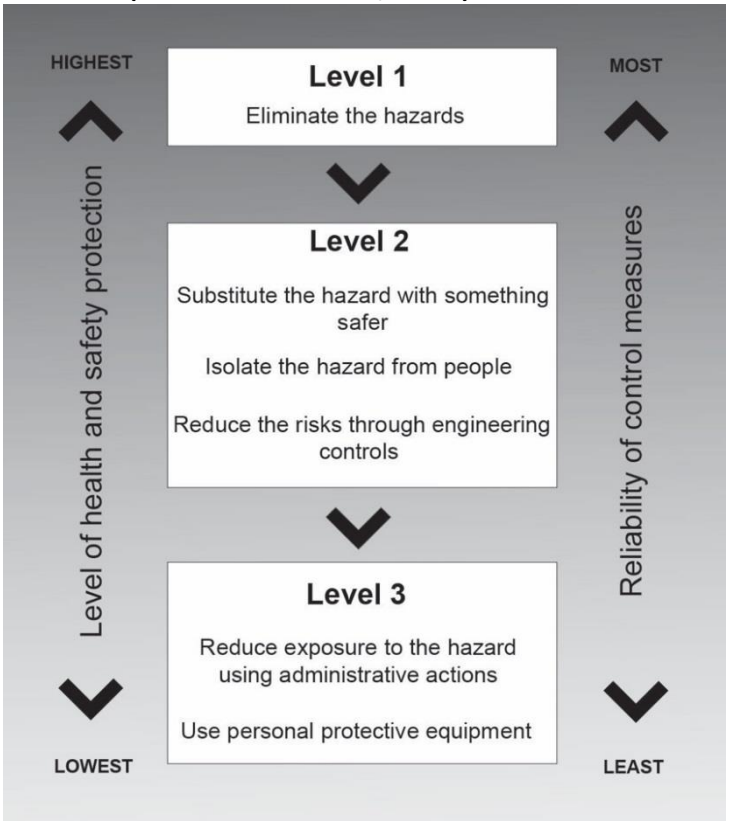
Planning Responses

The responses to risks which are most appropriate will depend on the risk category.

Physical/Environmental Hazards

Physical risks should be responded to with standard risk controls. Risk controls are actions which will be taken to remove or reduce the risk to staff and/or customers. Risk controls should be selected using the hierarchy of control outlined in the Model Code of Practice: How to manage work health and safety risks.

Image 1: Hierarchy of Control (Safe Work Australia, 2017[1])



Example of implementing the Hierarchy of Control are shown below.

Example Risk	Risk Control	Hierarchy Level
Spilt water (slip hazard)	• Wipe up water	Elimination
	• Rope off area	Isolation
	• Put up sign to warn of wet area	Administration
Lifting clients (manual handling risk)	• Use lifting equipment	Engineering
	• Provide manual handling training	Administration

[1] Safe Work Australia (2017). Figure 2 The hierarchy of risk control. [image] Available at: https://www.safeworkaustralia.gov.au/risk [Accessed 11 Jul. 2018].

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Client Harm and Safety

Risks to client harm and safety should be responded to as a matter of urgency. While the Hierarchy of Control is a useful tool for support workers, some standard responses are established by KindCare:

Risk	Immediate Reponses (Support Worker)	Additional Risk Controls (Supervisor)
Abuse	Support workers should respond by making a report to the supervisor, then with confirmation from the supervisor, make a mandatory report.	Supervisors should select additional controls depending on the situation: • Restricting access to the suspected source of abuse *(isolation)* • Supervising interactions with the suspected source of abuse *(administration)*
Self harm	Support workers should respond by making a report to the supervisor	Supervisors should select additional controls depending on the situation: • Removing implements which can be used to self harm *(isolation)* • Accessing a phycologist, physiatrist or other treatments *(administration)*
Self neglect	Support workers should respond by making a report to the supervisor	Supervisors should select additional controls depending on the situation: • Assessing causal factors and implementing risk controls for those • Accessing a phycologist, physiatrist or other treatments *(administration)*

Client Health and Wellbeing

Risks to client health and wellbeing should be responded to using the Hierarchy of Control and general care practices.

Support workers should report significant changes in client health and wellbeing to their supervisor.

Supervisors should consider controls such as:

- Assessing causal factors and implementing risk controls for those
- Reviewing care plans and making changes
- Providing additional supports to clients
- Accessing medical supports to make adjustments (such as psychological treatments, medication adjustments, etc.)

Support Worker Health and Safety

Risks to client health and wellbeing should be responded to using the Hierarchy of Control and KindCare guidance below.

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Risk	Immediate Reponses (Support Worker)	Additional Risk Controls (Supervisor)
Client aggression (physical and/or verbal)	Support workers should respond by placing distance between themselves and the client and requesting support or contacting security. Support workers must report the incident after the event.	Supervisors should select additional controls depending on the situation: • Providing support (e.g. a second worker for security when interacting with the client) • Accessing a phycologist, physiatrist or other treatments *(administration)*
Client agitation	Support workers should respond by reassuring the client, monitoring signs of escalation, and where there becomes a risk of aggression, placing distance between themselves and.	Supervisors should select additional controls depending on the situation: • Investigate factors which may be causing agitation *(i.e. identify the underlying risks to the client to eliminate the risk to the worker)* • Accessing a phycologist, physiatrist or other treatments *(administration)*
Support worker depression, anxiety	Support workers should respond by advising their supervisor of changes in their emotional wellbeing and requesting professional supervision.	Supervisors must provide professional supervision to support workers on request. Other risk controls may include; • Reviewing the support worker's workload • Reducing the support worker's contact hours or workload (where this would not impact the support worker's income/financial stability) • Reassigning challenging clients

Manual Handling Risks

Manual handling risks should be managed by:

- Using the Manual Handling Actions and Positions
- Following the Client Transfer Procedures
- Encouraging the person to assist when possible
- Eliminating pushing/pulling by using equipment (e.g. hoists, mechanical pushers, pullers, bed-movers, detachable load transporters, etc.)
- Using slide sheets to transfer clients
- Eliminate/reduce multiple handling actions by using equipment (e.g. tilting/reclining chairs, shower chairs/ trolleys, trolleys, mechanical lifting devices, etc.)
- Converting to pushing/pulling by using transfer systems (e.g. wheelchairs, trolleys, hoists, etc.)
- Using equipment with pushing/pulling applied at about waist level

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- Using wheels or castors appropriate to floor surfaces
- Reducing the weight to be lifted or lowered (e.g. by removing blankets)
- Using lightweight chairs with wheeling attachments which move to avoid transferring from one chair to another
- Adjusting furniture in starting/finishing locations so they are at the same height for transfers
- Using furniture or mechanical equipment to eliminate/minimise holding time (e.g. pushers, chairs, beds, tables, etc.)

Reporting Uncontrolled Risks

Risks which cannot be immediately controlled by a staff member should be reported to a supervisor for follow up. Supervisors may request staff Report Non-Compliances.

Conduct Risk Assessments Procedure

The following steps should be completed when conducting risk assessments:

1. Record the hazard or other risks to the client or support worker
2. Assess the risk likelihood and record the risk likelihood score/rating
3. Assess the risk consequence and record the risk consequence score/rating
4. Calculate the risk level/score by multiplying the risk likelihood score/rating by the risk consequence score/rating
5. Plan and record a response

Reporting human rights breaches

Human rights breaches may be related to the client's right to a safe environment.
Support workers must report any breaches of human rights to a supervisor immediately.

Reporting human rights breaches process:

1. Prepare a written report and submit to the supervisor. Reports should include:
    a. The name of the person making the report and the date
    b. The client's name
    c. A summary of the human rights breach
    d. The relevant client rights (which have been breached)
    e. The relevant worker responsibilities (when a worker has breached the client's rights)

Reporting Non-Compliances

When staff identify general WHS issues, they should be reported to the WHS Committee, using the email address whscommitte@myworkplaces.com.au.

When staff identify risks to clients that may be reported using the Formal Legal and Ethical Issue Reporting Process outlined in the ***KindCare Legal and Ethical Compliance Policy and Procedure.***

Reporting General WHS Issues Procedure

The following steps should be completed when reporting general WHS Issues:

1. Prepare an email to whscommittee@myworkplaces.com.au
    - Explain what the non-compliance is
    - Explain what the possible health or safety impacts on staff and/or customers
    - Explain what WHS obligation have not been met by KindCare

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    - Insert a link to copy of the factsheet or guide about KindCare legal WHS obligations or the practice which can be used to resolve the non-compliance
    - Give a short summary of the factsheet or guide
2. Send the email
3. Answer any follow up questions the WHS Committee may have

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