**Safe Practice and Environment Policy and Procedures**

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# Policy

XXX endeavours to provide a safe environment for participants, visitors and their Allied Health Professional (AHPs). In particular, it is recognised that participants need to be offered services in a safe environment and workers must be protected from injury wherever possible.

The nature of many therapeutic support services does however require some risks to be taken for both the participant's progress and the need to provide services wherever possible in the participant's community (refer to *Service Delivery Model* and *Rights & Responsibilities* in the *Service Agreement*). Hence, it is difficult to ensure that all therapeutic environments are optimal. However, with the provision of appropriate assessments, training, personal protective clothing and equipment and the arrangement of workplace conditions and structures, participant rights and responsibilities, XXX actively attempts to minimise potential hazards.

# Procedures

Training on this policy and procedures is to be undertaken at induction and annually (refer to the *Annual Training Plan*). Further review and updating, if / as required, of procedures is to occur if an incident occurs. (refer to *Incident* and *Complaint Management Policies*).

Specific policies have been developed for more common situations as below.

## Incidents, Accidents, Risks and Near Misses

All incidents (accidents and near misses) and potential risks are to be reported to AHP / business owner at the earliest opportunity and recorded on the XXX *Incident and Complaint Report*. Initial actions required are described on the form. For more details refer to the *Incident* and *Complaints Management Policies*.

## Safety during community visits

* AHPs must follow the steps outlined in *‘Things I Do To Maintain My Safety’* in the *Community Safety Checklist*
* At time of referral, ascertain if any risks are likely to be present at time of visits (Refer to the *New Participant Intake Checklist*)
* Phones are initially set so their caller id does not show to avoid the participant having the AHPs phone number
* On arrival at the participant service site, a risk assessment is conducted (refer to *Community Risk Assessment* criteria). This covers both the physical and psychological environment and the participant's clinical risks. Any hazards (e.g. risk of participant falls, adequate space for services to be provided, abusive environment, dog present, smoking) are noted on the assessment form and minimisation strategies are developed in conjunction with the participant and implemented. If necessary, these strategies will be discussed with the funding body
* Refer also to Emergency Management

## Possible High Risk Community Situation – Emergency Exit

AHP is NOT to continue working in a situation where he / she feels threatened or uncomfortable.

* While at the visit:
	+ Upon arrival at the new (or existing) participant’s community visit, if in any doubt or concern as to safety (prior to entering the premise) call participant and tell them there has been an unexpected delay & cancel the appointment
	+ If a situation arises during the appointment, do not hesitate to leave even if it appears impolite. If a suitable excuse cannot be found simply say you are unwell and remove yourself from the situation
	+ If you are unable to leave, call 000
* After the visit complete an *Incident and Complaint Report* form
* Management will contact the participant the next day to discuss their community / home situation (considering the mutual obligations outlined in the *Rights & Responsibilities* in the *Service Agreement*) and any strategies that could be put in place to allow the visit to be rescheduled
* If there are still concerns, contact the funding body and explain your concerns. They will likely investigate the situation further and determine ongoing action e.g. visit with 2 people, delay service until situation resolved
* Conduct a debrief with the AHP and provide any support if /as required
* Manage and document as per the *Incident Management Policy*.

## Mobile Phone Use Whilst Driving

* Use of mobile phones whilst driving needs to be kept to a minimum due to the additional risks of distraction whilst driving
* IF REQUIRED when answering or making a call when driving, the hands free connection fitted to the vehicle is to be used AT ALL TIMES.

## Hazardous Manual Tasks

AHPs have professional knowledge and skills in manual handling. While current education stresses the importance of implementing a ‘safe lifting’ approach, an integral part of many therapeutic services is the moving, transferring and handling of participants, particularly in the early phases. A number of techniques assist with minimising this risk:

* AHP is able to demonstrate correct manual handling techniques
* Risk assessment conducted by AHP to determine safety requirements. Strategies will be implemented to minimise the risk e.g. 2 people assist, equipment. These will be added to the *Support Plan*
* Clothing worn during services does not impede the ability to utilise correct handling techniques.

## First Aid

*First Aid Kits*

XXX provides first aid supplies for minor injuries which occur in the workplace. First Aid Kit/s are kept:

* \_\_\_\_\_\_\_\_\_\_\_
* In the vehicle of any mobile worker.

Kit contents are regularly checked and updated (refer to the *Compliance Calender*).

*For injury to participant*

* In general, only the most minor of assistance can be offered to participants by XXX.
* If the condition or injury is serious or if there is any doubt about the person’s condition further medical assistance should be sought. This may involve calling an ambulance or transporting the person to the local medical centre.

*For injury to AHP*

XXX provides first aid supplies for minor injuries which occur in the workplace.

If the condition or injury is serious or if there is any doubt about the AHP’s condition, seek medical care as soon as possible. Then follow the *Incident Management Policy* and *Management of Injured Workers Policy.*

*Injury in the community*

A First Aid Kit is provided for each mobile workers vehicle. This is to be used for own personal use in the event of a minor accident in the field or to apply a new dressing to an AHPs skin lesion pre or post service.

## Infection Control Program

A variety of infection control measures are implemented by XXX including:

* Appropriate levels (as per the latest edition of NHMRC Immunisation Procedures Handbook) of immunisation / preventative cover, including annual flu immunisation. Immunisations are paid for by the business
* Application of the fundamentals of ‘Standard Precautions’ as appropriate to the working environment of AHPs. These precautions apply to all participants and cover:
	+ Hand washing between participants. In group sessions where this is impractical use Anti Bacterial Hand Cleanser
	+ Cleaning of equipment
	+ Use of gloves if contact may be made with bodily fluid
* Appropriate items carried by AHP in his / her car
	+ First Aid Kit incl Opsite dressing (individually packaged)
	+ Disposable Gloves
	+ Face mask
	+ Anti bacterial / hand sanitiser Hand Cleanser
* Completion of annual on-line hand-washing module by [Hand Hygiene Australia](https://www.hha.org.au/online-learning/learning-module-information). Compliance is monitored
* (for those in rooms) Provision of clean, hygienic linen to participants and visitors
* Staff are requested to remain at home if they are unwell or have been in contacted with a communicable disease or virus that could potentially harm a participant and/or work peer. Work from home options are made available if the staff member is fit for work. XXX takes advice on what action to implement from their local health authority in the event of a pandemic e.g. Covid 19
* It is the responsibility of the participant to appropriately dispose of their own personal sharps e.g. syringes used for their personal use whilst on site are to be removed from the premises
* If your business generates its own sharps waste advise how you dispose of them safely

*Contaminated waste spill*

* To be cleaned up as soon as possible
* A spill kit is kept in the \_\_\_\_\_\_\_\_\_\_ next to the first aid kit. Worker to collect kit, don personal protective equipment and follow steps as below
* Small spills in client areas - clean with detergent solution
* Spills containing large amounts of blood or other body substances - workers contain and confine the spill by:
* removing visible organic matter with absorbent material (e.g. disposable paper towels)
* removing any broken glass or sharp material with forceps; and
* soaking up excess liquid using an absorbent clumping agent (e.g. absorbent granules).
* If spillage on soft furnishings – clean with a detergent solution (not with a disinfectant such as sodium hypochlorite) or wet vacuumed. Allow drying of the furnishing before reuse
* Discard contaminated materials (see n. below)
* Perform hand hygiene.

## Waste Management

* General waste is disposed of in accordance with local council regulations (e.g. by weekly council garbage collection)
* Contaminated waste (participant bodily fluids primarily)
	+ (For community based) these are the responsibility of the participant to dispose of. AHP to follow appropriate infection control procedures as per g above
	+ (For rooms based) disposed of in accordance with local council regulations eg in normal waste after bagging.

AHP to follow appropriate infection control procedures as per g above

* Disposal of sharps – refer to Infection Control above
* Paper waste is minimised by use of electronic files and reports
* Used paper is reused and/or recycled as appropriate and in accordance with local council regulations
* Equipment is selected with consideration of waste and disposal e.g. reusable hand sanitisation bottles that can be refilled
* Confidential paper information will be disposed of by shredding it (or kept in a locked container ready for secure pickup)

## Food Used in Therapeutic Services

* XXX may offer hot beverages and offer pre-prepared foods (eg catering from off-site)
* XXX will not be involved with the preparation of food for general consumption, only in the assistance in food preparation tasks related to service for its participants (eg meal preparation, fussy eater program)
* If food is to be used in therapeutic services:
	+ Confirmation by the AHP that there is no risk of choking or allergies – noted in Risk Management in *Support Plan*
	+ Wherever possible, parent / family is to provide required food for use
	+ Appropriate infection control requirements will be used (as above)

## Transport of Equipment

* AHP to abide by correct lifting and carrying techniques when transporting equipment in and out of cars
* Transporting of equipment is to be limited by requesting suppliers of equipment to deliver equipment to home of participant
* All equipment should be secured in the back of the car with the use of a cage; or rope or similar
* No equipment should be transported on the back seat unless secured.

## Transport of Clients

* AHP takes all care, considering risk assessment and manual handling risks, when assisting with transfer of participants in and out of their cars
* AHP is not expected to use his / her own car excessively to transport participants. If this position changes, staff are to discuss the situation with their funding body so appropriate risk mitigation strategies can be considered.

## Emergency Management

An ‘emergency’ could include a natural disaster or a situation where it is unsafe to provide services including: Fire, flood, extreme heat events, thunder / dust storms, very high winds, major transport disruption, power outage – widespread or localised to rooms, pandemic, terrorist attack

* In general, management will determine the actions to be taken during / following an emergency based on a risk assessment using available information. This includes information from emergency services and power companies but also information regarding the location and accessibility of staff and participants in relationship to the emergency situation. As most AHP supports are not time critical, this risk assessment will primarily focus on the health and safety of:
	+ staff where services are community based
	+ participants where services are in-rooms

If the health or safety of either could be compromised by service delivery, the service will be cancelled and the staff and participants will be informed.

* In addition, AHPs are also to consider their local situation and are not to place themselves or their clients at risk. If a service needs to be cancelled, they are to contact their manager and describe the situation. The participant will then be informed as above.

## Safety of Therapeutic Equipment

* Any therapeutic equipment (eg frames, toys, ultrasound) used will be regularly inspected and tested (eg electrical testing, calibrating,) to ensure it is safe for use. It will be repaired / replaced as necessary
* Add your position re AHP bringing in their own equipment & how it will be assessed to ensure safety

## Premises (for those providing services in rooms)

* All property leased by XXX will be maintained in good condition including ensuring
	+ Fire inspection has been completed
	+ Electrical testing of equipment occurs (annually).
* Any incidence related to property management is recorded in , reported to the landlord and followed up quickly and efficiently
* Add your position re AHP bringing in their own personal electrical equipment (eg laptop, ph charger) & how it will be assessed to ensure safety

## Protecting Participant's Property

* AHP & NDIS Code of Conduct outline appropriate behaviour for service delivery personal. These are adhered to
* AHP are NOT to handle any participant cash or have direct access to any participant credit cards or bank accounts etc
* All due care taken with participant property