

15. Work Health Safety Environmental Management Policy and Procedure

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Purpose

Work Health and Safety (WHS) regulations place an obligation on decision-makers of the service to take reasonable steps to gain an understanding of the hazards and risks associated with working and support activities, and to allocate appropriate resources and processes, to eliminate or minimise these risks to health and safety.

These legal requirements extend to eliminating risks to Staff members, participants, subcontractors, and volunteers whenever it is practical; if it is not feasible to eliminate all risks then they will be minimised wherever possible.

Scope

Staff members, participants, volunteers and sub-contractors are also obligated to protect their own and other people's health and safety. Their responsibilities also extend to identifying hazards and risks, managing WHS risks and applying appropriate treatments. They should also consult with other people, including supervisors or management, about these risks.

Policy

Australian Quality Care aims to promote and maintain the highest degree of physical, mental and social wellbeing of all individuals in the workplace. The organisation will comply with all relevant federal and state legislation to ensure a safe workplace. All personnel have a responsibility to ensure a safe workplace by implementing safe systems of work.

Australian Quality Care will provide the resources required to comply with relevant acts and regulations associated with workplace health and safety to ensure that the organisation's workplaces are safe and without risk to health.

Australian Quality Care will undertake regular reviews and take steps to enhance workplace health and safety on a continuous improvement basis.

Statement of injury management and return to work

Australian Quality Care is committed to:

- Providing a return-to-work program, that is consistent with the injury management program, to ensure injured workers return to work in a timely and safe manner

- Effectively managing all claims and the return to work of staff injured in the workplace
- Establishing individualised injury management plans according to legislative requirements, as outlined in the policy and procedures
- Consulting with Staff and other stakeholders on health and safety issues
- Complying with relevant work health and safety legislation and regulations and other associated legislation
- Providing and maintaining equipment and appropriate personal protective equipment for the safety of our Staff
- Maintaining Employee Assistance Program to ensure Staff have access to appropriate support externally to the Employer
- Providing Staff with information, training and supervision, as necessary, to enable them to work in a safe manner and without risks to health
- Documenting, investigating and reviewing incidents
- Displaying, documenting and distributing this work health safety environmental management policy and procedure and all other associated documentation in the workplace, including the return-to-work program
- Maintaining the required insurance cover
- Appointing a designated person to manage all claims for workers' compensation, occupational rehabilitation and return to work programs
- Clearly outlining the roles and responsibilities of all relevant parties in the return-to-work process
- Regularly reviewing workers compensation claims.

Environmental management

Management will endeavour to minimise environmental impact in the following areas:

- Australian Quality Care waste
- Site contamination and spills
- Noise emission
- Damage to flora and fauna
- Unnecessary energy consumption.

Where practicable, Australian Quality Care will take part in:

- Identifying waste streams and options for effective waste management

- Reviewing purchasing behaviour, e.g., buy recycled materials; reduce waste; use less harmful/volatile chemicals
- Improving storage, e.g., reduce quantity of waste and spills; reduce odours by keeping containers closed
- Conserving energy, e.g., Install eco-friendly lights; turn lights off when not needed; purchase energy-efficient emergency equipment; use greener fuel sources
- Conserving water, e.g., install water-saving accessories, repair leaks
- Preserving waterways, e.g., mark and protect storm-water drains
- Creating an emergency plan and spill response
- Improving education and awareness
- Notifying relevant authorities in the event of a major environmental impact.

Incident management

Incident management is an integral element of the Australian Quality Care's planning processes. All stakeholders are encouraged to raise any concerns regarding risk, incidents or safety. Support delivery issues, and their contributing factors, are identified and utilised as Australian Quality Care's performance measures:

- Australian Quality Care management are ultimately accountable for incident management throughout Australian Quality Care's services.
- Australian Quality Care's reinforces our accountability by using governance structures including policy, performance management and delegations; and defines the acceptable level of risk for Australian Quality Care.

Australian Quality Care is responsible for:

- Overseeing the incident management system including monitoring, reviewing and reporting on its effectiveness
- Managing, reviewing and implementing the contingency disaster plan, including establishing and maintaining all service agreements
- Implementing incident management processes
- Advising results and analysis of incident investigations
- Evaluating and documenting actual and potential risks with a formal risk assessment
- Ensuring all Staff within Australian Quality Care have a responsibility to identify and engage in the minimisation of risks that may exist in service delivery.



Responding and reporting obligations

- Australian Quality Care has a responsive risk management hazard, incident and accident reporting system in place.
- All incidents, of any nature, are a matter of concern and, as such, should be recorded using incident and hazard reports.
- All notifiable incidents are to be reported to state WorkCover authorities and the NDIS Commission, as per regulatory requirements.
- Details of incidents will be documented through the incident management system.

Documentation

- All information is gathered with due regard to privacy and confidentiality, recorded comprehensively and stored securely.
- The incident report is for the use of AQCare management and staff only, as it will contain identifying information. Minimum information required includes a description of the event, damage, injuries, reporting requirements, parties/persons involved and recommendations.
- When discussing the incident findings and recommendations in a meeting, care must be taken not to minute any identifying information.

Evaluation and feedback

- Staff involved in the incident will be advised of the findings and recommendations of the incident investigation.
- Information will be reported through the meeting system.
- Australian Quality Care may trend incidents, accidents and critical events.
- Reviews of policy, procedure and equipment may occur because of an incident or accident.

Support for stakeholders

Any Staff member, participant or visitor involved in, or affected by, an incident is offered support.

Manual handling

More detailed Safe Operating Procedures (SOP) are included further below in this policy, including procedures for, **domestic tasks, lifting/moving people, and wheelchair assistance.**

- Australian Quality Care has a minimal lift policy, and all Staff are instructed in this procedure at induction, and as required.
- Maintenance of the participants' independence by encouraging mobility is a priority.
- The manual handling needs of participants are assessed and documented on entry to Australian Quality Care.
- Manual handling is a component of the education and training program.
- Staff members are instructed on the correct manual handling and lifting techniques.
- All manual handling injuries and incidents are reviewed, risk assessments are conducted, and then strategies implemented to control risks.
- Risk identification, assessment and control are carried out in consultation with Staff.
- Incidents, accidents and hazards, identified from manual handling activities, are reported through the communication meeting and other associated meetings, as deemed by management as required.
- Appropriate equipment is provided so manual handling activities can be safely executed.
- Personal manual handling equipment such as 'slide sheets' are maintained according to infection control guidelines.
- The General Manager will ensure that the general layout of the workplace is conducive to the safe handling of participants and the safe use of equipment.

Psychosocial Hazard Management

Australian Quality Care will identify and assess psychosocial hazards in the workplace. This will be done through a variety of methods, including:

- Employee feedback
- Staff meetings and focus groups
- Management and Board meeting
- General observations in the workplace.

Once psychosocial hazards have been identified, the organisation will develop and implement control measures to reduce the risk of harm to employees. Control measures may include:

- Providing training to employees on how to manage stress and cope with difficult situations
- Creating a workplace culture that is supportive and respectful
- Addressing bullying and harassment
- Providing flexible work arrangements
- Encouraging Staff to utilise the Employee Assistance Program, and ensuring Staff are aware this is an available resource.

Training

All Staff will be trained on the organisations policy and procedure on workplace health and safety and psychosocial hazards.

Work health and safety (WHS) consultation

Australian Quality Care will establish and maintain systems for work health and safety consultation to enable Staff to contribute to the decision-making process regarding matters that affect their health, safety and welfare at work.

The intended outcomes of this policy include:

- Prevention of risk of injury to workers and others
- Consultation with workers regarding the risk management process
- Reduction of social and financial costs of work health and safety hazards
- Establishment and maintenance of safe systems of work
- Regulatory compliance maintenance
- Prompt consultation on work health and safety matters, taking into consideration the level of risk involved in any specific issue
- Training is updated according to current work health and safety regulatory requirements and made available to Staff.

Nature of consultation

The purpose of the WHS consultation with Staff is to:

- Share health and safety information
- Provide Staff with a reasonable opportunity to:
 - Express their views
 - Raise work health and safety issues

- Contribute to the decision-making process
- Consider the opinions of Staff
- Promptly inform Staff of outcomes.

When consultation is required

Consultation is required when:

- Identifying and assessing risks to health and safety
- Deciding ways to eliminate or minimise those risks
- Deciding on the adequacy of facilities for worker welfare
- Proposing changes that may affect the health and safety of workers.

Work health and safety resolution

- Staff are to be consulted on proposed changes to the work environment, equipment, policies, protocols and procedures that may affect their health and safety.
- Information on hazards, WHS activities and achievements will be disseminated to Staff through Staff meetings, memos or similar.
- Staff may approach the Board to bring forward issues in the workplace.
- Board will attempt to resolve the issue locally.
- Australian Quality Care will always make a reasonable effort to achieve a timely, final and effective resolution of WHS matters.

Work-related problems, concerns or complaints concerning work health and safety will be managed in accordance with our 'Human Resource Management Policy'.

Only after reasonable efforts have been made to resolve the issue can the parties seek the assistance of an inspector. This right arises whether all, some or only one of the parties have made reasonable efforts to have the work health and safety issue resolved; this means that a party's unwillingness to resolve the issue would not prevent an inspector being called in.

The inspector's role is to assist in resolving the issue which could involve the inspector providing advice or recommendations or exercising any of their compliance powers, e.g. issuing a notice.

Even if an inspector has been requested to assist in resolving a work health and safety issue, the rights of a worker to cease unsafe work remain under the *Work Health and Safety Act 2011* model.

When an issue is resolved, the details of the issue and the resolution will be set out in writing to the satisfaction of all the parties, as soon as reasonably practicable:

- Worker/s affected by the issue will be informed of the details of the agreement between the parties.
- A copy of the agreement to the resolution of an issue may be forwarded by any of the parties involved or Australian Quality Care that represents the party.

Workplace incidents

Australian Quality Care will:

- Hold current workers' compensation insurance policy that covers all workers
- Notify a worker of any workplace incidents, as per legislative requirements
- Make suitable duties available to injured workers
- Maintain a record of wages according to regulatory requirements
- Maintain a register of workplace-related injuries and illnesses
- Forward any workers' compensation payments to injured workers
- Avoid dismissing an injured worker because of their injury, within six months of the injury or illness occurring, and the injured worker's incapacity to work
- Educate Staff about the causes of the injury and subsequent risk
- Keep associated records as required
- Ensure all Staff are aware of responsibilities and rights concerning return-to-work through training and education
- Manage disputes according to regulatory requirements.

Notification of injuries

- Management will be notified of all injuries, as soon as possible.
- All injuries are to be recorded.
- The workers' compensation agent will be notified of any injuries within forty-eight (48) hours.
- Workers will be notified immediately of any serious incidents involving a fatality or a serious injury or illness

Recovery

- Managers will ensure that the injured worker receives appropriate first aid and medical treatment as soon as possible.

- The injured worker must nominate a treating doctor who will be responsible for the medical management of the injury and assist in planning a return to work.

Return to work

Australian Quality Care will:

- Arrange a suitable person to explain the return-to-work process and the injury management plan to the injured worker
- Ensure the injured worker's right to the confidentiality of medical information
- Ensure no information will be used to discriminate against the injured worker
- Provide mechanisms to communicate across cultures including ethnicity, gender and age
- Ensure all return-to-work plans are completed within the legal time frames
- Prepare return-to-work plans based on the advice of the Staff member's own treating health practitioner/doctor and the workplace rehabilitation provider
- Follow the relevant legislation and agreed consultation procedures
- Create availability of suitable work where possible when a Staff member's injury does not allow a return to immediate pre-injury duties. These suitable duties shall be made available temporarily
- Maintain contact and communication with an injured Staff member during the period of incapacity and absence from work
- Ensure the confidentiality of the injured Staff member's information and records.

Work health and safety management program

The management program consists of a set of activities, policies and procedures that are updated as required, which relate to all aspects of work health and safety, including:

- WHS training and education
- Work design, workplace design and standard/safe work procedures
- Emergency procedures
- Provision of WHS equipment, services and facilities
- Workplace inspections and evaluations
- Reporting, recording and reviewing incidents, accidents, injuries and illnesses
- Hazard identification activities
- Equipment assessment procedures and practices

- Participant risk assessment procedures and practices
- Staff risk assessment procedures and practices
- Provide information on WHS to Staff, participants and their families
- Implement safe manual handling procedures and safe work procedures.

Education/training

Every Staff member, within seven (7) days of commencing employment, shall be provided instruction regarding:

- Identification and minimisation of hazards in/around a participant's home and in the workplace
- Training modules for *reportable incidents, keeping safe at work, manual handling and workplace bullying and harassment*.
- Procedures to be followed in the event of an emergency.

Every Staff member will receive emergency training at least annually. Education/training will always be conducted by appropriately authorised and skilled personnel.

Hazard identification and risk management

Management actively encourages the reporting of hazards and promotes a positive and timely response; Staff and contractors are informed of the mechanism for hazard identification.

On identification and reporting of a hazard, Staff and sub-contractors will:

- Take immediate action to minimise the hazard(s), where possible
- Immediately report to the person in charge when the action is beyond role limitations, and the hazard poses a high risk
- Record the hazard according to the hazard reporting requirements.

Identified hazards are reported and reviewed using Australian Quality Care's continuous improvement and risk management processes (see the 'Risk Management Policy and Procedure' and the 'Continuous Improvement Policy and Procedure').

Risk management

Australian Quality Care considers risk management to be fundamental to good management practice. Effective management of risks will provide an essential contribution to the achievement of Australian Quality Care's strategic and operational objectives and goals. Risk management must be an integral part of Australian Quality Care's decision making and must be incorporated within the strategic and operational planning processes, at all levels, across Australian Quality Care.

Australian Quality Care will maintain strategic and operational risk management plans. Management is committed to ensuring all Staff are provided with adequate guidance and training on the principles of risk management and their responsibilities so they can implement risk management effectively.

Australian Quality Care will regularly review and monitor the implementation and effectiveness of the risk management process, including the development of an appropriate risk management culture across Australian Quality Care.

Manual tasks involving the handling of people Code of Practice 2001 (QLD)

This code of practice on manual tasks involving the handling of people is an approved code of practice under section 274 of the *Work Health and Safety Act 2011 (the WHS Act)*.

"People handling" refers to any workplace activity where a person is physically moved, supported or restrained at a workplace. Specifically, people handling refers to workplace activities requiring the use of force exerted by a worker to hold, support, transfer (lift, lower, carry, push, pull, slide), or restrain a person at a workplace.

No worker should fully lift a person, other than a small infant, unaided. (That is, without assistance from, for example, mechanical aids, assistive devices or another worker/s). All people handling activities are a potential source of injury and therefore, a hazard. If you undertake people handling at the workplace, you should follow a procedure to manage the risks associated with this hazard.

Safe procedures for lifting and moving people, including after a fall, are outlined further in this policy.

Procedure

Domestic tasks

High risk tasks include cleaning and other tasks such as vacuuming, mopping and making beds. These tasks involve pushing, pulling, bending and lifting, which can cause muscle injury. Specific sources of risk include:

- Vacuum cleaners that are in poor working condition, difficult to empty, not suitable for the task (too heavy, wand not height adjustable)
- Floor surfaces that make it difficult to push and pull the vacuum cleaner (such as thick pile carpet)
- Lifting the vacuum cleaner up stairs
- Insufficient time to complete the task
- Performing the same or similar movement repeatedly: for example, vacuuming, mopping and sweeping

- Moving furniture and rugs in preparation
- Storing vacuum cleaners, mops and buckets in an inaccessible or inappropriate location
- Manually wringing the mop head
- Lifting heavy buckets of water
- Wet and slippery floors
- Making beds of a low height
- Cleaning that involves reaching or bending below the knees or above the shoulders.

Cleaning Equipment

Vacuum cleaners must:

- Be maintained in safe working order
- Be suitable for the task and floor surfaces, have appropriate and easy to change fittings, and are lightweight and easy to move
- Be readily available and easy for the worker to access
- Have an adjustable wand so the worker can work in an upright position.

Mops must:

- Be maintained in safe working order
- Be suitable for the task and floor surfaces, have appropriate and easy to change fittings, and are lightweight and easy to move
- Have telescopic handles
- Have an appropriate-sized mop head and when wet, is wrung in the bucket, not by hand.

Buckets must:

- Be lightweight
- Be the right shape for the mop head
- Have properly functioning plastic wringers or rollers
- Have a non-slip or grooved foot base to reduce slipping when wringing the mop
- Be only part or half filled with liquid and are filled as close to the area to be mopped as possible.

Furniture, rugs and mats

- Living spaces should be arranged so workers don't have to move or lift heavy furniture or floor rugs to vacuum, mop or sweep; and so, they can get access around at least three sides of the item of furniture.
- Furniture may be fitted with lockable castors or glides to prevent lifting, if this doesn't create additional risks to the client or worker.
- If rugs or mats need to be moved to clean the floor, roll them away (don't lift).

Other tasks

- Avoid vacuuming stairs if it requires workers to repeatedly lift the vacuum cleaner; or use a lightweight stick vacuum cleaner instead.
- Make sure workers have enough time to complete their tasks.
- Workers should not perform tasks involving the same or similar movements — for example, vacuuming, mopping and sweeping — for more than 30 minutes. They should switch to other tasks that use different body movements; for example tidying, dusting, cleaning bathrooms or benchtops.
- Provide workers with a non-slip mat if they need to get inside the bath or shower for cleaning.
- Make sure two workers are available for heavy or awkward tasks such as turning mattresses.

Lifting/moving people – including after falls

High risk tasks include transferring clients from one place to another, changing a client's position, and showering/bathing clients. These tasks involved pushing, pulling, bending and lifting, which can cause muscle injury. Specific sources of risk include:

- Using inappropriate or poorly maintained lifting equipment/aids
- Having inadequate space to operate the lifting equipment/aids
- Not using lifting equipment/aids due to lack of training
- Lifting/moving people when there are no lifting equipment/aids
- Not having the appropriate number of workers (if more than one person is needed to lift/move the client)
- Wet and slippery floors
- Managing unpredictable client movements or behaviours, including falls, seizures, expressions of strong emotion or self-harm
- Changes in client mobility that require excess exertion by workers to assist them.

Equipment/aids

- Keep lifting equipment/aids maintained in safe working order. Make sure they are suitable for the task, appropriate for the space, and easy for the worker to access and use.
- Make sure workers wear non-slip shoes.
- Keep the floors in wet areas (like bathrooms) as dry as possible. Provide slip-proof/non-slip mats.

Tasks

- Where two workers are required for lifting/moving clients, make sure you have a process for replacement staff if one worker is absent. Lifting/moving clients should not take place until a replacement worker is present.
- Encourage the client to actively participate where possible.

Falls – prevention and response

Factors that contribute to falls occurring may include:

- Slip or trip hazards, such as wet floors or obstacles in a person's path of movement
- Uneven or unstable ground
- Unsuitable footwear, eye wear or clothing
- Medication causing dizziness or confusion
- Decreased coordination, balance, gait, and strength
- Seizure/epilepsy
- Need to maintain dignity and independence – exceeding physical limitations to achieve this
- Assistive technology:
 - Absence of
 - Non-use of
 - Inadequate
 - Break-down
- Lack of support in making informed decisions about risk or having access to supports to assist with fall risk activities.

No worker should fully lift a person, other than a small infant, unaided. (That is, without assistance from, for example, **mechanical aids, assistive devices or another worker/s**).

This is particularly important when a person has had a fall.

Lifting or moving a person after a fall, carries the risk of exacerbating any unseen or internal injuries to the person, as well as the risk of physical injuries to workers without the assistance of safe lifting equipment.

If a person is unable to return to a sitting or standing position themselves without very little assistance, workers must call 000.

Wheelchair assistance

High risk tasks include assisting people in wheelchairs and moving wheelchairs in and out of transport vehicles. These tasks involved pushing, pulling, bending and lifting, which can cause muscle injury. Specific sources of risk include:

- Wheelchairs that aren't maintained in safe working order
- Wheelchairs that aren't suitable for the client or the environment
- Pushing the combined weight of the wheelchair and the client
- Pushing/controlling wheelchairs over steep or uneven surfaces, on soft carpets, up and down ramps, and over long distances
- Lack of appropriate transport vehicles/equipment to lift the wheelchair in and out of vehicles
- Transferring people out of wheelchairs
- Inadequate space to move the wheelchair
- Electric batteries not charged
- Inadequate information about access in venues outside the home.

Transport vehicles, transporting clients

- Never lift electric wheelchairs manually. They should only be moved in a vehicle that is adapted for lifting/moving wheelchairs.

Surfaces and environment

- Floor surfaces must be assessed, e.g., can the wheelchair move across them easily? Where necessary, seek an alternative route
- Ensure there is adequate space to move; for example, make sure doorways are wide enough
- Avoid using indoor wheelchairs on sand, loose stone or dirt paths
- Assess the environment/venue for activities outside the home before the worker and client go there.

Definition

Terminology	Definition
Bullying	Bullying can be defined as “unreasonable and inappropriate workplace behaviour that may intimidate, offend, degrade, insult or humiliate an employee (or another person), in front of others and which can include physical or psychological behaviours”.
Clinical Risk Management	Clinical Risk Management is an approach to improving quality of care which places special emphasis on identifying circumstances which put participants at risk of harm, and then acting to prevent, control or accept those risks. The aim is to improve the quality of care for participants and to reduce the costs of risks for care providers.
Dangerous Goods	Those substances that give risk to an immediate physical effect, such as fire, explosion, vapour release and are defined as such under WHS Legislation.
Due Diligence	<p>Where a PCBU (person conducting a business or undertaking) has a health and safety duty, an officer of the PCBU is required to exercise ‘due diligence’ to ensure the PCBU meets that duty.</p> <p>Due diligence means taking reasonable steps:</p> <ul style="list-style-type: none"> ● To gain and update knowledge of WHS matters ● To understand the nature of the business, undertaking’s operations and the general hazards and risks involved ● To ensure the PCBU has appropriate resources for eliminating/minimising risks, and that these resources are used ● To ensure the PCBU has processes for receiving, reviewing and responding to information about incidents, hazards and risks; and ● To ensure the PCBU implements processes for complying with their duties, such as: <ul style="list-style-type: none"> ○ Consultation ○ Providing training and instruction; and ○ Reporting of notifiable incidents.
Environment	<p>Components of the earth, including:</p> <ul style="list-style-type: none"> ● Land, air and water ● Any layer of the atmosphere ● Any organic or inorganic matter and any living organism ● Human-made or modified structures and areas and includes interacting natural ecosystems <p>Facilitate co-operation between the PCBU and workers in instigating, developing and carrying out measures designed to ensure the workers’ health and safety at work; and are to be followed or complied</p>

	with at the workplace; and to assist in developing standards, rules and procedures relating to health and safety.
Hazard	Something with the potential to cause injury, illness or disease.
Hazardous Substances	Those substances which can cause detrimental health effects, such as damage to respiratory tract, skin, eyes, etc., including carcinogens and are defined as such under WHS Legislation.
Health & Safety Representative (HSR)	The person elected by members of a work group within the PCBU, or across several businesses (e.g., multiple workplaces) to represent that workgroup during consultation on work health and safety issues.
Health and Safety Committee (HSC)	<p>A PCBU must establish an HSC where requested to do so by the HSR, or a minimum of 5 or more workers at the workplace or at the PCBU's own initiative. The HSR can be a member of the HSC if they consent</p> <p>The key functions of the HSC are to:</p> <ul style="list-style-type: none"> ● Other functions under the regulation or agreed to between the PCBU and the HSC. ● Likelihood of the hazard or risk happening ● Consequences (or degree of harm) if it does occur ● What the person knows, or should know about the hazard/risk and ways of eliminating or minimising it ● Availability and suitability of ways to eliminate or minimise the risk.
Incident	Incidents can be either an event that has occurred, or a 'near miss', and include all complication of care, accidents and side effects, a common feature being that incidents are either potentially or harmful.
Notifiable Incident	<p>Notifiable incident means:</p> <ul style="list-style-type: none"> ● The death of a person ● A serious injury or illness of a person ● A dangerous incident ● Abuse or neglect of a person ● Unlawful sexual or physical contact or assault of a person ● Sexual misconduct committed against or in the presence of a person. ● The unauthorized use of a restrictive practice in relation to a person.

<p>Dangerous Incident</p>	<p><i>A dangerous incident</i> means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:</p> <ul style="list-style-type: none"> • An uncontrolled escape, spillage or leakage of a substance • An uncontrolled implosion, explosion or fire • An uncontrolled escape of gas or steam • An uncontrolled escape of a pressurised substance • Electric shock • The fall or release from a height of any plant, substance or thing • The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations • The collapse or partial collapse of a structure • The collapse or failure of an excavation or of any shoring supporting an excavation • The inrush of water, mud or gas in workings, in an underground excavation or tunnel • The interruption of the main system of ventilation in an underground excavation or tunnel • Any other event prescribed by the regulations but does not include an incident of a prescribed kind.
<p>Safety Data Sheet (SDS)</p>	<p>Information containing data regarding the properties and effects of a particular substance that must be provided by the manufacturer, supplier or importer of the hazardous substance/dangerous goods. SDS must be current – within 5 years of the issue date and meet specific legislated format requirements.</p>
<p>Officer of the PCBU</p>	<p>A person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business or undertaking.</p>
<p>Person conducting a business or undertaking (PCBU)</p>	<p>A person or entity that conducts the business or undertaking alone or with others whether the business or undertaking is conducted for profit or gain.</p>
<p>Personal Protective Equipment (PPE)</p>	<p>Personal Protective Equipment (PPE) is defined as safety clothing or equipment for specified circumstances or areas, where the nature of the work involved or the conditions under which people are working, requires it's wearing or use for their personal protection to minimise risk.</p>
<p>Provisional Improvement Notice (PIN)</p>	<p>A written notice from a Health and Safety Representative to a person or the PCBU, advising there either has been a breach of the Act that is likely to be repeated, or there is a current breach of the Act.</p>

<p>Reasonably Practicable</p>	<p>That which is, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters including:</p> <ul style="list-style-type: none"> (a) the likelihood of the hazard or the risk concerned occurring (b) the degree of harm that might result from the hazard or the risk (c) what the person concerned knows, or ought reasonably to know, about the hazard or risk, and ways of eliminating or minimising the risk (d) the availability and suitability of ways to eliminate or minimise the risk, and (e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.
<p>Risk</p>	<p>The chance of something happening that will have an impact upon the services Australian Quality Care provides. Measured in terms of likelihood and consequences.</p>
<p>Risk Analysis (Incident)</p>	<p>Seriousness of the event's consequences and its likelihood or frequency of occurring again. This provides a Category Code (CAT), generating a numerical rating which guides appropriate action.</p>
<p>Risk Identification</p>	<p>Data sources that assist identification of risk include Coroners reports, clinical indicators, variance analysis, incident reporting, complaints and other feedback.</p>
<p>Risk Register</p>	<p>All levels of Australian Quality Care are responsible for the continual monitoring of the strategic risk profile. A risk register identifies major risks for Australian Quality Care, including an indication if existing controls or management systems are in place to manage that risk.</p>
<p>Risk Treatment</p>	<p>Risk can be avoided, controlled, retained or eliminated. Two major approaches to control risk are reducing risk before it arises (in essence proactive system design such as WHS Risk Management Site for Safe Work Method Statement, equipment maintenance) or reducing the risk after the problem arises (counter measures or barriers such as increased training).</p>
<p>Serious injury or illness</p>	<p>Serious injury or illness of a person means an injury or illness requiring the person to have:</p> <ul style="list-style-type: none"> (a) immediate treatment as an in-patient in a hospital; or (b) immediate treatment for: <ul style="list-style-type: none"> (i) the amputation of any part of his or her body; or (ii) a serious head injury; or (iii) a serious eye injury; or (iv) a serious burn; or (v) the separation of his or her skin from an underlying tissue (such as degloving or scalping); or

	<p>(vi) a spinal injury; or</p> <p>(vii) the loss of a bodily function; or</p> <p>(viii) serious lacerations; or</p> <p>(c) medical treatment within 48 hours of exposure to a substance, and any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind</p>
Shift work	Shift work is defined as any system of working whereby out of hours work is required. This includes weekend, afternoon, night and rotating shifts, split or broken shifts, extended shifts, rostered overtime and (un-rostered) extended working hours.
Trained first aid personnel	Trained first aid personnel means either an ambulance officer or a medical practitioner.
Worker	Anyone carrying out work, in any capacity, for a PCBU including direct employees; contractors and subcontractors, and their employees; labour hire employees engaged to work in the business or undertaking; outworkers; apprentices, trainees and students on work experience; and volunteers
Workgroup	A work group is the group of people represented by the HSR. This could be a specific department, shift (e.g., day/night shift), location or type of worker. Work groups are determined by negotiation between the PCBU and workers (and their representative if required).
Work Health and Safety (WHS)	The main objective of the model Work Health and Safety Act is to: <i>'Provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces.'</i>
Workplace	A workplace is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work
Work Health and Safety Entry Permit Holder	A WHS entry permit holder is representative of a relevant union of the workers for the purpose of consultation on work health and safety matters with, and provides advice on those matters to, one or more relevant workers who wish to participate in the discussions

Related documents

- Complaints and Feedback Form
- Complaints Register
- Continuous Improvement Policy and Procedure
- Emergency Plan
- Hazard Report Form
- Incident Report Form
- Position descriptions
- Return to work program documents
- Risk Management Policy and Procedure

References

- [NDIS Practice Standards and Quality Indicators 2020 – Version 3](#)
- [Work Health and Safety Act 2011 \(Australia\)](#)
- <https://www.safeworkaustralia.gov.au/manual-handling>
- [Manual tasks involving the handling of people Code of Practice 2001 \(Qld\)](#)
- [Hazardous manual tasks Code of Practice 2021 \(Qld\)](#)