



to the **50th** edition of the
Work Health Safety News Bulletin



Pictured above: "Cool Dude" mannequin on display in the Munnew Day Centre – Staff Health & Wellbeing.

WHS CHAIRPERSON ELECTED



Krystle Cousens (pictured above) has been elected as the WHS Chairperson for the year - 2018.

PLEASE BE AWARE!

There have been a number of **staff related incidents** of late whereby **required fire exits** have been compromised.

The *General Fire Regulations 2010* state, the occupier of a "prescribed Building" must ensure that each of its required exits is kept clear at all times.

This carries a penalty/fine not exceeding **50 penalty points** and, in the case of a continuing offence, a further fine of not exceeding 1 penalty unit for each day during which the offence continues. (A penalty point is approximately **\$150**).

Meercroft Care Inc. is subject to random inspections by **Tasmania Fire Service** and **Work Safe Tasmania** respectively.

In addition, we are also required to comply with the **Accreditation Standards** – expected outcome: 4.6 as listed on page 2 of the WHS News Bulletin. Ongoing incidents / failure to meet this requirement may result in sanctions being imposed upon the facility.

As pictured below: a fire smoke door (automatic-closing device) prevented from closing.



Staff are therefore requested to be **proactive** in regards to this matter and not hesitate to remove any item i.e. chairs, trolleys etc. that obstruct / block an emergency exit.

Workplace Safety is EVERYONE'S RIGHT
IT IS ALSO EVERYONE'S RESPONSIBILITY

The *Aged Care Act 1997* requires approved providers of residential aged care homes to comply with the **Accreditation Standards**.

The Accreditation Standards are set out in the Quality of Care Principles 2014 and comprises **four Standards, four Principles** and **44 expected outcomes**.

The following information has been reproduced for staff interest.

Namely:

Standard One:

Management systems, staffing and organisational development

- Expected outcome 1.1 Continuous improvement
- Expected outcome 1.2 Regulatory compliance
- Expected outcome 1.3 Education and staff development
- Expected outcome 1.4 Comments and complaints
- Expected outcome 1.5 Planning and leadership
- Expected outcome 1.6 Human resource management
- Expected outcome 1.7 Inventory and equipment
- Expected outcome 1.8 External services

Standard Two:

Health and personal care

- Expected outcome 2.1 Continuous improvement
- Expected outcome 2.2 Regulatory compliance
- Expected outcome 2.3 Education and staff development
- Expected outcome 2.4 Clinical care
- Expected outcome 2.5 Specialised nursing care needs
- Expected outcome 2.6 Other health and related services
- Expected outcome 2.7 Medication management
- Expected outcome 2.8 Pain management
- Expected outcome 2.9 Palliative care
- Expected outcome 2.10 Nutrition and hydration
- Expected outcome 2.11 Skin care
- Expected outcome 2.12 Continence management
- Expected outcome 2.13 Behavioural management
- Expected outcome 2.14 Mobility, dexterity and rehabilitation
- Expected outcome 2.15 Oral and dental care
- Expected outcome 2.16 Sensory loss
- Expected outcome 2.17 Sleep

Standard Three:

Care recipient lifestyle

- Expected outcome 3.1 Continuous improvement
- Expected outcome 3.2 Regulatory compliance
- Expected outcome 3.3 Education and staff development
- Expected outcome 3.4 Emotional support
- Expected outcome 3.5 Independence
- Expected outcome 3.6 Privacy and dignity
- Expected outcome 3.7 Leisure interests and activities
- Expected outcome 3.8 Cultural and spiritual life
- Expected outcome 3.9 Choice and decision-making
- Expected outcome 3.10 Care recipient security of tenure and responsibilities

Standard Four:

Physical environment and safe systems

- Expected outcome 4.1 Continuous improvement
- Expected outcome 4.2 Regulatory compliance
- Expected outcome 4.3 Education and staff development
- Expected outcome 4.4 Living environment
- Expected outcome 4.5 Occupational health and safety
- Expected outcome 4.6 Fire, security and other emergencies
- Expected outcome 4.7 Infection control
- Expected outcome 4.8 Catering, cleaning and laundry Services

In order for the home to gain the maximum 3 year **Accreditation status** it must firstly meet all of the above **44 expected outcomes**.

In essence, the expected outcomes vary in their focus. Some are clearly related to results for care recipients; others are concerned with results that are less directly related to care recipients; whereas others focus primarily on the management systems and processes of the home.

Therefore **everyone** whether they are an officer or a worker, all have an important role to play in working together in order to achieve the best possible outcome for the very people we care for. Namely our residents.

Also we **must not** forget that **Accreditation**, together with all the mechanisms supporting same, play a pivotal role in ensuring the necessary funding is provided. Thereby promoting the home's good reputation within the community as an excellent care provider and an employer of choice.

Hence tangible information systems supported by **good documentation** is paramount, the latter being everyone's responsibility.

As previously mentioned it is also important to recognise there are **four Principles**. One for each **Standard**. Each expected outcome should be considered in the context of its **Principle**.

In the context of **Work Health Safety** '*Standard Four*' the focus of this expected outcome is '**results**'.

Essentially this means that: *Management can demonstrate that it is actively working to provide a safe working environment that meets regulatory requirements.*

For example: a system that is regularly monitored which in turn is supported by sufficient staff – **1.6 Human resource management**, together with the maintenance processes of the home as well as the supply of appropriate goods and equipment etc – **1.7 Inventory and equipment**.

For further information  **“Results and process guide – Australian Aged Care Quality Agency.”**

WORKING AT HEIGHTS RESCUE PLAN

Managing the risks of falls in the workplace when working at heights is paramount and requires a trained person being on the ground who is able to **perform a rescue**, during all hours of work if necessary.

WHS *Regulations* contain specific provision to need for emergency and rescue procedures for such situations as outlined in the *Code of Practice CP122*.



Pictured above from left: Meercroft maintenace personnel John Nichols and Rod Hales undergoing necessaey training under the supervision of KRS Safety Training Consultant, Daniel Beamish.

Pictured below: participants discussing the pros-and-cons re the selection and correct use of personal fall protection equipment prior to ascending onto the roof in order to hone in on their rescue skills.



Prior to working at height the workers involved must firstly complete a Job Safety Analysis (JSA), together with a Rescue Plan to determine if the rescue of a person after an arrest fall can be provided immediately, without the need to rely on emergency services?



Pictured above: Meercroft maintenace personnel in training mode

The provision of suitable rescue equipment also needs to be determined, for example, an emergency rapid response kit with man-made fibre rope, according to AS/NZS 4142.3 *Fibre ropes – Man-made fibre rope for static life rescue lines*.

Selected rescue equipment should be kept in close proximity to the work area so that it can be used immediately.

CHIEF WARDEN TRAINING

Site visit by Tasmania Fire Service on March 16th 2018 to meet with **new** Chief Wardens prior to updating the Home's '**Permit** to Silence an Occupant Warning System'.



Pictured from left: Joan Casey RN, Beco O'Mari (Student Nurse UTAS), Robbie Whiteway (Tasmania Fire Service), Amanda Rayner (Roster Clerk), Tanaha Smithers RN, Ayla Gray RN and Vicki Salter RN

INFECTION CONTROL



Reproduced: courtesy:
Education Institute Australia

How can we prevent infection control incidences in aged care?



Infection control in **Residential Aged Care** is a very serious issue. It is instrumental in the prevention of the spread of infectious diseases such as cold, flu and gastro. These may seem like minor annoyances but in **Aged Care**, they can be anywhere from inconvenient to downright deadly.

Everyone has a role in preventing and controlling healthcare-associated infections including health and personal care workers, residents and visitors, clients/residents.

Hand Hygiene

The most important thing you can do to prevent the spread of infection is to perform hand hygiene. Hand hygiene can be performed using soap and water or an alcohol-based hand rub. It is important that care workers and visitors perform **hand hygiene** at the right moments.

- ▶ Touching or eating food or putting anything in your mouth
- ▶ Touching your eyes
- ▶ Touching a dressing.

Also perform hand hygiene after:

- ▶ Going to the bathroom/toilet
- ▶ Sneezing, coughing or disposing of tissues
- ▶ Touching a dressing
- ▶ Handling pets/animals
- ▶ Handling dirty clothes or linen.

Other ways to prevent the spread of infection

Besides hand washing, other ways to prevent the spread of infections in **residential aged care homes** include:

Maintaining a clean environment

- ▶ Cover your mouth and nose with a tissue when you cough or sneeze, and then perform hand hygiene
- ▶ Wearing personal protective equipment such as gloves, gowns, masks and goggles (gastro outbreak)
- ▶ Putting people who have an infectious illness in a room on their own
- ▶ Correct handling of linen, food and waste
- ▶ Managing medical devices (IV lines, catheters) Properly

Why are older people at risk?

Older people are vulnerable because their immune systems may not be able to fight infection. They become more susceptible to infections due to several factors. The combination of existing medical conditions and the decrease in activity of the immune system can make people more prone to infections.

- ▶ The aging skin is thinner is the first line of defence against infection. Also, the elderly are usually less hydrated – especially their skin!
- ▶ Decreased ability to cough up secretions
- ▶ The uses of medications that can suppress the person's ability to fight infection
- ▶ People with chronic diseases may spend time in hospital where they are exposed to infectious agents
- ▶ Surgical wounds and invasive devices such as catheters also increase the risk of infection.

Remember, prevention is better than cure! We all have a part to play in maintaining infection control practices.

“FREE” FLU VACCINATIONS

Staff Flu Vaccinations will be administered by Terry White Pharmacy on **Thursday, April 5th 2018** in the Multi-Function Room from 2.00-4.00pm. Refer to notice board in the Main Staff Room re appointment schedule. The **total cost** of same will be subsidised by the Board.

Work Health Safety Committee 2018

