

Mountains Outreach Community Service Inc

Work Health Safety

POLICY

The Work Health Safety (WHS) of all persons employed, Committee members, students, volunteers, service users and visitors to the organisation are of the utmost importance to Mountains Outreach Community Service Inc. (MOCS). MOCS will make resources available to comply with the relevant Acts and Regulations associated with WHS and to ensure that this organisation is safe and without risk to health.

In order to ensure that MOCS' WHS Policy and Procedures are relevant to the organisation and embraced by all participants, MOCS is committed to ongoing regular consultation between employers and employees as an essential part of effectively managing health and safety at work.

Responsibilities

1. Management Committee

Promoting and maintaining occupational health and safety is primarily the responsibility of the Management Committee. The Management Committee will establish and implement systems that provide for the health and safety of all people in the organisation in accordance with the *Work Health Safety Act 2011*.

This includes:

- Ensuring that this WHS policy and all related safety procedures are effectively implemented by the organisation,
- Supporting the MOCS Manager in implementing safe work systems and procedures,
- Ensuring the provision and maintenance of equipment and systems of work that are safe and without risks to health,
- Ensuring the safe use, handling, storage and transport of equipment and substances,
- Providing the information, instruction, training and supervision necessary to ensure the health and safety at work, of workers, students and volunteers,
- Ensuring the health and safety of visitors to the workplace,
- Ensuring the provision of safe places of work, covering all MOCS venues, and including entrances and exits,
- Ensuring that workers are not discriminated against because of complaints made about a WHS matter.

2. MOCS Manager

The MOCS Manager will ensure that MOCS complies with the relevant Act and Regulations. This involves consultation with management and employees, ensuring adequate relevant training and supervision, overseeing implementation of all aspects of this policy, and developing specific WHS procedures.

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3. Project/Service Co-ordinators/Facilitators

The Coordinator of each project/service will implement the Management Committee's Policy and all relevant safety procedures and take all practical measures to ensure that:

- The project/service they are responsible for is safe and without risks to health,
- The behaviour of all persons in the project/service is safe and without risk to health.

Where necessary, Project/Service Co-ordinators will develop specific WHS Policies and Procedures relevant to their project in conjunction with the MOCS Manager and in consultation with staff within that project. These specific Policies and Procedures will need to be consistent with MOCS' WHS Policy and any relevant Acts and Regulations.

If they do not have the necessary authority to fix an WHS problem, they will report the matter promptly, with any recommendations for remedial action, to the Management Committee (via MOCS Manager) and, where necessary, to the owner of the premises.

4. Workers, students and volunteers

All workers and volunteers (including students on placement), are required, while at work, to adhere to MOCS WHS policies and procedures and take reasonable care to protect their own health and safety and the health and safety of any other person in the organisation who may be affected by the worker's acts or omissions. They will:

- Record observed safety hazards and any injuries/incidents and report these to the relevant Project Co-ordinator and/or MOCS Manager,
- Actively promote safe working practices in the organisation,
- Dress appropriately for their role so that they can perform their duties safely,
- Use equipment provided for health and safety purposes,
- Participate in consultation and training about WHS.

PROCEDURES

1. Overall WHS Strategy

MOCS will implement this policy by adopting a risk management system for WHS as follows:

- 1.1 Provide for the ongoing development, implementation and review of this WHS policy and procedures.
- 1.2 Establish a consultative process that enables employees to contribute to the making of decisions affecting their health, safety and welfare at work (see Clause 2).
- 1.3 Develop and implement a WHS training strategy. (Also refer to Orientation of New Workers and Staff Training and Development Policies*).
- 1.4 Promote, maintain and improve safety procedures.

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- 1.5 Follow the 4 step risk management approach to hazards in the workplace. (See Clauses 3 and 5)
 - Step 1: Description of issue/risk/hazard/near miss,
 - Step 2: Identify level of risk using Level of Risk Rating Table to determine if low/medium/high
 - Step 3: Identify action needed including time frame and who is responsible
 - Step 4: Review
- 1.6 Ensure that all WHS procedures (see Clause 6) are incorporated into the organisation's general operating practices and service delivery.
- 1.7 Establish and maintain documentation on hazards and incidents/accidents and ensure appropriate action is taken on these issues. This includes:
 - The Incident/Accident Report Form (Attachment 1) and Service Users Injury Report Form (Attachment 2). The appropriate form is to be completed by staff, volunteers and students when any incident or accident occurs in the workplace that affects them. Incidents/accidents include dealing with difficult situations with service users or visitors, stress related issues, illnesses acquired through work, as well as minor and major injuries. (Refer Clause 6). The completed form is to be given to the MOCS or Project Co-ordinator and then entered in the WHS Register and log book stored in the central office area. This register is tabled at the next MOCS team meeting and Management Committee meeting so that any action can be followed through and reviewed.
 - The Hazards Report Form (Attachment 3). This is to be used by staff to record any observed hazards or potential hazards. Where possible, the hazard should be removed immediately. The completed form is to be given to the MOCS Manager or Project Co-ordinator and stored in the WHS Register and log book as per above.
- 1.8 Ensure that all urgent WHS matters are dealt with immediately.
- 1.9 Implement a Return to Work Program for injured workers to enable them to return to work safely and as soon as possible. Appropriate authorities will be consulted to establish and implement relevant rehabilitation programs. (See Clause 7).
- 1.10 A WHS audit is conducted every 6 months of the MOCS offices and shared areas in the Bungarrabee premises by the WHS Committee – see attachment 9 WHS audit checklist. The findings are tabled at MOCS team meeting and MC.

Refer also to BMOCCS and MMM specific procedures and work practices regarding WHS issues.

2. Consultation

MOCS Management Committee and staff have agreed on a consultation arrangement which is classified as "Other Arrangements agreed by the employer and employees (ACT: 16)" given the size and nature of the organisation. Under this arrangement the employer and employees have a shared responsibility to fulfil OH&S obligations. To facilitate this consultation arrangement, the following has been implemented:-

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- 2.1 WHS is a permanent agenda item on every Management Committee meeting, MOCS Team meeting, and individual Project Team meetings. Any entries in the WHS Register and Log book should be tabled at these meetings. All recently completed or updated Risk Management Plans and Venue Management Plans are also to be tabled at relevant meetings.
- 2.2 For each WHS issue raised at any of these meetings an action plan (outlining action to be taken and time frames) is developed and monitored at subsequent meetings,
- 2.3 All Children's Services Workers Reports, Project and MOCS Manager Reports are to include WHS issues,
- 2.4 The development of all Risk Management Plans and Venue Management Plans (see Clauses 3 & 5 below) are to, as far as possible, include participation of all workers specifically working in the relevant project/service being assessed.

3. Risk Management Plans

MOCS, in consultation with workers, will identify all potential hazardous situations that could result in any person in the workplace being harmed. The intention is that hazards are found and something is done about them before they actually cause any harm. Risk Management Plans will be undertaken, or updated, in the following circumstances:

- Before setting up and using a workplace,
- When planning work processes,
- Before installing, commissioning or erecting plant or equipment,
- Whenever changes are made to the workplace, the system or method of work, the plant or equipment used, and the chemicals used,
- Whenever new information regarding work processes becomes available.

The following steps will be adhered to when undertaking a Risk Management Plan by the MOCS Manager and/or Project Co-ordinator in consultation with workers directly involved in the project. The attached Risk Assessment Matrix (see WHS Register) and Risk Register (Attachment 6) and should be used for this purpose.

Step 1 Hazard Identification

This involves identifying what could go wrong while each task undertaken by the organisation is being performed. The hazard identification process must look at the whole system of work and requires the organisation to:

- Take a look back in to the past at what accidents have already happened (review Incident/Accident Report forms and Hazard Report forms),
- Talk to the workers doing the jobs to find out what they consider safety issues,
- Take a walk around the work area to see and hear what is happening now (observe how people actually work and how plant and equipment is used),

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- Review any information available on a particular piece of equipment (manufacturers manual) or chemical Material Safety Data Sheets (MSDS) to see what it says about safety precautions.
- Think creatively into the future about what could happen if something went wrong.

Step 2 Risk Assessment

Once a hazard has been identified, an employer is required, in consultation with his or her employees, to determine how likely it is that someone could be harmed by the hazard and how serious the injury or illness could be. This is done by reviewing any available information about the hazard. This may include:

- Hazard information provided with the product or equipment,
- Experience from the workplace as well as incident/accident data,
- Control measures prescribed in WHS regulations, which identify the risk for particular hazards and minimum control measures for certain known hazards,
- Workcover guidance material
- Industry Codes of Practice
- Australian Standards which set out specifications for a range of equipment, products and materials to ensure that they are safe and of good quality.

If the hazard is obvious and the risk of injury is high, MOCS must act to control the risk immediately in some way, as an interim measure. Research can be done later to decide on permanent control options.

Step 3 Risk Elimination or Control

There is a legal compulsion on employers to act on existing hazards. Employers are required to remove or fix any hazards or, if this is not “reasonably practicable”, they must lessen the risk of harm to the lowest possible level. The WHS Regulation specifically states that risk must be identified and eliminated and if not reasonably practicable, controlled and minimised wherever possible. Personal Protective Equipment should only be relied on when there is no other solution and in most instances should be used as a supplement to other control measures.

Step 4 Review

All elimination and control measures will need to be reviewed to ensure their effectiveness. A review date will be established and noted on the Risk Management Plan Form. The MOCS Management Committee and MOCS Manager is responsible for ensuring the review takes place and any follow up action is undertaken.

4. Strategy for Home Visits by MOCS Parenting Young facilitator and Brighter Futures Family Worker – Attachment 5

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5. Venue Management Plans

As MOCS accesses a range of different venues to provide its services such as BMOCS and MMM, it is essential that each venue used is assessed for WHS reasons. Prior to using a new venue, or if the venue has been modified or changed in any way which impacts on work practices, a Venue Management Plan must be undertaken. The MOCS Manager and/or Project Co-ordinator is responsible, in consultation with relevant workers, for this Venue Management Plan.

The Venue Management Plan can be undertaken in conjunction with the above Risk Management Plan using the same format etc to prevent duplication, and must cover the following issues:

- Suitability of available working space,
- Location,
- Entrances and exits, fencing etc,
- Electricity, gas and other utilities,
- Temperatures within the building,
- Children's safety while using the venue,
- Lighting,
- Noise,
- Fire escapes and fire equipment,
- Equipment on the premises,
- Other health and safety issues relevant to that particular venue.

If the venue is deemed to be unsafe and if recommended changes can not be negotiated with the owner of the venue, MOCS will need to consider alternative venues which do not place workers, services or other visitors at risk.

6. Specific Strategies

Outlined below are some key areas where specific strategies are to be put in place to ensure the health and safety of workers, service users, visitors, volunteers and students. Please note that specific procedures are required to be developed in each of these key areas for each service and should be easily accessible to all workers, (handouts, posters, folders located in MOCS vans etc).

6.1 First Aid

Each project and activity is to appoint a designated First Aider whose First Aid training is up to date and relevant to the project. All workers and volunteers are to be informed whom the designated First Aider is and a notice shall be posted in the office identifying the designated First Aider.

A First Aid Kit must be provided for each project/activity, as needed. A designated person will be responsible for maintaining all MOCS kits in compliance with the standards. This person is not required to have a First Aid Certificate.

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MOCS, in complying with First Aid requirements will maintain a First Aid kit (type B as per WorkCover standards, for organisations with 11-24 employees) to be permanently located at the office premises. MMM and community development workers will carry a type C kit to outreach venues. BMOCCS will carry a type B kit to venues.

6.2 Infection Control

The establishment, implementation and monitoring of safe practices in relation to infection control will minimise the risk of transmission of infectious diseases. While safe practices in relation to Infection Control are applicable to all MOCS services/projects, they are critical in childcare settings.

Infection Control procedures are to be developed for each project/service and must include “universal precautions” information, including instructions for attending to injuries and illnesses, hand washing, use of gloves, serving food and drinks, and attending to personal hygiene of children (eg. wiping noses, changing nappies), where applicable.

6.3 HIV/AIDS and Communicable Diseases

Please refer to “universal precautions” procedure regarding work practices that will be located in procedures manuals for each MOCS service.

When a communicable disease is involved or thought to be involved, the principles and practices of confidentiality must be upheld. Information should only be disclosed with the informed consent of the service user on a “need to know” basis. “Need to know” will be based on the optimal care of the service user, employee or volunteer. The relevant Coordinator should be informed of all instances of infectious conditions of a potentially serious nature, including HIV/AIDS, however, it is not necessary for the name of the person to be divulged.

The *NSW Anti-Discrimination Act Of 1977* and *1994 Disability Discrimination (Commonwealth) Act* prohibit discrimination against a person on the basis of physical impairment, which includes impairment arising from an illness (Refer Equal Employment Opportunity Policy*).

People with HIV or suspected HIV will not be excluded from participation in any service or activity. Employees/prospective employees shall not be discriminated against on the grounds of having or being assumed to be HIV positive or have the AIDS virus infection.

6.4 Fire and Emergency Evacuation Procedures

Every venue where MOCS provides a service must have a Fire and Emergency Evacuation Procedure. (See Attachment 7 for Bungarrabee Centre’s Evacuation Procedure). At all venues MOCS will ensure the following:

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- The Project Co-ordinator or a staff member is appointed to the position of Emergency Co-ordinator. This person is responsible for taking control in an emergency situation and ensuring procedures are followed,
- Smoke alarms are installed where required and tested at least every six months,
- Contacts for fire and emergency services are prominently displayed,
- The Fire and Emergency Evacuation Procedures and exit signs for the building are prominently displayed,
- Fire and emergency evacuation drills are conducted regularly (every four months or so),
- Emergency equipment (eg. fire extinguishers & fire blankets) are prominently placed, kept in a proper working condition and are tested at least once a year,
- Staff are trained in the use of emergency equipment,
- At least one staff member of each project/activity should have current First Aid training,
- As part of the Risk Management Plan, a risk assessment of likely emergency situations is to be undertaken by staff, so that these procedures can be reviewed and updated, as required.

6.5 Critical Incidents

A critical incident is any situation faced by staff or service users which causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function.

Examples of critical incidents include:

- Death of service user or staff member,
- Vehicle accident,
- Physical assault,
- Threat to the life or safety of a staff member or someone associated with MOCS,
- The destruction or serious damage of the premises,
- A natural or other major disaster in the community,
- Any incident involving unusual or unfavourable media attention,
- Robbery of a staff member by someone associated with MOCS or a stranger,
- Any other serious incident or accident.

Specific procedures have been developed in order to ensure appropriate responses to minimise the ill effects that may follow a critical incident. These procedures are contained within the Staff Supervision Policy*.

6.6 Stress

Stress is a common factor that directly affects health and safety in the workplace. Factors which cause or contribute to stress are varied but in child care settings can often relate to intensive interaction between staff and

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children, low ratio of adults to children, communication with parents, interrupted breaks away from children, inappropriate equipment, time limitations, relationships between staff etc.

In order to limit stressful situations in the workplace, stress should be considered as a hazard when Risk Management Plans are developed in each project/activity. In addition, stressful situations must be noted as Incidents and recorded on Incident/Accident Report Form.

6.7 Electrical Hazards

To ensure electrical equipment is kept in good condition, all electrical equipment should be assessed when a Risk or Venue Management Plan is undertaken. It is a requirement that all electrical equipment should also be checked and tested by a licensed electrician at least once a year. Some strategies to ensure safety include:

- Power point protectors and safety switches should always be used,
- All equipment should be checked for damage including to accessories, power and extension cords, connectors, plugs or outlet sockets,
- The inner cores of flexible supply cords are not exposed and any protective sheath is not damaged to the extent of exposing the insulation of the inner cores. Watch out for unprotected conductors or insulation tape.
- The warning on portable power points indicating the maximum load is intact and legible,
- Power cords are effectively anchored,
- Extra care must be taken when using electrical appliances near water.

6.8 Handling and Safe Use of Chemicals

No hazardous chemicals are used at MOCS. Only cleaning products with natural ingredients are used and the Material Safety Data Sheets (MSDS) information on these are kept with the First Aid Kit in MOCS store room.

6.9 Manual Handling

Manual handling means any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.

The Manual Handling Regulation 1991 requires employers to put every effort into preventing manual handling injuries. It requires employers, in consultation with employees, to:

- Make sure that plant, equipment and containers are designed, constructed and maintained to be, as far as workable, safe and without risk to health and safety when manually handled.
- Make sure that the work practices involving manual handling and the working environment are designed to be, as far as workable, consistent with safe manual handling activities,

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- Identify, assess and control all risk associated with manual handling activities in the workplace.

All Risk Management Plans in each project/activity, therefore, must examine work practices that involve any form of manual handling and specific procedures put into place for each service around correct handling techniques. All staff will be given training relating specifically to the project they are involved with, and in particular, equipment they will be using.

Given the mobile nature of several MOCS services, in particular, equipment will be duplicated as far as possible and practicable for storage at regular venues throughout the Mountains, in order to reduce the need to carry equipment around. The identification and use of storage facilities at various venues will also be given priority by MOCS.

6.10 Safe Use of MOCS Van

Specific procedures have been developed to ensure staff enter and exit the MOCS van safely and store and remove trolley safely. These procedures are attached (see Attachment 8) and copies will also be held in the van. All staff using the van will be given training on these procedures.

7. Injuries In the Workplace

7.1 Workers Compensation

MOCS will maintain an appropriate Workers Compensation Insurance Policy covering all workers. Claims for workers compensation must be supported by a medical certificate. MOCS shall forward Worker's Compensation claim forms and documents to the insurance company in accordance with Workers Compensation legislation (refer Clause 7.2.5).

7.2 Procedures for action when injury occurs

7.2.1 Where an injury has occurred, first aid must be applied immediately.

7.2.2 It is the worker's responsibility to notify the relevant Co-ordinator of an injury. If the worker is unable to notify the Co-ordinator due to the serious nature of the injury, other staff members present should ensure the Co-ordinator has been notified.

7.2.3 Any incidents of injuries and treatment must be recorded on an Incident/Accident Report Form (see Attachment 1). Generally, the injured worker is responsible for recording this information, but if they are unable to do so, the relevant Project Co-ordinator or MOCS Manager should complete the Form. Information required includes:

- Date, name of worker, type of injury and how it happened,
- Treatments given,
- The injured worker's signature.
- Workcover Medical certificate from treating doctor

7.2.4 Once an injury is notified, the MOCS Manager or Project Co-ordinator will ensure that the injured person has received appropriate first aid

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and/or medical treatment as soon as possible and will conduct an investigation of the accident in order to prevent recurrence.

7.2.5 The MOCS Manager will also notify the workers compensation insurance company immediately and complete appropriate paperwork. .

7.3 Follow-up after injury

The management and the injured worker will cooperate with the workers compensation insurance company in developing and complying with an Injury Management Plan (IMP) for that injured worker.

7.4 Return to Work Program

When the injured worker is, according to medical judgment, capable of returning to work, MOCS will assist in the process of enabling the worker to return to work as soon as is safely possible and an individual Return to Work Plan will be developed offering suitable duties. Management will consult with the injured worker, the workers compensation insurance company and the treating doctor to develop this Return to Work Plan. In undertaking this, MOCS will:

- Work towards preventing injury and illness by providing a safe and healthy working environment,
- Ensure that injury management activities commence as soon as practicable after a worker is injured and that efforts are made to provide suitable and meaningful duties consistent with the nature of the injury/illness, and after seeking appropriate medical judgement,
- Provide the injured worker with support to minimise the effects of the injury and to ensure that an early return to work is a normal practice and expectation (as funds permit),
- Provide suitable duties/employment for an injured worker as soon as is safely and practically possible, as an integral part of injury management,
- Consult with relevant MOCS workers and any union representing them to ensure that the Return To Work Program operates effectively,
- Ensure that participation in a Return To Work Program will not, of itself, prejudice an injured worker,
- Ensure that appropriate assistance is given to workers from a non-English speaking background and to those permanently unable to return to pre-injury duties.

7.5 Involving a rehabilitation provider

MOCS involves an accredited rehabilitation provider when required in the injury management of those workers who suffer a work-related injury or illness.

Injured workers have the right to nominate an accredited rehabilitation provider of their own choice.

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7.6 Consultation

Consultation about the organisation's Return to Work Program will take place in staff meetings and through relevant unions. All workers will be informed of their rights and responsibilities at this time and again following an injury.

7.7 Disputes

If there are disputes about suitable duties or the return to work process, management will work with the injured workers and any union representing them to try to resolve the disputes. Assistance may be sought from the workers compensation insurance company, WorkCover, or an Injury Management Consultant.

Attachment 1:	Incident/Accident Report Form
Attachment 2:	Service Users Injury Report form
Attachment 3:	Procedure for MMM staff
Attachment 4:	Hazards Report Form
Attachment 5:	Strategy for Home Visits by MOCS Parenting Young facilitator and Brighter Futures Family Worker
Attachment 6:	Risk Register
Attachment 7:	Bungarrabee Centre's Evacuation Procedure
Attachment 8:	Van WHS Procedures
Attachment 9:	WHS Workplace Inspection of Bungarrabee Environment

*Other relevant policies & documents

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|----------------------------------|--------------------------|
| • Equal Employment Opportunity | Employment Policy No. 1 |
| • Orientation of New Workers | Employment Policy No. 7 |
| • Staff Supervision and Support | Employment Policy No. 9 |
| • Staff Training and Development | Employment Policy No. 10 |

Adopted by Committee of Management on:-____ 30th August 2011_____

Review Date:-__ 13 May 2015_____

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Attachment 1

Incident / Accident Report Form

Use this form to record incidents, and forward to MOCS Manager within 24 hours

Description of the incident Time/Date: _____ Where: _____ Names of people involved (staff; clients; children) What Happened? How was it caused?
Nature of injury/trauma: Details
Medical attention/emergency services: Details
Did death, or injury likely to result in (at least) 7 days off work occur? (If yes, please also complete Workcover Accident Report)
Has the Critical Incident Debriefing process been enacted? Details
What were raised as factors in the incident? (eg client service, client behaviour, security system; premises design, communication, procedures, discrimination; other)
What has been done or could be done to prevent the incident from happening again?

Name:

Signature:

Date:

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Attachment 2

Service Users Injury Report Form

Please report all incidents to the MOCS Manager

DETAILS OF INJURED PERSON:	
Surname:	Given name:
Date of birth:	Gender:
DETAILS OF ACCIDENT/INCIDENT:	
Time:	Date:
Address where incident occurred:	
Description of accident/incident:	
PART OF THE BODY INJURED:	
TYPE OF INJURY: (eg bite, burn, bruise etc)	
TYPE OF TREATMENT/emergency services:	
STATEMENT OF ANY WITNESSES:	
Name:	Signed:
Date:	
MOCS STAFF MEMBER AND PARENT TO SIGN:	
Name:	Name:
Signed:	Signed:
Date:	Date:

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Attachment 3

Procedure for Mountains Mobile Minders staff in the event of child illness or accident

Care of Children requirement policy statement:

As MMM is an unlicensed service, parents must remain “in the vicinity”^{*} during MMM sessions. Parents at all times retain ultimate responsibility for the care of their children, while MMM workers provide supervision of the children. In line with this, MMM workers should not engage in activities such as feeding, administering medication or toileting children.

The above requirement and distinction should be made clear to the parents and client groups.

**The meaning of “in the immediate vicinity” as used in Part 1, Clause (2) (c) of the Centre Based and Mobile Child Care Services Regulation (No. 2) 1996 has been outlined by the Department of Community Services: “There can be no strict definition of the term “immediate vicinity” as there is a need to evaluate each child care situation on its own merit. However, the term is used as a safeguard for the health and safety of the child and is intended to convey the ease and timeliness by which the parent could return to the child, if needed. Therefore, any environment which is likely to prevent the parent from returning to their child within a couple of minutes is unlikely to be identified as in the “immediate vicinity”.*

MMM acts in accordance with this definition.

Procedure:

1. Assess the situation as quickly as possible
2. Calm the child. Remove any danger from the immediate area, whilst being aware of the other children under supervision.
3. Check child for obvious injuries. If appropriate apply first aid from kit provided.
4. Make contact with parent/carer immediately if injury or illness requires further intervention.
5. If parent/carer is not required MMM worker will observe the child for the rest of the session.
6. Always complete a Service Users Injury Report form (attachment 2)
7. At the end of the session, inform parent/carer of incident and ask them to sign the Service Users Injury Report form. Give the parent/carer a copy of the form if required.
8. Completed form with parent/carer signature on it is to be given to MMM facilitator or MOCS manager to be kept on file.

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Attachment 4

Hazards Report Form

Name of Project:.....

Date Hazard Observed:.....By Whom:.....

Nature of Hazard:

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Any immediate action taken:

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Proposed further action:

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Approved action to be taken and time frames:

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Review date and outcomes:

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Signature:..... Date:.....

To be reported to the MOCS Manager and placed in WHS Register

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Attachment 5

Strategy for Home Visits by MOCS Parenting Young facilitator and/or Brighter Futures Family Worker:

Initial home visits are to be conducted with two workers. Before your first visit, make a thorough risk assessment which may include the following:

- Request a 16A from the Police or relevant services
- Review the referral information and consult the referring agency about any relevant safety information.

Prior to the home visit, workers must attempt to make telephone contact with the client and review the safety information in the referral and discuss terms and format of the visit to ensure all parties know what to expect. In Brighter Futures there are occasions when this is not achieved and a cold call is required.

If the worker feels that there are safety concerns they must discuss with MOCS Manager or Children's Community Development worker prior to scheduling a home visit. It may be necessary to arrange to meet in a safer place or to postpone the home visit.

Take identification with you which specifies the program and the organisation you work for. Home visit appointments should be scheduled as far as possible within usual working hours. Appointments outside these hours must be notified to Manager so that appropriate measures are put in place confirming when the worker has left the visit and returned to worker's car.

Notify a MOCS staff member, preferably the Manager, of the make, model and registration number of your vehicle, where you are going and your estimated time of return. Record these details in the Home Visiting Book kept in the central MOCS office area. If not returning directly to MOCS office, call or text to advise when the appointment is finished.

The informed staff member should contact the worker on the home visit if the worker is not back in the office or has not made contact at the pre-arranged time. If contact cannot be made the staff member is to inform the MOCS Manager. The Manager should try phoning the worker and if this does not work then call the Police.

Safety Precautions:

Plan your travel route to and from the home visit and make sure you have enough petrol.

Survey the premises for exits and ways out in an emergency and be wary of any external hazards such as pets, fences, obstructions.

Keep your car keys and mobile phone on person and make sure your mobile is charged and has coverage.

Pre program your phone with the office, contact person and emergency contact numbers.

Do not park in a drive way as you can be parked in and always park in the direction in which you will exit.

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Insist that deadlocks on the door are unlocked for the duration of your visit.

Never enter a house if there is yelling or screaming, breaking glass etc coming from within – call the Police.

What to do if a threatening situation occurs:

Safety phrase: “Can you cancel my doctor’s appointment” indicates the worker is in an unsafe situation and the Police should be called

Remain calm

The staff member should try and adopt a calm manner to try not to escalate the situation and employ your communication skills to diffuse the person’s anger – speak slowly and calmly, take deep breaths, try not to say anything that could inflame the situation

- Don’t contradict
- Be assertive
- Avoid getting physically stuck between people
- Do not act like an authority
- Be aware of indicators of violence, eg rapid breathing, verbal threats etc

Remove yourself from the situation

The staff member should remove themselves from the situation immediately to ensure that they are not putting themselves at risk. Slowly try to move toward an exit, try not to walk backwards as you risk tripping over or consider a room you can barricade yourself in (most toilets have internal locks) and use your phone to call the Police. Call the Police at the earliest opportunity, even if it is only the threat of assault.

Reporting incident to MOCS manager

The staff member is to ensure they contact the Manager immediately once they have removed themselves and await instruction for further support.

After any incident ensure that debriefing occurs as soon as possible to discuss issues with the Manager and other colleagues.

The Manager is to ensure that a Critical Incident Plan (see Staff Supervision and Support Policy*) is put into action and a strategy is developed, based on the information gathered, to try and eliminate the risk of violence repeating.

The Manager is responsible to inform all staff supporting the client of the incident.

Incident report writing

Staff are required to fill out an Incident/Accident Report Form (Attachment 1 WHS policy*) for any situation where violence or potential violence occurs. Completed forms are to be handed to the Manager for follow-up. Update the client’s risk assessment details.

***Other relevant policies and documents:**

- Staff Supervision
 - Work Health and Safety
- Employment Policy No. 9
Operations Policy No. 6

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Operations Policy No. 6

Work Health Safety

Attachment 6

Risk Register

Step 1 Hazard Identification	Step 2 What harm could the hazard cause	Step 3 What is the level of risk	Step 4 How effective are the current controls	Step 5 What further controls are required	Step 6 How will the controls be implemented

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Attachment 7

Bungarrabee Centre

MOCS Office Area

FIRE & EMERGENCY EVACUATION PROCEDURE

1. **Rescue** any persons in immediate danger (Only if safe to do so)

2. **Alarm: Yell fire!** *Agree who is delegated to:*
 - Direct everyone to leave via safest exit.
 - Ensure that everyone leaves the area; check MOCS Office “staff in/out whiteboard”.
 - Ring 000 & KU & Possum (speed dial: cordless phones)
 - Meet in Emergency Assembly Area

3. **Contain the fire:**
Close the doors.

4. **Extinguish:**
Only if you are trained, and it is safe to do so
Use fire blanket or fire extinguisher (for flammable liquid fires or electrical equipment).

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Operations Policy No. 6

Work Health Safety

Attachment 8

Van WHS Procedures

Entering & Exiting front seat of van

Objectives: Staff members to enter & exit front seat of van without over reaching, twisting or using any awkward movement which may cause injury.

Entering Van:

1. Open van door
2. Firmly hold hand grip insert in the door with left hand depending on height of staff member it may be necessary to place left hand on the dash and right hand on the seat. (if entering from drivers side use opposite hand and support yourself with the steering wheel instead of dash if necessary)
3. Place right foot onto van floor
4. Gently pull yourself up and pivot on right foot until body is square with the seat
5. Release grip door
6. Lower yourself into the seat
7. Secure safety belt.

Exiting Van:

1. Open the van door
2. Place one hand on the seat beside yourself, the other on the dash/steering wheel
3. Gently raise your body & turn until feet are facing the door
4. Place the other on the hand grip insert in the door
5. Gently raise yourself to an upright position on the door step
6. Step down out of the van letting go of the seat as you go & maintaining grip on the door
7. Once out of the van let go of the door
8. Close door securely behind you.

Entering & Exiting the side door and back doors of the Van.

Objectives: To be able to enter storage area of the van without overreaching, twisting, pulling or any other awkward movement which may cause injury.

Entering side door of the van:

1. Open side door of the van.
2. If ground is even, place wooden foot stool on the ground beside van step. Facing the van square on stand on the foot stool and use the hand grip on the left or the solid cage on the right to steady yourself as you step into the van.
3. When stepping down from the van, make sure you are holding on as per above and step onto the wooden foot stool.

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4. If the ground is uneven, the foot stool may not be appropriate so ensure that you have a firm grip as the step needed will be larger.
5. Close the van door securely

Entering van from the rear:

1. Make sure both doors are locked open to ensure they do not blow closed on you.
2. If ground is even, place wooden foot stool on the ground behind the van step. Facing the van square on stand on the foot stool and use the solid cage on the left or the solid shelves on the right to steady yourself as you step into the van.
3. When stepping down from the van, make sure you are holding on as per above and step onto the wooden foot stool.
4. If the ground is uneven, the foot stool may not be appropriate so ensure that you have a firm grip as the step needed will be larger.
5. Close the van door securely

Loading equipment into the van:

1. When two staff are available one is to get into van as per the above procedure. The other is the stand next to the van.
2. Pass equipment using correct manual handling procedure to the person inside the van.
3. Staff member inside the van is to use the correct manual handling procedure to stack the equipment storage shelves and cage securely.
4. If only one staff member is available then the equipment is to be lifted using correct manual handling procedure and standing squarely onto van floor allowing space for worker to then get inside van using procedure as per above.
5. Worker is to use the correct manual handling procedure to stack the equipment storage shelves and cage securely.
6. Exit the van as per procedure above.
7. Close the van door securely

Vehicle safety check:

1. Check there is sufficient fuel for your journey.
2. When fuel level reaches one quarter full, fill the tank at designated service station using fuel card in glove box.
3. Before driving check blinkers, all lights, tyres and wipers. The NRMA membership card is in the glove box.
4. If necessary use windscreen scraper in glove box to clear ice from windscreen before driving using wooden footstool to stand on.