
Occupational Health & Safety Manual

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1.0 PURPOSE

The Royal Children's Hospital (RCH) is committed to the provision of a safe and healthy work environment for all staff, patient and their families, visitors and contractors in so far as is reasonably practicable. In order to achieve this, a variety of documents have been created at both an institutional and local level. All staff should be referring to these documents to inform safe practice. While individual documents are available, there is not currently an institutional Safety Manual document.

The aim of this document is provide a gateway to documents describing the required practices that will minimise or eliminate risk to all staff, patients and their families, visitors and contractors while in the care of the Haemopoietic Stem Cell Transplant (HSCT) Programme, in the Children's Cancer Centre (CCC) at The RCH.

2.0 SCOPE

This procedure applies to all trained staff involved with the care and treatment of patients and their families within the CCC, and the HSCT Programme. The Cell Therapy Flow Cytometry Laboratory personnel refer to the RCH Laboratory Services Safety Manual- Laboratory Health and Safety Manual, HS-O-001.

Specific safety management is detailed in hospital policy, procedure and guidelines. These are stored as an electronic record that can be located via the intranet. Staff should refer to these documents where appropriate, as they are the most current versions available. While an electronic copy of these documents should be available to all times, in the event of a power failure or disruption to this system, a hard copy of all intranet documents is located in the CCC ward and is available to staff.

3.0 RESPONSIBILITIES

3.1 All RCH staff are responsible for maintaining a safe working environment by eliminating or minimising risk, as far as is reasonable practicable.

Duties of Employer to Employees (Section 21 OH&S Act 2004)

An employer must, so far as is reasonably practical, provide and maintain for employees of the employer a working environment that is safe and without risk to health.

This includes:

- a) Provide or maintain plant or systems of work that are, so far as is reasonably practical, safe and without risk to health.
- b) Make arrangements for ensuring, so far as is reasonably practical, safety and the absence of risk to health in connection with the use, storage or transport of plant or substance.
- c) Maintain, so far as is reasonably practical, each workplace under the employer's management and control in a condition that is safe and without risk to health.
- d) Provide, so far as is reasonably practical, adequate facilities for the welfare of employees at a workplace under the management and control of the employer.
- e) Provide information, instruction, training or supervision to employees of the employer as is necessary to enable those persons to perform their work in a way that is safe and without risk to health.
- f) Monitor the health of employees of the employer monitor conditions at any workplace under the employer's management and control.
- g) Provide information to employees of the employer (in such other language as appropriate) concerning health and safety at the workplace, including the names of persons to whom an employee may make an enquiry or complaint about health and safety.
- h) Keep information and records relating to the health and safety of employees of the employer.
- i) Employ or engage persons who are suitably qualified in relation to occupational health and safety to provide advice to the employer concerning the health and safety of employees of the employer.

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Additionally, under section 23 of the OH&S Act 2004, employers must ensure, so far as is reasonably practical, that persons other than employees of the employer are not exposed to risks to their health or safety arising from the conduct of the undertaking of the employer.

Duties of Employees to Employers (Section 25 of the OH&S Act 2004)

While at work, an employee must:-

- a) Take reasonable care for his or her own health and safety; and
- b) Take reasonable care for the health and safety of persons who may be affected by the employee's acts or omissions at a workplace and
- c) Co-operate with his or her employer with respect to any action taken by the employer to comply with the requirements imposed by or under the OH&S Act 2004.
- d) Not intentionally or recklessly interfere with or misuse anything provided at the workplace in the interest of health and safety.

Duties of Person who Manage or Control Workplaces (Section 26 of the OH&S Act 2004)

- a) A person who (whether as an owner or otherwise) has, to any extent, the management or control of a workplace must ensure so far as is reasonable practical that the workplace and the means of entering and leaving it are safe and without risk to health.
- b) The duties of a person under sub-section (1) apply only in relation to matters over which the person has management or control.

3.2 All trained staff involved with the care and treatment of patients and their families within the CCC are required to be aware of both the location of and process for accessing relevant safety manual documents.

3.3 It is the responsibility of the OH&S representative in consultation with the Quality Manager (QM) or equivalent to ensure compliance with this procedure. It is also the responsibility of the QM or equivalent to annually assess the content of the Safety Manual and update the document as appropriate from relevant hospital policies and procedures.

3.4 The RCH has a variety of committees that inform safe practice within the hospital. Please refer to individual terms of reference for further information -

- Infection Control Committee – Policy Number RCH0147
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6324
- OHS Sub-Committees – Policy Number RCH0140
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6307
- Patient Safety Committee – Royal Children's Hospital – Policy Number RCH0145
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6320
- Emergency Management Planning Committee – Terms of Reference – Policy Number RCH0421
http://www.rch.org.au/policy_rch/index.cfm?doc_id=10843

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4.0 DEFINITIONS

Admission of liability - A statement that proves or supports that a health care professional or the hospital is responsible, in a legal sense, for the harm caused to the patient. There is a clear distinction between an admission of fact of something having occurred compared with an admission of legal liability to, for example, pay compensation for an adverse event.

Adverse event - An unintended injury or complication, which results in disability, death or prolonged hospital stay and is caused by health care management rather than the disease process. To some extent, it can be quantified in terms of causality and preventability with each event having from low to high causality and low to high preventability.

Blood and/or Body Fluid Exposure - Contact with blood, body fluids or tissues. Exposure can occur via mucosal surfaces, broken skin (e.g. cut, abrasions, dermatitis), conjunctivae, or penetration by a sharp.

Carcinogenic - Capable of causing cancer

Chemotherapy - The use of any chemical agents to treat or control disease. Most often used to describe treatment of malignant and other diseases with cytotoxic agent.

Cytotoxic - An agent or process that is toxic to cells

Cytotoxic Agents - Substances used in the treatment of malignant and other diseases. They are designed to destroy rapidly growing cancer cells. They have been shown to be mutagenic, carcinogenic and/or teratogenic, either in treatment doses or animal and bacterial assays

Cytotoxic Waste - Cytotoxic waste includes any residual cytotoxic agent that remains following patient treatment and any materials or equipment potentially contaminated with cytotoxic agents. Relevant regulations concerning the disposal of cytotoxic waste must be followed.

Code Grey - An unarmed threat including aggressive behavior where any person (patient, visitor, intruder) threatens injury to others or themselves (including suicide) or damage to property.

Complaint - Expression of dissatisfaction or concern by or on behalf of an individual consumer or group of consumers regarding care and treatment, administrative practices, or any other aspect of products or services offered or provided.

Dangerous Goods - Dangerous Goods are substances and articles classified on the basis of immediate physical or chemical effects such as fire; explosion, corrosion, oxidation, spontaneous combustion and poisoning that can harm property, the environment or people (e.g. compressed gas cylinder). Dangerous goods are legislated in the Dangerous Goods Act 1985.

Electronic Record - Any record or document consisting of any combination of text, graphics, or other data that is created, stored, modified, or transmitted in digital form by a computer.

Emergency Management - The management of any situation that could be considered an emergency. The RCH uses an online Emergency Procedures Manual that is colour coded as per Australian Standard 4083, section 2.2, for instant recognition. This includes -

- Code Red - Fire/Smoke
- Code Orange - Evacuation
- Code Blue - Medical Emergency (termed MET within the hospital)
- Code Yellow - Internal Emergency
- Code Brown - External Emergency
- Code Purple - Bomb Threat
- Code Black - Armed Confrontation
- Code Grey - Unarmed Confrontation

Expression of regret - An expression of sorrow for the harm experienced by the patient

Hazard - Something that is capable of causing injury and/or ill health to people, or damage to property and equipment.

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Hazardous substances - Hazardous Substances are substances with the potential to harm human health. They may be solids, liquids or gases; pure substances or mixtures. These substances are classified by the national Approved Criteria for Classifying Hazardous Substances [NOHSC:1008(2004)], 3rd Ed, 2004.

Identification Band - A band with patient's name (surname and given name), date of birth and unit record (UR) number clearly displayed.

Incident - Any event that has caused harm, or has the potential to harm a patient or visitor, for any event which involves malfunction, or loss of equipment or property, and for any event which might lead to a complaint". Australian Incident Monitoring Study - Australian Patient Safety Foundation (More information can be found at the Australian Council for Safety and Quality in Health Care <http://www.safetyandquality.org/>). This includes "near miss" episodes, which did not result in harm to a person as it was intercepted prior to the completion of the incident/event.

Manifest - An inventory of dangerous goods

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

Material safety data sheet (MSDS) - A document providing information about the identity, properties, health hazards, precautions for use and safe handling of a hazardous substance. The material safety data sheet provides information to those who use the hazardous substance to enable them to take adequate precautions when using the substance in the workplace.

Medication - Therapeutic goods, that are represented to achieve, or is likely to achieve, their principal intended action by pharmacological, chemical, immunological, or metabolic means in or on the body of a human or animal. (Therapeutic Goods Act, 1989)

Mutagenic - Capable of causing alterations/damage to genes

Needlestick Injury - Occurs when a sharp penetrates skin or mucosa.

Occupational Violence - Is defined as an incident in which an employee, student or contractor is abused, threatened or assaulted. This includes incidents of clinical aggression and family/visitor aggression and violence. It may include: Verbal, physical or psychological abuse, intimidating or threatening behaviors, aggravated assault, threats with a weapon or object, sexual harassment and/or sexual assault.

Open disclosure - The open discussion of an incident that resulted in the harm of a patient while receiving health care.

Re-use - The cleaning, packaging and sterilization of a single-use medical device after use on a patient for the intended purpose of using it on another patient. This also includes re-packaging and re-sterilizing a device that has been opened but not used and the sterilization of an unopened sterile device passed its "use by date".

Risk - The chance of something happening that will have an impact upon the objectives (a person's health or safety). It is measured in terms of consequence or likelihood.

Riskman - The software system which allows RCH staff to fulfil non-conformance reporting responsibilities. This system is the means by which incidents are reported and managed.

Root Cause Analysis (RCA) - A method of investigation. The purpose is to identify organisation deficiencies that may not be immediately apparent. These deficiencies may have contributed to the cause of the event. A RCA report also includes risk reduction strategies to reduce the chance of a similar event occurring again.

Safety - Relative freedom from harmful effects to persons or products.

Safety Inspection - A scheduled routine inspection of a given area or department. It should be carried out according to prescribed criteria, in the form of a Safety Inspection Checklist

Sentinel event - A subset of adverse events specified by the Department of Human Services (DHS). These events rarely occur but are more serious and are therefore reported to DHS and investigated immediately using a Root Cause Analysis process. DHS describes a Sentinel Event as a relatively infrequent, clear-cut event that occurs independently of a patient's condition. They commonly reflect hospital systems and process deficiencies and result in unnecessary outcomes for patients.

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Sentinel event (cont.) - DHS has specifically outlined 9 sentinel events, which must be reported:

1. Procedures involving the wrong patient or body part
2. Intravascular gas embolism resulting in serious neurological damage or mortality
3. Haemolytic blood transfusion resulting from ABO incompatibility
4. Patient suicide in hospital *
5. Retained instrument or other material after surgery, requiring re-operation or further surgical procedure
6. Medical error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
7. Maternal death or serious disability associated with labour or delivery
8. Infant discharged to wrong family
9. Other - any events which:
 - lead to catastrophic patient outcomes
 - are ambiguous and easily identified
 - are likely to point to serious system failure
 - are likely to erode public confidence
 - where there is potential value in national aggregation, wide dissemination of "lessons learned" and support for effective implementation of change across the system

*Episodes of suicide that are reportable under the Mental Health Act (1986) should continue to be reported to the Chief Psychiatrist. More information can be found at the DHS Clinical Risk Management Website (<http://www.health.vic.gov.au/clinrisk/index.htm>).

Sharps - Objects or devices having sharp points, protuberances or cutting edges, capable of cutting or penetrating the skin e.g. solid needles, hollow bore needles, intravenous spikes, scalpel blades, lancets and contaminated broken glass.

Single-patient-use - Medical device that is labeled by the original manufacturer as "single-patient-use" and is only intended for use on one patient.

Single-use device - Medical device that is labeled by the original manufacturer as "single-use" and is only intended to be used once.

Smart Move Smart Lift - (SMSL) is the program name of the Royal Children's hospital "No Lift" program. It involves practical management which aims to reduce the risk of musculo-skeletal injuries attributed to the manual handling of people and materials (SMSL is based upon the "No Lift" program developed by No Lift Systems Australia Pty Ltd, O'Shea & Associates).

Teratogenic - capable of causing foetal defects, either anatomic or functional

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5.0 EQUIPMENT AND SUPPLIES

Not applicable.

6.0 PROCEDURE

6.1 Occupational Health and Safety (OH&S)

6.1.1 The Royal Children's Hospital (RCH) is committed to the provision of a safe and healthy work environment for all staff, patient and their families, visitors and contractors in so far as is reasonably practicable.

6.1.2 Refer to hospital policy:

- Occupational Health and Safety Policy – Policy Number RCH0054
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6416
- Occupational Health and Safety Issue Resolution – Policy Number RCH0237
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6461
- Storage and Disposal of Occupational Health and Safety Records – Policy Number RCH0066
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6433
- Specifications for the purchase of Goods or Services – Policy Number RCH0085
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6469
- OHS Consultation policy – Policy Number RCH0368
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8979

6.2 Risk Management

6.2.1 A robust risk management system exists within the RCH to identify, control and review risk, in consultation with employees.

6.2.2 Please refer to specific hospital policies and procedures for more information –

- OHS Risk (Hazard) Management – Policy Number RCH0063
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6429
- Risk Policy – Policy Number RCH0364 http://www.rch.org.au/policy_rch/index.cfm?doc_id=8939

6.2.3 All staff are responsible for identifying and reporting risks within their work environment, firstly to their line manager and, if appropriate, using Riskman.

6.2.4 Each department is responsible for conducting twice yearly safety inspections, using the hospital "Safety Inspection Checklist" (located in attachments), and with reference to hospital policy.

- Safety Inspection – Policy Number RCH0089
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6479

6.3 Incident/Injury/Hazard Reporting

6.3.1 All RCH staff are required to ensure all incidents, injuries, and hazards that occur at work are reported and recorded via Riskman. This ensures that staff receive appropriate first aid or medical treatment, hazards in the workplace are assessed and controlled, WorkSafe is notified if a serious/notifiable incident occurs, and that staff are informed of their right to workers' compensation.

6.3.2 It is an expectation that any incident at RCH will be managed within a "Just Culture".

6.3.3 For further information please refer to hospital policy -

- Please refer to Hospital policy "Incident/Injury/Hazard Reporting" – Policy Number RCH0059
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6422

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- Risk Management – Clinical – Policy Number RCH0322
http://www.rch.org.au/policy_rch/index.cfm?doc_id=7380
- 6.3.4 RCH is committed to creating an environment that facilitates open and effective communication, even when things go wrong. This may include an admission of liability on the hospitals part. Please refer to hospital policy –
- Open Disclosure – Policy Number RCH0330
http://www.rch.org.au/policy_rch/index.cfm?doc_id=7687
- 6.3.3 Also refer to local document “Non Conformance, Complaint Reporting and Continuous Improvement, (QS-P-003)”.

6.4 Dangerous Goods and Hazardous Substances

- 6.4.1 RCH acknowledges that dangerous goods and hazardous substances (DGHS) are used in many work processes and that these substances have the potential to be harmful to health, the environment and property.
- 6.4.2 RCH shall, so far as is reasonable practicable, implement work processes and practices that eliminate risks to health, the environment and property arising from the use of hazardous substances and dangerous goods. Where elimination of the risk is not practicable, RCH shall implement work processes and practices that reduce the risk as far as is practicable. Risk control measures shall be identified and implemented according to the hierarchy of control. Risks posed by DGHS will be identified, assessed and reduced so far as is practicable.
- 6.4.3 A manifest or MSDS register and hazardous substance risk assessment documents will be maintained, if appropriate, by the Department Manager in consultation with the Occupational Health and Safety Representative. These documents must be reviewed annually or if a new substance is introduced into the unit.
- 6.4.4 Please refer to hospital policy for further information -
- Dangerous Goods and Hazardous Substances – Policy Number RCH0363
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8938

6.5 Manual Handling

- 6.5.1 The RCH is committed to reducing the incidence and the severity of injuries to their staff associated with patient and material manual handling tasks. Manual Handling applies to all activities that require the use of force exerted by a person to lift, push, pull, carry or otherwise move, hold or restrain any object (including living and non-living things).
- 6.5.2 The RCH uses the Smart Move Smart Lift program. All staff will be provided with appropriate manual handling training for their job description.
- 6.5.3 Please refer to hospital policy and procedure for further information.
- Safe Transfer and Handling of Patients and Materials – RCH0077
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6450
 - Manual Handling – Policy Number RCH0088
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6475
- 6.5.4 A Manual handling Risk Assessment work sheet can be located from -
<http://www.rch.org.au/emplibrary/hr/RiskAssessmentControlWorksheetRCH.doc>

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6.6 Workplace Violence

- 6.6.1 The RCH is committed to reducing the exposure of staff, as far as is practicable, to occupational violence. The hospital has a zero tolerance policy related to workplace violence.
- 6.6.2 Please refer to specific hospital policy and procedure for more information -
- Occupational Violence Policy – Policy Number RCH0374
http://www.rch.org.au/policy_rch/index.cfm?doc_id=9141
 - Code of Behaviour – Policy Number RCH0398
http://www.rch.org.au/policy_rch/index.cfm?doc_id=10192
- 6.6.3 If a staff member perceives a threat to self or others or persistent threat to property, and verbal de-escalation procedures have failed or are inappropriate, and there is no weapon involved then a Code Grey should be initiated by Staff by calling 777.
- 6.6.4 Please refer to hospital policy and procedure for further information -
- Code Grey: Management of Aggressive Behaviour – Policy Number RCH0397
http://www.rch.org.au/policy_rch/index.cfm?doc_id=10193
 - Code Grey Procedure – Policy Number RCH0399
http://www.rch.org.au/policy_rch/index.cfm?doc_id=10197
 - Code Grey: Emergency Restraint and Sedation
Currently under review

6.7 Handwashing

- 6.7.1 It is the policy of The Royal Children's Hospital to ensure that hand hygiene is promoted and practiced as the most important procedure for preventing hospital acquired infections.
- 6.7.2 Staff should inform all visitors to perform hand hygiene.
- 6.7.3 All parents, patients and caregivers may also ask staff members - 'Have you washed your hands?'
- 6.7.4 Please refer to hospital policy for specific information -
- Hand Hygiene – Policy Number RCH0105 http://www.rch.org.au/policy_rch/index.cfm?doc_id=6468

6.8 Needle Stick Injury/Blood & Body Fluid Exposure

- 6.8.1 All needlestick injuries/blood and body fluid exposures must be reported and followed up according to the prescribed procedures.
- 6.8.2 Specific instructions can be located at -
- Needlestick Injuries and Blood/Body Fluid Exposures – Policy Number RCH0112
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6488
- 6.8.4 Exposure is considered **not significant** if -
- Intact healthy skin exposed to blood or blood stained fluid
 - Intact or non-intact skin, eyes or mucous membrane exposed to a **non** blood stained body fluid
 - Superficial or penetrating injury with a **clean** sharp
- 6.8.3 In the event of a **not significant** exposure staff are required to:
- Administer First Aid - Immediately wash contaminated area or wound, rinse mouth or flush eyes with running tap water.
 - Report to Manager - Report the incident to your department manager and complete the staff Accident/Incident Report Form.
 - No further action is required.

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6.8.4 Exposure is considered **significant** if –

- Superficial injury with/without bleeding involving blood stained body fluid
- Penetrating injury involving any body fluid
- Splash to mucous membrane, eyes or non-intact skin with blood stained body fluid

6.8.5 In the event of a **significant** exposure staff are required to:

- Administer First Aid - Immediately wash contaminated area or wound, rinse mouth or flush eyes with running tap water.
- Report to Manager - Report the incident to your department manager and complete an entry in Riskman.
- Incident management, Mon – Fri, 0900 – 1700 - Contact the Staff Health Nurse on Ext. or Pager 6663 to manage the incident.
- Incident management, Mon – Fri, 1700 – 0900, weekends and public holidays - Attend the Emergency Department at RCH (Ext 6153) for management of the incident.

6.9 Medications

6.9.1 All individuals involved in prescribing, dispensing and/or administering medications to patients at RCH must act according to hospital policy, government legislation and professional body regulations.

6.9.2 All errors, 'near-misses' and suspected adverse drug reactions are to be documented in the patient record and reported via the appropriate mechanism (Riskman).

6.9.3 For specific responsibilities please refer to hospital policy -

- Medication Policy – Policy Number RCH0291
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6570

6.10 Cytotoxic Therapy

6.10.1 The handling, preparation, administration and disposal of cytotoxic agents may constitute an occupational hazard. While it has not been established that handling cytotoxic agents is consistently linked with adverse health risks, handlers must be aware of the possibility. The implementation of suitable safety precautions reduces the possibility of adverse health effects to hospital employees.

6.10.2 Cytotoxic agents have been identified to be teratogenic, mutagenic and carcinogenic.

6.10.3 Cytotoxic materials are identified by a purple symbol representing a cell in late telophase.



6.10.4 All medical, nursing and pharmacy personnel must ensure they are familiar with hospital guidelines. No person must be involved in the handling, transport, preparation, administration or disposal of waste of any cytotoxic substance, without appropriate training to ensure the protection of the operator, the environment and the patient. This must involve specific training courses as follows with regular update/refresher courses and internal evaluations/reviews of methods and equipment.

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- 6.10.5 All personnel involved in the handling, preparation, administration and disposal of cytotoxic agents have access to health monitoring via staff clinic or after hours via the emergency department. Health monitoring is provided at the request of staff.
- 6.10.6 Please refer to specific hospital procedures for details related to personal protective equipment, preparation, administration of cytotoxic agents, and the management of cytotoxic waste.
- Cytotoxic Drugs – The Management Of - http://www.rch.org.au/rchcpg/index.cfm?doc_id=8948
 - Commonly Used Cytotoxic Agents at RCH - http://www.rch.org.au/rchcpg/index.cfm?doc_id=9055
 - Equipment List – Cytotoxic Agents – http://www.rch.org.au/rchcpg/index.cfm?doc_id=9057
 - Instruction Leaflet for Ancillary Staff – Cytotoxic Handling - http://www.rch.org.au/rchcpg/index.cfm?doc_id=9056
- 6.10.7 Additional information can be found in the Worksafe document “Handling Cytotoxic agents in the workplace” (copy document in attachments or available at http://www.worksafe.vic.gov.au/wps/wcm/resources/file/ebd87143a010b85/handling_cytotoxic.pdf).

6.11 Waste Management

- 6.11.1 It is the policy of RCH to comply with legislative requirements, industry code of practice, Australian Standards and infection control guidelines for the safe handling of general and clinical (infectious) patient related waste. This includes the identification, handling, packaging, labelling, storage, transport, treatment and ultimate disposal of waste which may or may not be hazardous, in an environmentally responsible manner, in order to reduce the potential impact on human health and safety.
- 6.11.2 For general waste management information please refer to hospital documents –
- Waste Management – Policy Number RCH0366
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8976
 - RCH Waste Management Plan -
http://www.rch.org.au/emplibrary/infection_control/RCHWastemagtPlan.pdf
- 6.11.3 All waste must be segregated in the designated category to ensure appropriate methods of disposal. Please refer to hospital policy for specific segregation instructions.
- Clinical Waste and Sharps Management – Policy Number RCH0373
http://www.rch.org.au/policy_rch/index.cfm?doc_id=9064
- 6.11.4 Any person generating sharps waste is responsible for the immediate disposal at the point of use.
- 6.11.5 For further sharps information please refer to –
- Sharps Handling – Policy Number RCH0083
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6466
- 6.11.6 Cytotoxic waste requires specific management, equipment and training. For specific details please refer to specific hospital procedure.
- Cytotoxic Drugs – The Management Of - http://www.rch.org.au/rchcpg/index.cfm?doc_id=8948

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6.12 Infection control

- 6.12.1 The RCH is committed to an active Infection Control Program consistent with national, state and overseas evidenced based practice and guidelines to minimise the risk of health care associated infections.
- 6.12.2 The RCH has a Standard Precaution policy based on the assumption that all blood and body fluids are potentially infectious. It is expected that this process will be the first line approach to infection control, and should be used in the care of **all patients** in the hospital regardless of diagnosis or infection status.
- 6.12.3 Please refer to specific hospital policy for further information related to personal protective equipment and specific requirements -
- Infection Control – Policy Number RCH0343
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8551
 - Standard Precautions – Policy Number RCH0115
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6493
- 6.12.4 Any device labelled “single use” should not be reused, reprocessed or re-sterilised, and should be discarded after use. The Australian/New Zealand Standard 4187 - 2003, condemns the practice of re-use of single-use items and states that these items should be discarded at the point of use. Please see hospital policy for further information –
- Single Use Medical Devices – Policy Number RCH0372
http://www.rch.org.au/policy_rch/index.cfm?doc_id=9012
- 6.12.5 The RCH is committed to providing safe procedure for handling all blood and blood stained items. Please refer to specific hospital policy for specific information regarding Personal Protective Equipment and procedures.
- Prevention of Patient to Patient Transmission of Blood-Borne Viral Infections – Policy Number RCH0333 http://www.rch.org.au/policy_rch/index.cfm?doc_id=7880
- 6.12.6 The RCH has specific guidelines for the placement of patients with or with suspected communicable diseases. Staff should be familiar with the specifics of this policy –
- Infectious Diseases: Placement and Precautions for Patients – Policy Number RCH0116
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6499
- 6.12.7 In the event that an infectious disease outbreak occurs within the hospital, staff should refer to the following guideline for management.
- Infection Control – Ward Management of an Infectious Disease Outbreak –
http://www.rch.org.au/rchcpg/index.cfm?doc_id=9359
- 6.12.8 The hospital has a specific policy related to the management of Chickenpox (Varicella) and Shingles (Herpes Zoster) exposure. If a child is confirmed to have either of these diseases, please refer to the following policy for specific information –
- Chickenpox (Varicella) and Shingles (Herpes Zoster) Exposure -
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6476
- 6.12.9 If at any time you are unsure about the management of a potentially infectious patient, please contact the infection control department for guidance.
- 6.12.10 The RCH encourages staff to maintain their own health by reducing the risk of contracting vaccine preventable diseases either in the workplace or in the community through a staff immunisation program.
- 6.12.11 Health Care Workers involved in direct patient care are required by the hospital to document refusal of immunization or testing.
- 6.12.12 Please refer to hospital policy for detailed information related to staff immunisation -

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- Staff Immunisation: Prevention of Vaccine Preventable Diseases – Policy Number RCH0110
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6478
- 6.12.13 The RCH has management instructions for health care workers with infectious diseases. All staff should be familiar with the specific requirements detailed in hospital policy relevant to their work area.
- Health Care Workers with Infectious Diseases – Policy Number RCH0334
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8033
- 6.12.14 The RCH recognises the need to inform pregnant health care workers of the potential dangers to their foetus. Details of risks and appropriate management are contained in hospital policy -
- Pregnant Health Care Worker: Infectious Diseases and Risks & Exposures – Policy Number RCH0107
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6474

6.13 Emergency Management

- 6.13.1 Emergency situations can occur at any time. The RCH has developed systems and procedures to ensure immediate and effective management of any situation. In the event of an emergency situation, staff should dial 777, and immediately report the nature of the situation so that suitable procedures/assistance can be initiated.
- 6.13.2 Please refer to specific hospital policies for more details:
- Emergency Management – Policy Number RCH0339
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8425
- 6.13.3 In the event of an Emergency, a brief summary of required actions is contained in the red Emergency Response Manual, located by all WIP phones.
- 6.13.4 Emergency Procedure Training and participation in Emergency Procedure Drills is compulsory for all staff. It is the responsibility of each staff member to ensure that they are familiar with the RCH Emergency Procedures.
- 6.13.5 Online Emergency procedures manual can be located at:
www.rch.org.au/emerg_proc/index.cfm?doc_id=5529
- 6.13.6 All staff are required to complete online Emergency Procedures training annually. If staff are unable to complete this online, then a face-to-face assessment must be coordinated with the OH&S department.
- 6.13.7 As per Australian Standards 3745 - 2002 Section 2.5e, each department within the RCH will participate in at least one (1) Emergency Procedure Drill annually.

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6.14 Security

- 6.14.1 It is the policy of RCH to provide a safe & secure environment for staff, patients, families, visitors and contractors.
- 6.14.2 Please refer to relevant Hospital Policies:
- Securing and Lawful removal of RCH Property – Policy Number RCH0098
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6494
 - Security Management – Policy Number RCH0361
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8776
- 6.14.3 Staff members are required to wear their Identification Badge at all times whilst within the RCH precinct. Building Operator/Security staff are authorized to escort unidentified people from the building if deemed necessary.
- 6.14.4 Staff must ensure that valuables are placed into a secure locked area if brought to work. In the event of theft / missing property please notify your direct line manager and RCH Security on telephone extension 6216.
- 6.14.5 Any unauthorized entry to a department must be reported to the building Operator / Security Guard immediately on telephone extension 6216.
- 6.14.6 Fire Escape Doors MUST be kept CLOSED at all times to ensure departmental security and fire safety. Any door that may be faulty in its operation is to be reported to the Engineering Department via the Works Request System.
- 6.14.7 The RCH, and therefore the HSCT program within the RCH, operates on a 3 key system. This includes Brass Keys, Key pad with code, and Proximity Card Access Control. No staff member will be issued a key / code card unless it is essential for the performance of his / her normal duties.
- 6.14.8 Please refer to hospital policy:
- 6.14.9 Custody of Keys – Policy Number RCH0099
http://www.rch.org.au/policy_rch/index.cfm?doc_id=6495
- 6.14.10 Once issued, it is the staff member's responsibility to maintain custody of keys at all times, and must report lost keys immediately to their department heads or RCH telephone extension 6216.
- 6.14.11 Codes issued to staff may not be divulged without appropriate authorisation.

6.15 General Patient care

6.15.1 Patient Identification

- 6.15.1.1 RCH has a duty of care to all patients' safety by ensuring that patients are correctly identified prior to any care, treatment and/or service taking place.
- 6.15.1.2 Identification (ID) Band must be worn by all in-patients at all times on RCH premises.
- All patients must have at least one (1) ID band.
 - Patients who are unknown or undergoing anaesthesia for procedures, or surgical intervention in the Operating Suite must wear two (2) ID bands.
 - Patients who are confused and/or at risk of removing their ID band should have two (2) ID bands attached, usually one on the wrist and one on the ankle.
- 6.15.1.3 For further information please refer to specific hospital policy -
- Patient Identification Policy – Policy Number RCH0344
http://www.rch.org.au/policy_rch/index.cfm?doc_id=8588

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6.15.2 Balloons in Paediatric Areas

6.15.2.1 In recognition of health and safety risks associated with latex balloons & balloons tied on lengths of strings, or on sticks/rods, it is the policy of this hospital that **latex balloons are prohibited through out paediatric areas.**

6.15.2.2 Mylar balloons secured by lengths of string, the string shall be no longer than 30cms, or be on the end of a stick/rod.

6.15.2.3 Further information can be found in hospital policy –

- Balloons in Paediatric areas – Strangulation/Choking Hazard – Policy Number RCH0068 http://www.rch.org.au/policy_rch/index.cfm?doc_id=6437

6.15.3 Staff Latex Allergy Management

6.15.3.1 Please refer to Hospital Policy “Latex Risk Management for Staff” – Policy Number RCH0056 http://www.rch.org.au/policy_rch/index.cfm?doc_id=6419

6.15.3.2 All RCH staff are responsible for using personal protective equipment provided, and to advise their direct line manager in the event of developing any of the symptoms outlined in the policy.

6.16 Smoking

6.16.1 RCH aims to provide staff, parents, children and visitors with a smoke free environment.

6.16.2 Smoking is only allowed in three designated outdoor areas and nowhere else.

6.16.3 Please refer to hospital policy for further information -

- Smoking – Policy Number RCH0079 http://www.rch.org.au/policy_rch/index.cfm?doc_id=6459

7.0 ENDPOINT

Not applicable

8.0 ATTACHMENTS

8.1 Safety Manual document directory and hard copies of all relevant hospital policies and procedures as referred to through out this document.

8.2 Risk Assessment Control Worksheet

- <http://www.rch.org.au/emplibrary/hr/RiskAssessmentControlWorksheetRCH.doc>

8.3 Safety Inspection Checklist

- http://www.rch.org.au/emplibrary/hr/RCH_Safety_Inspection_Checklist.doc

8.4 Management of Needlestick injury documents

- http://www.rch.org.au/policy_rch/index.cfm?doc_id=6488#appendix1
- http://www.rch.org.au/policy_rch/index.cfm?doc_id=7687#flowchart
- http://www.rch.org.au/policy_rch/index.cfm?doc_id=6488#appendix3

8.5 Worksafe document “Handling Cytotoxic agents in the Workplace”

- http://www.worksafe.vic.gov.au/wps/wcm/resources/file/ebd87143a010b85/handling_cytotoxic.pdf

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9.0 REFERENCES

- 9.1 Victorian Occupational Health and Safety Act. 2004. Act no 107/204.
- 9.2 Dangerous Goods Act. 1985. Act No. 10189/1985.
- 9.3 Therapeutic Goods Act. 1989. Act No. 21 or 1990. Compiled 2008.
- 9.4 International Standards for Cellular Therapy Product Collection, Processing and Administration. FACT-JACIE. Fourth Edition. July 2008.