PARTICIPATE IN WHS PROCESSES

HLTWHS200A

LEARNER’S GUIDE
Participate in WHS Processes

HLTWHS200A

Learner’s Guide
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Activities checklist

These are six activities in this guide. In each activity, you will be assessed as either 'competent' (C) or 'not yet competent' (NYC). Use this checklist to record your progress.

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Introduction

Elements and performance criteria
This guide addresses the following unit of competency:

**HLTWHS200A**  Participate in WHS processes

**Descriptor**  This unit specifies the workplace performance required for an entry-level employee to participate in work health and safety (WHS) processes in the workplace, in order to ensure their own health and safety at work, as well as that of others in the workplace who may be affected by their actions.

**Employability skills**  This unit contains employability skills.

**Application**  Application of this unit should be contextualised to reflect any specific workplace risks, hazards and associated safety practices.

**Elements**  These define the essential outcomes of a unit of competency.

**Performance criteria**  These specify the level of performance required to demonstrate achievement of the element. Terms in italics are elaborated upon in the range statement.
| Element 1 – Plan and prepare to work safely | 1.1 Identify *hazards* in the work area, and take action to control risk.  
1.2 Report residual risk according to organisation procedures.  
1.3 Carry out pre-start checks as required according to work procedures. |
| Element 2 – Conduct work safely | 2.1 Use *personal protective equipment* correctly.  
2.2 Follow work procedures and workplace instructions for ensuring safety when planning and conducting work.  
2.3 Report *incidents* and injuries to *designated personnel* in line with procedures and workplace instructions.  
2.4 Undertake *WHS housekeeping* in work area in line with procedures and workplace instructions.  
2.5 Identify own levels of stress and fatigue to ensure ability to work safely and sustainably. |
| Element 3 – Participate in WHS consultative activities | 3.1 Contribute to workplace meetings, workplace inspections or other WHS consultative activities.  
3.2 Raise WHS issues with designated personnel according to organisation procedures.  
3.3 Provide input to improve workplace WHS systems and processes, according to organisation procedures, to eliminate hazards or reduce risk. |
| Element 4 – Follow emergency response procedures | 4.1 Identify and report *emergency situations*.  
4.2 Follow organisation procedures for responding to emergencies. |
Range statement

This relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

A hazard is:

- a source or situation with the potential for harm in terms of human injury or ill-health, damage to property, the environment, or a combination of these.

Common workplace hazards (from Safe Work Australia’s Code of Practice How to Manage Work Health and Safety Risks) include:

- manual tasks – overexertion or repetitive movement can cause muscular strain
- gravity – falling objects, falls, slips and trips of people can cause fractures, bruises, lacerations, dislocations, concussion, permanent injuries or death
- electricity – potential ignition source; exposure to live electrical wires can cause shock, burns or death from electrocution
- machinery and equipment – being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, bruises, lacerations, dislocations, permanent injuries or death
- hazardous chemicals – chemicals (such as acids, hydrocarbons, heavy metals) and dusts (such as asbestos and silica) can cause respiratory illnesses, cancers or dermatitis
- extreme temperatures – heat can cause burns, heatstroke or fatigue; cold can cause hypothermia or frostbite
- noise – exposure to loud noise can cause permanent hearing damage
- radiation – ultraviolet, welding arc flashes, microwaves and lasers can cause burns, cancer or blindness
- biological – microorganisms can cause hepatitis, legionnaires’ disease, Q fever, HIV/AIDS or allergies
- psychosocial hazards – effects of work-related stress, bullying, violence and work-related fatigue.

Risk

- In relation to any hazard means the probability and consequences of injury, illness or damage resulting from exposure to a hazard.
Hierarchy of risk control (from Safe Work Australia's Code of Practice How to Manage Work Health and Safety Risks) includes:

- the ranking of ways control risks ranked from the highest level of protection and reliability to the lowest, including:
  - Level 1 controls
    - Eliminate hazards.
  - Level 2 controls
    - Substitute the hazard with something safer.
    - Isolate the hazard from people.
    - Use engineering controls.
  - Level 3 controls
    - Use administrative controls.
    - Use personal protective equipment (PPE).

Examples of risk requiring management in a direct client care work environment may include:

- worker fatigue or burnout, requiring appropriate supervision and stress management
- injury or damage resulting from violent or aggressive behaviour, requiring strategies to defuse or avoid behaviours of concern
- risks relating to working in clients' homes, requiring appropriate worker education and associated strategies
- fire in clients' homes, requiring workers to provide basic information on home fire safety.

Residual risk is:

- the risk which remains after controls have been implemented.

Personal protective equipment (PPE) includes:

- equipment worn by a person to provide protection from hazards, by providing a physical barrier between the person and the hazard, and may include:
  - head protection
  - face and eye protection
  - respiratory protection
  - hearing protection
  - hand protection
  - clothing and footwear.

Incidents include:

- any event that has caused, or has the potential for, injury, ill-health or damage.
**Designated personnel** may include:
- team leaders/supervisors
- officers
- health and safety representatives (HSRs)
- health and safety committee (HSC) members
- persons conducting a business or undertaking (PCBUs)
- organisation WHS personnel
- other persons designated by the organisation.

**WHS housekeeping** includes:
- workplace and personal routines designed to improve health and safety; for example, cleaning up spills, keeping walkways, exits and traffic areas clear.

**Emergency situations** may include:
- any abnormal or sudden event that requires immediate action such as:
  - serious injury events
  - events requiring evacuation
  - fires and explosions
  - hazardous substance and chemical spills
  - explosion and bomb alerts
  - security emergencies, such as armed robberies, intruders and disturbed persons
  - internal emergencies, such as loss of power or water supply and structural collapse
  - external emergencies and natural disasters, such as flood, storm and traffic accident impacting on the organisation.
Required skills and knowledge

These describe the essential skills and knowledge and the level required for this unit.

Essential knowledge

You must be able to:

• demonstrate the essential knowledge required to effectively do the task outlined in the elements and performance criteria of this unit
• manage the task
• manage contingencies in the context of the identified work role.

This includes knowledge of:

• a basic understanding of the hierarchy of risk control
• awareness of the relationship between WHS and sustainability in the workplace, including the contribution of safe work practices to environmental, economic, workforce and social sustainability
• common WHS issues and the impact on workplace systems, equipment and processes
• legal rights and responsibilities of the workplace parties
• the nature of common workplace hazards such as chemicals, bodily fluids, sharps, noise, manual handling, work postures, underfoot hazards and moving parts of machinery
• roles and responsibilities of health and safety representatives (HSRs) and health and safety committees (HSCs)
• safety measures related to common workplace hazards
• safety signs and their meanings, including signs for:
  - dangerous goods class
  - emergency equipment
  - personal protective equipment (PPE)
  - specific hazards such as sharps, radiation
• sources of WHS information in the workplace with some limited knowledge of external sources of WHS information
• standard emergency signals, alarms and required responses
• the difference between hazard and risk
• workplace-specific information including:
  - designated person(s) for raising WHS issues
  - hazards of the particular work environment
  - organisation and work procedures, particularly those related to performance of own work, specific hazards and risk control, reporting of hazards, incidents and injuries, consultation, use of PPE and emergency response
  - potential emergencies relevant to the workplace
  - potential emergency situations, alarms and signals, and required response.
Essential skills

It is critical that you demonstrate the ability to:

• apply WHS knowledge when participating in processes to address own health and safety within your work area.

In addition, you must be able to:

• effectively do the task outlined in the elements and performance criteria of this unit
• manage the task
• manage contingencies in the context of the identified work role.

This includes the ability to:

• clarify meaning with peers and supervisors
• demonstrate preparedness to be involved in WHS activities, including inspections and meetings
• follow clear, logical verbal or clear, logical plain English written instructions
• give accurate verbal or written descriptions of incidents or hazards
• interpret selected pictorial/graphical and written signs/instructions.
Evidence guide

This provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, the range statement and the assessment guidelines for this training package.

Critical aspects of assessment

- Evidence of specified essential knowledge as well as skills.
- Evidence gathered by an assessor to determine competence will include practical demonstration of competence, including:
  - workplace demonstration, simulation exercise, scenario or role-play
  - indirect evidence from workplace supervisor reports and workplace documentation.

Products that could be used as evidence include:

- verbal and written responses to verbal, pictorial, or physical scenarios
- demonstrated action to scenarios, simulations, role-plays
- completed hazard or incident reports, completed workplace inspection checklists
- reports from work group members, supervisor.

Processes that could be used as evidence include:

- how contributions were made to consultative processes
- how hazard inspections were carried out.

Access and equity considerations

All workers in the health industry should be aware of access and equity issues in relation to their own area of work.

All workers should develop their ability to work in a culturally diverse environment.

In recognition of particular health issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on the health of Aboriginal and Torres Strait Islander people.

Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on the health of Aboriginal and/or Torres Strait Islander clients and communities.
Resources

Websites

<http://www.ada.org.au/app_cmslib/media/lib/1203/m356702_v1_infection%20control%20guidelines%202012.pdf>
ADA Guidelines for Infection Control

<www.comcare.gov.au>
Australian Government, Comcare.


<www.publicsectorsafety.wa.gov.au>
Government of Western Australia, Safety, Health and Injury Management for the WA Public Sector.

<www.standards.org.au>
Australian/New Zealand Standard™ AS 4187:2003 Cleaning, disinfecting and sterilizing medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.

Australian/New Zealand Standard™ AS/NZS 3816 Management of clinical and related wastes.

Australian Standard® AS 4031:1992 Non-reusable containers for the collection of sharp medical items used in health care areas.

Australian/New Zealand Standard™ AS/NZS 4261 Reusable containers for the collection of sharp items used in human and animal medical applications.

<www.worksafe.wa.gov.au>
Occupational Safety and Health Act 1984

Text

Bird, D & Robinson, D 2005, Torres and Ehrlich Modern Dental Assisting, 8th edn, Elsevier Science Health Science Division, St Louis, Mississippi, USA.
Section 1 – Legislation

Workplace health and safety affects everyone. Almost every task you undertake and every material you touch in your workplace is potentially hazardous. Dust, chemicals, machinery and equipment, fire, the layout of the premises and workplace areas can all contribute to hazards in the workplace.

Legislation sets out laws regarding workplace health and safety which apply to:

- employers
- employees
- the self-employed
- those who have control of workplaces, plant and substances
- manufacturers and suppliers.

Commonwealth legislation

The Work Health and Safety Act 2011 promotes and secures the safety of more than 400,000 Commonwealth employees. It also contains legislation covering compensation and rehabilitation. Therefore, prevention, rehabilitation and compensation are regarded as one single function or act. The Australian Government’s Comcare is responsible for administering the Act.

Objectives of the Act

The Work Health and Safety Act 2011 states that its main object is ‘to provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces.’

The Act aims to:

- ensure the health, safety and welfare of Commonwealth employees
- protect people at or near workplaces from health and safety risks due to employees’ activities
- ensure that expert advice is available on WHS matters
- promote a working environment for employees which is adapted to their health and safety needs
- encourage cooperation between employers and employees.

State legislation

The Western Australian Occupational Safety and Health Act 1984 covers the health, safety and welfare of people at work in WA. It applies to all WA employees who are not Commonwealth employees.

It provides for the promotion, coordination, administration and enforcement of occupational health and safety in WA.
Duty of care

Responsibilities and duties

The OSH Act places certain responsibilities on all people who make up a workplace. The groups of people involved are as follows:

• employers
• employees
• persons who have control of workplaces
• manufacturers and suppliers.

Follow these steps to find out about the duties and responsibilities of each of these groups.

Step 1

Step 2
Click on Occupational Safety and Health Act and regulations.

Step 3
Under ‘WorkSafe Legislation’, open Occupational Safety and Health Act 1984 in either PDF or Microsoft® Word format.

Step 4
Read the following sections:
• Section 19, Duties of employers
• Section 20, Duties of employees
• Section 22, Duties of persons who have control of workplaces.

How the Act relates to the dental surgery

All the information you read in sections 19, 20 and 22 of the Act applies to the dental surgery. For example:

• an employer could be a:
  - dentist
  - dental prosthietist
  - hospital (government employer)
  - university
  - group practice.
• an employee could be a:
  - dental assistant
  - dental hygienist/therapist
  - dental technician

• a person who has control of workplaces could be:
  - dental services administration
  - a dentist
  - university administration
  - a group practice manager.

Activity 1

1. Explain what duty of care means under the WA Occupational Safety and Health Act 1984. What are your duty-of-care responsibilities as a dental assistant in a dental surgery?

_________________________________________________________________
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2. What are your employer’s responsibilities?

_________________________________________________________________
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Section 2 – Hazard identification

Hazards and risks

Look at the definitions below:

• **hazard** – potential source of injury, illness or disease
• **risk** – possibility that a hazard will cause injury or illness.

In your day-to-day duties as a dental assistant, you are exposed to a number of hazards and risks.

**Why you need to identify hazards**

Under the Commonwealth WHS and the state OSH legislation, employers have an obligation to provide a safe and healthy work environment for their employees.

The following three steps are involved in providing a safe environment:

• hazard identification
• risk assessment
• hazard control.

**Hazard identification**

The first step is to determine the risk to the health of employees when they are working with potentially hazardous substances and equipment in the workplace.

Methods of identifying workplace hazards include:

• developing a hazard checklist
• conducting walk-through surveys
• reviewing information from designers or manufacturers
• analysing unsafe incidents, and accident and injury data
• analysing work processes
• consulting with employees.

Any hazard that has been identified must be reported using the appropriate paperwork. (See Appendix 3.)

As part of the process of hazard identification, hazards are divided into the following six categories:

• physical hazards – noise, lighting, electrical cords, fire, hot instruments, slippery surfaces
• chemical hazards – gases, fumes, eg mercury, processing solutions
• radiation hazards – x-rays, ultraviolet light, curing light
• ergonomic hazards – chair design, equipment design, workstation design, manual handling
• biological hazards – infection, bacteria, viruses
• psychological issues – workload, dealing with the public, harassment, discrimination, stress.

Hazards in a dental surgery

The following physical hazards can be found in the dental surgery:
• sharps – needlestick, burs, suture needles, scalpels
• dust – resulting from the removal of old amalgam restorations, or during the adjustment of acrylic dentures which includes polishing and grinding
• noise – from air compressors, high-speed handpieces, ultrasonic sealers, ultrasonic cleaners and mixers
• electrical hazards – as a result of either lack of maintenance or unsafe work practices.

Air compressors and autoclaves should be tested by qualified people. The owner should carry out visual inspections of the equipment on a regular basis. The following should be checked:
– that there is no obvious external damage, or damage to the connecting lead and plug
– that the inner cores of leads are not exposed
– that sockets are not cracked or broken
– that control knobs are functional
– that wheels or castors turn freely.

All electrical equipment should be tested regularly by qualified electrical contractors, fitters or mechanics.

Chemical hazards

The following materials can be hazardous in the dental surgery:
• glutaraldehyde
• phosphoric acid (etch)
• methyl methacrylate
• floor cleaning solutions
• radiographic developer
• radiographic fixer
• anaesthetic gases
• mercury
• chemical disinfectants.
Fumes

Information and the names of fumes given off by chemicals can be found in the material safety data sheets (MSDSs) supplied by manufacturers. In general, materials and procedures which give off fumes include:

- mercury
- disinfecting solutions, sodium hypochlorite, glutaraldehyde
- radiographic solutions
- acrylic monomers in acrylic dentures, temporary crown materials
- nitrous oxide.

Some people may also have allergies to:

- latex gloves
- glove powder
- disinfecting solutions
- dental materials.

Radiation hazards

The following radiation hazards can be found in the dental surgery:

- computer screens
- radiography machines
- visible curing lights
- lasers.

Ergonomic hazards

The following ergonomic hazards can be found in the dental surgery:

- workstations – height and space
- dental assistant’s chair
- storage.

Manual handling hazards

Manual handling injuries vary from short-term aches and pains to severe disabilities such as dislocation and hernias. The lower back is the most commonly affected area.

Activities which may lead to back injuries include:

- lifting and lowering loads, eg boxes of paper towels
- carrying, stacking, pushing, pulling
- moving patients
- maintaining bad posture.
Biological hazards

The following biological hazards (other than infection control) can be found in the dental surgery:

- air conditioning units
- dental units – bioburden testing.

The first step in developing OSH guidelines is to identify the hazard. The second step which involves risk assessment will be looked at in Section 3.

Activity 2
Before you identify specific examples for each of the categories below, make a list of examples you can think of in a dental surgery.

Physical hazards
For example: A physical hazard might be electrical cords on the floor.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Chemical hazards
For example: A chemical hazard might be vapours from disinfecting solutions.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Ergonomic hazards
For example: An ergonomic hazard might be bench height.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Radiation hazards
For example: A radiation hazard might be lasers.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Section 3 – Risk assessment

Risk assessment involves identifying the risk of exposure to persons in the workplace. This exposure relates to both materials and situations.

Risk assessment should include:

• assessing the adequacy of training or knowledge required to work safely
• looking at the way the jobs are performed
• looking at the way work is organised
• determining the size of the layout of the surgery
• assessing the number and movement of all people in the area
• determining the type of procedure to be performed
• determining the type of equipment to be used
• examining procedures for an emergency, eg accident, fire and rescue
• looking at the storage and handling of all materials and substances.

This step should provide information regarding which employees face the risk of injury or disease, how often they might face this, and the potential severity of this risk.

What to do with this information

The last link in the chain is to use the information to control the hazards in the workplace. This will be dealt with in Section 4.
Section 4 – Hazard control

Most workplace accidents and injuries, including those in a dental surgery, are preventable. OSH guidelines are concerned with protecting employees from workplace hazards, and accidents and injuries can be prevented if the following measures are adopted.

Workplace hazards control

Below is the preferred order of control measures (hierarchy of control) ranging from the most effective to the least effective.

**elimination**
removing the hazard or hazardous work practice from the workplace

**substitution**
replacing a hazard or hazardous work practice with another less hazardous one, if possible

**isolation**
separating the hazard or hazardous work practice from people not involved in the work; this can be done by installing screens or barriers, or marking off hazardous areas

**engineering control**
may include modifications to tools or equipment, or providing guarding to machinery or equipment

**administrative control**
introducing work practices that reduce the risk which could include limiting the amount of time a person is exposed to particular hazards

**personal protective equipment**
should be taken into consideration at all times and include gloves, mask, safety glasses, aprons, closed-in, rubber-soled shoes when working in the surgery area

There may be circumstances where more than one control measure needs to be introduced to reduce exposure to hazards.
How to do this in the dental surgery

Once all the information about the materials and equipment used in the dental surgery has been gathered together, it can be used to create some OSH guidelines.

This means that policy needs to be worked out regarding the best and safest use of a chemical, a piece of equipment or a way of doing a job in the workplace.

The following precautions should be taken when dealing with hazardous substances in the dental environment.

• Follow all manufacturers’ instructions.
• Wear personal protective attire which should include:
  – gloves – heavy-duty or latex
  – mask – filtered preferred
  – safety glasses
  – apron – plastic or material.
• Avoid contact with the skin.
• Work in well-ventilated areas.
• Ensure that containers are tightly closed.
• Read labels.
• Mop up spills immediately.
• Do not eat, drink or smoke in clinical areas.

Guidelines for the handling of specific materials

Chemical hazards

Hygiene when using mercury

When dealing with mercury:

• work in well-ventilated spaces
• do not work with mercury in carpeted areas
• use tightly closed capsules during amalgamation
• use a non-tough technique for handling amalgam
• avoid heating the amalgam
• use water spray and high-volume evacuation when removing old amalgams or finishing new ones
• wear protective glasses when removing amalgam.

If a mercury spill occurs within a work area, eg an amalgam capsule opens before mixing, carry out the following procedure.

• Use a 5 mL syringe to aspirate the spilt mercury into the syringe chamber then dispose of it into a container of used fixer solution.
• Use sticky tape to collect large particles and place into waste amalgam jar.
Note: Never use brooms, mops, vacuum cleaners or evacuation units to pick up spilt mercury as particles may remain inside these cleaning implements for a long time and may be spread when they are used again.

Personal hygiene

• Cover cuts or abrasions with a protective dressing and a disposable glove.
• If your skin comes into contact with mercury, wash the affected area immediately.

Surgery hygiene

• Store all stock in a cool, dry place.
• Take care not to spill any mercury.
• Keep all waste mercury and waste amalgam in a plastic container in used radiographic fixer.

Radiographic solutions

When dealing with radiographic solutions:

• wear protective attire such as:
  - glasses
  - mask
  - plastic apron
  - gloves
• make sure that the work area is well ventilated
• pour solution away from labels
• read the label before dispensing.
Guidelines for dealing with ergonomic hazards

Manual handling

Bending
Kneel down on one knee, bending your other knee and hips while keeping your back straight.

Fig 4.1

Pushing
Where possible, push instead of pull. This puts less stress on your back and you have twice as much power. Use both arms and stay close to the load.

Fig 4.2

Lifting/carrying
Lift an object by standing close to it, then bend your knees to lower yourself into a squatting position while keeping your back straight and moving slowly into a standing position.

Fig 4.3
Reaching

Keep your shoulders, hips and feet facing the object, and avoid twisting to reach things. Use a sturdy stool or ladder when fetching objects from a high shelf.

Correct working postures

Recommended posture while sitting
- Keep your feet flat on the floor or on a footrest.
- Keep your knees and hips at an angle of 90°.
- Don’t cross your legs.
- Keep your legs free of obstructions.
- Move your chair as close to your work as possible.
- Keep your ankles and elbows at 90°.

Recommended posture while standing
- Maintain the natural curvature of your spine.
- Change your standing position frequently.
- Keep your head, shoulders and pelvis in a midline position.

Principles of moving in your chair
- Avoid sudden, jerky movements.
- Take time to plan your actions and move carefully.
- Avoid twisting your torso. Move your body as a whole unit. (Remember to move your nose with your toes.)
- Turn towards the items you need rather than reaching off to the side.
- Stretch your legs for a few minutes every hour or so and walk around.
- Make sure that the armrest and all adjustment knobs are secure.
- Ensure that the footrest is tightened.
- Keep all wheels lubricated for smooth operation.
- Use chairs with castors on carpeted areas only.
- If you are sitting for a long time, do some simple stretching exercises.

Sitting positions for dental assistants

![Fig 4.5 Poor posture](image)

![Fig 4.6 Correct posture](image)
Using the computer

- Use an ergonomic office chair and workstation.
- Take regular breaks.
- Look away occasionally from the computer screen and focus on a distant object to give your eyes a break.

Exercises

Place your palms across the small of your back.

Arch your spine.

Circle your shoulders forwards and backwards.

Fig 4.7

Fig 4.8
Place one hand on the opposite shoulder. Hold your shoulder gently while you bend towards the other shoulder. Repeat on the other side.

Guidelines for dealing with physical hazards

- Make sure that electrical cords are in good working order.
- Avoid double adaptors – use power boards instead.
- Ensure that all equipment is switched off when it is being washed.
- Keep electrical cords away from wet areas.
- Use non-slip mats.
- Wipe wet areas on floors immediately or use signage to warn of the hazard.
- Wear non-slip footwear.
- Do not take instruments directly from the autoclave to the chair-side.
- Use heat-protective gloves or tray handles when taking items out of the autoclave.
- Ensure that there is appropriate signage.
- Be aware of background noise levels.
- Make sure that there is adequate overhead and chair-side lighting.
- Make sure that windows are tinted, or have blinds or awnings.
Sharps injuries

Needlestick injury is not the only type of sharps injury. It also includes:

• sharp instruments and scalers which you should never wipe chair-side; always sort them before you start cleaning and wear heavy-duty gloves
• matrix bands – take special care when loading and unloading
• burs – remove burs from handpiece at the chair-side and place them in an appropriate container
• needles which should never be re-sheathed; use an appropriate device for dismantling syringes.

Sharps containers should be rigid, clearly labelled and near the work area. They should not be overfilled. If a sharps injury occurs in the workplace, it should be reported immediately using the appropriate documentation. (See Appendix 2.)

Guidelines for dealing with radiation hazards

• Avoid the direct beam. Always stand behind the tube; a lead apron or lead screen is desirable.
• Keep your distance. Stand well back, at least two metres. This means that the connecting cable should be at least two metres long. It follows that if you stand the correct distance away, you will never hold the film, the patient’s head or the cone in position while the x-ray beam is in use.

Radiography machines

All x-ray machines should have the following:

• a visible signal to indicate when the x-ray tube is energised
• an audible signal to indicate to the operator the duration, the exposure or its termination
• a compliance test every three years. Testing must be completed before the existing certificate expires, and the compliance sticker must be attached to the control panel.

Radiography monitoring films

In WA, the Radiological Council no longer requires that individuals wear film badges in private dental practice. It also no longer provides a film badge monitoring service; private companies now provide this service.

The film badge must be attached to the exposure button on the x-ray machine in a film badge holder. These films then monitor the total amount of radiation at the operator’s position.

As far as protecting patients is concerned, use a standard darkroom technique to prevent films from being retaken unnecessarily.

The walls of the x-ray room should be of sufficient thickness to prevent x-rays from passing through them.
Make sure that the unit is kept turned off when it is being cleaned and when it is not in use so that electric shocks can be avoided.

**Curing light**

When using the curing light, make sure that you:
- use a protective shield or wear glasses
- turn the curing light on only when it is in position in the mouth
- turn the curing light off before you remove it from the mouth
- turn it off between cycles.

**Laser**

All dental lasers are invisible to the eye; they are infrared. You need special goggles and eye protection.

**Guidelines for dealing with biological hazards**

Refer to *Maintain Infection Control in Dental Practice*, which has information on:
- dusting
- cleaning, eg dental units
- handwashing
- patient changeover
- standard precautions
- decontamination
- disinfection
- sterilisation
- immunisation.

Make sure that you use:
- a recommended biological monitoring system for the autoclave
- a registered biological waste company
- biological waste containers
- appropriate rubbish bins and laundry bags
- resealable plastic bags for bloodied dressings, teeth and tissue before disposal.

Current immunisation of all surgery workers must be maintained. Air-conditioning units need regular monitoring and cleaning by a registered provider.
Guidelines for dealing with psychological issues

Make sure that you have regular breaks throughout the day. This can include morning tea, lunch and afternoon tea.

Rotation of duties throughout the day will also help to keep you alert.

**Stress** can become an issue or hazard within the workplace and this may be due to:

- long hours
- heavy workload
- the expectation to perform tasks without sufficient training or time
- conflict with other staff members
- harassment
- difficult patients.

Stress may become evident through decreased performance, increased accidents or an increased level of errors.

Strategies to address stress should include regular staff meetings about issues and topics such as:

- solving problems
- time management
- goal setting
- conflict resolution
- availability of training
- workplace protocols when dealing with difficult situations
- clarification of work roles within the dental team
- staff security coming to the surgery, at work and leaving the surgery.
Section 5 – Waste disposal

You have learned about some of the aspects of infection control in the dental surgery and the roles of the universal/standard precautions and AS/NZS guidelines. Waste disposal is also a necessary part of dental surgery hygiene when it comes to infection control.

All health care facilities should have policies and procedures in place for the management of all the waste they generate. The Environmental Protection Authority (EPA), the National Health and Medical Research Council (NHMRC) and Australian/New Zealand Standard™ AS/NZS 3816 Management of clinical and related wastes have set out guidelines for the management of waste generated in a health care facility.

Classification of waste

Waste can be classified as follows:

1. general waste

2. clinical waste, including waste that is generated by medical, dental, veterinary, pharmaceutical or other related activity which is:
   - poisonous or infectious
   - likely to cause injury to public health
   - contain human tissues or body parts.

It includes but is not limited to:
- free flowing and expressible blood and dressings saturated with blood
- human tissues (excluding teeth)
- sharps waste
- radioactive waste
- poisonous or infectious waste
- animal waste resulting from medical, dental or veterinary research
- laboratory or associated waste directly involved in specimen processing
- cytotoxic waste
- waste medicines and pharmaceuticals.
Waste in a dental practice

You should separate all waste at the point of generation according to its category and use appropriately labelled and colour-coded containers in accordance with AS/NZS 3816 *Management of clinical and related wastes*. You must use standard precautions, eg gloves, mask, protective eyewear, when you handle waste containers. You must never overfill waste containers or compact them by hand.

There are some chemicals, eg radiographic or mercury, which **must never** be disposed of in the general waste that ends up at a local refuse tip. These chemicals should be collected by licensed waste contractors authorised by the Health Department of Western Australia.

Waste that is contaminated with saliva is not considered to be clinical waste and is treated as general waste. Extracted teeth are also not considered clinical waste. Pack these types of waste carefully into plastic bags for usual waste pick-up and disposal.

In some states and territories it is illegal to incinerate teeth restored with amalgam, therefore, those teeth must not be placed in a medical or sharps disposal container.

Sharps such as scalpel blades should be placed in a container which meets the requirements of AS 4031:1992 *Non‑reusable containers for the collection of sharp medical items used in health care areas* and AS/NZS 4261 *Reusable containers for the collection of sharp items used in human and animal medical applications*. All containers should be labelled with the international biohazard symbol and adopted for use in Australia as shown below.

![Fig 5.1 Biohazard symbol](image)

**Radiographic solutions**

When you are disposing of developer, fixer or other solutions, proceed as follows.

- Use old, empty solution containers.
- Pour the old solution into the corresponding bottle using a funnel.
- Seal carefully.
- Enclose the MSDS with each bottle.
- Contact the medical waste company for collection.
- Clean up any spillage immediately.
Waste amalgam

All waste amalgam – unused amalgam or mixed amalgam in a capsule or from an amalgam carrier – should be stored with radiographic fixer in an unbreakable container with a secure lid. This stops the fumes from the amalgam (mercury) escaping. Once full, this container can then be collected by the medical waste company.

Empty amalgam capsules can also be recycled by suppliers.

Spillages

Assess and attend to spillages immediately. Procedures for managing blood or body fluids will depend on the nature, size and location of the spillage and include:

• protective clothing
  You must wear disposable gloves. If the spillage covers a large area, you may also need a waterproof apron or gown and overshoes to stop your clothes from becoming contaminated.

• cleaning
  You must clean soiled areas thoroughly with a disposable cloth, water and detergent.

• disinfecting
  After you have removed all visible soiling, wipe the area over with a clean, disposable cloth saturated with 0.5% hypochlorite solution, if appropriate, and allow it to dry.

Material safety data sheets

MSDSs are important fact sheets which manufacturers provide along with their products. They usually contain the following details:

• the product name of the hazardous substance and the chemical names of certain ingredients

• the chemical and physical properties of the hazardous substance

• the specific hazards associated with the product

• the precautions you should take for its safe use and storage

• the name of the manufacturer or importer, the Australian address and a contact number.

MSDSs should be filed in a location that is easily accessible to all staff. As a dental assistant, you should be familiar with the MSDSs of the substances you are working with. The label on the container of a hazardous substance must state:

• the product’s name

• risk and safety information

• its ingredients.

If you empty a substance from one container into another, you must also label the new container.
Activity 3

1. Rank the preferred methods of hazard control from the most effective (1) to the least effective (6).

   - engineering control
   - substitution
   - personal protective equipment
   - isolation
   - elimination
   - administrative control

2. List the details of four medical waste companies in Perth.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact number</th>
<th>Type of waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. List the two categories of waste found in dental practice and give two examples of each.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

4. How would you manage a blood/body substance spill in your surgery?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Section 6 – Accidents

Accidents can happen in any situation. Likely scenarios in dental surgeries are that people can be cut or burned; they can slip, fall, inhale something toxic or spill something. You need to know the correct procedures for dealing with accidents in the workplace.

All dental surgery employees need to be aware of the basic injury/illness or incident reporting procedures and be encouraged to follow them. See Appendix 3 for an example of an accident/incident report form.

Why accidents need to be reported

There are two main reasons for reporting an accident.

1. Lessons can be learned if questions similar to the following are asked.
   - Who caused the accident?
   - What was the outcome?
   - Could the accident have been avoided?
   - Should the policy regarding accidents be changed?
   - Should procedures be changed, eg with regard to training/handling?

2. There is a legal requirement to report an accident, especially if:
   - the injury is serious
   - police and hospitals are involved
   - compensation and rehabilitation are factors.

Preventing accidents in the surgery

In order to prevent accidents in the dental surgery, you must put into action what you have learned about the identification and elimination of hazards. This should be incorporated into an OSH policy that must be followed by all employees if it is to be effective.

How accidents are caused

Accidents occur when hazards in the workplace are not recognised and, as a result, no steps are taken to eliminate them.

This could be something as simple as recognising that a puddle of water on a floor is a hazard and that mopping it up would eliminate the hazard and reduce the risk of an accident.
**Hazard reduction**

Having an effective OSH policy in the dental surgery helps to ensure that the possibility of accidents is kept to a minimum. It is essential that every potential hazard in the surgery is identified, surveyed and analysed, and a suitable method of hazard reduction developed. These hazard reduction or control measures must be easy to implement, and most importantly, be followed and monitored by every employee.
Section 7 – Preventing illnesses and accidents

It is important that you are aware of the possibility of illnesses and accidents in the dental surgery. To prevent illness through cross-infection or accident through workplace hazards, measures must be taken to deal with the potential for illnesses and accidents.

You need to understand how illnesses can occur and be able to apply the universal/standard precautions and AS/NZS guidelines in every aspect of dental work.

Personal hygiene

Policy and procedure should indicate the importance of hygiene and its necessary aspects, including:

• handwashing
• personal health
• use of barrier clothing
• immunisation of all employees.

Handwashing

Washing your hands protects against the spread of infection and disease; however, it is impossible to completely sterilise the skin. Microorganisms, especially transient ones acquired from patients, can be removed through thorough handwashing.

Microorganisms found in deeper skin layers, cuts or other breaks in the skin, cannot be removed through handwashing.

Technique for handwashing

Do the following when you wash your hands.

• Wet your hands.
• Apply hand-wash solution and lather using a circular motion. Wash the palms and backs of each hand. Don't forget to wash under the nails and between the fingers.
• Rinse your hands well.
• Dry each hand separately and thoroughly from the fingertips to the wrists.
• Use a nailbrush once a day only – preferably first thing in the morning, taking care not to damage the surface of your skin with the bristles.
Step 1 – Apply cleansing agent; lather hands and wrists using rotary motion.

Step 2 – Rub palms over backs of hands.

Step 3 – Rub palms together with fingers linked.

Step 4 – Link fists together and rub backs of fingers in a circular motion.

Step 5 – Wash thumbs in palms in circular motion.

Step 6 – Rub tips of fingers across palms.

Fig 7.1 Proper handwashing technique
Precautions and protective attire

**Protective glasses** or visors should be:
- comfortable, preferably with side shields
- worn during decontamination of instruments.

**Protective gowns** should be:
- worn over street clothes
- worn only in work areas
- washed daily.

**Face masks** should:
- be of good quality
- fit well and be properly secured, firmly covering your nose and your mouth
- be changed when moist from talking, coughing or exhaling
- not be touched, and handled only by the tapes
- not be stored in pockets or around the neck.

**Gloves** should:
- fit well and have good tactile qualities
- be removed when you leave work areas
- be changed after every patient
- not be washed, as this leads to deterioration of their protective properties and can result in the development of small perforations which make them stickier.

**Hair** should be:
- short or tied back effectively – especially around the face. Facial hair increases the risk of cross-infection due to the greater surface areas, eg beards, moustaches.

**Linen** should be:
- changed when moist or contaminated.
Sterilisation, disinfection and asepsis

Policy and procedure should specify exactly how and when items are to be sterilised and disinfected, especially with regard to:

- all incoming work from external sources
- work during surgery procedures
- work being sent from the surgery
- work surfaces
- instruments used
- proper cleaning techniques before sterilisation.

In addition to the measures above, it is very important that all employees – both management and staff – are constantly vigilant when it comes to preventing illness, and that each staff member considers it their personal responsibility to be on the lookout for any breakdown in infection control.
Section 8 – Emergencies

OSH guidelines and policies are put in place to try and prevent emergencies. However, sudden or unexpected incidents do occur which can result in serious injury or even death.

You need to be aware that emergencies can and do happen, and you need to know how to handle them.

Important information, eg phone numbers for emergency services should be put up near telephones, and evacuation procedures should be posted in a prominent place where all staff members can see them.
Possible emergencies

Fire

In the event of fire, a three-step procedure should be adopted.

1. Call 000 for the fire service.
2. Determine what type of fire it is, e.g. electrical, liquid, wood/paper.
3. Use a fire extinguisher.

<table>
<thead>
<tr>
<th>Type of fire</th>
<th>Extinguisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood/paper</td>
<td>Water</td>
</tr>
<tr>
<td>Flammable liquid</td>
<td>Foam, CO₂</td>
</tr>
<tr>
<td>Electrical</td>
<td>CO₂</td>
</tr>
</tbody>
</table>

Fire evacuation procedures have usually been set up in places of employment and these must be followed exactly.

Dental surgeries must to be equipped with fire extinguishers and fire blankets.

First aid

First aid facilities should be available which are appropriate for the types of accidents which may occur.

It is recommended that all employees have a current Senior First Aid Certificate.

A member of staff should be appointed as first aid officer and this person should take charge in the event of an emergency and be trained in the use of the first aid kit.

Ensuring a safe working environment

There should be an ongoing program of staff training in matters relating to health and safety. This is just as important as training in the use of equipment and techniques. Every member of staff should have a perfect understanding of what is required of them when it comes to safe work practices.

Employers should make sure that employees are supplied with the necessary safety equipment and barrier clothing, and that these are used properly.

Staff should not eat or smoke in work areas and they should be encouraged to have inoculations against hepatitis B and influenza.
Activity 4

1. Do a walk-through survey of your dental surgery and identify four potential hazards.
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________

2. a) How would you control these hazards? Fill in a hazard report form (following this activity) for two of these hazards.
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________

   b) Do you think that these controls are enough to eliminate the possibility of an accident? (Hint: Have you followed the workplace hazard controls?)
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________

3. List the safety equipment you think should be in a dental surgery.
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
   - _______________________________________________________________
Compare your list with the following:

- mop and bucket
- broom
- dustpan
- fire extinguisher
- fire blanket
- complete first aid kit
- personal safety apparel, eg gloves, masks
- smoke detector
- exit signs
- conveniently located emergency phone numbers
- emergency evacuation plan
- emergency contact numbers.
# HAZARD REPORT FORM

**TO BE COMPLETED BY STAFF MEMBER OR STUDENT**

**NOTIFY YOUR SUPERVISOR/MANAGER or OSH REPRESENTATIVE**

1. YOUR NAME: 

2. WORKPLACE NAME: 

3. HAZARD/RISK (What is the issue?): 

4. LOCATION (eg room, piece of equipment): 

5. What do you think can be done to control this hazard? 

---

# RISK ASSESSMENT

**TO BE COMPLETED BY MANAGER and DESIGNATED OSH REPRESENTATIVE**

6. Using the table below, what do you think the CATEGORY or RISK SCORE is for this hazard? 

7. ACTION TAKEN/RECOMMENDED

<table>
<thead>
<tr>
<th>ACTION TAKEN/RECOMMENDED</th>
<th>WHO</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. NAME (Please print name): 

9. SIGNATURE (Supervisor/Manager): DATE 

10. NAME (Please print name): 

11. SIGNATURE (OSH representative): DATE 

12. Distribution:
   - Original CSM
   - Copy OSH rep
   - Copy Safety Consultant

| Office use: | EMPOWER | Database: _____/_____/_____
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OSH</td>
<td>Follow-up: <em><strong><strong>/</strong></strong></em>/_____</td>
<td></td>
</tr>
</tbody>
</table>

What category have you rated the hazard? Use this table to find a risk score.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1 – Low</th>
<th>2 – Minor</th>
<th>3 – Moderate</th>
<th>4 – Major</th>
<th>5 – Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – Almost certain</td>
<td>B</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>4 – Likely</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>3 – Moderate</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>2 – Unlikely</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>A</td>
</tr>
<tr>
<td>1 – Rare</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>B</td>
</tr>
</tbody>
</table>

**A = Category A**  ➤ Act now. ➤ Notify Manager immediately. ➤ Corrective action and interim controls measures required now.

**B = Category B**  ➤ Act now. ➤ Notify Manager today. ➤ Corrective action required **within 3 weeks**.

**C = Category C**  ➤ Act now. ➤ Notify Manager **ASAP**. ➤ Corrective action required **within 8 weeks**.
Activity 5

Use your knowledge of clean and dirty areas and occupational safety and health to design a room/area for the decontamination, disinfection, sterilisation and storage of instruments and equipment.

Include:
- traffic patterns
- bench space/drawers
- sinks/wet areas
- the principles of clean and dirty
- emergency/hazard signs
- specific equipment
- waste control.

Include an explanation of the work patterns and the reasons for your design.

Your designs will be put up for display and you will be required to present your work to your class.

Activity 6

OSH in the workplace

1. Create a log of the hazard and emergency signs found in your surgery and surrounds.
   Include:
   - diagrams and explanations.

2. Investigate sources of OSH information in your surgery.
   Include:
   - hazards of the working environment
   - potential emergencies, alarms and signals, and required response
   - policies and procedures
   - specific hazards and risk control
   - use of PPE.

3. List the health and safety representatives (HSRs) in your workplace.
   Include:
   - their roles and responsibilities
   - how hazards/incidents are reported.
Appendix 1 – Hazard symbols

Class A – Compressed gas

Class B – Flammable and combustible material

Class C – Oxidising material

Class D1 – Materials causing immediate and serious toxic effects
Class D2 – Materials causing other toxic effects

Class D3 – Biohazardous, infectious material

Class E – Corrosive material

Class F – Dangerously reactive material
If the substance is:

- **corrosive**, it attacks and destroys living tissues such as the skin and the eyes.

- **an irritant**, it is not corrosive but will make the skin red or blister.

- **toxic**, it can cause death, eg if swallowed, inhaled or absorbed by the skin.

- **harmful**, it is similar to a toxic substance but not as dangerous.

- **highly flammable**, it can catch fire easily.

- **oxidising**, it provides oxygen to other substances to make them burn more fiercely.
Explosive

Hazard: This symbol designates substances which may explode under definite conditions.
Caution: Avoid shock, friction, sparks and heat.

Oxidising

Hazard: Oxidising substances can ignite combustible material or worsen existing fires and thus make fire-fighting more difficult.
Caution: Keep away from combustible material.

(Highly) flammable

Hazard: 1. Spontaneously flammable substances
Caution: Avoid contact with air.
Hazard: 2. Highly flammable gases
Caution: Avoid formation of flammable gas-air mixtures and keep away from sources of ignition.
Hazard: 3. Substances sensitive to moisture
Chemicals which readily form flammable gases on contact with water.
Caution: Avoid contact with moisture or water.
Hazard: 4. Flammable liquids
Liquids with a flashpoint below 21 °C
Caution: Keep away from open fires, sources of heat and sparks.

(Highly) toxic

Hazard: The substances are very hazardous to health when breathed in, swallowed or in contact with the skin and may even lead to death.
Caution: Avoid contact with the body and immediately consult a doctor in cases of malaise.

Harmful

Hazard: When taken up by the body, these substances cause slight damage.
Caution: Avoid contact with the body, including inhalation of the vapours and, in cases of malaise, consult a doctor.

Corrosive

Hazard: Living tissue as well as equipment are destroyed on contact with these chemicals.
Caution: Do not breathe vapours and avoid contact with skin, eyes and clothing.

Irritating

Hazard: This symbol designates substances which may have an irritant effect on skin, eyes and respiratory organs.
Caution: Do not breathe vapours and avoid contact with skin and eyes.
Appendix 2 – How to manage a needlestick/sharps injury

In the course of your duties, you or your patient may sustain a needlestick/sharps injury. If this occurs, follow the steps below, which are based on the ADA Guidelines for Infection Control.

1. Stop work immediately.
2. Remove your gloves.
3. Let the supervisor/operator know.
4. Wash the affected area thoroughly under running water and clean thoroughly with soap and water.
5. Allow to bleed.
6. Do not apply antiseptic solution or cream.
7. Cover with waterproof dressing.
8. Check your patient’s medical history.
9. Make an appointment with the doctor.
11. Follow the doctor’s advice regarding further treatment.
Appendix 3 – Hazard identification and reporting

Accident/incident reporting

To help the supervisory staff responsible for accident/incident reporting, make sure that you:

• identify workplace deficiencies
• gather accurate and concise information.

Managers can take measures to prevent accidents/incidents or recurrences of accidents or incidents.

Staff must report all accidents and ‘near-miss’ incidents by filling out an accident/incident report form. The manager or supervisor must complete the investigation and analysis report that follows it, then forward the report to the OSH consultant at the Human Resources branch within 24 hours.

**Note:** Failure to report accidents or ‘near-miss’ incidents can cause problems if legal action ensues.

‘Near-miss’ incidents must also be recorded on the accident/incident report form as they could lead to accidents in the future. A ‘near-miss’ in the workplace is to be treated as an incident so that hazards can be identified and rectified to prevent further incidents/accidents (proactive safety management).

Notification of certain injuries

The **WA Occupational Safety and Health Act 1984**

The Human Resources branch is responsible for letting WorkSafe™ know of the following injuries:

• the death of a person
• a fracture of the skull
• a fracture of any bone:
  - in the arm, other than in the wrist or hand
  - in the leg other than a bone in the ankle or foot
• an amputation of a hand, finger joint, foot, toe or toe joint
• loss of vision in one eye
• any other injury that results or (on the basis of medical advice) appears likely to result in the employee being unable to work for a period of 10 or more consecutive days.
Occupational safety and health accident/incident report

This report must record all accidents/incidents involving an employee, student, contractor or other person who:
- sustains an injury in the workplace
- contracts a work-related disease or disability
- causes damage to plant and/or equipment
- is involved in an incident or ‘near-miss’ in the workplace which could or does result in a ‘close call’.

Accident/incident report section

The person involved in the accident/incident must complete this section of the report within 24 hours and give it to their line manager. (If necessary, the person involved may nominate a representative to complete the form on their behalf.)

Witnesses

Witnesses to an accident/incident must report it to a supervisor for follow-up action. A copy of this form will be provided on request.

Analysis report and investigation section

The supervisor must conduct an independent investigation into the accident/incident, in conjunction with the OSH representative to determine its causes. Outcomes of the investigation must be provided to the health and safety committee at the next meeting.

Completing the report

The person in charge, eg supervisor, manager, will review the report. A copy should be kept by the manager, a copy sent to the relevant health and safety manager and originals forwarded to the health and safety adviser, Human Resources branch for action and tabling at the next health and safety committee meeting.

Notification of accidents

The Human Resources branch must notify WorkSafe™ WA of all work-related accidents or illnesses which result in either death or serious personal injury as outlined in the WA Occupational Safety and Health Act 1984. If an incident meets any of these criteria, the Human Resources branch must be notified immediately.

This form is not a workers compensation form. If you wish to claim compensation, ask your immediate supervisor for the appropriate forms.
Hazard identification checklist

The best way to identify hazards, minimise accidents/incidents and reduce risks is to carry out regular inspections of the workplace. These should be performed with a checklist that should be reviewed periodically.

Checklists are widely used and an ideal starting point for workplace inspections. They can be used as a guide to the types of general hazards found in the workplace. Note the following.

- Managers should make sure that checklists are developed for every work area under their control. Checklists should be created/adapted to suit the particular work area before they are used, and all checklists should be sighted and commented upon by the work area manager or the OSH consultant.

- Checklists should ask specific questions that the person conducting the inspection is able to answer. They should be relevant to the functional work areas and able to be completed within 15 minutes.

- If an incident (injury, damage or near-miss) is reported, the checklist must be reviewed/updated to make sure that all essential aspects are checked.

- The aim of this identification process is to compile a list of hazards at an existing workplace or work activity, a list of hazards associated with a planned new activity, plant or equipment or changes to the workplace itself.

- Before a safety inspection is conducted, health and safety representatives should:
  i) agree on the type of checklist to be used, if required
  ii) arrange a mutually suitable time with the manager or the nominated managerial representative of each area to schedule the inspection
  iii) confirm the appointment the day before the scheduled inspection with the manager or their representative
  iv) arrange for the manager or their representative to accompany the health and safety representative during the inspection.

- On completion of each health and safety inspection, the workplace inspection form must be completed and signed off by the health and safety representative and the manager of the area.

Types of hazards

**Category ‘A’**

This type of hazard is regarded as dangerous and requires immediate corrective action.

**Category ‘B’**

This type of hazard is less dangerous and corrective action must be taken within three weeks.

**Category ‘C’**

This type of hazard must be corrected within eight weeks.
Sample hazard identification checklist

The following checklist is intended as a guide only for managers, supervisors, health and safety representatives and campus safety committees to identify hazards in their workplace. It should be adapted to the particular needs/hazards of each work area and work group.

The OSH consultant is available to provide advice to health and safety representatives and managers.

<table>
<thead>
<tr>
<th>1. Worksite information</th>
<th>✔</th>
<th>❌</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Do safety signs conform to the relevant Australian Standards®? Do they have the desired impact?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>b) Are safety policies displayed?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>c) Are ‘No Smoking’ signs posted and enforced?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>d) Does the facility have trained fire wardens?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>e) Are emergency numbers clearly displayed and available near the main telephone? (e.g. hospital, ambulance, fire service, police)</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>f) Are evacuation procedures in place and understood by all staff?</td>
<td>❌</td>
<td>❌</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Housekeeping and sanitation</th>
<th>✔</th>
<th>❌</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Are work areas clean and tidy?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>b) Is there regular disposal of waste and garbage?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>c) Are passageways and walkways clear?</td>
<td>❌</td>
<td>❌</td>
</tr>
<tr>
<td>d) Have projecting nails been removed?</td>
<td>❌</td>
<td>❌</td>
</tr>
</tbody>
</table>
### 2. Housekeeping and sanitation

<p>| | | | | | | | | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>e)</td>
<td>Have oil and grease been removed?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f)</td>
<td>Are waste containers provided and used?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>g)</td>
<td>Are sanitary facilities adequate and cleaned?</td>
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<td></td>
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<tr>
<td>h)</td>
<td>Has drinking water been tested and approved?</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>i)</td>
<td>Is there an adequate supply of drinking water?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>j)</td>
<td>Are there disposable drinking cups?</td>
<td></td>
<td></td>
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</table>

### 3. Safety of the area and layout

<p>| | | | | | | | | | | |</p>
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Are access ways unobstructed?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b)</td>
<td>Are passageways/walkways clear of obstructions, well lit and ventilated?</td>
<td></td>
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<tr>
<td>c)</td>
<td>Are floors cleaned properly and free from defects?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>d)</td>
<td>Are stairways safe (meet standard requirements) and handrails sturdy?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>e)</td>
<td>Are all lights and power points working well? Are all switches clearly visible?</td>
<td></td>
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<td></td>
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<tr>
<td>f)</td>
<td>Does each worker have enough space to perform their duties safely?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>g)</td>
<td>Are windows and walls sound, eg no cracks, loose frames or panels?</td>
<td></td>
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</tbody>
</table>
### 3. Safety of the area and layout

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</thead>
<tbody>
<tr>
<td>h) Are doorways clear?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>i) Are the exit signs clearly marked and visible?</td>
<td></td>
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<tr>
<td>j) Is access to exits unobstructed? Are exits unlocked?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Are exit signs properly illuminated if there are after-hours operations?</td>
<td></td>
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</tbody>
</table>

### 4. Ergonomics

<p>| | | | | |</p>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a) Are all work areas set up to minimise risk to health or risk of injury?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is glare minimised?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is chair/desk at correct height?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Are ergonomic chairs in good condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c) Are there problems with individual work practices?</td>
<td></td>
<td></td>
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<tr>
<td>d) Are work areas cluttered?</td>
<td></td>
<td></td>
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<tr>
<td>e) Is the ambient temperature within an acceptable range?</td>
<td></td>
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</tbody>
</table>

### 5. Electrical switchboxes

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>a) Are electrical switchboxes clearly identified and are they easily accessible?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Are doors closed but not locked?</td>
<td></td>
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</tr>
</tbody>
</table>
### 5. Electrical switchboxes

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>c) Is the main switch clearly identified?</td>
<td></td>
</tr>
<tr>
<td>d) Is there any storage?</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Safety of electrical and mechanical aids

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Are electrical and mechanical aids professionally maintained in accordance with the manufacturers’ instructions?</td>
<td></td>
</tr>
<tr>
<td>b) Are they used by trained and qualified staff in accordance with the manufacturers’ instructions?</td>
<td></td>
</tr>
<tr>
<td>c) Are protective guards, covers and warning notices in place on plant and equipment?</td>
<td></td>
</tr>
<tr>
<td>d) Is there adequate clearance provided around machinery and equipment for safe passage and access?</td>
<td></td>
</tr>
<tr>
<td>e) Are all electrical cords in good condition, ie not frayed or damaged?</td>
<td></td>
</tr>
<tr>
<td>f) Is equipment stored safely and securely?</td>
<td></td>
</tr>
<tr>
<td>g) Is initial and follow-up training provided for the safe and efficient use of equipment?</td>
<td></td>
</tr>
<tr>
<td>h) Is the use of equipment supervised?</td>
<td></td>
</tr>
<tr>
<td>i) Is the electrical equipment tagged with the inspection date shown?</td>
<td></td>
</tr>
<tr>
<td>j) Are emergency STOP buttons provided on all heavy-duty machinery? If so, are they visible and placed appropriately?</td>
<td></td>
</tr>
</tbody>
</table>
### 7. First aid room

<table>
<thead>
<tr>
<th></th>
<th>✓</th>
<th>✗</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Is the first aid room clean and well maintained?</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Is the first aid kit/station adequate, clearly marked and accessible to all staff?</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Is there unobstructed access to the first aid room? Is there a key?</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Is the first aid room well ventilated?</td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>Is there storage of any sort?</td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Is the equipment up-to-date and complete for local needs? (Check expiry dates.)</td>
<td></td>
</tr>
</tbody>
</table>

### 8. Fire extinguishers

<table>
<thead>
<tr>
<th></th>
<th>✓</th>
<th>✗</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Are fire extinguishers installed where required?</td>
<td></td>
</tr>
</tbody>
</table>

### 9. Personal protective equipment (PPE)

<table>
<thead>
<tr>
<th></th>
<th>✓</th>
<th>✗</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Is the required protective clothing and equipment issued to appropriate staff members?</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Is there enforcement of the correct use of PPE? Is there proper maintenance of equipment? (eg hard hats worn in designated areas; safety footwear)</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Is the correct eye protection used? (eg oxy goggles, welding shields, face shields)</td>
<td></td>
</tr>
</tbody>
</table>
### 10. Safe handling and storage of chemical and hazardous materials

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Are containers clearly labelled and identified?</td>
</tr>
<tr>
<td>b)</td>
<td>Are containers safe from spillage?</td>
</tr>
<tr>
<td>c)</td>
<td>Are containers stored in a safe, secure, ventilated area?</td>
</tr>
<tr>
<td>d)</td>
<td>Is access to the area restricted to authorised staff?</td>
</tr>
<tr>
<td>e)</td>
<td>Are approved safety signs displayed, indicating that chemicals are stored in the area?</td>
</tr>
<tr>
<td>f)</td>
<td>Are the safety clothing and gloves for common use located in areas where hazardous material is stored or used?</td>
</tr>
<tr>
<td>g)</td>
<td>Are the MSDSs for chemicals and hazardous substances used and stored on the premises?</td>
</tr>
<tr>
<td>h)</td>
<td>Are fire extinguishers and protection available?</td>
</tr>
</tbody>
</table>
# HAZARD REPORT FORM

**TO BE COMPLETED BY STAFF MEMBER OR STUDENT**

**NOTIFY YOUR SUPERVISOR/MANAGER or OSH REPRESENTATIVE**

<table>
<thead>
<tr>
<th>1</th>
<th>YOUR NAME</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>WORKPLACE NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>HAZARD/RISK (What is the issue?)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>LOCATION (eg room, piece of equipment)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>What do you think can be done to control this hazard?</th>
</tr>
</thead>
</table>

# RISK ASSESSMENT

**TO BE COMPLETED BY MANAGER and DESIGNATED OSH REPRESENTATIVE**

<table>
<thead>
<tr>
<th>6</th>
<th>Using the table below, what do you think the CATEGORY or RISK SCORE is for this hazard?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>ACTION TAKEN/RECOMMENDED</th>
<th>WHO</th>
<th>WHEN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>NAME (Please print name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>SIGNATURE (Supervisor/Manager)</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>NAME (Please print name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>SIGNATURE (OSH representative)</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>Distribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>– Original CSM</td>
</tr>
<tr>
<td></td>
<td>– Copy OSH rep</td>
</tr>
<tr>
<td></td>
<td>– Copy Safety Consultant</td>
</tr>
</tbody>
</table>

**Office use:**
- EMPOWER
- Database: _____/_____/_____

**OSH**
- Follow-up: _____/_____/_____

---

What category have you rated the hazard? Use this table to find a risk score.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>1 – Low</th>
<th>2 – Minor</th>
<th>3 – Moderate</th>
<th>4 – Major</th>
<th>5 – Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – Almost certain</td>
<td>B</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>4 – Likely</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>3 – Moderate</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>2 – Unlikely</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>A</td>
</tr>
<tr>
<td>1 – Rare</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
<td>B</td>
</tr>
</tbody>
</table>

**A = Category A** ✕ Act now. ✕ Notify Manager immediately. ✕ Corrective action and interim controls measures required now.

**B = Category B** ✕ Act now. ✕ Notify Manager today. ✕ Corrective action required within 3 weeks.

**C = Category C** ✕ Act now. ✕ Notify Manager ASAP. ✕ Corrective action required within 8 weeks.
Sample Accident/incident report form

This page is to be completed by, or on behalf of, the sick, injured or potentially injured person.

Family name: ___________________________  Given name: ___________________________

Where did the incident or injury occur?  _____________________________________________

Describe the nature of injury or illness apparent at the time of the report, eg muscular pain, cuts.

Location/part of the body, eg left eye, right leg, lower back.  ________________________________

The date of the incident when symptoms were first noticed.  ________________________________

What time did you commence work on the day the injury/illness was sustained?  __________

What time did you finish?  ___________________________

Initial treatment was given by:  ___________________________

(please place X in appropriate boxes)  First aider  Doctor  Sent to hospital  None  Other

Who was notified about the incident first? eg student, contractor, member of the public, manager.

Describe how the accident/incident occurred.  Be accurate and factual.  _____________________________________________

Who was the first person you advised when this incident occurred?  _____________________________________________

Witness/es (if any)  _____________________________________________

The area where the incident happened.  _____________________________________________

Are you a:  student:  ______  employee:  ______  contractor:  ______  Other (please specify):  _____________________________________________

Signature of injured or sick person  ___________________________  Date  ___________________________

Upon completion of this form please hand it to your supervisor or manager for action.
Analysis report
Supervisor’s investigation and recommendations

How did the incident occur?

(please place X in appropriate boxes)

Has the manager, supervisor or person in charge notified the Human Resources branch of any injuries which occurred?  
Yes [ ] No [ ]

Did the accident/incident involve machinery and/or plant?  
If yes, please describe.  
Yes [ ] No [ ]

Please provide location of machinery or plant which may be involved. (Sketch if necessary.)

In your opinion, are any changes to equipment or physical facilities required?  
Yes [ ] No [ ]

Should changes to equipment and physical facilities be recommended, such as provision of training, maintenance, responsibility, etc?

Repair or improve [ ] Modify [ ] Replace [ ]

Can you suggest changes in the way the work is carried out to prevent incident or accident occurring again?

Explain the proposed changes and suggestions or indicate why action has not been instigated.

Supervisor’s name: [ ] (please print)  
Date: [ ]

Proposed remedial date: [ ]
PARTICIPATE IN WHS PROCESSES
HLTWHS200A

Learner’s guide

DESCRIPTION
This unit specifies the workplace performance required for an entry-level employee to participate in work health and safety (WHS) processes in the workplace, in order to ensure their own health and safety at work, as well as that of others in the workplace who may be affected by their actions.

EDITION
2nd edition 2012

TRAINING PACKAGE
• HLT07 HEALTH TRAINING PACKAGE

COURSE / QUALIFICATION
• HLT31802 Certificate III in Dental Assisting
• HLT31112 Certificate III in Sterilisation Services
• HLT32712 Certificate III in Dental Laboratory Assisting

UNIT OF COMPETENCY
• HLTWHS200A Participate in WHS processes