



Occupational Health and Safety Manual

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1. Purpose

This manual sets out instructions to staff of the Pets Heaven Foundation about Occupational Health and Safety (OHS). The aim of this manual is to promote safe work practices, to manage OHS risks, to inform staff and to assist in providing a safe environment for staff and contractors, students and visitors.

2. Scope

This manual is applicable to all employees, students, volunteers and other persons at the Pets Heaven workplace.

3. Legislation

- Occupational Health and Safety Act 2004
- Dangerous Goods Act 1985
- Environment Protection (Industrial Waste Resource) Regulations 2009
- Radiation Act 2005
- Prevention of Cruelty to Animals Act 1986

4. Definitions

Emergency - Any emergency which arises internally or from external sources which may adversely affect the safety of persons in a building or the community generally and requires immediate response by the occupants.

Employee - a person employed under a contract of employment or contract of training. For OHS purposes, "employee" includes: all staff, independent contractors, and work experience students engaged by the Pets Heaven

Employer - a person who employs one or more other persons under contracts of employment or contracts of training

Incident - the general name for accidents (that may or may not result in injury), near misses and hazards.

Hazard - anything with the potential to cause damage to people, the environment, property, plant or equipment.

Hazardous substance – substance that has the potential to harm someone's health. A hazardous substance has a "hazardous substance" statement (or internationally used symbols) on the container label.

Near miss - a dangerous incident that could have led to serious injury or significant damage.



Student – a person who is enrolled in an educational institutions, either full-time or part-time, and engaged by the Pets Heaven to receive short practical experiences in his or her field of study.

Substance – any natural or artificial substance, whether in the form of a solid, liquid, gas or vapour.

Volunteer – a person who is acting on a voluntary basis, irrespective of whether the person receives out-of-pocket expenses.

Workplace – a place, whether or not in a building or structure, where employees or self-employed persons work.

5 Occupational health and safety (OHS) responsibilities

5.1 Employer

In general, an employer must:

- provide and maintain for employees of the employer a working environment that is safe and without risks to health;
- monitor the health of employees of the employer;
- monitor conditions at any workplace under the employer's management and control;
- provide information to employees of the employer (in such other languages 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.
- keep information and records relating to the health and safety of employees of the employer;
- 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;
- ensure 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.

5.2 Employee

While at work, an employee is expected to:

- follow safety instructions in the workplace
- keep their work spaces safe (e.g. ensure that they do not leave items to trip over)
- take care when performing duties to ensure that they do not expose themselves, a colleague or any other person to risk of harm



- report health and safety hazards in the workplace
- participate in required training
- wear protective clothing provided
- read health and safety information provided at work
- report any injury suffered by them in the workplace

5.3 Manager

A manager is expected to:

- ensure OHS risks affecting your staff or workplace are adequately controlled,
- actively engage with staff on health, wellbeing and safety matters,
- ensure that staff, students and contractors have received appropriate inductions and training.
- organise and participate in safety activities including training, risk assessments and workplace inspections,
- verify that staff are competent to carry out work safely and are following safe work practices.
- promptly address inadequate training, unsafe practices or behaviours.
- encourage reporting of workplace incidents. Follow up incidents, take steps to prevent further injury or recurrences.
- ensure that all staff are familiar with emergency and evacuation procedures and the location of first aid kits and emergency equipment, and if appropriately trained, the use of emergency equipment.

6 Training and staff induction

All new staff members and staff members whose job descriptions have substantially changed must receive an induction. This requirement applies to all employees and volunteers.

Induction training is normally carried out within the first week of employment. Specialised training may need to be scheduled over a longer period. Employees must not carry out or be asked to carry out hazardous or potentially hazardous work until they have been adequately trained or are directly supervised by trained staff.

The manager is responsible for carrying out the induction training. Where training is delegated to another person (e.g. veterinarian), it remains the manager's responsibility to ensure that the new staff member is competent to carry out their work safely.



7 Incidence report and investigation

7.1 Incidence report

It should be noted that reporting an incident assists the proper treatment of injuries and risk management. Employees are required to report all work related incidents and injuries to the manager immediately. Incident report form can be used for this purpose.

Students should be advised to report incidents that occur while undertaking work related activities to their supervising veterinarian or nurse and/or manager. The supervising veterinarian, nurse and/or manager must follow the incident reporting procedures that is advised by the institution in which the students are enrolled. The manager must document the incident according to routine reporting procedure.

After receiving an incident report, the manager is expected to take appropriate action to control and minimise future incidents and injuries.

7.2 Accident investigation

For more serious accidents or near misses a documented accident investigation must be carried out. This would apply where the incident has been reported to WorkSafe or where a WorkCover Claim is submitted.

8 Emergency response

8.1 Emergency Control Organisation (ECO) responsibilities

The ECO is a structured organisation which will organise an appropriate response to emergency situations. The ECO is responsible for the management and control of Pets Haven in an emergency.

The organisation structure of the Emergency Control Organisation is consisted of Chief Warden, Deputy Chief Warden and Area Warden.

The Chief Warden is to respond to all emergencies on the Pets Haven site and to coordinate the evacuation procedures. The Deputy Chief Warden is required to assume the responsibilities of the Chief Warden in his or her absence; and to assist the Chief Warden to carry out or her responsibilities.

The Area Warden is responsible for activating the Emergency Control Organisation in the event of emergency, i.e. raise the alarm and advise the Chief Warden.

8.2 Emergency numbers

- Ambulance, fire or police – call 000
- State Emergency Animal Welfare Contacts - 136 186 (DEDJTR State Animal Welfare Commander)



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- Chief Warden –
- Deputy Chief Warden –
- Area Warden -

- When you call 000 emergency services, tell them:
 - your name
 - address
 - type of emergency
 - if (and how many) people are injured
 - the nature of the illness (if it is a medical emergency)

8.3 Employee awareness

Employees of Pets Haven shall be informed and updated of the emergency procedures and any changes that may occur, such as new Wardens, building alterations etc.

Information shall include:

- Names and locations of all Wardens.
- Emergency exits throughout the buildings on site.
- Emergency Assembly Areas
- Importance of following Wardens instructions at all time to enable quick and safe evacuation
- Awareness that Pets Haven has a policy regarding information provided to the Media. Employees are not to provide information to the media under any circumstances. All media enquires are to be directed to Pets Haven Management.

8.4 Emergency Evacuation Drill

Emergency evacuation drills shall occur at least once in a calendar year. This will enable the EPC and management to assess the effectiveness of the ECO and the emergency procedures currently in place.

8.5 Emergency procedures

8.5.1 Building evacuation

- Assess areas for danger.
- Human safety is the main priority
- Notify the Chief Warden and the manager.
- Evacuate to the assembly area in an orderly manner obeying any directions from wardens. Veterinary Clinic evacuation area [1] Vacant land next to the veterinary clinic or as directed. Animal Shelter [1] Front of the shelter in car park or as directed.



- Direct all visitors to proceed to the assembly area with their animals calmly and quickly.
- People with poor mobility or advanced age are to receive priority. Children likewise receive priority.
- Do not leave the assembly area until you are instructed to by emergency services or a Warden.
- Check with Wardens to ensure each area has been evacuated, including any visitors and contractors.
- Ensure a representative meets and directs the Emergency Services upon arrival. Assist the Emergency Services if required.
- If there is safe available time, without a human sustaining an injury, please remove animals from the site by utilising leads, crates, carriers.

8.5.2 Bomb threats

- Immediately notify the Chief Warden and the Police – call 000
- Keep clear of any suspicious objects
- Evacuate the building immediately
- Leave door & windows open
- Ensure Wardens report all searched and cleared areas.
- Meet and brief the Fire Brigade upon arrival.

8.5.3 Chemical hazards or gas leak

- Ensure the immediate safety of anyone within the vicinity of the spill.
- Restrict unnecessary movement into and through the area to avoid spreading contamination until MSDS is at hand.
- Report the spill to the manager.
- If flammable liquids are involved, turn off all heating and electrical equipment if safe to do so.
- Do not switch on any electrical equipment, light switches, etc, or use a mobile phone in the event of a gas leak.
- The treatment of serious injury must take precedence over decontamination and containment.
- Decontaminate the spill in accordance with the MSDS if safe to do so.
- Notify the Chief Warden and Fire Brigade if necessary. Evacuate the building as instructed to do so by the warden.

8.5.4 Dangerous or threatening person

- Try to remain calm and control emotions.
- Do precisely as you are told and no more. Speak only when spoken to.
- Call the Police on “000”.
- Isolate the crime scene, do not touch anything.

8.5.5 Flooding

- Assess area for electrocution risk.
- Alert the Chief Warden as required. Notify the manager.



- If possible, determine the nature of flooding (water main / roof damage / sewerage, etc.).
- If water damage is large scale, immediately call the Fire Brigade on “000”.
- Contact appropriate Contractors if required (i.e. Plumber, etc.).

8.5.6 Fire

- Assist any person in immediate danger (if safe to do so), and call for help.
- Inform all staff and visitors with calm. Activate evacuation procedures.
- Notify the Chief Warden and the Fire Brigade by calling “000”.
- Leave adequate food and water to the inpatient animals if safe to do so.
- Only attempt to fight the fire if it is small and safe to do so, with appropriate equipment (if trained). The fire extinguisher is located at XXX (see appendix 1).
- If there is an electrical fire turn off electricity.
- Close doors as you leave to slow down spreading of fire.
- Ensure Wardens report all searched and cleared areas.
- Meet and brief the Fire Brigade upon arrival.
- Ensure Wardens account for all known staff, visitors and contractors who may have been present.
- Re-enter the building only when advised it is safe to do so by either the warden or emergency services.

8.5.7 Medical emergency

- Immediately call an ambulance on “000”.
- Call Human Resources to report the incident. It may require further investigation.
- Do not attempt to move the person unless they are in immediate danger.
- If the person is hospitalised, arrange for the person’s next of kin to be notified by manager.
- In the event of a death on the premises, as confirmed by an Ambulance officer, leave scene untouched and arrange for the person’s next of kin to be notified by manager.



9 OHS Procedures and guidelines

9.1 Animal handling

9.1.1 Animal related injuries prevention

In general, veterinarians and animal handlers should be able to recognise behaviour in animals and situations that are associated with an increased tendency for an animal to bite. Professional judgment should be exercised to guide bite prevention practices.

Precautions guidelines:

- Inexperienced workers should never be asked to handle an animal which may bite or scratch until they have gained an understanding of when and how this is likely to happen.
- Use physical restraint whenever necessary - appropriate equipment, such as different sizes of muzzles, should be readily available.
- Use chemical restraint in accordance with clinic policy - sedation or anaesthesia.
- Discuss with owners about the animals' temperament and likelihood of the animal becoming aggressive, especially the new patients. Aggressive animals should never be made available for adoption.
- Never let client perceptions or attitudes prevent you from using appropriate prevention.
- Appropriate techniques for approaching and handling animals must be understood by all staff who will come into contact with them.
- Do not rely on owners or untrained staff for animal restraint.
- Always be aware of changes in their patients' behaviour which may precede attempts to bite.
- Make all efforts to minimise stressors for animals, e.g. noises, presence of other animals, etc., when handling the animals.
- Concentrate on the animal you are handling without being distracted by other activities.
- Ask a second person (another staff or owner of the animal) to calm the animal to enable examination or treatment. Experienced veterinary personnel rather than owners should restrain animals for procedures whenever possible.
- Any animal exhibiting potentially aggressive behaviour should have a kennel sign (e.g. Caution!) to alert others who may be handling the animal. Specific alerts or recommendations should be written on the sign and in the medical record to provide staff with as much information as possible when handling the animal.
-

9.1.2 Manual handling related injuries prevention

Manual handling of animals is an unavoidable task for veterinary personnel. If a staff have to lift a heavy animal, never attempt to do it on your own. To prevent muscle straining, only lift a heavy animal when a staff has gained the appropriate techniques and always ask for a second person to help.



For further instructions relating manual handling, please see section 9.5 Manual Handling.

9.1.3 Animal bites and scratches procedures

If anyone is bitten or scratched by an animal, immediately wash the wound thoroughly with soap and water.

For a bite or scratch from a flying fox (bat), wash the wound for about 5 minutes and then apply a virucidal antiseptic (e.g. povidone-iodine).

Medical attention should be sought as soon as possible for any bite that:

- is on a hand or is over a joint
- is over a prosthetic device or an implant
- is in the genital area
- is over a tendon sheath, such as bite on the wrist or the ankle
- causes a large amount of tissue damage such as a deep tear or tissue flap
- is a tetanus-prone wound.

If the bitten area becomes increasingly painful or swollen, if the wound develops a discharge, or if the person develops a fever or swollen lymph nodes, consult a physician as soon as possible.

Medical attention should also be sought for any bite (particularly from a cat) sustained by a person with any of the following conditions:

- Compromised immune system (e.g. HIV/AIDS, transplant or chemotherapy patients).
- Chronic swelling (oedema) in the area that was bitten.
- If the person has had his or her spleen removed.
- Liver disease, diabetes, lupus or other chronic systemic disease.

9.1.4 References

Guidelines for Veterinary Personal Biosecurity, 3rd edition. Australian Veterinary Association. January 2017.



9.2 Clinical Waste Disposal

It is illegal to dispose of clinical and related waste into your general waste. There may be adverse consequences for the environment, the waste industry, your staff and the community. Improving waste management and applying minimisation principles will reduce waste disposal costs and generate a range of benefits including:

- reduced potential to spread infection
- improved occupational health and safety for staff
- less damage to the environment
- compliance with legislation
- better staff morale
- improved reputation and better community relationship.

This procedure outlines the safety precautions when handling and disposing clinic wastes.

9.2.1 What are clinical and related waste?

9.2.1.1 Clinical waste

- Sharps:
 - Syringes;
 - Needles;
 - Lancets;
 - Scalpel blades;
 - Anything capable of cutting or penetrating the skin.
- A clinical specimen other than urine or faeces:
 - Tissue;
 - Blood;
 - Other specimens (excluding hair and nail clippings) for laboratory examination or testing.
- A specimen of urine or faeces taken for laboratory testing to ascertain disease status.
- A laboratory culture:
 - tissue cultures;
 - nutrient agars, gels, and broths;
 - serums, vaccines, antigens and antitoxins;
 - contaminated material (such as culture dishes, glass plates, and vials).
- Tissue, carcasses or other waste arising from animals used for laboratory investigation or for medical or veterinary research other than psychological testing:
 - infected animal tissue;
 - animals used for chemical and drug testing;
 - animals used for microbiological testing;
 - animals used in other veterinary and medical research;
 - animal waste contaminated with infectious organisms or chemical residues;



- materials contaminated with urine and faeces where the animal has been infected with an infectious organism.

9.2.1.2 Related waste

- Pharmaceutical substances:
 - patients' unused medications;
 - pharmaceuticals that are unwanted or out-of-date;
 - sharps, packages, containers and equipment contaminated by pharmaceutical substances and their residues;
 - pharmaceutical substances rejected by the manufacturer due to quality control considerations.
 - This excludes materials containing trace quantities of pharmaceuticals (other than cytotoxics), saline, sugar, and nutrient solutions and drips.
- Cytotoxic drugs

9.2.2 Safety procedures

- Minimise generation of clinical and related wastes where practicable.
- Recycle on-site where practical.
- Use appropriate personal protection equipment (PPE) such as gowns, masks and gloves.
- Clearly label the collected waste with the waste name, origin, waste risk statements, and contact details.
- Strictly follow the handling and disposal instructions on MSDS when handling the related wastes;
- Store clinical and related wastes only in sealed and secure containers on impermeable surfaces, preferably undercover in an isolated bunded area.
- Prevent spills and leaks of the wastes from entering the environment.
- Ensure regular maintenance checks on any safety equipment associated with waste handling, storage or transport.
- Ensure operating procedure instructions and training are provided and followed.
- Cytotoxic wastes must be handled very carefully, as even very small quantities can be hazardous. Reusable sharps containers must not be used for disposal of cytotoxic waste.

9.2.3 References

5. Clinical and related waste – operational guidance. EPA Victoria. September 2009.



9.3 Hazardous substances

Hazardous substances are substances that have the potential to harm human health. This procedure outlines the requirements for the management of hazardous substances and dangerous goods in the workplace to minimise effects to health and safety from exposure and reduce the impact on the environment.

9.3.1 Identifying hazardous substances

All employees must be able to identify the hazardous substances by the Material Safety Data Sheets (MSDS) and the labels on container of hazardous substances.

9.3.1.1 Material Safety Data Sheets (MSDS)

A MSDS is a document providing information about the identity, properties, health hazards, precautions for use and safe handling of a hazardous substance. It also helps you to identify, assess and control risks associated with the use of the substance in your workplace. Some hazardous substances are defined as "drugs" or "poisons".

The manufacturers, importers and suppliers of hazardous substances are required by law to provide purchasers with a copy of the current MSDS. The employer is required to obtain the most recent version of the MSDS on or before the first time the hazardous substance is supplied for use in your workplace.

The manager has to check if the MSDS are up-to-date regularly. If an MSDS is more than five years old, obtain a current version from the manufacturers.

The manager has to make sure that the MSDS are readily accessible to any employee who could be exposed to a hazardous substance. Copies of MSDS should be kept in a location convenient to the work area in which the substance is used.

Access to MSDS may be provided in a number of ways including:

- paper copy collections of MSDS;
- microfiche copy collections of MSDS;
- computerised MSDS databases.

9.3.1.2 Register of hazardous substances

All hazardous substances used in the workplace must be identified and listed in a register. The register is simply a list of the product names of all hazardous substances used in the workplace accompanied by the current MSDS for each of these substances. The manager is to prepare the register and make sure it is regularly maintained.



9.3.1.3 Labelling of hazardous substances

All containers of hazardous substance must be labelled with the manufacturer's or importer's label. Therefore, employees are readily able to identify a hazardous substance when they use it.

The label supplied must be written in English and contain:

- the product name of the hazardous substance;
- name, address and telephone number of the Australian manufacturer or importer of the substance;
- information relating to its ingredients;
- relevant health and safety information about the substance (including risk and safety phrases), except where the container is so small it is not practical to provide such information;
- the word "HAZARDOUS" (or signal words such as "dangerous poison", "warning" or "caution" that indicate the severity of the hazard).

The manager has to ensure that the containers of hazardous substance are labelled with undamaged manufacturer's or importer's label. It is employees' responsibility to report to manager on any damaged label.

9.3.2 Risk assessment

The manager in consultation with employees are to assess if the use of a hazardous substance the workplace poses a risk to health before the substance is used for the first time in the workplace.

MSDS and labels for all hazardous substances supplied to the workplace should be reviewed to obtain information on the health hazards, precautions for use and safe handling requirements for the substance.

To assess the risks to health effectively, the following factors should be considered when reviewing the information about a substance:

- routes of exposure to hazardous substances;
- form (including concentration) in which the substance may be present, such as solid, liquid or gas;
- chemical and physical properties of the substance; and
- health effects for each route of entry or contact identified.

After the assessment of the information about the hazardous substances, the nature of work in which hazardous substances are used should also be assessed. Then you should be able to work out whether or not an injury or illness is likely to occur as a result of exposure to the hazardous substance, or to any substance generated through its use. There are three possible outcomes:

- No likelihood of injury or illness
- Likelihood of injury or illness
- Likelihood of injury or illness uncertain.



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9.3.3 Risk control

The manager in consultation with employees are to develop and implement controls to eliminate any risk to health arising from the use of a hazardous substance. Where elimination of risk is not practical, you must reduce the risk, as far as practicable.

9.3.4 Information instruction and training

Manager should implement the MSDS precautions for safe use, storage and disposal to the induction trainings, work manuals and policies.

It is employees' responsibility to follow workplace safety policies and procedures regarding the use of hazardous substances. You have to make sure yourself have gained adequate knowledge or training in prior to the use of hazardous substances.

9.3.5 References

Code of Practice for Hazardous Substances. No 24, June 2000

- Code of Practice for Hazardous Substances. No. 24, June 2000.



9.4 Manual handling

Hazardous manual handling can lead to injuries or disorders of the muscles, nerves, tendons, joints, cartilage and spinal discs. Some of these injuries are referred to as sprains and strains, back injuries, lower back pain, soft-tissue injuries to the wrists, arms, shoulders, neck or legs or abdominal hernias. Collectively, these conditions are known as musculoskeletal disorders (MSDs).

This procedure outlines how potentially hazardous manual handling tasks in the workplace are identified, assessed, controlled, monitored and reviewed.

9.4.1 Identify hazardous manual handling tasks

The manager in consultation with employees are to identify hazardous manual handling tasks undertaken in the workplace. Hazardous manual handling can be defined as “work requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain a thing if the work involves one or more of the following:

- sustained awkward posture
- repetitive movement
- application of single or repetitive use of unreasonable amount of force
- exposure to vibration
- lifting persons or animals
- unbalanced or unstable loads
- loads that are difficult to grasp or hold.

Hazard identification worksheet may be used to:

- list all work involving manual handling;
- identify hazardous manual handling;
- prioritise the tasks to be assessed.

9.4.2 Risk Assessment Process

The manager in consultation with employees are to assess the level of risk for tasks that have been identified as potentially hazardous, taking into account the current risk controls implemented and the following risk factors:

- Postures
- Movements
- Forces
- Duration
- frequency of hazardous manual handling; and
- environmental conditions

It is recommended that completed assessments are kept and made readily accessible for future reference.



9.4.3 Risk controls

Once risk assessment has been carried, the manager in consultation with employees are to develop and implement solutions to eliminate or reduce the level of risk associated with hazardous manual handling tasks.

One or more of the following risk controls must be used to eliminate or reduce the risk of MSD associated with hazardous manual handling:

- alter workplace layout, or the environmental conditions, where the hazardous manual handling is undertaken;
- alter the systems of work used to carry out the hazardous manual handling;
- change the things used in the hazardous manual handling;
- use mechanical aids;
- combination of the above methods.

If risk remains, you must use the information, training or instruction to reduce the risk.

9.4.4 Information instruction and training

Adopting good workplace and job design is the most effective way to control MSD risks. However, training in manual handling techniques, or how to perform a work properly, can be an important way to help reduce risk. Employees have to make sure that you have gained the techniques before commencing any hazardous manual handling task.

The technique must be specific, designed for the work and the workplace where it will be used. The training should aim at helping employees to:

- understand the reasons for doing the work in a particular way;
- recognise the risks and decide the best way to do the work; and
- perform the work properly and practise the technique before being required to use it.

The techniques should be assessed regularly. Refresher training should be provided as required.

Training in specific lifting techniques is often used to address the danger of lifting heavy objects. But repetitive lifting may pose a risk, irrespective of which technique is used. This is why training alone is not an effective risk control. Rather than relying on safe worker behaviour, it is far better to make the workplace safer by reducing the risk of the work itself.

9.4.5 References

Your health and safety guide to hazardous manual handling. Edition 2, June 2017. WorkSafe Victoria.



9.5 Pregnancy

Pets Heaven Veterinary Clinic recognises the need to protect the health, safety and welfare of female staff and students who may become pregnant, are pregnant or breastfeeding. Certain work practices and procedures may impose higher than usual risks to the unborn child or pregnant woman. Existing safety procedures should be followed. In addition, this guideline outlines potential areas of concern for those that are considering pregnancy, who are pregnant or breastfeeding where further precautions may be required.

9.5.1 Responsibilities

9.5.1.1 Manager

- to inform staff who may become pregnant, are pregnant or breastfeeding from specific workplace hazards.
- organise an appropriate safe job, if one is available, to the staff who may become or are pregnant.

9.5.1.2 Employee

1. Should advise their manager if she intends becoming pregnant, are pregnant or breastfeeding and are working with or near specific workplace hazards.
2. Seek medical expertise in relation to specific workplace hazards such as the use of a particular chemical

9.5.2 Biological Hazards

During pregnancy, women experience physiologic suppression of cell-mediated immunity, increasing their susceptibility to certain infections. These include toxoplasmosis, lymphocytic choriomeningitis virus infection, brucellosis, listeriosis, Q fever, leptospirosis and *Chlamydomphila psittaci*. Vertical transmission of certain zoonoses may result in abortion, stillbirth, prematurity or congenital anomalies.

Measures to reduce risk from infection with these pathogens will vary depending on individual circumstances, but may include:

- avoiding jobs such as obstetrics due to the contact with birth fluid;
- avoiding contact with young cats, cat faeces or raw meat to lessen the chance of contracting *Toxoplasma*.

The use of infection control measures (e.g. washing hands) and personal protective equipment (e.g. gloves, facial mask) will reduce the risk of infection. In some cases, it may be advisable to consult the employee's healthcare provider (with the person's consent) or an infection control, public health or occupational health specialist in managing the zoonotic disease risk.



9.5.3 Chemical hazards

Some hazardous chemicals (e.g. pharmaceutical substances) used at the clinic may cause various toxic effects such as fertility impairments, birth defects, harm to unborn children genetic mutations, poisoning, cancer or other diseases. A risk assessment should be undertaken to ensure that exposure levels are minimal. The MSDS should be included in the risk assessment process.

The manager must determine whether chemicals used in the work area could create a risk to pregnant staff.

The manager should:

- review current safe work procedures
- review the MSDS to identify possible reproductive hazards presented by a chemical;
- inform the pregnant or breastfeeding staff with the hazardous substances which could create a risk to them;
- eliminate or replace the chemical for a less hazardous chemical if able to do so.

A pregnant or breastfeeding staff should:

- Avoid or reduce the use of hazardous chemicals which could pose a risk to them;
- Use, where applicable, a fume cupboard;
- use appropriate personal protective equipment such as gloves, gown and a mask;
- wash hands after contact with any hazardous chemicals.

9.5.4 Ionizing radiation hazards

- During radiography, staff who may become or are pregnant should:
- remain at least 2 m from the edge of the beam; and
- not hold animals.

9.5.5 Physical hazards

It is important to recognise that physical hazards (such as lifting, slip trips and falls) in the workplace and should be considered in relation to pregnancy.

Manual handling techniques, prolonged sitting and standing, and travelling in cars should all be assessed to avoid physical risks to the pregnant woman and unborn child.

Pregnant and breastfeeding women should also be aware of the risks of heat stress and dehydration if working in areas exposed to excessive heat.



9.6 Radiation safety

The use of x-ray equipment in veterinary clinics is essential for diagnosis and treatment of illness and injury in animals. Potential employee exposures to radiation must be safeguarded against, and only qualified persons will be permitted to be involved in x-ray procedures.

9.6.1 During radiographic examination

- Only people who are essential to a procedure are permitted to be present during radiological examinations.
- If an animal is physically restrained during radiography, mechanical supporting or restraining devices (e.g. sandbags and strings) should be available and used where possible. In the majority of cases, animals will be anaesthetised prior to x-ray, there will be no need for any person to be in the room during operation.
- If the animal is held by an individual, that person must be protected with appropriate shielding devices (personal protective equipment), and position themselves so that no parts of their body could be in the path of the x-ray beam.
- The radiation exposure of any worker who carries out this job must be monitored. No person should routinely be asked to hold animals for x-ray.

9.6.2 Personal protective equipment (PPE)

Each person present during a radiological examination must be, where practicable, positioned behind a protective screen. If a person is unable to position themselves behind a protective screen, they must:

- wear a protective apron; and
- remain as far as practicable from the primary X-ray beam, the animal, and the X-ray tube assembly.

Protective gloves (full hand) and aprons are the minimum safety equipment required for most veterinary x-ray operations. However, staff are also advised to use thyroid collar to protect the thyroid from the radiation where the equipment is available.

Radiographic PPE should be stored properly to ensure it remains effective. Gloves, aprons and thyroid collars should never be folded. This will cause permanent creases and weak lines in some types of materials. A commercial or home-made hanger is a good way to store these items. It's also very effective to lay the aprons and gloves flat on the x-ray table when not in use. Radiographic PPE should never be used as restraint or capture aids, since animals can bite through the protective layers and make the article unusable for protection from radiation.



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9.6.3 Training

Before anyone is allowed to take radiographs (or be exposed to radiation) they must be trained on the physical or health hazards associated with radiation. Each person present during a radiological examination must be properly instructed to enable them to understand their part in the proposed procedure. They must know, understand and follow the Pets Heaven Veterinary Clinic's policies for the proper operation of equipment. Even if the staff member has previous experience in radiographic operations, they must be trained on the practice specifics.

9.6.4 References

1. Code of Practice for Radiation Protection in Veterinary Medicine (2009).



9.7 Sharp safety

This procedure outlines the requirements for handling sharps in the workplace. It aims to minimise the risk of handling sharps by appropriate techniques.

9.7.1 Needle stick injury prevention

Needlestick injuries are among the most prevalent accidents in the veterinary workplace. The most common needlestick injury is inadvertent injection of a vaccine.

*****The most important precaution is to avoid recapping needles*****

When it is absolutely necessary to recap needles as part of a medical procedure or protocol:

- use a mechanical device such as forceps to replace the cap on the; or
- employ one-handed “scoop” technique.

The **one-handed “scoop” technique** involves holding the syringe with the attached needle or the needle hub alone (when unattached) and scooping or sliding the cap, which is lying on a horizontal surface, onto the needle's sharp end. Once the point of the needle is covered, the cap is tightened by pushing it against an object, or by pulling the base of the needle cap onto the hub of the needle with the same hand holding the syringe.

9.7.2 Scalpel blades handling

- Using a scalpel blade without attached to a scalpel handle to perform medical procedures should be avoided.
- A scalpel blade must be attached to a scalpel handle appropriately with aid of haemostat. Similarly, the blade must be removed from the handle using haemostat or blade removal device.
- Never leave a used blade unattended after procedure. The used blade must be disposed to a sharps container immediately after removal from the handle.

9.7.3 Sharps disposal

1. When injecting live vaccines or aspirating body substances, the used syringe with the needle attached should be placed in a sharps container;
2. After most veterinary procedures, the needle and syringe may be separated for disposal of the needle in the sharps container;
3. Needles may be most safely separated by using the needle removal device on sharps container, which allows the needle to drop directly into container;
4. Needles should never be removed from the syringe by hand;
5. Needle caps should not be removed by mouth;
6. Use a haemostat to transfer used blades to sharps container;

7. Sharps should not be transferred from one container to another.

9.7.4 References

1. Guidelines for Veterinary Personal Biosecurity, 3rd edition. Australian Veterinary Association. January 2017.

9.8 Work-related stress

Work-related stress is a health and safety hazard that can have negative effects on you and your workplace. Implementing measures to prevent work-related stress can benefit employees and the workplace by creating a safe and healthy working environment.

The World Health Organisation (WHO) defines stress as “the reaction people may have when presented with demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.” The WHO states that “stress occurs in a wide range of work circumstances but is often made worse when employees feel they have little support from supervisors and colleagues and where they have little control over work or how they can cope with its demands and pressures”.

This procedure provides information about work-related stress for employees and outlines the management of the stress.

9.8.1 Causes of work-related stress

Work-related stress can arise from a number of interrelated factors. All factors present at the workplace should be considered. Some potential causes include:

1. Task design (e.g. fragmented or meaningless work; lack of variety);
2. Work load and/or work pace (e.g. work overload or under load; time pressure);
3. Role in the organisation (e.g. role conflict or uncertainty);
4. Work context (e.g. hazardous work; dealing with difficult customers);
5. Work scheduling (e.g. shift working; unpredictable working hours; long working hours);
6. Employment status (e.g. casual employment; contracting);
7. Physical work environment and equipment (e.g. lack of space; excessive noise; poorly maintained equipment);
8. Degree of control over work (e.g. lack of control over work methods and scheduling of work);
9. Organisational function and culture (e.g. poor management of organisational change; poor communication within the workplace);
10. Management of work (e.g. poor leadership; inadequate information, instruction and training);
11. Relationships at work (e.g. bullying; interpersonal conflict; lack of social support).

9.8.2 Symptoms of work-related stress

The signs or symptoms of work-related stress can be physical, psychological and behavioural.

1. Physical symptoms include:



1. Fatigue
2. Headaches
3. Gastrointestinal upsets
4. Psychological symptoms include:
 1. Depression
 2. Anxiety
 3. Discouragement
 4. Irritability
 5. Excess worrying
 6. Difficulties in decision making
 7. Anxiety
 8. Anger
 9. Mood swings
 10. Forgetfulness
11. Behavioural symptoms include:
 1. Diminished initiative
 2. Withdrawal behaviours
 3. Impulsive behaviour
 4. A drop in work performance

9.8.3 How to deal with stress at work

Some ways to help manage work-related stress include:

1. Talk to your manager or employer;
2. Explore options for helping you deal with the stress (e.g. reduction in work hours or duties; or the way your work is managed);
3. Be open to alternative ideas and duties that may assist your work;
4. Talk to somebody whom you trust in your personal or professional life;
5. Take regular holidays and make time for things you enjoy, such as hobbies or sport;
6. Support your colleagues if they are experiencing work-related stress.

9.8.4 Where to get help

If you are experiencing work-related stress that you think could be causing a mental health issue, it's important to get treatment as soon as possible, regardless of whether you have an accepted workers' compensation claim. Costs can later be covered by workers' compensation if your claim is accepted.

7. Meet with your General Practitioner (GP)
 1. Book a long consultation with your GP so you have enough time to discuss your situation without feeling rushed. Your GP may develop a Mental Health Treatment Plan with you so you can be referred to a mental health professional such as a psychiatrist or psychologist.



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2. Your GP can use GP Mental Health Treatment itemising the Medicare Benefits Schedule which are generally either low cost or free for patients. You can check whether there will be any cost when you make the appointment.

9.8.5 References

3. <https://www.worksafe.vic.gov.au/pages/safety-and-prevention/health-and-safety-topics/work-related-stress>.



9.9 Workplace bullying

This procedure provides guidance in the promotion of a safe workplace and outline the management of claims of workplace bullying and intimidation.

9.9.1 Type of bullying

Bullying behaviour ranges from physical and verbal assault, including electronic and online (such as text messages, email or social media), and abuse through to the very subtle such as continually undermining another person. Examples of behaviour, whether intentional or unintentional, that may be considered to be workplace bullying if they are repeated, unreasonable and create a risk to health and safety include but are not limited to:

1. Physical or verbal assault;
2. Belittling opinions or constant criticism;
3. Yelling or screaming or offensive language;
4. Derogatory, demeaning or inappropriate comments or jokes about a person's appearance, lifestyle and background;
5. Insults;
6. Isolating workers from normal work interaction, training and development or career opportunities;
7. Overwork, unnecessary pressure and unreasonable deadlines;
8. Tampering with someone's personal effects, work materials or equipment;
9. An unacceptably aggressive behaviour by a more senior officer;
10. Undermining work performance by deliberately withholding work-related information, access, support or resources or supplying incorrect information;
11. Underwork, creating a feeling of uselessness;
12. Unexplained job changes, meaningless tasks, tasks beyond a person's skills and training;
13. Over detailed supervision and unwarranted checking of performance;
14. Unreasonable "administrative sanctions" such as undue delay in processing applications for training, leave or expenses.

9.9.2 Responsibilities of manager

Managers have a responsibility to:

1. Proactively promote a workplace free from bullying and intimidation and act on incidents;
2. Provide for appropriate training and information to staff of the work area about what are acceptable and unacceptable workplace behaviours;
3. Inform staff of the actions they can take if they feel they are being bullied or intimidated;
4. Arrange or provide adequate and appropriate support to staff who make a complaint about bullying, including ensuring that the matter is treated confidentially and that the complainant is not victimised;
5. Deal fairly with all persons involved in allegations of bullying and intimidation including ensuring due process.



9.9.3 Informal complaints and resolution

Staff should seek advice if they believe they are experiencing, or are observing workplace bullying. Advice may be sought from the manager or another staff member.

If the staff feels comfortable doing so, he/she should attempt to resolve the issue directly with the other party by talking or writing to the person in relation to their behaviour. It is suggested that the staff should make all reasonable attempts at the local and informal level to resolve the matter, before proceeding to a formal complaint.

If an informal direct approach is not appropriate, as determined by the manager, to resolve the matter, the staff may make a formal complaint.

9.9.4 Formal complaints

If a staff member feels they are being bullied or intimidated is entitled to make a formal complaint to the Human Resources Division using Workplace Bullying Complaint Form. The complaint may be made by another staff member, on behalf of a staff member.

The complaint shall be in writing and provide sufficient information for the Human Resources Division to assess whether an investigation is warranted. The Director may seek further information from the complainant in order to ascertain whether an investigation is warranted. The complaint should include details of what informal steps have been taken to seek to resolve the matter or, if these have not been taken, why they are inappropriate.

If the Human Resources Division considers an investigation is warranted, the Director will instigate an investigation of the complaint. Consideration as to whether an investigation is warranted may include where:

1. Informal efforts have not resolved the matter;
2. And/or the person complained against has refused to participate in, or withdrawn from, conciliation;
3. An alternative method of resolution is considered to be more appropriate.

9.9.4.1 Investigation of formal complaints

Where the HRD assesses that an investigation of a complaint is warranted, a formal investigation will be instigated into whether or not bullying or intimidation has occurred and, if so, who have been the perpetrators.

The person(s) complained against will be informed of the allegations and advised of their entitlement to be assisted by another staff member. They will



also be advised that the outcome of the investigation could lead to disciplinary action.

The investigation may include gathering evidence from the complainant, the person(s) complained against and other relevant persons. The investigation shall be made in a timely manner, but ensure that all parties have adequate time and resources to provide relevant information.

At any stage in the investigation, the Manager and/or HRD may decide whether any interim arrangements need to be put in place to prevent any further risk to the health and wellbeing of any party involved. Such interim arrangements may include a change in a work arrangement.

A report of the investigation shall be provided to the HRD, the complainant and the person(s) against whom the complaint was made. The HRD shall ensure that whatever the outcome of the complaint, the complainant is not victimised.

9.9.4.2 Action on the report

On receipt of the report of an investigation the HRD shall determine:

1. Whether or not disciplinary action is warranted against the person or persons subject to the complaint;
2. Remedial actions which should be taken by the manager to prevent workplace bullying or intimidation;
1. Whether compensation or other restitution should be made to the complainant;
2. Whether counselling, conciliation or mediation should be provided.

9.9.5 References

Guide to Workplace Bullying – Prevention and Response. WorkSafe Victoria.
Your Guide to Workplace Bullying – Prevention and Response. WorkSafe Victoria. October 2012.