

**Safety**

**Covering:**

HLTWHS002 Follow safe work practices for direct client care

HLTINF001 Comply with infection prevention and control policies and procedures

Event Health Services

Workbook

*Insert your name in the box provided and complete the declaration.*

|  |  |
| --- | --- |
| Participant Name: |  |
| Declaration: | I confirm that this is my own work. |
| Signature: |  |
| Date: |  |

**This Workbook must be submitted within 30 days after completing the workshop.**

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# Introduction

You are required to complete some short answer questions about workplace health and safety and infection prevention and control.

Further instructions are provided for each of these activities below. The boxes in grey are to be completed by your assessor.

Refer to the Reference Materials to assist you in completing answers to some of the questions. You will need to use the Internet or other reference sources to complete some of the questions.

In addition, you will need to complete the following practical skills during the workshop for this course:

1. Infection prevention and control procedures
2. Infection risk management
3. Incident report
4. Manual Handling
5. Emergency procedure
6. Workplace health and safety meeting

# Workplace Health and Safety

**Instructions:** Write your answers in the spaces provided. You must correctly answer every question.

1. What is the name and year of the Workplace Health and Safety Act in your State/Territory?

|  |  |
| --- | --- |
| Name of Act |  |
| Year |  |

1. What is the name and date of the Code of Practice covering first aid in the workplace in your State/Territory?

|  |  |
| --- | --- |
| Name of Code |  |
| Year *(most recent release)* |  |

1. What is the name of your State/Territory Workplace Health and Safety Authority?

|  |
| --- |
|  |

1. What are three (3) of **your rights** as an employee under the Work Health and Safety Act?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. What are three (3) of **your responsibilities** as an employee under the Work Health and Safety Act?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. What are three (3) of your **employer’s rights** under the Work Health and Safety Act?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. What are three (3) of your **employer’s responsibilities** under the Work Health and Safety Act?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. Complete the table with information related to “duty of care”

|  |  |
| --- | --- |
| 1. What is duty of care? |  |
| 1. How does “duty of care” apply to employers in relation to Workplace Health and Safety? |  |
| 1. How does “duty of care” apply to employees in relation to Workplace Health and Safety? |  |

1. What is the name and date of the code of practice covering managing hazardous manual tasks in your State/Territory?

|  |  |
| --- | --- |
| Name of Code |  |
| Year *(most recent release)* |  |

1. What is the name and date of the health industry standards that cover infection prevention and control in the health industry?

|  |  |
| --- | --- |
| Name of Standard |  |
| Year *(most recent release)* |  |

1. Identify at least one (1) situation where you would use each of the signs below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Safety sign/symbol** | **Situation for use** | **Safety sign/symbol** | **Situation for use** |
| 1. Mills Display No Smoking Sign 300 x 450mm |  | 6. Emergency Assembly Point 600mm x 450mm - Metal |  |
| 1. Oates A Frame Sign Wet Floor Yellow |  | 7. POISON |  |
|  |  | 8. |  |
|  |  | 9. Emergency Information - First Aid 225mm x 225mm - Polypropylene |  |
| 1. RADIATION HAZARD |  | 10. Fire Extinguisher 180mm x 250mm - Self Sticking Vinyl |  |

1. What is the definition of a hazard?

|  |
| --- |
|  |

1. Name two (2) hazards relevant to your work in St John under each of the following categories:

|  |  |
| --- | --- |
| **Category** | **Hazards** |
| Manual tasks | 1.  2. |
| Infection control | 1.  2. |
| Personal safety | 1.  2. |

1. At what step in the DRSABCD procedure, do you identify hazards?

|  |
| --- |
|  |

1. Rank the following ways of controlling a hazard (in order from 1 to 6):

|  |  |
| --- | --- |
| **Control measure** | **Rank** |
| Reduce exposure to the hazard using administrative action (such as developing policies and procedures) |  |
| Isolate the hazard from people |  |
| Use personal protective equipment |  |
| Substitute the hazard with something safer |  |
| Eliminate the hazard |  |
| Reduce the risk through engineering controls such as machine guards |  |

**Safety when working in a home environment**

1. What are three (3) of your client’s rights under the St John Patient charter?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. What are three (3) of your client’s responsibilities under the St John Patient charter?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. One possible danger when entering a home is being caught by a fire. Complete the following table related to house fires.

|  |  |
| --- | --- |
| 1. Name one (1) high risk group that is most likely to be impacted by a fire in a house. |  |
| 1. Name one (1) client behaviour that is most likely to cause a fire in a house. |  |
| 1. What would you check about a smoke alarm in a house? (select all that apply) | 1. Installed 2. Colour matches the ceiling colour 3. Checked regularly 4. Batteries are working 5. Made by an Australian manufacturer 6. Placed near the bedroom |

1. List four (4) risk factors that need to be considered when working with a patient in a home-base environment? (e.g. messy environment meaning that it would be difficult to get a stretcher to a patient).

|  |  |
| --- | --- |
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1. Define each of the following components of the musculoskeletal system.

|  |  |
| --- | --- |
| **Parts of the Musculosketal system** | **Definition** |
| Bones |  |
| Muscles |  |
| Tendons |  |
| Ligaments |  |
| Joints |  |

1. List four (4) practices you should follow to minimise injury to yourself and clients when moving patients.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

1. List the four (4) major steps in emergency evacuation procedures.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

1. Name two (2) St John Workplace Health and Safety procedures that must be followed.

|  |  |
| --- | --- |
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|  |  |

**Short Answer Questions**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q Number** | **S** | **NYS** | **Q Number** | **S** | **NYS** | **Q Number** | **S** | **NYS** |
| Question 1 |  |  | Question 9 |  |  | Question 17 |  |  |
| Question 2 |  |  | Question 10 |  |  | Question 18 |  |  |
| Question 3 |  |  | Question 11 |  |  | Question 19 |  |  |
| Question 4 |  |  | Question 12 |  |  | Question 20 |  |  |
| Question 5 |  |  | Question 13 |  |  | Question 21 |  |  |
| Question 6 |  |  | Question 14 |  |  | Question 22 |  |  |
| Question 7 |  |  | Question 15 |  |  | Question 23 |  |  |
| Question 8 |  |  | Question 16 |  |  |  |  |  |
| **Feedback if not yet satisfactory** | | | | | | | | |

# Infection Prevention and Control

**Guidelines for the prevention and control of infection.**

St John follows the Australian Guidelines for the Prevention and Control of Infection in Healthcare developed by the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care. The latest version was published in May 2019.The first 15 questions relate to these guidelines.

1. In accordance with NHMRC guidelines, name three (3) situations when routine personal and hand hygiene should be performed.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. What are the six (6) steps on hand washing using soap and water according to the NHMRC guidelines?

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

1. What are the three (3) steps on use of alcohol-based hand rub according to the NHMRC guidelines?

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

1. Circle **Yes** or **No** in the table below to indicate which practices are recommended in the NHMRC guidelines for pre-surgical hand preparation.

|  |  |
| --- | --- |
| **Practice** |  |
| 1. Remove hand jewellery | **Yes No** |
| 1. Remove nail polish | **Yes No** |
| 1. Soak fingers in disinfectant for 5 minutes | **Yes No** |
| 1. Remove debris from underneath fingernails | **Yes No** |
| 1. Use a surgical alcohol-based hand rub | **Yes No** |

1. According to the NHMRC guidelines, indicate if the following statements are **True** or **False**. Circle your answer.

|  |  |
| --- | --- |
| **Statement** |  |
| 1. Alcohol-based hand rub is the preferred hand hygiene practices in health care settings. | **True False** |
| 1. Hand washing is preferred for situations when the hands are visibly soiled. | **True False** |

1. Use the information provided in NHMRC guidelines to indicate if the following statements are **True** or **False**. Circle your answer.

|  |  |
| --- | --- |
| **Statement** |  |
| 1. Cuts and abrasions should be covered with waterproof dressings. | **True False** |
| 1. It is okay to wear artificial fingernails when working in health care. | **True False** |
| 1. The wearing of rings when working in health care is strongly discouraged. | **True False** |

1. According to NHMRC guidelines, name two (2) situations when gloves should be used?

|  |  |
| --- | --- |
|  |  |
|  |  |

1. According to NHMRC guidelines, why should you wear gowns and waterproof aprons?

|  |
| --- |
|  |

1. According to NHMRC guidelines, when should you wear masks?

|  |
| --- |
|  |

1. According to NHMRC guidelines, why should you wear safety glasses?

|  |
| --- |
|  |

1. According to NHMRC cleaning guidelines, indicate if the statements below are **True** or **False**. Circle your answer.

|  |  |
| --- | --- |
| **Statement** |  |
| 1. The frequency of cleaning is determined by risk analysis and reflected in health care facility policy. | **True False** |
| 1. All surfaces must be cleaned with disinfectant. | **True False** |
| 1. Cleaning with detergent and water is the most useful method for removing germs from surfaces. | **True False** |

1. According to the NHMRC cleaning guidelines, what are two good practice statements for routinely cleaning surfaces:

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |

1. Place the steps in the table in the correct order (from 1-8) to meet NHMRC’s guideline on cleaning a large blood spill.

|  |  |
| --- | --- |
|  | Perform hand hygiene |
|  | Discard contaminated materials |
|  | Mop the area with detergent solution |
|  | Use scraper to scoop up absorbent material |
|  | Select appropriate PPE |
|  | Wipe the area with sodium hypochlorite and allow to dry |
|  | Cover area of spill with clumping agent |
|  | Place contaminated items into plastic bag |

1. Use NHMRC guidelines on handling single-use sharps to answer the following questions.

|  |  |
| --- | --- |
| 1. What should you do with a single-use sharp immediately after use? |  |
| 1. Who is responsible for this action? |  |

1. According to NHMRC guidelines on reprocessing of equipment and instruments, what four (4) procedures must be followed?

|  |
| --- |
|  |

1. For each of the additional (or transmission-based) precautions listed below, identify the type of precautions (contact, droplet or airborne) for which they should be used and give a specific example of when they would be used.

|  |  |  |
| --- | --- | --- |
| **Precaution** | **Type of precaution** | **Example of use** |
| 1. Surgical mask |  |  |
| 1. P2 (N95) respirator |  |  |

1. Name two (2) potential infection hazards relevant to your work in St John. For each hazard outline one (1) associated risk and one (1) control measure that could be implemented.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hazard** | **Associated risks** | **Control measures** |
| 1 |  |  |  |
| 2 |  |  |  |

1. What is the ‘çhain of infection’?
2. In relation to the ‘Chain of infection’, name three (3) infectious agents.

|  |  |
| --- | --- |
|  |  |
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1. In relation to the ‘chain of infection’, name three (3) modes of transmission for an infectious agent.

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| --- | --- |
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1. Define the term ‘susceptible host’.

|  |
| --- |
|  |

1. Give the definition of each of the following terms:

|  |  |
| --- | --- |
| Bacteria |  |
| Bacteria spores |  |
| Fungi |  |
| Viruses |  |
| Pathogens |  |
| Harmless micro-organism |  |
| Infection |  |
| Disease |  |
| Colonisation |  |

1. For each of the following modes of transmission, give an example of how you would break the chain of infection?

|  |  |
| --- | --- |
| Contact |  |
| Airborne |  |
| Droplet |  |
| Penetrating Injury |  |

1. Name any two (2) strategies that have been implemented in Australia since the start of the COVID -19 pandemic, to limit the spread and reduce the risk of infection to the public.

|  |  |
| --- | --- |
|  |  |
|  |  |

1. Select **Yes** or **No** for each of the statements in the table to indicate the most likely potential sources of influenza

|  |  |
| --- | --- |
| **Potential Source** |  |
| A person who has the signs and symptoms of influenza (coughing, runny nose, sore throat) | **Yes No** |
| A person who has influenza but has not yet shown the signs and symptoms | **Yes No** |
| A person who has been vaccinated against influenza | **Yes No** |

1. Describe how each of the factors below increases susceptibility to infections.

|  |  |
| --- | --- |
| **Factors** | **Susceptibility to infection** |
| 1. Immune status |  |
| 1. Wounds |  |
| 1. Medical Devices |  |
| 1. Medications |  |
| 1. Comorbidities |  |
| 1. Age |  |

**Short Answer Questions**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q Number** | **S** | **NYS** | **Q Number** | **S** | **NYS** | **Q Number** | **S** | **NYS** |
| Question 1 |  |  | Question 10 |  |  | Question 19 |  |  |
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| Question 6 |  |  | Question 15 |  |  | Question 24 |  |  |
| Question 7 |  |  | Question 16 |  |  | Question 25 |  |  |
| Question 8 |  |  | Question 17 |  |  | Question 26 |  |  |
| Question 9 |  |  | Question 18 |  |  |  |  |  |
| **Feedback if not yet satisfactory** | | | | | | | | |

# Assessment Outcome

|  |  |
| --- | --- |
| Participant Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Outcome** | | **Re-Assessment** | |
| **Assessor to Complete** | **S** | **NYS** | **S** | **NYS** |
| 1. Workplace Health & Safety |  |  |  |  |
| 1. Infection Prevention and Control |  |  |  |  |

**Feedback:**

|  |  |  |
| --- | --- | --- |
|  | Satisfactory | Not Yet Satisfactory |
| Overall Outcome of Assessment |  |  |

|  |  |
| --- | --- |
| Assessor Name: |  |
| Signature: |  |
| Date: |  |