



## Occupational health and safety<sup>i</sup>

### **It is the policy of the Australian Nursing and Midwifery Federation that:**

1. All nurses, midwives and assistants in nursing (however titled) (employees) have the right to work in a safe and healthy workplace environment and to perform their work without risks to their physical and psychological health and safety.
2. Employees have rights relating to occupational health and safety and these rights are supported by relevant occupational health and safety and associated legislation, including regulations and codes of practice.
3. Prevention of injury, illness and disease must be the first occupational health and safety priority.
4. Governments must provide an adequately resourced regulator to enforce appropriate standards of work health and safety.
5. Employers must:
  - 5.1 provide employees with safely designed premises, work environments, fixtures, fittings, equipment and systems of work;
  - 5.2 provide employees with safe plant and substances, and facilitate the safe use, handling, storage and transport of plant and substances;
  - 5.3 develop and implement policies, programs and systems of work to identify hazards, assess the level of risk of those hazards, and eliminate or reduce those risks;
  - 5.4 eliminate or reduce hazards at their source in line with the hierarchy of controls, or otherwise implement the most effective hazard control measures before last resort measures, such as providing personal protective equipment, are implemented
  - 5.5 include occupational health and safety in all aspects of organisational planning and management, design and refurbishment, including the adequate allocation of resources, both financial and human;
  - 5.6 comply with legislation and relevant guidance material;
  - 5.7 establish and maintain effective mechanisms for consultation with employees;
  - 5.8 inform employees of the hazards they are or may be exposed to at work, the risks associated with those hazards, and the measures taken by the employer to protect their health and safety;
  - 5.9 provide adequate information, instruction, education, training, staffing levels, skill mix and supervision so that employees can perform their work safely;
  - 5.10 ensure that work health safety risk assessment is conducted alongside clinical risk assessment;
  - 5.11 continuously evaluate risk management programs and risk control strategies for their effectiveness;
  - 5.12 train all levels of management in effective occupational health and safety management and their legislative obligations.
6. Employees must take reasonable care of their own health and safety and the safety of other persons (employees and others) who may be affected by their acts or omissions.
7. Employees must report to management any work related injury, illness or workplace hazard as soon as practical after becoming aware of it.
8. Employees must cooperate with reasonable actions taken by their employer aimed at providing them with a safe and secure workplace, including observing policies and procedures.



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9. Registered and Enrolled nurses and registered midwives in management and supervisory positions shall implement occupational health and safety policies and programs and support, facilitate and give due regard to occupational health and safety in their planning and decision making, incorporating consultative processes.

**Consultation and representation**

10. Employees have a right to appropriate representation on OHS issues by electing their own Health and Safety Representatives (HSRs) and by participating in the OHS committee.
  - 10.1 Training must be provided to HSRs by an employer when requested by an elected HSR, consisting of an initial training course and refresher training annually that is of their choice and (where possible) industry specific.
11. Consultation must occur with employee-elected HSRs in relation to all matters that have or could have health and safety implications, including:
  - 11.1 when risks to health and safety are assessed and when the assessment of those risks is reviewed
  - 11.2 when decisions are made about the measures to be taken to eliminate or control risks
  - 11.3 during the planning processes in relation to the redevelopment or refurbishment of existing facilities or the building of new facilities
  - 11.4 when incidents are being investigated by an employer
  - 11.5 when deciding appropriate OHS consultation mechanisms and structures
  - 11.6 prior to making any changes to systems of work including staffing and skill mix
  - 11.7 when developing or reviewing OHS related policies and procedures.
12. Employees are encouraged to participate in ensuring their workplaces are safe and healthy by nominating to vacant HSR positions, and participating as workplace OHS committee members where these roles are provided for in state/territory legislation. HSRs must be able to, among other things, do any of the following:
  - 12.1 be involved in the development of policies and planning for change that may impact on the health and safety of employees
  - 12.2 inspect work areas
  - 12.3 seek assistance from any person whenever necessary, including union officials and other HSRs
  - 12.4 accompany an inspector during an inspection of a workplace
  - 12.5 require the establishment of a health and safety committee
  - 12.6 be involved in health and safety issue resolution processes
  - 12.7 issue a provisional improvement notice in the event that a hazard is not properly addressed by the employer
  - 12.8 contact the relevant occupational health and safety authority
  - 12.9 direct that work ceases until adequate measures are taken to protect the health and safety of employees.
13. Employees who are HSRs should participate in workplace OHS committees. In workplaces where such committees do not exist, employees should request that the employer establishes such a committee. Workplace health and safety agreements should establish standards which emphasise joint commitment to occupational health and safety. Employers must have legislated obligations to assist HSRs in performing their legislated volunteer roles. Employers must do this by ensuring that they have sufficient facilities and time for OHS activities including the capacity and means to assist the consultation with their work groups.



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14. Employees making an occupational health and safety complaint or taking part in occupational health and safety activities must not be dismissed, harassed or victimised, nor have their employment altered, as a result of their actions.
15. Employees have a right to request assistance from their union or other person or organisation to resolve work health and safety issues.
16. Unions should be able to initiate prosecutions for breaches of OHS legislation.

#### **Hazardous manual tasks<sup>ii</sup>**

17. All employees have the right to work within a workplace where:
  - 17.1 hazardous manual tasks are eliminated or minimised as far as reasonably practicable;
  - 17.2 the layout and design of the facility, furniture, fixtures and fittings are conducive to safe manual handling work practices;
  - 17.3 appropriate manual handling equipment, aids and furniture are available and maintained in good order;
  - 17.4 adequate staff ratios and skill mix are in place to facilitate safe manual handling work practices;
  - 17.5 training in the identification of hazardous manual tasks, the conduct of risk assessment and development of safe work practices is provided;
  - 17.6 nurses and midwives have input into the design and purchase of suitable equipment for safe manual handling purposes that meets the needs of patient care including patients with bariatric needs; and
  - 17.7 nurses and midwives have input into any changes to the work place, work environment, furniture, fittings and equipment, work policies, procedures and practices or training relevant to manual handling practices.

#### **Blood borne pathogens and other infectious diseases**

18. All employees have the right to be protected from blood and body substances and this protection includes:
  - 18.1 effective controls including personal protective equipment; and
  - 18.2 sharps<sup>iii</sup> products which are of safe design and protect nurses during their use, such as the use of needleless systems and retractable needles wherever possible; and
  - 18.3 vaccination for infectious diseases where vaccines are available.
19. Infection control policies and protocols should address issues in relation to blood borne diseases.
20. All health services must adopt and enforce safe practices for the handling of blood and body fluids by providing education, policies and resources to nurses, and applying standard and additional precautions for handling of both blood and body fluids.
21. Employers should involve nurses in the development of infection control policies, procedures and controls and ensure effective mechanisms are in place for policy implementation.
22. Employers must provide the necessary resources to enable staff to implement legislation, policies and procedures for effective infection control such as the use of standard and additional precautions.
23. Voluntary testing and immunisation (where available) should be offered and paid for by the employer as a preventative measure.
24. Health care practices should be based on scientific knowledge and evidence about disease transmission and levels of risk.



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25. Nurses have a duty of care towards clients with HIV/AIDS and other blood borne diseases and the quality of nursing care provided to people with blood borne diseases should be the same as that provided to other people receiving nursing care.
26. Mandatory testing of nurses for blood borne pathogens is opposed.

#### Hazardous substances

27. All employees have the right to:
  - 27.1 be protected from hazardous substances, including glutaraldehyde, peracetic acid, formaldehyde, latex and cytotoxic drugs<sup>iv</sup>;
  - 27.2 receive adequate information about substances to which they may be exposed and the associated risks, including access (including online) to hazard logs, safety data sheets and health monitoring;
  - 27.3 have effective risk control measures implemented in relation to the use of hazardous substances;
  - 27.4 personal protective equipment for use when handling hazardous substances;
  - 27.5 be adequately trained in the use of hazardous substances and implementation of controls including the wearing of PPE;
  - 27.6 to be consulted about work practices, protective personal equipment options, health surveillance and other matters relating to the use of hazardous substances;
  - 27.7 adequate clinical supervision until competency in handling hazardous substances is achieved;
  - 27.8 health surveillance, where circumstances indicate its desirability; and
  - 27.9 protection of reproductive health.

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*Reviewed and re-endorsed May 2009*

*Reviewed and re-endorsed May 2012*

*Reviewed and re-endorsed August 2015*

*Reviewed and re-endorsed August 2018*

#### References

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<sup>i</sup> Any references to 'Occupational health and safety' and 'OHS' are intended to be used interchangeably with the phrase 'Work health and safety' and 'WHS'

<sup>ii</sup> See also ANMF policy *Safe patient handling* for more detail re patient/client handling

<sup>iii</sup> Including needles, lancets, scalpels etc.

<sup>iv</sup> Cytotoxic drugs are therapeutic agents primarily intended for the treatment of cancer. They are known to be toxic to cells principally through their action on cell reproduction. Cytotoxic drugs are known to have carcinogenic, mutagenic and/or teratogenic (causing foetal and/or neonatal abnormalities) potential. Direct contact with cytotoxics may cause irritation to the skin, eyes and mucous membranes, and ulceration and necrosis of tissue. *Cytotoxic Drugs and Related Waste. Risk Management July 2017. SafeWork NSW*