



Work health and safety

Definitions

- **Workplace:** A workplace is any location that nurses, midwives, assistants in nursing* or volunteers (workers**) perform their work, including but not limited to homes of those for whom care is provided, workers' homes, vehicles and other venues.
- **Hazard:** A workplace hazard is any object, situation or behaviour with the potential to cause harm, injury or ill-health to a person or damage to property or the environment. The source of a hazard can be physical, biological, chemical, ergonomic, psychological or organisational.

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

1. All nurses, midwives and assistants in nursing 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. Workers have rights relating to work health and safety*** (WHS) and these rights are supported by relevant WHS and associated legislation, including regulations and codes of practice.
3. Prevention of injury, illness and disease must be the first WHS priority.
4. Governments must provide an adequately resourced regulator to enforce appropriate standards of WHS.
5. The health and safety of nurses, midwives and assistants in nursing must take precedence over clinical practices.
6. Employers must:
 - a) provide nurses, midwives and assistants in nursing with safely designed premises, work environments, fixtures, fittings, equipment and systems of work;
 - b) provide nurses, midwives and assistants in nursing with safe plant and substances, and facilitate the safe use, handling, storage and transport of plant and substances;
 - c) provide nurses, midwives and assistants in nursing with workplaces that are free from psychological/psychosocial hazards,
 - d) 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;
 - e) implement the most effective hazard control measures, including that hazards are eliminated or controlled at their source, before lower order measures, such as relying on training or providing personal protective equipment (PPE), are implemented;
 - f) include WHS in all aspects of organisational planning and management, design and refurbishment, including the adequate allocation of resources, both financial and human;
 - g) facilitate effective mechanisms for representation of nurses, midwives and assistants in nursing, including:
 - i. the establishment of Working Groups;
 - ii. recognition of the powers of Health and Safety Representatives (HSRs);
 - iii. meeting of obligations to HSRs; and
 - iv. active contribution to resolution of WHS issues.

*The term assistant in nursing also refers to care workers (however titled)

**The term workers refers to nurses, midwives, assistants in nursing and volunteers

*** Any references to work health and safety and WHS are intended to be used interchangeably with the phrase occupational health and safety and OHS



- h) comply with legislation and relevant guidance material;
 - i) establish and maintain effective mechanisms for consultation with nurses, midwives and assistants in nursing;
 - j) consult nurses, midwives and assistants in nursing in relation to 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;
 - k) provide adequate information, instruction, education, training, staffing levels, skill mix and supervision so that nurses, midwives and assistants in nursing can perform their work safely;
 - l) ensure that work health safety risk assessment is conducted in conjunction with clinical risk assessment;
 - m) continuously evaluate risk management programs and risk control strategies for their effectiveness;
 - n) train all levels of management in effective health and safety WHS management and their legislative obligations;
 - o) allocate financial and other resources to support the promotion of WHS and facilitate continuous improvement in WHS practices;
 - p) employ or engage persons who are suitably qualified to provide advice to the employer on the WHS of employees; and
 - q) monitor the health of workers and workplace conditions as it relates to WHS.
7. Nurses, midwives and assistants in nursing must:
- a) take reasonable care of their own health and safety and the safety of other persons (workers and others) who may be affected by their acts or omissions;
 - b) report to management any work related injury, illness or workplace hazard as soon as practical after becoming aware of it; and
 - c) cooperate with reasonable actions taken by their employer aimed at providing them with a safe and secure workplace, including observing policies and procedures.
8. Registered nurses and midwives in management and supervisory positions shall implement WHS policies and programs and support, facilitate and give due regard to WHS in their planning and decision making, incorporating consultative processes.
9. Nurses, midwives and assistants in nursing have a right to:
- a) voluntary health screening and monitoring paid for by the employers – for example, in relation to infectious diseases, chemicals and shift work, where they are exposed to known occupational hazards;
 - b) immunisation against infectious diseases at the employer's expense; and
 - c) confidential individual test results, which are not to be used to discriminate against them in their employment.

Consultation and representation

10. Workers have a right to appropriate representation on WHS issues by electing their own HSRs and by participating in the WHS committee. In addition:
- a) 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, industry specific (where possible), and paid for by the employer (including any costs associated with training, such as travel or accommodation); and
 - b) HSRs must be paid for the time that they are attending such training as though they were working.



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11. Consultation must occur with employee-elected HSRs and workers in relation to all matters that have or could have health and safety implications, including:
 - a) when risks to health and safety are assessed and when the assessment of those risks is reviewed;
 - b) when decisions are made about the measures to be taken to eliminate or control risks;
 - c) during the planning processes in relation to the redevelopment or refurbishment of existing facilities or the building of new facilities;
 - d) when incidents are being investigated by an employer;
 - e) when deciding appropriate WHS consultation mechanisms and structures;
 - f) prior to making any changes to systems of work including staffing and skill mix;
 - g) when developing or reviewing WHS related policies and procedures.
12. Workers are encouraged to participate in ensuring their workplaces are safe and healthy by nominating to vacant HSR positions, and participating as workplace WHS 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:
 - a) be involved in the development of policies and planning for change that may impact on the health and safety of workers;
 - b) inspect work areas;
 - c) seek assistance from any person whenever necessary, including union officials and other HSRs;
 - d) accompany an inspector during an inspection of a workplace;
 - e) require the establishment of a health and safety committee;
 - f) be involved in health and safety issue resolution processes;
 - g) issue a provisional improvement notice in the event that a hazard is not properly addressed by the employer;
 - h) contact the relevant work health and safety authority; and
 - i) direct that work ceases until adequate measures are taken to protect the health and safety of employees.
13. Workers who are HSRs should participate in workplace WHS 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 WHS. 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 WHS activities including the capacity and means to assist the consultation with their work groups.
14. The ANMF recognises the significant influence and benefit of ensuring that HSRs and Job Representatives/Delegates are involved and engaged in the WHS outcomes at a workplace, and support and promote dual roles, cooperation and networking between HSRs and Job Representatives/Delegates, in particular to deal with issues such as stress, workloads / staffing, fatigue, equipment, occupational violence and aggression, facilities and amenities, and other WHS issues.
15. Nurses, midwives and assistants in nursing making a WHS complaint or taking part in WHS activities must not be dismissed, harassed or victimised, nor have their employment altered, as a result of their actions.
16. Nurses, midwives and assistants in nursing have a right to request assistance from their union or other person or organisation to resolve work health and safety issues.
17. Unions should be able to initiate prosecutions for breaches of WHS legislation.

Hazardous manual tasks

18. All nurses, midwives and assistants in nursing have the right to work within a workplace where:
 - a) hazardous manual tasks are eliminated or minimised as far as reasonably practicable;
 - b) the layout and design of the facility, furniture, fixtures and fittings are conducive to safe manual handling work practices;



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- c) appropriate manual handling equipment, aids and furniture are available and maintained in good order;
- d) adequate staff ratios and skill mix are in place to facilitate safe manual handling work practices;
- e) training in the identification of hazardous manual tasks, the conduct of risk assessment and development of safe work practices is provided;
- f) 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
- g) nurses and midwives have input into any changes to the workplace, work environment, furniture, fittings and equipment, work policies, procedures and practices or training relevant to manual handling practices.

Protection from infectious diseases

19. Infectious diseases are caused by infectious agents and can be passed from one person or animal to another. Transmission can occur directly (through contact with bodily discharge), indirectly (for example, by sharing a drinking glass) or by means of vectors (such as mosquitoes). They are caused by bacteria, viruses, parasites or fungi or their toxic products. Examples of infectious diseases include coronavirus, hepatitis, AIDS, malaria, influenza and chickenpox.

All workers have the right to be protected from infectious disease. This protection includes:

- a) effective controls including (PPE);
 - b) sharps products which are of safe design and protect nurses and midwives during their use, such as the use of needleless systems and retractable needles wherever possible;
 - c) vaccination for infectious diseases where vaccines are available;
 - d) workplaces having appropriate ventilation and air movement management systems;
 - e) workplaces having appropriate cleaning and sanitising of surfaces;
 - f) where necessary, infection control measures are designed to ensure appropriate movement and placement of people and equipment to minimise the risk of spread of infection (for example ingress and egress to rooms and buildings, spacing of workstations, and maintaining physical distance);
 - g) the mandated use of P2/N95 masks for all care provided where the person is suspected or confirmed to have COVID-19; and
 - h) mandated training and fit-testing in the use of masks provided to nurses, midwives and assistants in nursing, in accordance with Australian Standard (AS/NZS1715:2009).
20. Infection control policies and protocols should address issues in relation to blood borne and airborne diseases.
21. All employers must adopt and enforce safe practices for the handling of blood and body fluids by providing education, policies and resources to nurses, midwives and assistants in nursing, and applying standard and additional precautions for handling of both blood and body fluids.
22. All employers must adopt and enforce safe practices for minimising the risk of transmission of airborne infectious diseases by providing education, policies and resources to nurses, midwives and assistants in nursing, and applying standard and additional precautions for the prevention and control of airborne infectious diseases.
23. Employers should involve nurses and midwives in the development of infection control policies, procedures and controls and ensure effective mechanisms are in place for policy implementation.
24. 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.
25. Voluntary testing and immunisation (where available) should be offered and paid for by the employer as a preventative measure.
26. Health care practices should be based on scientific knowledge and evidence about disease transmission and levels of risk.



27. Nurses and midwives have a duty of care towards people with infectious diseases and the quality of nursing and midwifery care provided to people with infectious diseases should be the same as that provided to other people receiving care.
28. With the exception of where it's required as a result of a Government Health Directive or for the purposes of registration, mandatory testing for infectious diseases is opposed.

Hazardous substances

29. All workers have the right to:
 - a) be protected from hazardous substances, including glutaraldehyde, peracetic acid, formaldehyde, latex and cytotoxic drugs;
 - b) 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;
 - c) have effective risk control measures implemented in relation to the use of hazardous substances;
 - d) PPE for use when handling hazardous substances;
 - e) be adequately trained in the use of hazardous substances and implementation of controls including the wearing of PPE;
 - f) to be consulted about work practices, PPE options, health surveillance and other matters relating to the use of hazardous substances;
 - g) adequate clinical supervision until competency in handling hazardous substances is achieved;
 - h) health surveillance, where circumstances indicate its desirability; and
 - i) protection of reproductive health.

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To be read in conjunction with the ANMF policies on Bullying in the workplace, Occupational Violence in the Workplace, Prevention of Sexual harassment in the workplace and Safe patient handling.