



HEALTH CARE AND SOCIAL ASSISTANCE

WORK HEALTH AND SAFETY SECTOR PLAN TO 2022



MINISTER'S MESSAGE

The health care and social assistance sector is Australia's largest industry, employing over half a million people in New South Wales. It is also our fastest growing industry, due to an ageing and growing population, and increasing demand for childcare, and home and community-based care.

The sector covers a wide variety of occupations, including medical professionals, desk-based workers, cleaners, handypersons, gardeners and childcare workers. The people who work in the sector are also diverse, with many from different culturally and linguistically diverse backgrounds, as well as young people starting their careers and those nearing retirement.

Regardless of these differences, everyone working in the sector shares a passion for caring for people. They are often supporting the most vulnerable in our community, such as children and the elderly. Their work can be demanding, both physically and emotionally, and workers are often putting the needs of patients before their own. It is important that we look after workers and ensure they too are healthy and safe.

In NSW, we have seen significant change in funding models and regulation in the sector over the past few years, including aged care reform, child care reform, and the introduction of the National Disability Insurance Scheme (NDIS). Along with this growth and change, working in an environment with high job demands, time pressure and often unique resourcing needs compound health and safety issues.

Despite work being done to keep workers safe, we are still seeing over 13,000 injuries every year.¹ Alarmingly, nearly half (43%) of all these injuries are serious, resulting in five or more days off work.¹ The Health Care and Social Assistance Work Health and Safety Sector Plan will work with impacted stakeholders* to raise awareness, build capability and drive industry-wide behavioural change to create safe and healthy workplaces across the sector.

Thank you to everyone who participated in the development of the sector plan. I admire your commitment and dedication to making the health care and social assistance sector safer. In the end, safer work leads to safer care for the citizens of NSW.



The Hon. Kevin Anderson, MP
Minister for Better Regulation and Innovation

*INDUSTRY STAKEHOLDERS



THE HEALTH CARE AND SOCIAL ASSISTANCE SECTOR INCLUDES:

- Hospitals
- Medical Services
- Pathology and Diagnostic Imaging Services
- Allied Health Services
- Other Health Care Services
- Residential Care Services
- Child Care Services
- Other Social Assistance Services



PURPOSE

To raise awareness, build capability and drive industry wide change to create safe and healthy workplaces across the sector.



AIM

Eliminate and reduce exposure to the hazards that contribute to injuries and illnesses in this sector.

Hazards can arise from physical, psychosocial and organisational risk factors - preventing harm involves addressing these factors together.



VISION

SAFER WORK, SAFER CARE

A holistic approach to work health and safety.

SAFework NSW WORK HEALTH AND SAFETY ROADMAP FOR NSW 2022

The Work Health and Safety Roadmap for NSW 2022 (The Roadmap) is a six year strategy that aims to protect workers from harm, reduce unnecessary compliance costs and secure safety standards in NSW workplaces. This plan will support the delivery of the Work Health and Safety Roadmap for NSW 2022 to achieve the following targets.



Serious injuries and illnesses

A 50% decline* in the incidence rate of claims[†]



Serious musculoskeletal injuries and illnesses

A 50% decline* in the incidence rate of claims[†]

SafeWork NSW remains committed to achieving zero fatalities in this sector.

*This decline is measured over ten years from 2012 to 2022.

[†]Serious injury and illness claims include all accepted claims with one week or more time lost due to injury/disease excluding fatalities and journey claims.

THE STATE OF THE SECTOR

TOTAL NSW CLAIMS[^]

26,344



\$436m

Total cost of major claims*

\$38,178

Average cost of major claims*



MAJOR CLAIMS BY INDUSTRY*



Hospitals
(except psychiatric hospitals)



Aged care residential services



Other residential care services

206,366

Total weeks lost*



TOP INJURIES*

- Trauma to muscles, joints and ligaments
- Soft tissue injuries
- Anxiety/stress disorders

OCCUPATIONS WITH THE HIGHEST NUMBER OF CLAIMS*

- Nursing support and personal care workers
- Registered nurses
- Aged and disabled carers

TOP CAUSES OF INJURY*

- Muscular stress
- Falls on the same level
- Harassment and bullying
- Work pressure

HAZARDOUS CHEMICALS

Many occupational diseases from hazardous chemical exposures are generally long-latency illness and are not evident in claims or incidence data. Some 'at risk' work groups are often more vulnerable to such exposures and may need targeted preventive interventions.²

[^] all claims from 2016/17 - 2017/18

* major claims from 2016/17 - 2017/18. A major claim is one where the injury resulted in death, permanent disability, or temporary disability with at least one week of weekly benefit entitlement paid.

The Health Care and Social Assistance Sector is categorised as per The Australian and New Zealand Standard Industrial Classification (ANZSIC) 2006.

ISSUES CONTRIBUTING TO THE RISK OF INJURIES AND ILLNESS

CHANGING NATURE OF THE WORKPLACE



The shift to home and community based care, makes controlling the environment (which is often isolated) more difficult and places increased pressure on limited resources in an increasingly competitive sector.

WORKFORCE



Trends towards casualisation and outsourcing of the workforce mean that workers have less control and certainty over their working hours and conditions.

The multigenerational and diverse workforce has varying expectations about the nature of work as well as different skill sets, values and attitudes to work, which may cause conflict.

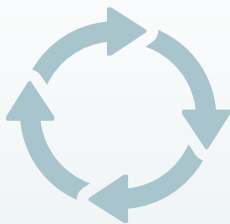
COMPETING LEGISLATIVE PRACTICES



Businesses are subject to multiple regulatory and industry requirements which often cross jurisdictional boundaries.

Ensuring compliance can be challenging and complex.

CULTURAL ACCEPTANCE OF RISK



Due to the nature of the work, the need to provide care and promote the wellbeing of clients, patients and residents is often prioritised over the wellbeing of the workers.

Underreporting and feelings that violence and aggression is 'part of the job' are commonly held views across the sector.

Acknowledging that the work and care of patients or clients can't stop, working long hours or double shifts is common practice across the sector.

AT-RISK WORKERS



There is a high representation of culturally and linguistically diverse workers, migrant workers (including those on specific work visas), young workers, labour hire workers and inexperienced workers.

These workers may not be aware of their work health and safety (WHS) rights and responsibilities and may not report injuries or hazards due to fear of actual or perceived repercussions (such as losing their job or visa). They may also have challenges in understanding and communicating about WHS matters.



TYPE OF WORK

The primary focus is working with clients and patients. Without safe systems of work, this can create an unpredictable and complex working environment, resulting in challenges in adequate staffing, skill mix and support for workers.

KEY PRIORITY AREAS

PSYCHOSOCIAL HAZARDS



Psychosocial hazards are anything in the design or management of work that increases the risk of work-related stress.

A stress response is the physical, mental and emotional reactions that occur when a worker perceives the demands of their work exceed their ability or resources to cope. Work-related stress if prolonged and/or severe can cause both psychological and physical injury.³

Psychosocial hazards can arise from organisational, environmental and individual factors. Workers may be exposed to a combination of factors in the workplace.

Psychosocial risk factors³ are:

- High job demands
- Low job control
- Poor support
- Poor workplace relationships
- Low role clarity
- Poor organisational change management
- Low recognition and reward
- Poor organisational justice
- Poor environmental conditions
- Remote and isolated work
- Violent or traumatic events

WORK-RELATED VIOLENCE



Work-related or occupational violence includes any incident in which a person is abused, threatened or assaulted in circumstances arising out of or in the course of their work.

Examples include spitting, verbal aggression and threats, physical intimidation, threats with weapons, physical and sexual assault. Each of these can impact a worker's physical and psychological health.⁴

There are two types of work-related violence: external violence and service-related violence. This sector mainly experiences service-related violence which arises when providing services to clients, customers or patients. It is often unintentional but does cause harm and is therefore a risk to workers' health and safety. External violence is usually performed by someone outside of the workplace.⁵

Work-related violence risk factors³ are:

- Remote and isolated work
- Working offsite or in the community
- Providing care to people who are in distress, afraid or ill
- Waiting for care or services
- Communication difficulties between clients and service providers
- Behavioural conditions
- Lack of information regarding unfamiliar working environment
- Lack of security measures in unpredictable environments
- Lack of communication around client or patient history and behaviour

MUSCULOSKELETAL DISORDERS



Musculoskeletal disorders (MSDs) are the most common work-related injuries and diseases in NSW.⁶

An MSD is an injury to, or disease of, the body's musculoskeletal system and includes sprains and strains of muscles, ligaments, tendons and joints.⁶

MSDs can result from gradual wear and tear and/or sudden damage to these parts of the body, and are commonly caused by hazardous manual tasks and slips, trips and falls.⁶

They can be debilitating to a worker affecting not only their work but also their personal life. They also have long-term, costly impacts for businesses, individuals and the community.

There are physical, psychosocial and organisational causal factors in the workplace that may impact the presence and severity of MSDs. It is recognised that these causal factors are interrelated and often impact upon each other.

Hazardous manual task risk factors⁷ are:

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained or awkward posture
- Exposure to vibration

Slips, trips and falls risk factors⁸ are:

- Flooring
- Cleaning
- Contaminants
- Housekeeping/obstacles
- Footwear
- People and activity
- Environment

EXPOSURE TO HAZARDOUS CHEMICALS



Hazardous chemicals are substances, mixtures and articles that can pose a significant risk to health and safety if not managed correctly. They may have health hazards, physical hazards or both.

Workers in some occupations in this sector may be exposed regularly to various hazardous chemicals such as formaldehyde, asthmagens and cytotoxic drugs.

Injury and illness from chemical exposure is preventable through application of proper control measures.

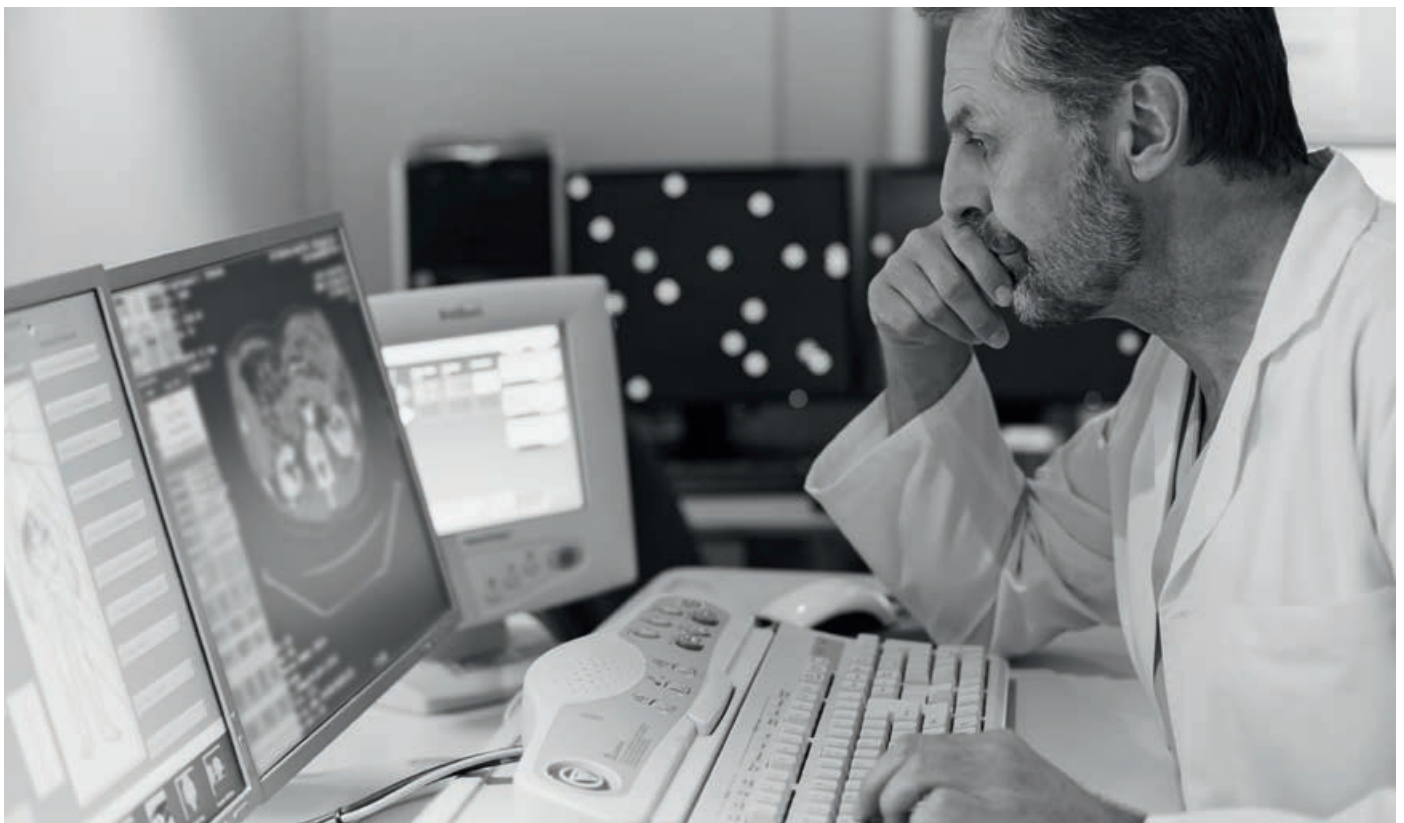
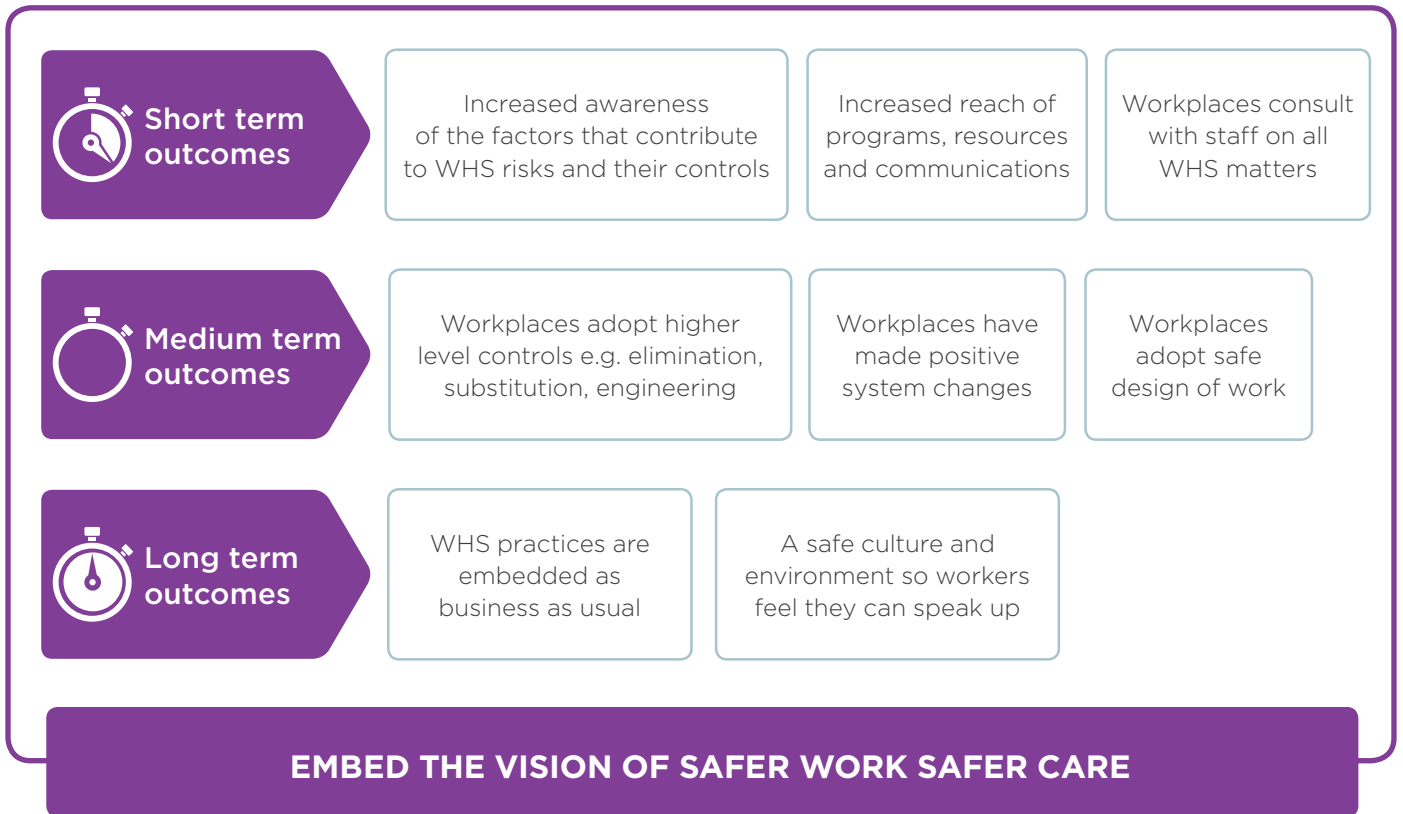
Risk factors of hazardous chemicals can be from intrinsic properties of a substance, mixture, article or process.

- Physical hazards of chemicals such as flammability or explosion can cause immediate serious impact on people or extensively damage property.
- Health risks from chemicals occur mainly from exposure through inhalation, skin contact or ingestion. Health effects in workers can range from irritation or discomfort in the short-term to reproductive effects, chronic respiratory diseases or long latency cancers.

Many chemicals can have properties that make them at risk of both physical and health effects.⁹

OUTCOMES

These outcome areas will guide the sector to sustained change and a culture shift to 'Safer Work, Safer Care'. Some may be immediate, but the aim is to embed long term change.

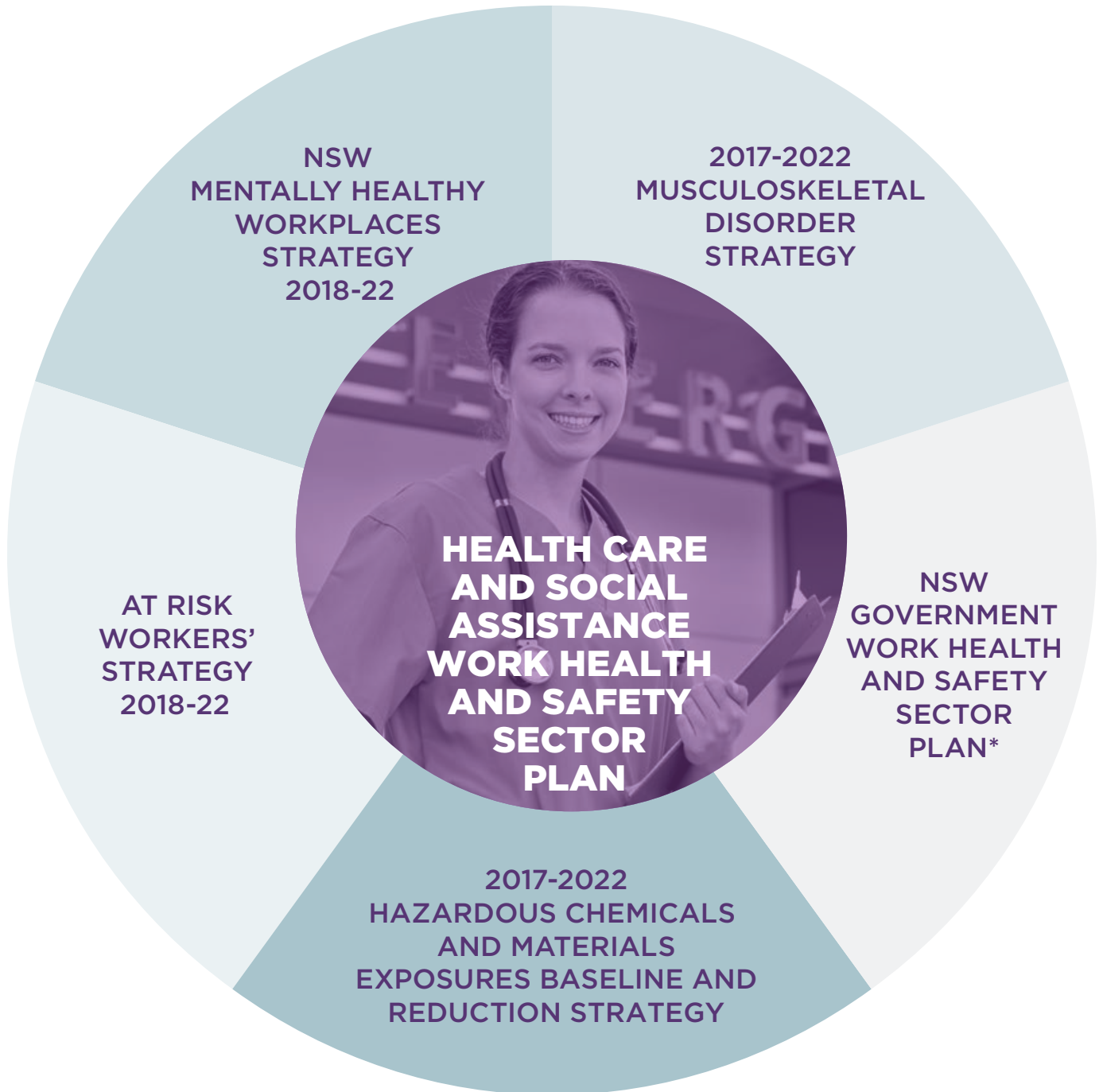


APPROACH

Everyone has a role to play in driving change and supporting the development and implementation of this plan. SafeWork NSW and sector stakeholders will work together to develop an annual action plan using the below approach.



LINKAGES ACROSS THE ROADMAP



* NSW Health and NSW Ambulance have reporting responsibilities against the NSW Government Work Health and Safety Sector Plan. SafeWork NSW will look to these organisations to actively contribute to the initiatives in this sector whilst avoiding additional reporting requirements.

MONITORING AND EVALUATION



SafeWork NSW is committed to continuous improvement and will develop an evaluation plan to monitor and evaluate the effectiveness of our approach in line with the aim and vision.

SafeWork NSW and sector stakeholders will review this Sector Plan every year and commit to working together to check its progress, consider changes or new opportunities, and ensure new sector specific harms are identified and addressed.

REFERENCES

1. *State Insurance Regulatory Authority (SIRA), NSW workers compensation, Health Care and Social Assistance industry, 2016/17 - 2017/18.*
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3. *SafeWork Australia, Work-related psychological health and safety, A systematic approach to meeting your duties, National Guidance Material, January 2019*, available at safeworkaustralia.gov.au
4. *SafeWork Australia, Workplace Violence webpage updated July 2019*, available at safeworkaustralia.gov.au
5. *SafeWork NSW, Preventing and responding to work-related violence, June 2017*, available at safework.nsw.gov.au
6. *SafeWork NSW, 2017-2022 Musculoskeletal Disorder Strategy, October 2018*, available at safework.nsw.gov.au
7. *SafeWork Australia, Hazardous Manual Tasks, Code of Practice, October 2018*, available at safeworkaustralia.gov.au
8. *Office of Industrial Relations, Workplace Health and Safety Queensland, Slips Trips and Falls Prevention, 2016*, available at worksafeqld.gov.au
9. *SafeWork NSW, 2017-2022 Hazardous Chemicals and Materials Exposures Baseline and Reduction Strategy, October 2017*, available at safework.nsw.gov.au



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