Form Title	**Work Health and Safety Policy**			Form Number	BH-PO-CC-020-01
				Version Number	05-01
Effective Date	Jul-01-2024	Last Review Date	Jun-16-2026	Next Review Date	Jun-16-2028
Process Owner	Compassionate Care WA – Clinical Process and Compliance			Number of Pages	22

VERSION HISTORY				
Version	Approved by	Revision Date	Description of Change	Author
1	Damian Thorp	Mar-11-2026	The policy review. Correction of grammar errors and formats.	LZP3
2	Damian Thorp	Jun-16-2026	Policy review	LZP3
3	Damian Thorp	10.8.2026	Updated policy	SJH

POLICY STATEMENT:

Compassionate Care WA (CCWA) is responsible to provide a safe workplace for volunteers, workers, and clients as is reasonably practicable.

We are dedicated to effectively and efficiently managing hazards and risk in the workplace while in delivering our services. This policy aids in implementing the risk management NDIS Practice Standard, as do the policies, procedures, and associated documentation included in related documentation.

CCWA provides services in CCWA buildings, SIL the community, and in customer's private homes depending on the *Service Agreement* and needs of each customer. Visits to customer homes are for the meeting new customers, reviewing support plans and arrangements, providing rostered support, or for ensuring handover information is adequately given and received to provide support.

The principle of safe work requires staff to conduct a *Risk Assessment* of all workplace environments starting with the *First Visit Safety Screen*, followed by *Residential and Community risk assessments*.

SCOPE

CCW offers all services and support in accordance with this policy.

It is the responsibility of all contractors, volunteers, and support workers, whether they are permanent, temporary, or casual, to make sure that everyone is aware of the obligations stated in this policy.

Implementing the pertinent systems, processes, workflows, and other strategies mentioned in the relevant procedure is the duty of the relevant individuals listed in the column corresponding to a procedure defined in this policy.

PROCEDURES:

CCWA's protects the health and safety of support workers and others at work by:

- Intake systems data and evaluation for informed decision making
- Incident reporting systems and processes with a culture of "no blame" in the pursuit of a safe workplace, staff are encouraged to report issues and will received feedback and communications

- Risk assessments at intake, on the property and where circumstances change
- Corrective Action Responses to incidents implemented and monitored
- House rules formation by clients supported by Team Leader
- Staff training in the safe use of equipment and systems and relevant supports to the individual client
- Staff supervision, communication and consultation on safety matters
- Continuous Improvement process
    - Conduct routine audits to make sure controls are operational and effective.
    - Routinely assessing the participant's condition and the workplace.
    - Speaking with support workers and investigating concerns brought up
    - Maintain and update the Continuous Improvement Register and discuss at Operational and Executive Meetings.

REFERENCES:

New NDIS Practice Standards and Quality Indicators
https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards-1

Relevant Legislation, Regulations, Rules and Guidelines
Legislation, Rules, Guidelines and Policies apply to this Policy and Related Documentation as set out in the Legislation Register.

APPENDIX:

1.1. **BH-F-CC-011-02-Work Health and Safety (WHS) Risk Assessment Checklist**

4. OCCUPANTS	NO	YES		DETAILS / ACTION	Risk Rating
4.1. Does the client have any pets or animals nearby when you visit their home?	☐	☐	☐		
4.2. Does the front of the property allow animals to freely enter and exit?	☐	☐	☐		
4.3. During a visit, may the animals be kept outside or in a room?	☐	☐	☐		
4.4. Do other residents smoke or does the client smoke?	☐	☐	☐		
4.5. Does the client have problems getting around? wheelchair, among other things?	☐	☐	☐		
4.6. Is English a language the client speaks? (Does someone need to translate?)?	☐	☐	☐		
4.7. Have you formed a communication plan with the client?	☐	☐	☐		
4.8. Are the manual handling risks associated with the following client transfers and other duties assessed and controlled? 4.8.1. For transfers on the bed: • Moving the client up or down the bed • Sit up or lie down. • Rolling the client into bed • Re-positioning the client in bed • Patient moving from lying to sitting in bed. 4.8.2. For transfers off the bed: • Move from chair to bed or bed to chair. • Transfer legs onto the bed. • Chair to chair or toilet • Move the client off the floor. 4.8.3. For transfers In/Out bed: • hair, commode, or wheelchair • From sit to stand, e.g. For wheelchairs: • The condition of the wheelchair is checked. • Transferring the client from a wheelchair to a car • Transferring the wheelchair into a car	☐	☐	☐		
4.9. Are there specific cultural or religious sensitivities to be mindful of?	☐	☐	☐		
4.10. Have the risks related to using the restroom, showering, and sponging been taken into account, if necessary? (For instance, touching objects by hand, tripping, falling, biological dangers, dampness, etc.)	☐	☐	☐		
4.11. Is it likely that there be other occupants or guests in the office?	☐	☐	☐		
4.12. Are there any known firearms or weapons at work?	☐	☐	☐		
4.13. If so, what kind of armaments? Are they safe?	☐	☐	☐		
4.14. Exists a history of substance misuse among tenants or guests? Which substances?	☐	☐	☐		
5. HISTORY	**NO**	**YES**		**DETAILS / ACTION**	**Risk Rating**
5.1. Does the Client, or other occupants have a history of violent or aggressive behaviour? e.g. domestic violence, elder abuse or family violence?	☐	☐	☐		
5.2. Will the violent/ aggressive person be present at the Workplace (if it is not the Client)?	☐	☐	☐		

Name:
Signature:
Date: May - 1 - 2021

Note that each employer should study this document, which is a work in progress. Please talk to the principle or a senior staff member if a risk is found.

In compliance with the Work Health and Safety Policy, fill out this form before offering assistance or services at a place of employment. Make a note of the controls that need to be implemented for every hazard you find. Indicate if the risk is at an acceptable level after the control is in place.

Refer to the principle or a senior staff member for a review of controls or an alternate method of service provision if you are at all concerned about the risk.

Home Visit Risk Assessment Matrix

LIKELIHOOD	CONSEQUENCE				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Rare (1)	Low - 1	Low - 2	Moderate - 3	Moderate - 4	High - 5
Unlikely (2)	Low - 2	Low - 4	Moderate – 6	High – 8	High - 10
Occasionally (3)	Low - 3	Moderate - 6	High – 9	High – 12	Extreme – 15
Likely (4)	Low - 4	Moderate - 8	High – 12	Extreme – 16	Extreme – 20
Almost certain (5)	Low - 5	Moderate - 10	High - 16	Extreme – 20	Extreme - 25

Risk Assessment Outcome – Proceed as follows:

1. Low
   1.1. Workplace appropriate. Make sure you adhere to the control options.
2. Medium
   2.1. The principal should be consulted before using the workspace.
   2.2. Reviewing the risks is necessary to account for all associated hazards.
   2.3. Before services or supports are provided at work, the risks must be minimized. Reclassify as high-risk if in question.
3. High
   3.1. With permission from the principal or a senior staff member, only proceed with offering assistance and services at the workplace. It is necessary to reevaluate the hazards related to the workplace and take alternative measures into account.

If a risk is identified please discuss with the Principal or a senior staff member as appropriate.

IDENTIFIED RISKS (provide details)	CONTROLS
Please provide details of risk identified and for actions to address risk. Refer to the number of the question when making the comment (if applicable).	

Signed for and on behalf
of Bluebird Homecare Pty Ltd
ABN 55 625 827 974 Bluebird Homecare, by:

Signature:

Name (please print): Name in Print