



Clinical Practice Guidelines: Other/Clinician safety

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Safety can be defined to be the control of recognised hazards to achieve an acceptable level of risk.

This can take the form of being protected from an event or from exposure to something that causes a health or economic loss.

Safety is facilitated by the deliberate and meticulous early recognition of hazards. Risk management provides a standardised process to provide a safe and healthy working environment.^[1]

Managing risks to the health and safety of clinicians

Managing risks to health and safety involves four steps:

1. *Hazard identification* – pre-empting what could cause harm – POP threat assessment
2. *Risk assessment* – understanding the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening.
3. *Risk controls* – implementing the most effective control measure that is reasonably practicable in the circumstances
4. *Reviewing control measures* – ensuring control measures are working as planned.

Control measures must in the first case be selected to eliminate the risk, so far as is reasonably practicable. **If unable to eliminate the risk then** the risks must be minimised so far as is reasonably practicable.

Managing risks – who should be covered

Risks must be managed to ensure the health and safety of clinicians and other people affected by the conduct of the service including patients, allied health and emergency agency professionals, volunteers, and the general public. Special consideration must be given to vulnerable groups such as new graduates or any individual interacting with the QAS who may not be familiar with the risks inherent to the pre-hospital environment.

Four steps to managing risks to the health and safety of clinicians

1. *Identify hazards – finding hazards and potential hazards*

A hazard is anything that could be harmful to any person. Broadly speaking hazards are a direct result of an uncontrolled energy release and/or exposure to biological hazards and/or psychological stress.

2. *Assessing the risks – determining the consequence and likelihood of exposure to the hazard.*

A risk assessment involves considering what will be the consequence if someone is exposed to a hazard and the likelihood of that consequence occurring. A risk assessment can help the clinician determine:

- a) how severe a risk is
- b) whether any existing control measures, policy or procedures apply to the situation.
- c) the action that should be taken to control the risk
- d) how urgently the action needs to be taken.

3. Control the risks – fixing the problems

The goal of a precaution or control is to reduce the probability or the severity (consequence) of the risk, to as low as reasonably practicable.

The QAS has conducted formal risk assessments examining the frequently occurring hazards clinicians are exposed to. Examples of risk controls are contained within the *Safe lift manual handling program* and the *Situational Awareness for everyday encounters* training. It is every clinician's responsibility to understand the content and application of these policies, and remain current in the application/training/fitness for work requirements involved to safely undertake their position.

4. Reviewing risk controls maintaining situational awareness

Vigilance is constantly required to foresee hazards, and pre-empt controls to maintain and ensure safety. Situational awareness describes the clinician's ability to remain aware of everything that is happening and at the same time to integrate that sense of awareness into what they are doing in the moment.

If doubt exists in any clinician's mind at any time in regards the safety of any action, **STOP**, discuss the hazard, assess the risk, and apply the appropriate controls **BEFORE** proceeding with a task.

Deciding what is 'reasonably' practicable

Deciding what is 'reasonably practicable' to protect people from harm requires taking into account and weighing up all relevant matters including:

- the likelihood of the hazard or the risk occurring
- the degree of harm that might result from the hazard or the risk
- knowledge about the hazard or risk
- ways of eliminating or minimising the risk, and
- the availability and suitability of ways to eliminate or minimise the risk.

The bottom line: if a safety risk is identified 'STOP' do not proceed, until it is safe to do so.

Additional information

- The QAS is committed to providing a safe working environment for all personnel through the continuing development and implementation of preventative and correct practices. Despite this, every case, scene, procedure and patient present risks to the clinician and it is the responsibility of every individual to ensure all reasonable measures are taken to reduce relevant risks and improve safety.

Clinician Safety. Fitness for Work

- Physical and psychological demands
- Ability to use safety equipment and resources
- Ability to respond to personal emergencies

Is the scene safe to enter?

- Hazard Identification
- Risk Assessment

Risk controls

- Stage at an appropriate location
- Advise Communications Centre

Consider use of further resources:

- QAS
- QFRS
- QPS
- Energex/Ergon

Constantly monitor, review and communicate about risk

On entering the scene is there imminent danger to QAS personnel?

- Hazard Identification
- Risk Assessment

Can personnel safely withdraw from scene?

- Hazard Identification
- Risk Assessment

Risk controls

- Advise Communications Centre

Consider:

- Duress alarm
- Signal One radio call

Once scene is identified as safe

Risk controls

- Apply appropriate PPE for environment and procedure

Consider:

- Gloves
- Eye protection
- Helmet
- Hearing protection
- P2 mask, Respirator

Constantly monitor, review and communicate about risk

Standard Cares

Manage patient as per appropriate CPG:

In all actions manage risk through:

- Hazard identification
- Risk Assessment
- Risk Controls
- Constantly monitor, review and communication risk