

## Keeping ourselves safe

Learning how to navigate safety issues in the workplace by utilising the Health and Safety at Work Act 2015; in light of your professional obligations and patient rights





## Aim

Empower members to speak up regarding health and safety issues





### Health and Safety at Work Act 2015- A quick recap

- PCBU has a "primary duty of care" to all its workers
- All workers have the right to refuse to perform unsafe work
- Health and safety representatives must be elected by the workgroup- 1 out of 20 ratio
- Qualified health and safety representatives can issue Provisional Improvement Notices.
- Qualified health and safety representatives can direct others to cease unsafe work.
- All health and safety representatives can issue written recommendations to the PCBU
- Plus many other empowering (but little known) H&S rights!





## What is the source of the **duty of care**?

Duty of care ≠ Duty to provide care

Health Practitioners Competence Assurance Act—Professional misconduct under section 100 – malpractice or negligence

Case law tells us that "negligence" is when you breach a duty of care

The Code of Conduct informs us what taking "care" is in the circumstances





**CODE OF CONDUCT (PRINCIPLE 4)** 

# Maintain health consumer trust by providing safe and competent care

- Standard 4.1: "<u>appropriate</u> care and skill"
- Standard 4.7: "Deliver care based on <u>best available evidence</u> and <u>best</u> practice"
- Standard 4.12: "Offer assistance in an emergency that takes into account your own safety, your skill and the availability of other options."



#### TRANSLATION:

- You must provide care, but only if it is <u>REASONABLE IN THE</u>
   CIRCUMSTANCES.
- It is not <u>REASONABLE</u> to expect a nurse to ignore a known health and safety risk in order to provide care.
- If the circumstances (E.g. violence/aggression) prevents care, you must consider <u>ALTERNATIVE OPTIONS</u> to provide the care.





#### TRANSLATION:

There will be **no breach** of the duty of care if you refuse to provide care because it would have been **unreasonable** to expect you to provide the care, and you took steps to consider **alternative options** to provide the care.





# What if your rights as a worker conflict with patient rights?

CODE OF CONSUMER RIGHTS (RIGHT 4)

Right to services of an **appropriate** standard

- (1): "services provided with <u>reasonable</u> care and skill"
- (2): "services provided that comply with legal, professional, ethical, and other relevant standards."





## Patient Rights

#### CODE OF CONSUMER RIGHTS (REGULATION 3)

- 3 Provider compliance
- (1) A provider is not in breach of this Code if the provider has taken <u>reasonable</u> <u>actions</u> in the circumstances to give effect to the rights, and comply with the duties, in this Code.
- (2) The onus is on the provider to prove that it took reasonable actions.
- (3) For the purposes of this clause, the circumstances means all the relevant circumstances, including the consumer's clinical circumstances and the provider's resource constraints.





## Patient Rights

#### TRANSLATION:

Patients have a right to **REASONABLE** care.

What is reasonable depends on the **CIRCUMSTANCES**.

What is reasonable depends on best practice, and relevant standards.

If the circumstances (aka violence/aggression) prevents care, you must consider <u>ALTERNATIVE OPTIONS</u> to provide the care.





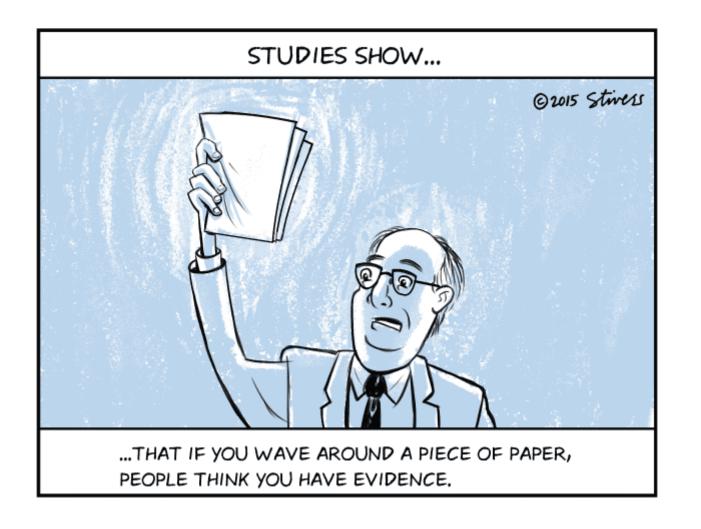
## HOW TO RESPOND TO ALLEGATIONS?

# DOCUMENT, DOCUMENT, DOCUMENT





## HOW TO RESPOND TO ALLEGATIONS?







## **GROUP DISCUSSION**

- Can you give any examples of times in your practice when you have 'refused to perform unsafe work?' What happened?
- What documentation did you make at the time about that refusal to provide care? Were the patient rights compromised? Would that be a breach of the Code of Patient Rights?
- Where does your "duty of care" come from?
- Does your duty of care require you to provide care to an aggressive patient?
- Is it possible to stop complaints being made?

