



# Docs

by SafetyCulture



## Workplace Hygiene Policy

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## Introduction

### Review Procedure

The Managing Directors will review the policy, procedure and associated forms as required. The review schedule will be directed in response to organisational or legislative changes and requirements. The reviews will be undertaken in consultation with workers, health and safety representatives and other relevant parties. All relevant persons will be made aware of changes made as a result of the review. All policies, procedures and associated forms will be reviewed if:

- There are changes in the workplace that may affect policy, procedure or forms;
- It is identified that the policy, procedure or form is not effective;
- There are legislative changes that affect the policy, procedure or form;
- There is a serious incident or dangerous occurrence.

All policies, procedures and forms will be reviewed at least annually.

### Document Control

This module is a controlled document. All unauthorised copies, either electronic or printed are considered uncontrolled copies. Copyholders and the version numbers will be recorded in the distribution record. All versions of this module will have a unique document number and version number. All versions of this module will be kept as a record and noted in the document register.

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Amendment Record					ISSUE #: 1
					ISSUE DATE:
Rev. #	Date	Details		Description of Changes	Approved By
		Section #	Para. #		
1					
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## Definitions

Act: A law (legislation) passed and enacted by a state or territory parliament.

AS/NZS 4801: The joint Australian and New Zealand Standard for Occupational Health and Safety Management Systems – Specification with guidance for use, published by Standards Australia International Ltd and Standards New Zealand.

Code of Practice is a practical guide to achieving the standards of OHS required under legislation. A COP applies to anyone who has a duty of care in the circumstances described in the code. Mostly, following an approved COP would achieve compliance with the health and safety duties in the relevant OHS Act, concerning the subject matter of the code.

Contractor: A contractor is any person (other than an Xyz Company Proprietary Limited worker) or a company performing work for, or on behalf of Xyz Company Proprietary Limited.

Controlled document or record: Any document for which distribution and status are to be kept current by the issuer to ensure that authorised holders or users have available the most up to date version.

COVID-19:

Employee: A person employed under a contract of employment or contract of training.

Hazard: A hazard is a source or a situation with a potential human injury or illness, damage to property, damage to the environment, or a combination of these.

Incident: An incident is any unplanned event resulting in, or having a potential to result in injury, ill health, damage or loss.

ISO 45001: International audit tool system intended to audit OHS Management Systems and provide international OHS benchmarks.

Organisation: The person or group of people with responsibilities, authorities and relationships to achieve OHS objectives. E.g. Employer, Chief Executive Officer (CEO), Person Conducting a Business or Undertaking (PCBU), etc.

A person who Conducts a Business or Undertaking: The definition of a PCBU is similar to an Employer. However, it is termed PCBU to ensure other relevant relationships (such as someone who commissions work, or a landlord) are recognised under the OHS legislation.

Plant includes:

- a. Any machinery, equipment, appliance, implement and tool; and
- b. Any component of any of those things; and
- c. Anything fitted, connected or related to any of those things.



Amendment Workplace Hygiene Policy

Issue #: 1

Revision #: 0

Record

Reviewed by: *Insert name of the person responsible*Approved by: *Insert name of the top management representative*

## 1.1 Workplace Hygiene Policy

### Objective:

The primary objective of this policy is to achieve a safe working environment by maintaining high standards of hygiene and provide safe food and beverages for patrons.

This policy covers all persons who are directed or engaged to undertake tasks at Xyz Company Proprietary Limited workplaces/locations including workers, independent contractors, work experience students, trainees, apprentices, volunteers.

### Definition:

**Cross-contamination** is the transfer of harmful material from a dirty or less-clean area to a cleaner area or food product (e.g. dirty knives contacting clean product).

### Policy:

Xyz Company Proprietary Limited is committed to ensuring the highest level of workplace health and safety. The organisation commits to implementing practices that minimise the risk of cross-contamination and worker exposure to airborne, bloodborne and contact pathogens.

To achieve a hygienic working environment, the following hygiene practices will be implemented:

- Effective handwashing;
- Hygienic cleaning techniques;
- Safe handling and disposal of waste;
- Maintenance of a clean, hygienic environment.

### Responsibilities:

Each individual at Xyz Company Proprietary Limited has a responsibility to maintain safe hygiene practices

The Organisation is responsible for:

- Ensuring that a Workplace hygiene policy is in place, effective, adequately monitored and regularly reviewed;
- Ensure that supporting policies, procedures and mechanisms are in place that covers in detail specific matters;
- Provide adequate resources for training, education, counselling and any other requirements to fulfil hygiene requirements and compliance with OHS legislation and government advice;



Amendment Workplace Hygiene Procedure

Issue #: 1

Revision #: 0

Record

Reviewed by: *Insert name of the person responsible*Approved by: *Insert name of the top management representative*

## 1.2 Workplace Hygiene Procedure

### 1.2.1 General Controls

- Wash hands regularly (see specific controls below);
- Cover any cuts or abrasions with a waterproof dressing;
- Do not share personal items, e.g. towels, grooming equipment;
- Regularly clean work areas with detergent;
- Wear gloves and use disinfectants to clean up blood and other bodily fluids;
- Always dispose of waste in an approved waste container;
- Report all safety concerns and incidents (including near misses).

### 1.2.2 Handwashing

Hand washing is the most effective ways of maintaining good hygiene practices and prevent cross-contamination. Wash hands with soap (from a dispenser or pump pack) and water:

- Before and after handling food;
- Before eating, drinking or smoking;
- Before and after any contact with clients, e.g. invasive or non-invasive procedures;
- After handling any soiled clothing or linen;
- After using a bathroom or toilet;
- After blowing the nose or coughing into a tissue or other material;
- After working with chemicals;
- When entering a new work environment.

**Use the following method when washing hands:**

1. Remove all wrist and hand jewellery and watches;
2. Wet hands;
3. Use foaming soap and spread over hands;
4. Rub hands vigorously as they wash, paying attention to palms, backs of hands, in between fingers and under fingernails;
5. Rinse hands thoroughly to remove all suds and germs;
6. Pat dry hands with a paper towel and turn the tap off with the paper towel.



## 1.2.10 Incident Report Form

To be completed by the person or persons directly involved.

**INSTRUCTIONS:** The person reporting is to follow the Incident and Accident Policy. Then complete this report and provide it to the site manager within one hour or as soon as practical.

Section A: PERSONAL and INCIDENT DETAILS (Circle or complete responses)		
Title:	Last Name:	Other Name/s:
Date of Birth:	Are you? Relevant Worker / Contractor / Visitor	
Sex: Male / Female	Occupation:	
Email address:	Phone (W):	Phone (H):
Home address:		
Date and time of incident: __ / __ / __ am/pm	Location:	
How did the incident happen?		
Signed:	Date:	
Name/s of Witness/es:	Phone:	
Section B: SUPERVISOR or SITE MANAGER NOTIFICATION		
Name of Health and Safety Representative:	Date and time of incident: __ / __ / __ am/pm	
Signed:	Date:	Phone:
Name of Supervisor:	Date and time of incident: __ / __ / __ am/pm	
Signed:	Date:	Phone:
Section C: INJURY DETAILS (If applicable) Use this section to also report workplace disease.		
Type of injury or disease (e.g. burn)		
Part/s of the body affected:		
Date and time when symptoms noticed: __ / __ / __ am/pm		
Was medical treatment given?	No / First Aid / Nurse / Doctor / Hospital	
Name of person giving initial treatment:		
Date and time initial treatment given: __ / __ / __ am/pm		
Time lost due to injury? Yes / No	How many hours / days?	