Employee health

Context

Victoria Police aims to promote safe work practices, provide a safe workplace for its employees and a professional, ethical, high performing service to the community. This aim is underpinned by having employees who are fit for duty in the workplace.

Victoria Police is committed to ensuring the health and wellbeing of its employees and preventing illness and injury in the workplace. The organisation supports this commitment through the implementation of comprehensive employee health and safety programs and initiatives, and the provision of exercise facilities for use by employees.

This policy applies to all employees of Victoria Police.

Contents

Definitions

- **Epidemic:** a sudden increase in the incidence of a disease affecting a large number of people and spreading over a large area.
- **Influenza:** a viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions.
- **Pandemic:** world-wide epidemic of an infectious disease and is generally associated with an influenza strain.
- **Pandemic Influenza:** a global outbreak of a new strain of human influenza spreading rapidly from person-to-person when few if any people have immunity to the new strain.
- **Seasonal Influenza:** the annual outbreak experienced in most countries during the winter months.

- **Work Area**: A work area is decided upon by senior management and may refer to a range of options including but not limited to: region, station; police service area (PSA); department; unit; branch; cluster.

Responsibilities and procedures

1. Victoria Police exercise facilities

1.1 *General conditions of use*

Employees using Victoria Police exercise facilities are to do so in their own time and at their own risk, except for recruits and specialist areas that have rostered fitness activities. There is no requirement for employees to use Victoria Police exercise facilities to maintain a level of fitness to meet the 'Fitness Qualifications' introduced in July 2010.

1.2 *Employee requirements*

To use Victoria Police exercise facilities, employees must:

- use equipment correctly and within your limitations within the exercise facility
- complete the attendance register maintained at each facility
- not use faulty equipment and report faults to the local Work Unit Manager at the earliest opportunity. The Work Unit Manager must report the fault to the local elected Health and Safety Representative
- report any injuries to the Work Unit Manager immediately and, if the injury is a result of a rostered fitness activity, make relevant entries on HR Assist.

2. Sharps and infection control

2.1 *Managers' responsibilities*

Work unit managers must ensure that their employees:

- have access to personal protective equipment that is required for that workplace as outlined in **VPM OHS Hazard and risk management**
- are aware of the methods for preventing contamination and handling exposure to contaminants as outlined below.

2.2 *Employees' responsibilities*

Employees must be mindful that all persons and property may be a source of infection or contamination. Therefore, they must ensure that control measures are used to prevent transmission of bodily fluids, including use of personal protective equipment and hygiene measures.

2.3 *Biological hazards and contaminated waste*

Employees who come in to contact with biological hazards while conducting their duties should take appropriate precautions and, if exposed, apply appropriate first aid. Biological hazards which employees may come into contact include:

- blood or body fluids that may be infectious (for example infectious diseases such as Hepatitis, HIV or tuberculosis)

- mould or fungi, including mouldy hay, that may contain organisms that can cause respiratory sensitisation if inhaled
- cannabis
- parasites such as scabies and fleas
- animal faeces.

Contaminated waste may include objects soiled with blood, body fluids, faeces, insects, viruses, bacteria and other infectious material.

2.4 *Precautions*

General

Employees should be mindful that all persons and property may be a source of contamination, therefore, employees should ensure:

- that control measures are used to prevent transmission of bodily fluids, such as personal protective equipment (e.g. gloves and protective eyewear) and measures such as regular hand washing
- that immunisations for Hepatitis B and Tetanus are current
- all cuts and abrasions are covered with a waterproof dressing and changed if they become soiled or unsealed.

Personal protective equipment

Approved protective equipment, such as gloves and protective eye wear, (refer to **VPM OHS Hazard and risk management** for more information) should be used as appropriate when:

- attending incidents involving:
  - drug or alcohol affected persons
  - persons suffering from a mental disorder, particularly when involving a mental disorder transfer or hospital attendance
- conducting searches of persons
- handling a prisoner's property
- making any prolonged skin contact with offenders
- providing any type of first aid
- handling biologically contaminated items
- handling exposed or biological waste
- exposed to deceased persons
- exposed to possibly infected livestock or domestic animals.

2.5 *Handling sharps*

- Use tongs and sharps resistant gloves to handle sharps; avoid handling directly.
- Place sharps or contaminated materials in an appropriate container.
- Exercise caution when handling sharps containers. Inspect the container for protruding sharps before handling. Dispose of sharps containers by contacting the local council or hospital.

- Employees are not responsible for the collection of sharps in public places, (for example toilets, parks, etc.). This is the responsibility of the local council or Needle Exchange service.

2.6 *Handling contaminated items*

- Where possible, seal contaminated waste in a sealable plastic bag. Arrange for disposal of the bag/s by Environmental Protection Authority (EPA) or EPA approved company.
- Employee's clothing – Remove as soon as practicable, seal in plastic bag, label as contaminated, and wash separately to other clothing. Some clothing items may require cleaning by specialist dry cleaning services.
- Person in custody clothing – Ask them to remove clothing and seal in plastic bag. Provide disposable overalls. Give clothing to next of kin or similar and advise of cleaning procedure as described above.
- Bedding or towels – Place in sealable plastic bag and arrange for laundering or dry cleaning.
- Personal issue equipment – Using gloves, wash items using hot or warm water and detergent. If soiled with blood or bodily fluids that potentially contain a transmittable disease, first disinfect item using a hospital grade bleach or similar product and obtain advice from the Medical Advice Line on 1800 004 464.

2.7 *Exposure*

First aid

Employees who may have been exposed to bodily fluids or are concerned about potential contamination should apply first aid as follows:

- Skin - wash the area thoroughly with soap and water and, if the skin is penetrated, encourage the wound to bleed and apply first aid.
- Wound (e.g. needle stick or cut) - flush the wound with running water and apply first aid as necessary.
- Eye – rinse the open eye with tap water or saline solution and apply first aid.
- Mouth – spit any blood or bodily fluid out and thoroughly rinse with water several times.
- Clothing – if contaminated with blood/bodily fluid, remove and shower as soon as practicable (see section 2.6 for procedure for cleaning clothes).

Treatment

Employees should seek further advice from the Medical Advice Line on 1800 004 464 and/or your general practitioner. The Medical Advice Line will provide you with advice about the most appropriate course of action and/or any treatment required.

2.8 *Reporting*

Employees who may have been exposed to bodily fluids:

- should complete an Incident Report via HR Assist
- may complete a Workers Claim for Compensation Form only if the exposure has resulted in time off work and/or medical expenses.

2.9 *Immunisation*

- Recruits not previously vaccinated for Hepatitis B are required to complete Hepatitis B immunisation prior to commencing at the Academy. The full course may comprise of three vaccinations over six months and a blood test to confirm immunity against Hepatitis B.
- Following your initial vaccination, you will receive advice about subsequent vaccinations. It is important to complete your vaccination schedule for effectiveness.
- Contact the Department OHS Consultant for further information and advice.

3. Alcohol and other drugs

Employees must comply with Victoria Police's fitness for duty standards in respect to alcohol and other drugs as provided in **VPM Alcohol and other drugs – workplace responsibilities**.

If an employee or manager believes that an employee is not meeting these standards or is experiencing issues with alcohol or other drugs, they must take action to manage and/or seek assistance for these employees in accordance with **VPM Alcohol and other drugs – workplace testing**.

4. Eyesight screening

Employees who undertake work involving screen based equipment and are experiencing eyesight fatigue, may be eligible for reimbursement of expenses for eyesight testing and corrective eyewear.

4.1 *Purpose*

This policy has been developed to reduce visual fatigue for employees as far as is practicable, by identifying and correcting pre-existing eyesight problems that may cause discomfort as a result of the visual concentration needed for many Screen Based Equipment (SBE) tasks.

4.2 *Eligibility*

Eligibility for reimbursement of expenses for eyesight testing and corrective eyewear may apply to any employee who:

- operates SBE for an aggregate of two hours or more, inclusive of rest breaks, in any day or shift on a regular basis (more than three days per week); or
- has experienced or is experiencing visual discomfort as a result of using SBE; or
- may be required to use SBE intensively but not every day.

4.3 *Screen based equipment and visual fatigue*

Current literature suggests that there is no significant link between SBE usage and long-term vision problems. There is however, some evidence that persons using SBE for long periods may suffer temporary visual fatigue.

Visual fatigue eyestrain symptoms can be experienced as:

- sore, tired, itchy, dry or burning eyes
- throbbing or aching eyes
- difficulties in focusing including blurred and/or double vision

- headaches and tiredness.

It is due to the visually demanding nature of screen based work and considered to be temporary discomfort with no long lasting ill effects.

4.4 *Eyesight screening tests*

Eyesight screening by a qualified optometrist is offered on a voluntary basis to eligible SBE operators:

- on commencement of employment or transfer to a position which requires the use of SBE and baseline screening results are not available or have not been undertaken previously; and
- every two years thereafter; or
- where physical symptoms identified by the employee may indicate that a problem may exist.

4.5 *Employee responsibilities*

Employees are to:

- make an appointment with the optometrist of their choice for an eyesight screening test
- complete the Request for Eyesight Screening Reimbursement [Form 1420] and give this to the Work Unit Manager for assessment and authorisation prior to their eyesight screening test
- provide the optometrist with the Request for Eyesight Screening Reimbursement form at appointment, have the form completed and return to the Work Unit Manager for appropriate action
- pay for eyesight screening test/s and spectacles where prescribed and provide original account and receipts to their Work Unit Manager for reimbursement, along with a general claim form [Form 135].

4.6 *Employer responsibilities*

Work Unit Managers are to:

- assess requests for initial eyesight screening in accordance with these guidelines
- assess requests for reimbursement
- treat eyesight test results as confidential and include on personal file.

4.7 *Cost reimbursement*

Employer

Each workplace is responsible for reimbursing the cost of:

- an employee's eyesight screening tests to a maximum amount equivalent to the Medicare Benefits Schedule, currently set at $39.00 (December 2025);
- a full examination to a maximum amount equivalent to the Medicare Benefits Schedule, currently set at $77.80 (December 2025), if the screening test identifies an eye defect specifically related to the use of SBE; and

- single lens eye wear deemed necessary by the Optometrist for the employee to operate SBE to a maximum of $178.59 (in line with CPI) on production of an official receipt from the service provider for the spectacles.

Victoria Police will not reimburse any costs for the purchase of contact lenses unless there is a proven medical condition that prevents spectacles being worn.

Employees

Employees will meet any extra costs if they:

- choose to initially undertake a full eye examination (unless the examination reveals a SBE related eye problem)
- wish to purchase eyewear or extras such as tinting that costs in excess of the maximum reimbursement amount prescribed above.

5. Managing epilepsy

5.1 *Background*

Epilepsy is a chronic disorder characterised by paroxysmal brain dysfunction due to excessive neuronal discharge. The clinical manifestations may vary from complex abnormalities of behaviour including generalised focal convulsions to short periods of impaired consciousness.

5.2 *Disclosure*

- All police members who are diagnosed with epilepsy must advise their Work Unit Manager immediately. VPS employees are encouraged to advise their Work Unit Manager for health and safety purposes and in particular if they drive work vehicles. The Work Unit Manager must then advise and refer the employee to the Police Medical Officer (PMO). In the case of a VPS or Forensic Officer employee, contact Workplace Relations Division for advice.
- Employees who have been diagnosed with epilepsy must provide authorisation for the PMO to consult with their treating doctor or neurologist in regard to the on-going management of their condition.
- Following the initial disclosure of their condition, employees will be restricted from undertaking certain duties or activities as applicable to their role. These duties or activities may be reinstated once the PMO has consulted with the employee's treating doctor or neurologist.

5.3 *Action following disclosure*

Police members

Following disclosure in accordance with this policy, the police member's departmental driving authority and OSTT qualifications are to be suspended immediately. This is a preliminary action pending further assessment.

Police members, in whom epilepsy has been recently diagnosed, must not wear a police uniform outside police premises or perform the following duties, until their treating neurologist has certified that the condition is well controlled on medication and the neurologist's certification has been endorsed by the PMO:

- driving police vehicles, boats, helicopters and/ or operating other machinery
- any duties involving the carrying or use of operational safety equipment

- equipment issue duties
- working anywhere alone.

Duties that may continue to be performed include:

- detainee management (but never alone)
- clerical duties
- answering telephone enquiries
- information management, for example DIMU, RIMU
- reception office public enquiries, for example in a police station with separate reception and counter areas
- file enquiries performed at the police station
- rostering duties
- property office
- Proactive Unit attendance at functions / schools etc. following a risk assessment by the Work Unit Manager
- other identified duties which do not conflict with prescribed duties listed above.

On receipt of the treating neurologist's certification that the police member's epilepsy is optimally controlled, the PMO will determine when it is appropriate for the member to return to performing the full duties of their substantive position.

VPS employees

Following disclosure, the PMO will, in consultation with the VPS employee's medical practitioner, provide advice and assistance, where necessary, in the ongoing management of the employee's condition.

5.4 *Driving police vehicles*

Restrictions on departmental driving authority

Due to the consequences of a seizure occurring while driving departmental vehicles and community expectation that drivers of police vehicles must meet a higher standard than the general driving population, employees who have epilepsy will not be permitted to drive departmental vehicles until the risk of seizure is minimal and of the same order as that of any member of the general population.

Prior to certification by a treating neurologist and full reinstatement of the employee's departmental driving authority, the PMO may certify an employee fit to hold a restricted white class driving authority depending upon the particular circumstances of the individual case.

Reinstating departmental driving authority

Employees who, after an appropriate period of time, are certified by their treating neurologist as being seizure free will be permitted to drive departmental vehicles provided that the certification by the treating neurologist specifically states that the condition "is so well controlled that the risk of seizure is minimal and of the same order as that of any member of the general population" and subject to the agreement of the PMO.

Upon receipt of such certification, and with the endorsement of the PMO, the

employee's departmental driving authority may be re-instated. However the PMO may determine that an employee's driving authority should not be reinstated, if the PMO considers that the employee's condition still poses a significant risk to:

- the affected employee
- other employees
- members of the public.

An assessment of the employee by an independent neurologist (nominated by Victoria Police) may be sought where the PMO disagrees with the opinion of the employee's treating neurologist (refer to **VPM Mobility (members)**).

Private use

Some employees are provided with a departmental vehicle for private use as part of their contractual arrangements. These employees may be permitted to drive a departmental vehicle, issued to them under their contractual arrangements, for private purposes only or for limited departmental use, provided that:

- the nature of the driving and time involved at the wheel would be similar to that of driving for private use
- they receive certification by their treating neurologist that they are fit to drive a private vehicle
- they receive an endorsement of the PMO to drive a private vehicle
- they fulfil the Vic Roads criteria for driving a private vehicle.

5.5 *Changes in circumstance*

An employee who has been diagnosed with epilepsy must immediately inform the PMO of any change of their status such as the occurrence of a seizure, a change to or cessation of medication or any other factor that may adversely affect their fitness for duty.

On becoming aware of any such change, the employee must advise their supervisor and cease to drive departmental vehicles until again certified to do so by the treating neurologist and the PMO. The PMO will make a determination in regard to the fitness of the employee to continue to perform full duties.

5.6 *First aid*

If an employee has a seizure while at work:

- stay calm and remove hazards or obstacles that may cause injury
- only move the employee if they are in danger
- call an ambulance if you are concerned about the employee's health.

6. Pandemic preparedness and management

Victoria Police has established an Influenza Pandemic Plan to help the organisation ensure business continuity in the event of an influenza pandemic.

Managers of work areas must:

- Ensure a Business Continuity Plan which includes pandemic planning is developed and kept up to date in accordance with **VPM Business continuity management**

- Consider establishing a Pandemic Planning Advisory Group to develop and implement influenza prevention strategies and oversee pandemic planning.

6.1 *Management responsibilities*

- Adhere to the **Victoria Police Influenza Pandemic Plan** (VPIPP).
- Ensure that business continuity plans are developed in line with the organisational plans, are maintained and adhered to in accordance with **VPM Business continuity management** and that situations of real or perceived conflict of interest are avoided.
- Ensure decisions are based on factual evidence and all relevant available information at the time.

6.2 *Business continuity representative responsibilities*

The Business Continuity Representative for each work area should ensure:

- a Business Continuity Plan which includes pandemic planning is developed and kept up to date in accordance with **VPM Business continuity management**
- a Pandemic Planning Advisory Group is established (refer section 6.3)
- adherence to the VPIPP.

6.3 *Pandemic planning advisory group*

Establishment

Each work area should establish a Pandemic Planning Advisory Group. The group should be chaired by the Business Continuity Representative for the work area and consist of a cross section of employees including but not limited to:

- Divisional Manager/Divisional Emergency Response Coordinator
- Business Manager
- Occupational Health and Safety Consultant
- Occupational Health and Safety Representative (elected employee)
- Business Continuity Manager
- Municipal Emergency Response Coordinator.

Responsibilities

The Pandemic Planning Advisory Group should:

- ensure pandemic awareness is communicated to all employees
- provide annual flu injections for all employees who want them
- continually review the performance of the cleaning contractors to ensure cleanliness is maintained in the workplace
- clearly advertise personal hygiene and cleaning of the work area through posters, education and ensuring products are readily available
- ensure the work area is supplied with sufficient personal protection equipment that is readily available for distribution in consultation with Health, Safety & Wellbeing Division, Human Resource Department

- develop strategies in preparation of absenteeism for the work area, including the maintenance of safe rostering for employees who continue to perform duty
- Adhere to the Business Continuity Plan for the work area
- Adhere to the VPIPP
- Test Business Continuity Plans.

6.4 *Work area planning*

Planning is the key to reducing employees in the work area being subjected to the effects of a pandemic. The Business Continuity Representative and Pandemic Planning Advisory Group should:

- ensure a Business Continuity Plan is in place for the work area
- ensure planning details for the work area are readily available for employees to view. Providing relevant details may assist in reducing employee concerns
- maintain up to date contact listing of all employees within the work area
- ensure employees are advised of how the risk of potential infection can be eliminated, isolated or minimised
- implement preventative/mitigation measures which may include, but not limited to, influenza injections, workplace and personal hygiene, recommended standards of personal protection equipment and social distancing.

6.5 *Alert phases*

The Alert Phases of a pandemic address the levels of impact during the time of a pandemic. The Australian Alert Phases range from 0 to 6.

Period	Alert Phase	Description
Inter-pandemic	**0**	No circulating animal influenza subtypes that have caused human disease
	1	The risk of human infection or disease is considered low
	2	Substantial risk of human disease
Pandemic Alert	**3**	• Human infection in Australia • No human to human spread or most rare instances of spread to a close contact
	4	• Small cluster/s of humans infected • Limited human to human transmission • The spread of infection is highly localised, suggesting virus is not well adapted to humans
	5	• Larger cluster/s of humans infected • Human to human transmission still localised • Virus better adapted to humans but not fully adapted
Pandemic	**6a**	Pandemic in Australia – localised (one area of country)
	6b	Widespread pandemic
	6c	Pandemic subsiding
	6d	Next wave of pandemic

6.6 *Response*

In the event of a pandemic:

- Business Continuity Plans of the work area should be implemented and adhered to
- The Pandemic Planning Advisory Group should assist the work area as required.

Related documents

- Other sections of the VPM

  VPM OHS hazard and risk management
  VPM Alcohol and other drugs– workplace responsibilities
  VPM Alcohol and other drugs – workplace testing
  VPM Mobility (members)
  VPM Business continuity management

- Relevant legislation

  Equal Opportunity Act 2010
  Occupational Health and Safety Act 2004
  Health Records Act 2001
  Privacy and Data Protection Act 2014

- Other relevant documents

  Victoria Police (Police Officers, Protective Services Officers, Police Reservists and Police Recruits) Force Enterprise Agreement 2025
  VPS Enterprise Agreement 2024
  Victoria Police Influenza Pandemic Plan

Further advice and information

For further advice and assistance regarding this policy, contact the relevant area: Physical Training Unit, Medical Advisory Unit or Workplace Relations Division.

Update history

DATE UPDATED	SUMMARY OF CHANGE	FORCE FILE NUMBER
12/08/19	Amalgamation of *VPMP Employee health* with *VPMG Sharps and infection control*, *VPMG Pandemic preparedness and management*, *VPMG Management of epilepsy* and *VPMG Eyesight screening*. Issued in revised VPM format.	FF-128515
21/09/20	Minor updates to outdated VPM references and the Victoria Police Enterprise Agreement. Medicare cost reimbursement figures updated to reflect July 2020 figures relating to eyesight screening	No force file generated by HRD
02/06/21	Updated to reflect references to new VPM Alcohol and other drugs	FF-118693

06/09/21	Updates to amount of cost reimbursement for eye testing.	FF – 196334
15/07/25	Minor administrative amendments to correct references	FF-273676
12/01/2026	Updates to amount of cost reimbursement for eye testing.	N/A