

Workplace facilities, amenities and work environment compliance code – Public comment submission form			
<i>Note: Areas marked with an asterisk (*) denote required information.</i>			
Type of submission *	Individual <input type="checkbox"/>	Organisation <input checked="" type="checkbox"/>	
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How to fill out this form

This form contains a table for the proposed Workplace facilities, amenities and work environment compliance code (code) open for public comment which lists different parts of the code.

Scroll to the section of the code you want to comment on and type in your comment. Disregard any sections that do not apply.

If you only have general comments about the code, you can simply fill out the first table preceding this page and disregard the rest of the form.

If you want to mail your submission, you can fill out the form online first then print as the tables will expand according to the amount of words you write.

For any questions about the form, email legislation@worksafe.vic.gov.au.

General comments about the proposed Workplace facilities, amenities and work environment compliance code

Please provide your general comments on the proposed Workplace facilities, amenities and work environment compliance code in the table below. Where possible, please indicate the part and section of the compliance code you are commenting on.

General comments
Please see the next section for the Continece Foundation of Australia's response.

Proposed Workplace facilities, amenities and work environment compliance code

Please provide your specific comments on the proposed Workplace facilities, amenities and work environment compliance code in the table below. Where possible, please indicate the section of the code you are commenting on.

General comments
<p>The Continence Foundation of Australia (the Foundation) welcomes the opportunity to respond to the WorkSafe facilities, amenities and work environment compliance code (the code) consultation.</p> <p>Ensuring a workplace provides a safe environment and minimises risk is an important means to deliver a rights-based approach for all employees. The Foundation, as the national peak body for continence (bladder and bowel control) health, recognises and commends the positive and forward-thinking changes WorkSafe Victoria have proposed. Specifically, these include updates on provision of all gender facilities such as toilets, change rooms and showers and removal of reference to provision of sanitary disposal in female and unisex toilets only.</p> <p>However, the Foundation wishes to draw attention to additional enhancements to the code to better cater to all employee’s needs. The Foundation believes workplace facilities, amenities and environments that optimise workforce participation and productivity will maximise employee contribution across Victoria and reduce barriers to socio-economic participation.</p> <p>Incontinence, or loss of bladder and/or bowel control, is frequently a chronic condition and recognised as a disability under the Disability Discrimination Act 1992. It affects people of all ages, for a variety of medical reasons and varies in severity from an occasional small episode to a daily challenge. Incontinence can have an immense impact on the one in four Australians experiencing it (Deloitte, 2011) and is a key barrier impeding individual capacity to make a meaningful and long-term contribution through work. For people of working age with severe incontinence, labour force participation is less than half that of people without severe incontinence (AIHW, 2013) leading to greater financial stress and reduced economic independence. This study reported that of people aged 15-64 who sometimes or always needed assistance with managing bladder or bowel control, only 20.4% participated in the workforce, compared to 42.3% who had difficulty but did not need assistance and 56.8% who had no difficulty at all (AIHW, 2013). Even people without severe symptoms or who had no difficulty with their incontinence still had a significantly lower workforce participation rate compared to the general population.</p> <p>While workforce productivity losses due to incontinence totalled \$34 billion annually in 2010 (Deloitte, 2011) and arguably far more now, the associated stigma and discrimination related to incontinence mean many find it difficult to not only attain suitable employment but to self-manage their health needs when working. People with incontinence who are inadequately supported in the workplace may pursue damaging courses of action. For example, failure by</p>

employers to provide adequate disposal facilities for continence products may lead to them being flushed down toilets or disposed of inappropriately which can result in sewer blockages, environmental pollution (London Assembly Environment Committee, 2018) or represent a hygiene risk to others. Some may avoid workplaces because they may require changing rooms or showers following an episode of incontinence at work, while others will require accessible toilets with extra facilities or accessible parking to support their ongoing health needs.

The Foundation believes WorkSafe Victoria has a duty to do more for people living with incontinence by guiding employer actions based on universal design principles to create a workspace for every employee. Holistic solutions must take into account the multifaceted nature of incontinence, including type of incontinence, overall health, stigma, perceptions and beliefs to help people living with incontinence better manage it in the workplace. To this end, the Foundation makes the following key recommendations:

- Applying universal design principles at the workplace with implementation of:
 - o Incontinence bins in workplace toilet facilities to enable the safe, hygienic and environmentally friendly disposal of continence products.
 - o Change rooms that also act as stoma changing facilities.
 - o Shower facilities, including accessible showers, for employees with a relevant health condition and/or disability, including incontinence.
 - o Changing Places and Adult Change facilities where appropriate.
 - o Accessible parking for employees with a relevant health condition and/or disability, including incontinence.
- The addition of a glossary section to the code which defines sanitary items as inclusive of both menstrual products and incontinence products.

While existing sanitary bins may be suitable for some smaller continence product disposal, larger bins are required to properly dispose of larger continence products.

- A more comprehensive checklist to facilitate and enable employers to provide greater facility and amenity support for people with incontinence in the workplace.
- Consultation with stakeholders, including employees and identified consumers with incontinence, to incorporate appropriate incontinence management supports in the workplace and to uphold the rights of employees living with incontinence.

As part of WorkSafe Victoria's wider workplace safety and inclusion strategy, the Foundation makes the following recommendations:

- Coordination of workplace engagement and support for people living with incontinence should be addressed with appropriate continence specialists, such as nurse continence specialists and continence physiotherapists.
 - A referral system to be put in place for continence specialists to provide a comprehensive and tailored management plan to optimise workplace engagement.
 - WorkSafe Victoria consult with the Continence Foundation of Australia to develop incontinence-specific workplace management strategies.

By implementing these sound changes, WorkSafe Victoria can become an Australian leader in addressing the challenges people with incontinence face at

work and deliver better outcomes for all.

References:

1. Deloitte Access Economics. The economic impact of incontinence in Australia. The Continence Foundation of Australia; 2011
2. Australian Institute of Health and Welfare (AIHW). Incontinence in Australia. Cat. no. DIS 61. Canberra: AIHW; 2013
3. London Assembly Environment Committee. Single-use plastic: unflushables. 2018. Available from: https://www.london.gov.uk/sites/default/files/environment_committee_-_plastic_unflushables.pdf [Accessed 2021 June 15]

Specific comments

Introduction

The Continence Foundation of Australia is pleased to see that the code links toilets, washing facilities and changing rooms to basic health and hygiene, welfare, privacy and dignity in the workplace. Still, it only sets out a minimum level of safety and health directions and guidelines and does not cater for all population demographics of current and prospective employees, including employees experiencing incontinence. More must be done so that employers are better able to understand the nature of incontinence management in the workplace.

Incontinence is a condition with no defining age, gender, or other demographic characteristics profiling a typical person:

- One in four Australians above the age of 15 experience incontinence (Deloitte, 2011).
- Approximately one in three Australians with a disability currently experience incontinence (CFA, 2020).
- Over half of women and more than one in three men living in the community with incontinence are under 50 years of age (Deloitte, 2011).
- Incontinence is commonly associated with other chronic health conditions (Jacob et al, 2021) including cancer, diabetes, asthma and heart/cardiovascular disease (CFA, 2020).
- Incontinence costs Australians over \$67 billion annually including health system expenditure, productivity losses, cost of care and burden of disease (Deloitte, 2011).

Similar to mental health issues, incontinence can often remain hidden because it is stigmatised and can lead to withdrawal from activities like exercise and work (Garcia et al, 2005). 37% of Australian women and 57% of Australian men who currently experience incontinence, said they would not discuss it with family

or friends (CFA, 2020). An American study found people believed incontinence and its symptoms such as odour were not considered socially and professionally acceptable. Study participants lived in fear of humiliation due to an episode of incontinence at work and most found the daily stress and anxiety of struggling with symptoms and managing the stress exhausting (Peden-McAlpine et al, 2008). Employers who address these issues proactively can help create physically and mentally safe and inclusive workplaces.

The Introduction section of the code can ensure employers take appropriate steps to address incontinence. The Foundation recommends the following changes are made:

- On page 6, Statement 8 should advise employers to provide a working environment that is safe and reduces/eliminates risk to physical and mental health and safety and in so doing they are responsible to provide adequate supports so that risks due to health conditions, like incontinence, are reduced.
- On page 8, Statement 17 should affirm the need to consult with employees and Health and Safety Representatives to not only identify or assess risks to health and safety but also opportunities to optimise worker contribution and participation, including for people with health conditions such as incontinence.

WorkSafe Victoria should also provide opportunities to connect employers with relevant support organisations such as the Foundation to enable person-centred employee support. Given the Foundation's status as a national peak body for continence health, we are well placed to work alongside WorkSafe Victoria to develop strategies for workplace inclusion of people with incontinence.

Given the magnitude of the impact of incontinence, workplaces and WorkSafe Victoria have a pressing need to address this as part of their everyday practice.

References:

1. Deloitte Access Economics. The economic impact of incontinence in Australia. The Continence Foundation of Australia; 2011
2. Continence Foundation of Australia (CFA). Nationally Representative Consumer Survey 2020. Continence Foundation of Australia Internal Report. Unpublished.
3. Jacob L, López-Sánchez GF, Oh H, Shin JI, Grabovac I, Soysal P, Ilie PC, Veronese N, Koyanagi A, Smith L. Association of multimorbidity with higher levels of urinary incontinence: a cross-sectional study of 23089

	<p>individuals aged ≥ 15 years residing in Spain. British Journal of General Practice. 2021; 71(702): e71-e77.</p> <p>4. Garcia JA, Crocker J, Wyman JF. Breaking the cycle of stigmatization: managing the stigma of incontinence in social interactions. Journal of Wound Ostomy & Continence Nursing. 2005 Jan 1;32(1):38-52.</p> <p>5. Peden-McAlpine C, Bliss D, Hill J. The experience of community-living women managing fecal incontinence. Western Journal of Nursing Research. 2008; 30(7):817-835</p>
<p><i>Part 2: Facilities</i></p>	<p>Workplace facilities should follow, where reasonable and practical, universal design principles to enable an inclusive work environment. Applying these principles will ensure greater workforce participation for people with a relevant health condition, disability or other need.</p> <p>Actions that employers can take to implement universal design principles include:</p> <ol style="list-style-type: none"> 1. Installation of incontinence bins in toilet facilities (for example the BINS4Blokes campaign). 2. Changing rooms that provide stoma changing facilities. 3. Changing Places and Adult Change facilities. 4. Shower facilities, including accessible showers for employees with relevant health conditions and/or disability, including incontinence. <p>The Foundation’s position on the need for appropriate amenities in toilets is a focus of the BINS4Blokes campaign which aims to address the needs of 1.34 million Australian males experiencing incontinence (Deloitte, 2011) by installing incontinence bins in male toilet facilities for easy disposal of continence products such as pads. This will optimise the dignity, privacy, health and welfare of employees who will then not have to worry about being seen having to dispose of the products elsewhere. However, as part of the campaign, we are asking employers to assess the need for incontinence bins in all relevant toilet facilities keeping in mind that incontinence affects all demographics and that existing sanitary bins may not always be of sufficient size for all types of incontinence aids. Installation of incontinence bins into all toilet facilities should be incorporated into statement 59 of the code. Further, the Foundation is well placed to supply supporting material to raise awareness and help promote the initiative.</p> <p>Change rooms, as outlined in the code, do not currently cater to over 47,000 Australians living with a stoma (Australian Government Department of Health, 2021). A stoma is either a natural or surgically</p>

created opening which allows for bodily waste to leave the body. People with a stoma use a removable stoma bag to collect and contain the output for later disposal (Queensland Stoma Association, 2016) and appropriate changing facilities which facilitate dignity and privacy are required. Stoma changing facilities require hooks to hang clothes, a clean, hygienic shelf or surface space to spread out stoma bags and accessories and a sealed disposal bin to dispose of stoma bags in private (Changing Places, n.d). This recommendation should be incorporated into statement 98.

Where disability accessible toilets are mentioned, Changing Places and Adult Change facilities should be listed as alternative proposals for employers to implement universal design principles. Both facilities enable access to appropriately equipped bathrooms for people with complex disability. A 2019 Changing Places survey stated users living with a wide range of disabilities including autism, para/quadruplegia and intellectual disabilities found the facilities necessary. Incontinence was frequently cited as a reason for needing to use the facilities (Victorian Department of Health and Human Services, 2019) and this would likely be the case in workplaces as well. Installation of either a Changing Places or Adult Change facility will raise basic standards to meet the expectations for people with a wide range of needs.

Accessible shower facilities are also necessary for someone with health conditions or a disability such as incontinence. A member of the Continence Nurses Society Australia (a national professional interest group for nurses who practice in continence health) has highlighted some employees will need shower facilities after an incontinence episode in a workplace to avoid the need to have to travel home to shower and/or change. This recommendation should be incorporated into Statement 102.

These recommendations need not be onerous for employers. The benefits and risks must be appropriately assessed in context of the workers, work environment and the code. For instance, page 15 of the code suggests that squat toilets are reasonable to consider and include following employee consultation. The Foundation considers each of the above suggestions are reasonable and practical to consider in optimising worker productivity while minimising risks to health and safety.

Incontinence can have significant negative impacts on work productivity, job satisfaction and lead to early retirement. A national US survey found 88% of employed women aged 18-60 with frequent incontinence reported impacts on concentration, performance of physical activities, self-confidence and ability to

complete tasks without interruption (Fultz et al, 2005). An Australian study found severe urinary incontinence was significantly linked to lower job satisfaction and greater intention to leave (Pierce et al, 2017) while another study observed early retirement due to faecal incontinence (Peden-McAlpine et al, 2008).

Another key risk is unsafe disposal of unflushable products, including incontinence aids and stoma bags, through the toilet. This is a growing issue contributing to environmental and infrastructure challenges such as water quality and plastic pollution (Alda-Vidal et al, 2020). The cost of fixing sewer blockages in the UK is equivalent to \$161m AUD annually with around half due to incorrect disposal of hygiene products through the toilet (Water UK, 2016). In response, the London Assembly Environment Committee recognised the need for organisations and businesses to provide appropriate bins in toilets.

These problems are readily avoidable with workplace adjustments and there is both an expectation and responsibility that WorkSafe Victoria work to address these in the code. Adoption at an organisational level will have multiple benefits in terms of the environment, workforce productivity, mental health and positive public relations.

References:

1. Deloitte Access Economics. The economic impact of incontinence in Australia. The Continence Foundation of Australia; 2011
2. Australian Government Department of Health. Stoma appliance scheme for ostomates. 2021. Available from: <https://www.health.gov.au/initiatives-and-programs/stoma-appliance-scheme/stoma-appliance-scheme-for-ostomates> [Accessed 2021 June 25]
3. Queensland Stoma Association. What is the stoma appliance scheme (SAS)? 2016. Available from: <https://qldstoma.asn.au/what-is-the-stoma-appliance-scheme/> [Accessed 2021 June 25]
4. Changing Places. Supporting the Colostomy Association. N.d. Available from: Supporting the Colostomy Association (changing-places.org) [Accessed 2021 June 16].
5. Victorian Department of Health and Human Services. Changing Places Survey 2019: Results and analysis. Victorian Government. 2020.
6. Fultz N, Girts T, Kinchen K, Nygaard I, Pohl G, Sternfeld B. Prevalence, management and impact of urinary incontinence in the workplace. 2005; 55(7):552-557.

	<p>7. Pierce H, Perry L, Gallagher R, Chiarelli P. Urinary incontinence, work, and intention to leave current job: a cross sectional survey of the Australian nursing and midwifery workforce. <i>Neurourology and Urodynamics</i>. 2017;36(7):1876-1883.</p> <p>8. Peden-McAlpine C, Bliss D, Hill J. The experience of community-living women managing fecal incontinence. <i>Western Journal of Nursing Research</i>. 2008; 30(7):817-835</p> <p>9. Alda-Vidal C, Browne AL, Hoolohan C. “Unflushables”: establishing a global agenda for action on everyday practices associated with sewer blockages, water quality, and plastic pollution. <i>WIREs Water</i>. 2020;7(4):e1452.</p> <p>10. Water UK. Open letter to the Chartered Tradings Standards Institute from the 21st Century Drainage Board. 2016. Available from: 21CD-Trading-Standards-letter.pdf (water.org.uk). [Accessed 2021 June 16].</p>
<p><i>Part 3: Amenities and the work environment</i></p>	<p>Adequate and safe workforce participation may also depend on the provision of accessible parking for people with incontinence. Accessible parking can allow for immediate changing of clothes, prompt access to clothing at another vicinity or to get home when unwell after an episode of incontinence. This will also contribute to psychosocial wellbeing as it allows the employee to feel safer, considered, comfortable and accommodated in the workforce. Statement 116 should be updated to include accessible parking (where possible) to be made available for people with disability and relevant health conditions, including incontinence.</p> <p>On outdoor work, the Foundation reiterates, as outlined above, that appropriate toilet facilities, changing rooms and showers should be made available wherever possible. Changes should be made to this effect within Statement 167 of the code of compliance.</p>
<p><i>Part 4: Mobile, temporary or remote workplaces</i></p>	<p>On mobile, temporary or remote workplaces, the Foundation believes that the same universal design principles should be applied as noted in Part 2: Facilities with accessible toilets, changing rooms and showers made available as appropriate including for people living in employer provided accommodation. Directions should be made to this effect within Statements 177 and 187 respectively.</p>
<p><i>Appendices</i></p>	<p>The Foundation recommends the following changes to support safe, inclusive workplaces.</p> <p>Glossary:</p>

Currently, the code refers to the need to provide adequate means for disposing of sanitary items. Typically, this is considered to relate to disposal of menstrual products only which will be inadequate if no other means of disposing continence products are provided. The Foundation recommends inclusion of a glossary section within the appendices to define specific terminology within the code. This terminology should define 'sanitary item' as inclusive of menstrual products, incontinence aids, stoma appliances and other hygiene products.

However, while it is appropriate for continence products to be disposed of in sanitary bins, the sanitary bins themselves may be too small for the products due to their larger size as compared to menstrual products. Employers should be encouraged to speak with employees in a sensitive, informed and considered way, after consulting with appropriate bodies such as the Foundation, to better understand what is required to support employees with incontinence.

Checklists:

The Foundation recommends the following changes to better align the code with recommendations made in this submission:

- Toilets checklist (p42) – The addition of continence products should be made to the last question 'Is there adequate supply of toilet paper, hand washing facilities and soap, rubbish bins and sanitary [including continence and stoma product] disposal?'
- Toilets checklist (p42) – A question on adequate toilet facilities for employees with health and disability needs should be adapted from the WorkSafe Victoria 2008 compliance code to read 'Are there adequate toilet facilities for employees with relevant needs, including health conditions and/or disability?'
- Hand washing checklist (p43) – The addition of hand sanitiser should be made to the question 'Is hot and cold water, soap [and hand sanitiser] or another cleaning product provided?'
- Change rooms checklist (p45) – The following questions should be added 'Is there a clean and hygienic shelf or surface space to spread out stoma bags and accessories?' and 'Is there a disposal bin to dispose of stoma bags in private?'
- Showers checklist (p46) – The following question should be added 'Are there adequate shower facilities for employees with relevant needs, including health conditions and/or disability?'
- Employer-provided accommodation checklist (p50) – 'Incontinence bins' and 'sanitary bins' should

	<p>be added as categories to the question 'Is it appropriately equipped, including:'.</p> <ul style="list-style-type: none">• Consultation checklist (p50) – The question 'Have employee individual work management plans been included as part of consultation?' should be added on proviso that these plans are inclusive of health conditions and/or disabilities including individual incontinence management plans developed by continence specialists.
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