

# Guide to working safely in people's homes

Workplace Health and Safety Queensland



Tomorrow's Queensland:  
strong, green, smart, healthy and fair



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# Table of contents

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Acknowledgement .....	2	Latex allergy.....	12
Introduction .....	4	What are the controls?.....	12
Definitions .....	4	How to tell if the controls are working .....	12
Workplace health and safety obligations .....	5	Hazardous substances/chemicals.....	13
Who has obligations? .....	5	What chemicals could workers be exposed to and how will it affect them? .....	13
How to meet the obligations.....	5	Who has legal responsibilities? .....	13
Who has responsibilities to workers when working in the home environment?.....	5	What to consider when assessing the risks .....	13
How to respond to changes .....	6	What are the controls?.....	14
Reporting incidents .....	6	How to tell if the controls are working .....	14
Manual tasks.....	7	Electrical .....	15
Types of injuries.....	7	What are the legal responsibilities? .....	15
What are some of the problems of working in a home environment? .....	7	Who has legal responsibilities? .....	15
How to identify problem manual tasks.....	7	Slips, trips and falls.....	17
What are the risk factors?.....	8	What are the contributing risk factors? .....	17
What are some possible controls? .....	8	How to reduce or prevent slips, trips and falls injuries .....	17
How to tell if the controls are working .....	8	Driving risks for workers .....	18
Aggressive behaviour.....	9	What are the controls?.....	18
When are workers exposed to aggressive behaviour?.....	9	How to tell if the controls are working .....	18
What are the risk factors? .....	9	More information .....	19
What are the controls?.....	9	Legislation .....	19
How to tell if the controls are working .....	9	Checklist examples and other tools.....	20
Occupational stress .....	10	Accessibility and safety of premises checklist .....	20
How to determine the source of occupational stress.....	10	Manual tasks checklist.....	22
What are the risk factors? .....	10	Equipment checklist.....	23
What are the controls?.....	10	Hazardous substances checklist .....	25
How to tell if the controls are working .....	10	Checklists overview.....	26
Biological hazards.....	11	Checklists outcomes .....	27
How are workers exposed to infectious diseases?.....	11		
What are the controls?.....	11		
How to tell if the controls are working .....	11		

# Introduction

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This guide provides practical advice to Health and Community Service organisations about how to manage workplace health and safety for community workers working in people's homes.

The guide outlines many common hazards found in the community services sector primarily in the home environment, and provides solutions based on the principles of risk management.

It is important for all relevant parties, including clients and primary carers, to work together to identify workplace health and safety risks and the best ways to manage them.



## Definitions

- **Client** – a person receiving a service in their home.
- **Worker** – personal carer, care provider, nurse, social/welfare worker, therapist or other people performing health care or community work at the direction of an employer.
- **Primary carer** – person who otherwise provides care to the client.
- **Workplace** – any place where work is, or is to be, performed by a worker or a person conducting a business or undertaking.

# Workplace health and safety obligations

## Who has obligations?

The relevant person who is an employer (as a service provider, or host employer of subcontractors or agency staff), has an obligation under the Workplace Health and Safety Act 1995 to provide a healthy and safe workplace for themselves, their workers, including agency staff and subcontractors, and anyone else in the workplace.

The workplace for this industry includes:

- private homes (e.g. a house, unit or caravan)
- residential care homes
- other community settings.

Workers, including subcontractors or agency staff, also have an obligation to:

- comply with instructions given by the employer relating to the delivery of the care plan
- only undertake activities that have been agreed to in the client service agreement
- wear personal protective equipment (PPE) and be trained in its use.

## How to meet the obligations

Service providers must conduct a risk assessment in the home, before providing any service to the client, to identify potential hazards and put appropriate controls in place to reduce the risk of injury or illness for clients, carers and other workers.

The risk assessment must follow the five-step risk management process (see Figure 1 below) and be done in collaboration with clients, their families and/or landlords. Control measures should also be identified while developing the client's care plan.

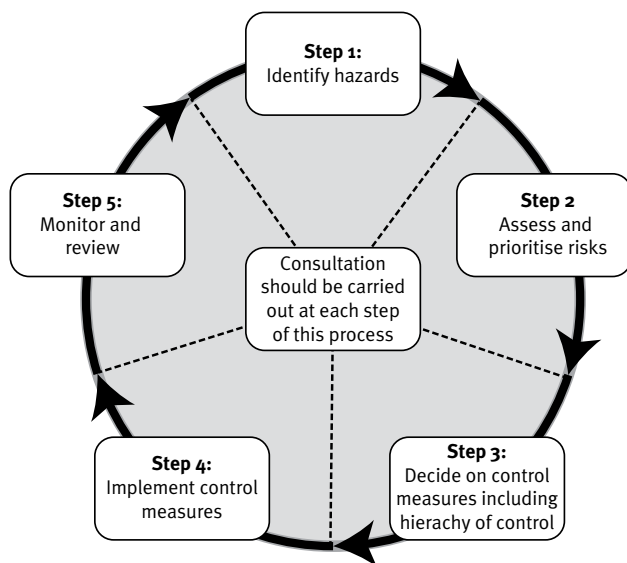


Figure 1

If the assessment shows that workers are exposed to significant risks, service providers will determine whether they need to modify or suspend that particular service until the risk has been adequately controlled. Client advocacy groups are available to work with all parties to address the issues.

## Who has responsibilities to workers when working in the home environment?

Employers (as service providers, or host employers of subcontractors or agency staff), clients and/or primary carers and their families should work together to provide a safe environment for workers.

**Employers (as service providers, or host employers of subcontractors or agency staff) should:**

- clearly communicate and understand what services are to be provided
- assess additional services before being performed
- review an activity that may have changed to ensure the controls are still working or need to be altered
- document the daily monitoring of the service using various methods (e.g. a communication folder/book or electronically) particularly where there are several service providers or several community workers for a particular client.

**Clients and/or primary carers should:**

- maintain a safe work environment (e.g. repair broken steps, mow long grass, restrain animals, provide adequate lighting)
- look after their own in-home safety (e.g. maintain electrical equipment and install smoke alarms and safety switches to switchboards)
- cooperate with service providers and workers to ensure safe work procedures and a safe work environment (e.g. move furniture to allow adequate work space, use lifting equipment based on assessed needs)
- keep their equipment safe, well maintained and in good order
- inform service providers and others of any known hazards.

## How to respond to changes

Changes will sometimes occur which can affect workplace health and safety. These changes should act as triggers to review the activity to appropriately follow up and manage them.

### Changes to the health status and needs of the client

The health status and needs of a client may change over time, or they may have injuries or illnesses that must be managed in the short term. Service providers need to respond to these changes and reassess their activities to ensure the risks are controlled.

Regular monitoring of client status is the preferred method of planning and managing change. Where change is required, it is important to negotiate the changes with the client and their families.

Early reporting of concerns to the service provider's manager/coordinator can initiate the need for a review of the care plan. The concerns raised should be documented for future reference.

### Changes to the home environment

A client's home environment can change between visits. Changes may include:

- positioning of furniture
- inoperable electrical equipment
- people or animals are now present
- altered storage patterns
- spills or leaks
- new equipment or furniture
- obstructed access.

Community service workers need to:

- determine at each visit the safety of the client's home as a workplace before commencing duties
- undertake a visual scan of the client's home immediately on arrival, and of the equipment before use.



### Changes to service arrangements

Changes to service arrangements could include:

- changes in the service required
- requested staff change by client or by worker
- changes in alternate service provider.

In situations where time does not allow normal assessment and planning, service providers should:

- complete a provisional assessment
- make interim arrangements
- follow up with long-term arrangements.

If staff or service providers change, the expectations and process for managing change should be clearly stated up front. This can be explained in client information material.

## Reporting incidents

Reporting incidents is an important part of a good workplace health and safety system.

Incidents that should be reported include:

- injuries to clients or workers
- emergency situations
- near miss incidents where there is no injury but requires preventative action.

Workers should be provided with and briefed on reporting and emergency procedures. Early reporting of identified hazards, injuries, near misses or concerns or changes in client circumstances by workers should be part of normal work duties. Telephone reporting of concerns by workers to managers/coordinators should be documented.

# Manual tasks

Community service work frequently includes manual tasks which also involves the handling of people in their homes. Examples of common manual tasks include:

- assisting with transferring, bathing and dressing clients
- pushing wheelchairs
- loading and unloading from vehicles
- moving furniture
- gardening and maintenance tasks
- cleaning and other domestic tasks.

The risk of injury related to manual tasks is increased when the work requires:

- overreaching
- significant bending and twisting
- handling of awkward, large heavy loads
- prolonged holding of the worker's body part in one position or doing similar actions for long periods.

Commonly it is a combination of these factors that increases the risks.



## Types of injuries

The types of injuries that can occur from manual tasks are:

- **Gradual wear and tear** – caused by frequent or prolonged periods of muscular effort associated with repeated or continuous use of the same body parts, including static body positions.

- **Sudden damage** – caused by intense or strenuous activity or unexpected movements such as when people who are being handled move or change position suddenly.

Most injuries are due to wear and tear in daily tasks. Although an injury could appear to be the result of an overload situation, the event that triggered the injury may have been the 'last straw' on already damaged tissues.

## What are some of the problems of working in a home environment?

Workers providing services in a home environment could be faced with:

- working in isolation without assistance for team handling
- the home not designed for health or personal care (e.g. low bed heights)
- working in restricted work spaces such as small bathrooms
- the home being laid out to suit the client's preferences
- a change in the client's physical and mental condition between visits
- workers from other agencies also providing assistance for the client.

## How to identify problem manual tasks

Not all manual tasks are a hazard. Problem manual tasks can be identified:

- by walkthrough observations
- by discussions with the clients
- with mobility assessments
- by noting known high risk manual tasks identified by injury/incident data
- when making a change
- after an incident has occurred.

## What are the risk factors?

The **direct risk factors** commonly seen in community service activities are:

- **Forceful exertion** – where the body has to generate significant force to perform the task (e.g. moving furniture).
- **Working posture** – the following postures can strain body tissue, affect the amount of effort required to complete the task and quicken muscle fatigue:
  - awkward postures such as twisting, bending or overreaching of the body (e.g. making a low bed)
  - static positions where part of the worker's body is held in one position for prolonged periods (e.g. prolonged squatting when showering client).
- **Repetition/duration** – performing a similar task over a prolonged period without a break, not allowing that part of the body to recover (e.g. mopping a large house).

The **contributory factors** that cause these risk factors include:

- **Workplace layout and environment** such as:
  - furniture that promotes uncomfortable working postures because it is fixed at the wrong height or is non-adjustable (e.g. a low bed)
  - limited space or access to complete handling tasks – this will promote bending, twisting or being in an awkward or fixed posture (e.g. working in a cluttered bedroom).
- **Characteristics of the client when being assisted** – a major risk factor specific to people handling tasks:
  - size, weight, shape and dimensions
  - medical and/or physical condition of the client
  - psychological functioning (e.g. behavioural problems of the client)
  - the client's ability and/or willingness to assist.
- **Work organisation** – the way work is organised and how procedures are administered affects the level of risk, such as:
  - regular maintenance of equipment
  - appropriate staffing levels for the caseload (e.g. a number of highly dependent clients seen in one shift)
  - the need for a second person for certain transfers
  - extended work days or excessive work hours.

## What are some possible controls?

Some possible controls for managing risks from manual tasks including people handling are:

- eliminate (e.g. use a maxi taxi to transport clients in their wheelchairs instead of loading and unloading the wheelchairs into/out car boot)

- provide:
  - mechanical aids or assistive devices (e.g. in a minimum lift approach for people handling)
  - smaller carry cases, boxes or cartons for taking items into the home
  - mobile and portable equipment supplied with dedicated trolleys or transfer/handling equipment
- modify the workplace layout, process or equipment. Some modifications to the workplace layout and equipment may require negotiations with the building owner and/or client. Examples include:
  - installing grab rails and a shower hose in the shower
  - raising the height of the bed to minimise prolonged bending, (e.g. use purpose-built blocks under the legs of the bed to raise the height of the bed)
  - relocating furniture to allow enough space for the worker and the client to turn and carry out a task in a comfortable posture, or to move equipment such as a commode or wheelchair
  - storing equipment and/or objects within easy reach and storing heavy or frequently used items between knee and shoulder height
  - providing clear access through the home
- develop a 'minimum lift' approach where all people handling tasks are evaluated and controlled so that workers are not handling all or most of a client's weight
- train workers in safe work procedures including work methods and use of mechanical aids and equipment
- ensure that the equipment provided is in good order and well maintained
- plan work to alternate between heavy and light activities
- ensure work/rest schedules are adequate for the work being done.

## How to tell if the controls are working

- conduct regular audits to ensure controls are effective and being used
- review client's condition and the work environment regularly
- encourage reporting of hazards, incidents and early symptoms
- consult with staff and follow-up on issues raised.

# Aggressive behaviour

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Aggressive client behaviour is an important health and safety issue for many community service workers providing services to people in their homes. If aggressive behaviour is not managed properly, workers are at high risk of physical injury or psychological illness. However, steps can be taken to minimise these risks.

## When are workers exposed to aggressive behaviour?

Some situations may expose workers to the risk of aggressive behaviour when working:

- with clients who have challenging behaviours that may be related to a medical condition or intellectual impairment
- alone and/or in isolated environments
- in an environment where other people may pose a risk to workers' personal security (e.g. client's family and friends).

## What are the risk factors?

The following risk factors should be considered when determining workers' exposure to aggressive behaviour:

- type of aggressive behaviour workers may be exposed to (e.g. verbal abuse vs physical abuse)
- frequency and severity of exposure to aggressive behaviour; look at incident or hazard reports
- layout of the workplace (e.g. ability of the worker to remove themselves from the area if required)
- need for workers to carry money or medication
- being aware of client's behavioural triggers
- other risk factors that have been identified by workers and/or other service providers
- any existing controls put in place to minimise the risk.

## What are the controls?

The following controls can be used to prevent or minimise the risks from aggressive behaviour:

- providing services in a more secure environment (e.g. community centres)
- redesigning or refurbishing existing environments so they are more secure (e.g. provide a 'safe room', remove potential weapons from the environment, or install a physical barrier in cars between the driver and the client)

- providing reliable communication devices to maintain contact between the employer and the worker
- providing personal duress alarms and training staff in their use
- developing and implementing procedures for workers and managers setting out preventative strategies and the steps to be taken if an incident occurs
- avoiding the need for workers to carry money or valuables:
  - organise direct debit system for collecting co-payments
  - provide a suitable container for carrying money or medication that is not easily identifiable
  - discourage workers from wearing jewellery and carrying large amounts of cash
- refusing or modifying services until risks are eliminated or minimised (the referring agency and other service providers should be advised of this situation):
  - authorise workers to discontinue services if they believe their personal safety is at risk
  - ensure workers have access to well maintained motor vehicles so they do not break down in unsafe locations or times
- providing training for workers on:
  - dealing with client aggression
  - de-escalation and avoidance strategies
  - the organisation's policies and procedures relating to aggressive behaviour
- providing support personnel as necessary
- providing counselling services for workers as required.

## How to tell if the controls are working

- consult with staff and follow-up on issues raised
- conduct regular audits to ensure controls are effective and being used by staff.

# Occupational stress

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Occupational stress can be defined as the physiological and emotional responses that occur when workers perceive an imbalance between their work demands and their capability and/or resources to meet these demands.

Stress responses occur when the imbalance is such that the worker perceives they are not coping in situations where it is important to them that they do.

## How to determine the source of occupational stress

The source of occupational stress can be determined by evaluating:

- productivity levels
- rates of absenteeism
- separation rates/turnover
- exit interviews
- staff engagement/morale
- client feedback
- peak/seasonal demands
- incident reports and data trends.

## What are the risk factors?

Stressors or risk factors for occupational stress may include:

- workloads or excessive demands from employers, clients or others at the workplace (physical, emotional, and cognitive)
- poorly defined job roles
- low control of what work tasks are done and how they are performed
- poorly managed conflict or work relationship problems with supervisors and/or colleagues
- incidents involving a threat to wellbeing (e.g. physical violence or the threat of physical violence with or without a weapon)
- poor support from managers, supervisors, and/or peers (this may include working alone or in an isolated environment)
- poorly managed change processes
- low levels of recognition and reward
- emotional attachment to a terminally ill client
- emotionally distressing situations.

To conduct a risk assessment for occupational stress, the risk factors listed above should be considered by:

- observing interactions between workers, and between workers and clients
- having one-on-one discussions with workers
- conducting focus groups or worker surveys
- acknowledging, understanding, and where necessary, investigating worker complaints.

## What are the controls?

Following are some controls that can be used to manage the risks from psychosocial issues:

- reviewing staffing levels to ensure appropriate staffing skills mix and numbers regularly
- providing clearly defined job descriptions, policies and procedures
- ensuring managers have the competencies required to manage their work team's exposure to occupational stress (e.g. list some of HSE management competencies)
- providing information to clients about how they are expected to behave and the consequences to service provision if these expectations are not met (check that the client clearly understands)
- reviewing organisational and performance management systems
- having policies and procedures for managing conflict and workplace harassment
- providing staff training and strategies on how to manage workloads, resolve conflict, job rotation, maintaining a balanced relationship and appropriate boundaries with client
- providing counselling services for staff where applicable
- refusing or modifying services to the client if an environment is too high risk.

## How to tell if the controls are working

- consult with staff and follow-up on issues raised
- conduct regular audits to ensure controls are effective and being used by staff.

# Biological hazards

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Biological hazards expose workers and clients to infectious disease risks. Good infection control practices will protect workers and clients from acquiring healthcare associated infections.

Some infectious diseases such as rubella (i.e. German measles), cytomegalovirus and chickenpox may pose additional risks to pregnant workers with the potential for adverse pregnancy outcomes.

Emerging infectious diseases such as pandemic influenza should also be considered and appropriate planning and preparedness should be implemented.

## How are workers exposed to infectious diseases?

Workers may be exposed to infectious diseases through activities such as:

- health and personal care of clients
- contact with a client's blood and body substances
- handling contaminated items and equipment
- household cleaning, including the cleaning of blood and body substance spills
- handling soiled laundry
- handling and disposing of clinical waste including sharps
- unsafe food handling and storage practices
- contact with a client's animals and animal excreta.

## What are the controls?

Some of the controls that can be used to manage infectious disease risks include:

- ensuring workers adopt standard precautions for the care and treatment of all clients and when handling all blood and body substances, non-intact skin and mucous membranes. This includes:
  - personal hygiene practices, particularly hand hygiene, and covering cuts and non-intact skin with a water-resistant dressing
  - using personal protective equipment, which may include gloves, gowns, plastic aprons, surgical masks, safety eyewear and face shields
  - handling and disposing of sharps safely, and using safety engineered medical devices such as retractable needles where appropriate
  - cleaning the home environment and managing blood and body substances spills

- handling and laundering soiled linen hygienically
- handling and disposing of waste appropriately, including clinical waste
- reprocessing reusable equipment and instruments.
- ensuring that workers adopt transmission-based precautions for clients known or suspected to be infected or colonised with infectious agents that may not be contained by standard precautions alone. These are extra work practices needed to contain infection risks and should be tailored to the particular infectious agent involved and the mode of transmission. This may include wearing specific personal protective equipment like respirators and providing client dedicated equipment.
- developing protocols for managing accidental exposure to blood and body substances, sharps injuries and other infectious disease exposures including first aid, medical referral and access to post-exposure prophylaxis (chemoprophylaxis) where appropriate
- providing information, instruction, training and supervision in infection control practices
- providing workers with hand hygiene amenities (e.g. alcohol-based hand rub) where hand hygiene amenities are not readily available in a client's home
- implementing an occupational immunisation program in accordance with the current edition of the National Health and Medical Research Council's The Australian Immunisation Handbook
- ensuring appropriate work placements and work restrictions (e.g. do not assign a non-immune worker to care for a client with a known vaccine-preventable disease such as chickenpox)
- providing adequate supplies of personal protective equipment (PPE) in a range of sizes and instructing workers in the correct selection and use of the equipment
- ensuring aggressive dogs are secured before the worker enters the workplace to prevent animal bites, and animal excreta is hygienically cleaned.

## How to tell if the controls are working

- consult with staff and follow-up on issues raised
- conduct regular audits to ensure controls are effective and being used by staff.

# Latex allergy

Some people may develop allergies to latex products. Three types of reactions that can occur when using latex products are:

- **Irritant contact dermatitis** – this non-allergic condition is the most common reaction to latex products and is caused by:
  - skin irritation from the accumulation of moisture, sweat, soaps and detergents on the skin
  - incomplete hand washing and drying
  - prolonged glove use
  - the cornstarch which is added to some latex gloves.

It causes dry, itchy skin, usually on the hands which resolves once contact with the latex product is discontinued.

- **Allergic contact dermatitis** (also known as delayed hypersensitivity reaction or Type IV) is caused by an allergy to chemicals added during the manufacturing of latex gloves (e.g. thiurams and carbamates). It causes a rash and blisters on the hands, usually occurring several hours after contact. Repeated exposure may cause the skin condition to extend beyond the area of contact with the latex product.
- **Latex sensitivity** (also known as latex allergy, immediate hypersensitivity reaction or Type I) is caused by an allergy to latex proteins and is a more serious condition. Symptoms usually occur soon after exposure and include:
  - a local or generalised skin rash
  - hives
  - itchy eyes
  - runny nose
  - wheezing.

**Note:** Rarely, anaphylactic shock can occur, which is a life-threatening emergency.



Some workers may be at greater risk of developing latex allergies, such as workers with pre-existing food allergies or atopy (i.e. a tendency towards allergies such as asthma, hay fever or eczema).

Risks to workers from exposure to latex allergy must be assessed and managed.

## What are the controls?

Some controls for managing latex allergy hazards include:

- eliminating non-essential use of latex gloves, (e.g. provide workers with non-latex gloves for activities that do not involve contact with blood and body fluids such as routine housekeeping or food preparation)
- providing low protein, powder-free latex gloves or latex-free gloves such as vinyl or nitrile gloves
- providing workers with information on latex allergy and safe work practices
- instructing workers to wash their hands with soap and water after removing latex gloves to remove natural rubber latex proteins from the skin
- ensuring workers do not use oil-based creams or lotions with latex gloves, as these can cause the gloves to deteriorate
- instructing workers to report health problems from the use of latex gloves, and ensure that affected workers seek medical attention
- identifying clients who may have a latex allergy and ensure that health and personal care is provided to these clients in a latex-safe environment.

## How to tell if the controls are working

- consult with staff and follow-up on issues raised
- conduct regular audits to ensure controls are effective and are being used by staff.

# Hazardous substances/chemicals

There are a number of chemicals used in community service work, particularly for cleaning, laundry and gardening tasks. Some of these chemicals may be hazardous with the risks increased in areas with poor ventilation (e.g. shower alcoves, ovens or small gardening sheds). The effects from exposure to hazardous substances can range from minor skin irritation to chronic diseases such as occupational asthma and various forms of cancer.

**Note:** Medications, with the exception of a few such as cytotoxic (anti-neoplastic) drugs, are not classified hazardous substances.

All chemicals are hazards that should be identified and managed.



## What chemicals could workers be exposed to and how will it affect them?

Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home environment. Substances, like sodium hypochlorite (bleach) are an irritant and, in high concentrations, may cause burns to the skin, mucous membranes and eyes.

## Who has legal responsibilities?

### Material safety data sheets

The employer must obtain, from the supplier, Material Safety Data Sheets (MSDS), for each hazardous substance supplied to the workplace. The MSDS contain:

- chemical and physical properties of the substance
- health hazards and first aid information
- precautions for safe use and handling.

The MSDS for each hazardous substance supplied to the workplace must be kept in a register that is easily accessible to workers using the substances.

### Labelling containers

Suppliers of hazardous substances must ensure a label is fixed to the container stating the:

- product name
- chemical name
- substance's risk and safety phrases.

These labels are essential to ensure a user of the substance knows what precautions to take when using it.

Decanting chemicals should be avoided where possible to prevent the risk of someone being exposed to substances to which the correct safety precautions are unknown. If decanting cannot be avoided, and the entire contents of the container are not used immediately, a label must be fixed to the container stating the substance's product name, and risk and safety phrases. Unlabelled substances containers that were used immediately should be discarded immediately after use.

## What to consider when assessing the risks

The risks to health from exposure to hazardous substances must be assessed, taking into consideration the:

- routes of exposure or entry to the body associated with the substance (e.g. MSDS may indicate that the substance can inflame eyes)
- probability that an event may occur from exposure (e.g. how often the substance is applied as an aerosol (mist) which may get into someone's eyes)
- length of exposure time relating to the dose which may be delivered with each exposure and is also important information when considering exposure standards related to the substance
- consequences that may result from exposure (e.g. MSDS indicate exposure to eyes may cause impairment).

The MSDS and the label on the container will provide some useful information to assist in conducting the risk assessment.

A sample assessment checklist is provided on P25.

A record of the risk assessment must be made including the:

- date and outcomes of the assessment
- product name of substance
- control measures for managing the risk
- details of any monitoring or health surveillance needed.

## What are the controls?

The following controls may be implemented to manage exposure to hazardous substances:

- **elimination:**
  - eliminate the use of the hazardous substance
  - assess if the task is essential, to establish if it can be eliminated, particularly if workers have experienced adverse health effects from using the substance in the past
- **substitution/isolation/redesign:**
  - use the substance in a different way that prevents or minimises the risk from exposure to the substance (e.g. pouring a chemical from a container or applying it as a jet rather than using as a fine aerosol if the chemical could cause an eye injury)
  - substitute a hazardous chemical with a less hazardous one, which is better suited for domestic use
  - provide workers with a limited range of cleaning chemicals that are low or non-hazardous including:
    - o diluted chemicals
    - o detergent and warm water for routine environmental cleaning of surfaces in the domestic situation rather than using hazardous substances such as bleaches (e.g. use appropriate cleaners for cleaning up body fluids)
  - secure the substance in the original container and store in a location according to instructions
  - use an exhaust fan or open windows for adequate ventilation while working with the substance
- **personal protective equipment** appropriate for the task should be provided (e.g. gloves and safety glasses)

- **administration:**

- the employer should provide:
  - o training on how to use a particular substance
  - o information on how to store chemicals and medication out of the reach of children
  - o training for the selection, use and maintenance of PPE.

## How to tell if the controls are working

- consult with staff and follow-up on issues raised
- conduct regular audits to ensure controls are effective and are being used by staff.

# Electrical

## What are the legal responsibilities?

The *Electrical Safety Act 2002* (the Act) and the *Electrical Safety Regulation 2002* (the Regulation) define obligation holders for electrical safety and prescribe ways for the safe use of electricity and electrical equipment.

Section 30 of the Act states, 'that the employer or self-employed person has an obligation to ensure persons business or undertaking is conducted in a way that is electrically safe'.

Subdivision 5, Service or Office Work, Section 92-94 of the Regulation details the requirements that when met, will contribute to fulfilling the person's obligation in relation to the performance of service or office work.

### Safety switches/inspection, testing and tagging requirements

Section 93 of the Regulation, requires that certain electrical equipment defined as 'specified electrical equipment' (full definition can be found in Section 83 of the Regulation) provided for use by an employer or self-employed person in the provision of health and community services **MUST** be either:

- connected via a safety switch, **or**
- inspected, tested and tagged by a competent person.

For a safety switch to be deemed compliant for specified electrical equipment in the health and community services industry, safety switches must be:

- a Type 1 **or** Type 2
- fixed **or** portable
- tested to the requirements of Australian and New Zealand Standard AS/NZS 3760:2003, In-service safety inspection and testing of electrical equipment (refer to Section 94 of the Regulation).

**or**

The specified electrical equipment can be inspected, tested and tagged at the intervals prescribed in Section 93 of the Regulation.

Specified electrical equipment for providing health and community services includes:

- extension leads
- power boards
- other electrical equipment which is moved for the purpose of its use and during its use (e.g. vacuum cleaners, floor polishers, hairdryers).

## Who has legal responsibilities?

### Electrical equipment in client's premises

When a health or community service is provided in the client's home, workers may have to use the client's electrical installation and electrical equipment (i.e. power points, lights, extension leads etc).

The Regulation does not prescribe **all** of the ways to fulfil the requirements of the Act; however Section 30 of the Act states that, 'the employer or self-employed person has an obligation to ensure a persons business or undertaking is conducted in a way that is electrically safe'.

Therefore, when the electrical equipment does not belong to the employer or self-employed person, one way for the worker or self-employed person to fulfil this obligation could be to:

- Visually inspect the electrical installation to satisfy themselves as to the electrical safety of the installation, paying particular attention to details such as damaged or missing parts and burning or discolouration of the electrical fittings in the installation (e.g. damaged light switch or cracked power point).
- Avoid using the client's electrical equipment (i.e. electric kettles, vacuum cleaners, extension leads etc) if possible, as the employer or self-employed person is not in control of the electrical condition of this equipment. If the client's equipment is to be used, then it **should** be visually inspected before use, with attention to damaged or missing parts (e.g. frayed leads, faulty switches, exposed wiring).

The equipment **should** then be connected via a compliant safety switch. Although many residential premises have their power circuits fitted with a safety switch, there is no regulatory testing requirement for these safety switches. In such circumstances, the employer or self-employed person can use their own portable safety switch.



## Use of equipment

Employers and self-employed persons should ensure that workers are trained in the safe use of electrical equipment. Training should include how to:

- conduct a visual inspection, and
- how to carry out the push button test of a safety switch.

Extension leads should be:

- located where they are not likely to be damaged and do not present a trip hazard when in use
- fully extended prior to using if fitted to a coiling device or reel.

Electrical equipment should be used and stored in a manner which does not damage the electrical fittings (e.g. don't overstretch extension cords), and it should not be exposed to harsh or damaging environments (e.g. chemicals, water) unless the equipment is specifically designed for use in these environments. Extra low voltage or battery-powered equipment may be an alternative in these environments.

## Double adaptors and 'piggy back' plugs

Although the use of double adaptors and 'piggy back' type plugs is permitted in the health and community services industries, their use should be discouraged and alternatives such as power boards used.

## Administration

Keeping records of electrical equipment and its testing requirements will help ensure adequate testing is carried out when required.

A training program should be implemented and provided for workers in the safe use of electrical equipment including:

- correct use and operation
- visual assessment/inspection requirements
- emergency procedures
- defect reporting requirements.

Obligation holders should also implement a reporting mechanism for defects, ensuring defective or faulty equipment is removed from service and managed so as to prevent inadvertent use. Once identified, repairs should be carried out promptly by an authorised repair agency and alternative equipment supplied free from defects.

# Slips, trips and falls

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Slips, trips and falls account for a significant number of injuries in the community services sector. Workers, clients and their families may be exposed to slip and trip hazards inside and outside the house.

Slips usually occur when there is a loss of grip between the shoe and floor (i.e. when there is a contaminant between the shoe and the floor).

Trips occur when a person's foot hits a low obstacle in the person's path, causing a loss of balance. It is often due to an obstacle that is not easily seen or noticed.

## What are the contributing risk factors?

Some of the various risk factors that contribute to slips and trips are:

- **Contaminants** – can be anything that ends up on a floor. It could be wet (e.g. water or oil), or dry (e.g. talcum powder or plastic bags). Preventing floor contaminants and attending to spills immediately is one of the best ways to prevent slips.
- **Slippery floor surfaces**, especially in areas which may become wet or contaminated (e.g. bathrooms and toilets). Additional anti-skid tape may be put on external steps to improve surfaces as a short- to-medium term measure.
- **Spills and cleaning** – spills should be cleaned up promptly to prevent slipping. Minimising walking on recently cleaned floors will also prevent the risk of slips or trips. Cleaning affects both indoor and outdoor areas:
  - indoor – floors should be cleaned properly with the right amount and type of cleaning product used so that the floor does not become too slippery
  - outdoor – growth (e.g. moss and slime) and leaf litter should be cleared from pathways.
- **Obstacles and other trip hazards** – trips most often occur because of uneven flooring or cluttered walkways with low obstacles which are not easily seen or noticed. Common examples of low obstacles include:
  - electrical leads
  - uneven edges to flooring
  - loose mats or carpet tiles
  - changes of floor surface levels.

## How to reduce or prevent slips, trips and falls injuries

Some simple and cost effective measures that can reduce or prevent the number and severity of slips, trips and falls injuries for workers, clients and their families are:

- good housekeeping practices
- ensuring the floor surface is in good order such as being free from:
  - holes
  - uneven surfaces
  - curled up linoleum
  - carpet edges
- avoiding changes in floor surface level, or if this is not possible, highlighting these changes (e.g. on the edge of the step in a split level home)
- providing adequate storage facilities
- ensuring lighting is adequate to see the area clearly without glare or shadowing to highlight potential slip or trip hazards
- checking and replacing light bulbs to appropriate wattage
- ensuring workers are able to maintain their balance when performing tasks and be able to recover if they slip or trip:
  - when carrying a load, workers should have full view of where they need to travel and should also have a free hand to hold onto a rail when walking down steps
  - when using a ladder, ensure the correct ladder is available for the job and at least three points of contact are maintained at all times to maintain stability and balance
- ensuring footwear is:
  - suitable for the type of work and work environment
  - comfortable with an adequate non-slip sole and appropriate tread pattern
  - checked regularly to ensure treads are not worn away or clogged with contaminants
  - designed to provide support and stability when worn.

# Driving risks for workers

Driving motor vehicles is a significant part of a worker's day when providing services in peoples' homes, and may be exposed to the following risks:

- driving when tired
- poorly maintained vehicles (e.g. tyres, brakes, lights)
- noise from driving long distances with windows down
- unrestrained equipment in the vehicle
- driving in poor conditions.

## What are the controls?

Possible controls that should be considered to reduce motor accidents include:

- reducing driving times by:
  - grouping clients by locality where possible
  - checking that the required equipment or consumables are packed before leaving the base
- securing all equipment for transport (e.g. in the car boot or behind a cargo barrier)
- developing a safe driving policy for the organisation, including road rules such as wearing seat belts and mobile phone use
- verifying drivers are appropriately licensed and include this requirement in position descriptions
- purchasing vehicles with safety accessories/extras (e.g. air bags, bull bars, ABS brakes, air conditioning, tinted windows)
- ensuring staff transporting dangerous, awkward goods, or people with wheelchairs, are appropriately trained for the task
- encouraging workers not to drive if the road conditions are poor, unclear or unpredictable
- ensuring information on road rules and defensive driving training is made available to all workers
- ensuring drivers report defective vehicles and all incidents resulting in injuries or damage
- maintaining a system of:
  - recording and monitoring incidents
  - monitoring each driver and vehicle (e.g. accident and service records)
- ensuring daily motor vehicle checks are carried out by the driver (e.g. operational lights, condition of tyres)
- ensuring an accredited mechanic carries out regular vehicle maintenance in accordance with vehicle requirements
- ensuring vehicles are appropriately insured.

## How to tell if the controls are working

- consult with staff and follow-up on issues raised
- conduct regular audits to ensure controls are effective and being used by staff.



# More information

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More information about specific workplace health and safety topics discussed in this guide is available on [www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au) or by calling WHS Infoline **1300 369 915**.

For information about electrical safety, visit [www.eso.qld.gov.au](http://www.eso.qld.gov.au) or call **1300 650 662**.

Some of the topics include:

- Host employers
- Labour hire agencies
- Risk management
- Manual tasks
  - *Manual Tasks Code of Practice 2010*
  - *Manual Tasks Involving the Handling of People Code of Practice 2001*
- Strains and sprains
- Workplace harassment
- Occupational stress
- Latex allergy
- Hazardous substances
- Cytotoxic drugs and related waste
- Material Safety Data Sheets
- Slips, trips and falls
- Electrical safety

## Legislation

- *Workplace Health and Safety Act 1995*
- *Workplace Health and Safety Regulation 2008*
- *Electrical Safety Act 2002*
- *Electrical Safety Regulation 2002*

For information about oxygen use (in house and portable), refer to the Queensland Health's Handbook for home oxygen therapy 2009, or by accessing the website [www.health.qld.gov.au](http://www.health.qld.gov.au)

# Checklist examples and other tools

The following checklists are not exhaustive.

You may wish to add or delete items according to your own circumstances.

The checklists should be completed in consultation with the workers involved.

## Accessibility and safety of premises checklist

Please indicate the appropriate response. A “No” answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.

<b>Date of inspection:</b>		
<b>Address of premises:</b>		
Accessibility and safety of premises	Yes/No	Nature of hazard identified/ Hazard report completed
<b>Outside the residence</b>		
Is it safe to park the vehicle on the road?		
Is the gate easy to open and close?		
Is the pathway from vehicle to house safe (e.g. lighting, steps, ramps, rail, trip hazards and overgrown vegetation)?		
Are pets restrained and/or non-threatening?		
Is there a safety switch on the switchboard?		
Are doorways clear, free from obstruction and easy to open and close?		
Are there any hazards presented by pools, dams or other waterways?		
<b>Inside the residence</b>		
<b>General – Are the following safe?</b>		
• floor surface (level and smooth)		
• access ways (level and uncluttered)		
• power points		
• electrical cords		
• temperature/humidity		
• lighting		
• position and design of furniture		
If there are tasks involving working at heights, is there a safe method of carrying out the work?		
Are smoke detectors fitted and appropriately situated?		
Are smoke detectors tested every three months? (sight evidence)		
Is there a fire evacuation plan in place?		

Accessibility and safety of premises	Yes/No	Nature of hazard identified/ Hazard report completed
Is there appropriate domestic fire safety equipment (e.g. fire blanket, extinguisher)?		
<b>Bathroom</b> – Are the following safe?		
• access to shower, bath, toilet		
• floor surface (level, smooth and non-slip)		
• electrical equipment (e.g. leads on floor or heaters in bathroom)		
• water temperature easy to control		
• ventilation		
<b>Kitchen</b> – Are the following safe?		
• work heights including seating for meal assistance		
• floor surface (level and smooth)		
• electrical equipment and power points		
<b>Laundry</b> – Are the following safe?		
• location of washing machine		
• a table or trolley to reduce the need to bend or twist when loading and unloading the washing machine		
• floor surfaces		
• electrical cords (e.g. on ground, water on floor)		
• provision for soiled items		
<b>Bedroom</b> – Are the following safe?		
• space around the bed sufficient to perform tasks in comfortable posture		
• ventilation		
• power points and electrical leads		
• floor surface (level and uncluttered)		
<b>Client/other people in residence</b>		
Are appropriate management methods in place to manage:		
• a history of aggression or violence?		
• threats or aggression to staff in any way?		
• clients willing to participate and assist in care?		
• clients able to accept directions and instructions?		
• a situation that is particularly emotionally demanding?		
• evidence of a risk of infectious disease?		

# Manual tasks checklist

Please indicate the appropriate response.

A “No” answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.

<b>Date of inspection:</b>		
<b>Address of premises:</b>		
<b>For any manual task</b>	<b>Yes/No</b>	<b>Nature of hazard identified/ Hazard report completed</b>
Can you comfortably move without restriction around the work area to do the tasks?		
<b>Can you work without:</b>		
• excessive bending, twisting or over reaching?		
• holding part of your body still for long periods?		
Have all the people handling tasks been assessed?		
<b>Are appropriate handling methods in place to handle clients who are:</b>		
• awkward to handle, unstable or unbalanced?		
• attached to any equipment?		
• uncooperative or have other behavioural problems?		
Is there a safe method for transferring clients up or down stairs?		
Have workers been trained in the safe handling of the client?		
Can the task be carried out in a safe working environment (floor, lighting, too hot/cold)?		
<b>Does the vehicle design allow you to do the following without using an awkward posture:</b>		
• transfer clients in/out of the vehicle?		
• secure clients inside the vehicle?		
• transfer equipment into/out of the vehicle?		
Have workers been trained in the correct techniques for the tasks they carry out?		

# Equipment checklist

Please indicate the appropriate response.

A “No” answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.

<b>Date of inspection:</b>	
<b>Address of premises:</b>	

Item	Is the item suitable and in good order for the task?	Is the equipment easy to use?	Is the item easily accessible?	Is the item easily transported?	Comments/hazard report completed
Vacuum cleaner					
Bucket/Mop					
Broom					
Washing machine					
Laundry trolley					
Clothes dryer					
Iron/ Ironing board					
Step ladder					
Food preparation facilities					
Hot water system					
Changing facilities/ area					

## Personal equipment checklist

	Date of last service	Are there any defects, signs of wear or other problems?	Is the item being used correctly?
Bed			
Manual wheelchair			
Power wheelchair			
Shower chair/trolley			
<b>Transfer devices:</b>			
• slide sheet			
• grab rail/foot stool			
<b>Hoist:</b>			
• standing			
• ceiling			
• hydraulic floor			
• electrical floor			
• other			



# Hazardous substances checklist

Hazardous substances in the household may include chemicals such as methylated spirits, caustic soda, oven cleaners, general cleaning agents, pesticides, disinfectants, medicine (i.e. cytotoxic drugs) and others.

Tick the appropriate response. A “No” answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.

<b>Date of inspection:</b>	
<b>Address of premises:</b>	

	Yes/No	Comments/hazard report completed
Is the worker aware of emergency procedures in case of an accident involving the substance?		
Are containers clearly labelled?		
Are substances in original containers?		
Are substances stored appropriately (out of reach of children?)		
Have workers been trained in safe procedures when working with the substance including personal protective equipment?		
Does the worker experience any health effects from contact with the substance?		
Does the worker have personal protective equipment for work with the substance?		
Is there an exhaust fan or open window for adequate ventilation, when using the substance?		
Can the use of the substance be eliminated or substituted for a less hazardous substance?		
Is the MSDS register for all substances identified and accessible to workers?		
Has the risk assessment been completed and recorded for all hazardous substances?		

# Checklists overview

<b>Community service provider:</b>		
<b>Address of premises:</b>		
Checklist	Inspection by	Inspection date
1. Accessibility and safety of premises		
2. Manual tasks		
3. Equipment		
4. Hazardous substances		

## Client acknowledgment

The need to conduct a workplace health and safety assessment of my home (located at the above address) has been explained to me and conducted with my permission. Hazards identified during the assessment have been brought to my attention.

Client/Family (please print)			
Client/Family signature		Date	
Inspecting person (please print)			
Inspecting person's signature		Date	

# Checklists outcomes

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<b>Corrective actions required</b>			
<b>Corrective actions undertaken</b>			
<b>Responsible person</b>		<b>Date completed</b>	

<b>Checked by: (please print)</b>			
<b>Signature:</b>		<b>Date:</b>	