



# Managing work-related violence in home and community care services

## Background

Home and community care service workers are at risk of exposure to work-related violence when working alone in a client's home. Risks may arise from actions of the client, their carer or others at the home. If the potential for work-related violence is not identified and managed properly, workers are at increased risk of physical injury or psychological harm.

## Risk factors

Workers may be at increased risk of work-related violence when:

- providing services to clients who have challenging behaviours that may be related to a medical condition, the use of alcohol or drugs or intellectual impairment;
- working alone in an isolated or unpredictable environment;
- working in a home where other people such as family or friends may pose a risk to the worker's safety.

Additional risk factors to be considered include but are not limited to:

- the worker's knowledge of the client's behavioural triggers and strategies to follow;
- the types of challenging behaviour the workers may be exposed to;
- the frequency and severity of exposure to the challenging behaviour;
- violence prevention strategies;
- environmental factors such as the layout of the home;
- time it would take for a co-worker to attend the home and provide support;
- changes to services provided to the client without reviewing the controls to minimise the risk of work-related violence.

## Action required

Managing the risk of work-related violence is a planned systematic process in consultation with workers and safety and health representatives and involves:

- identifying hazards related to the particular working environment;
- assessing the risk of injury or harm;
- controlling the risk, which may focus on eliminating or reducing the risk of injury or harm;

### Regional Offices

Examples of control measures may include:

- considering if services could be provided in a more secure environment;
- providing policies and procedures to reduce the risk of work-related violence, including steps to be taken when an incident occurs;
- reviewing and updating the client management plan regularly and after any changes or incidents;
- communicating relevant information to co-workers through handover and easy access to the client management plan;
- ensuring a means of communication is available to call for help, and that systems are in place for maintaining regular contact with the worker in accordance with Regulation 3.3 of the Occupational Safety and Health Regulations 1996;
- providing a personal duress alarm system;
- where required, working in pairs;
- having access to backup where required;
- providing regular support and supervision;
- investigating hazard and injury reports;
- identify patterns and trends in hazards and injury reports and investigations;
- providing training in relation to policies, procedures and plans, including the importance of reporting hazards, communication techniques and strategies, conducting situational risk assessments, when to call for backup or discontinue services, and the use of communication devices;
- reviewing the effectiveness of control measures and making improvements to ensure preventative measures are working; and
- conducting regular audits to ensure controls are effective and being used by workers.

### Further information

- Code of practice - [Violence, aggression and bullying at work/WorkSafe WA](#)
- [Aggression in the workplace – toolkits and information resources/WorkSafe WA](#)
- Guidance note – [working alone/WorkSafe WA](#)
- Working alone – [frequently asked questions/WorkSafe WA](#)
- [A guide to working in people's homes/WHSQ](#)
- [Preventing and responding to work-related violence/Safe Work NSW](#)
- [Working safely in community services/WorkSafe Victoria](#)
- [Home and Community Health Worker Handbook/WorkSafeBC](#)
- [Working alone/CCOHS](#)
- [Working alone – working with patients/CCOHS](#)

A24533566