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**Regional Offices**

## Introduction

People who work in the field of home and community health care face unique challenges in managing work health and safety. An increased demand for services that allow people to stay in their own homes and new working arrangements in aged and disability care highlights the need for further guidance in managing occupational safety and health challenges that arise when providing a service within homes or community settings.

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

## Occupational safety and health – Who is responsible?

The responsibility to manage the occupational safety and health of workers in community care settings is dependent on how work is arranged and what hazards individuals or organisations have control over. A service provider or host employer who engages a worker to work in a client's home or community setting is responsible to do what is reasonably practicable to ensure the health and safety of workers is protected.

Participants in the National Disability Insurance Scheme (NDIS) can choose to engage a disability service provider, an independent contractor (with their own ABN) or directly employ a worker. When directly employing a worker or contracting work, plan nominees and participants have a duty of care under the *Occupational Safety and Health Act 1984* (OSH Act) as employers.

Workers, including subcontractors or agency staff, also have a duty of care to:

- take reasonable care for their own health and safety
- take reasonable care that they do not adversely affect the health and safety of others
- comply, so far as they are reasonably able, with work health and safety instructions and cooperate with the employer's policies or procedures about work health and safety. This may include following reasonable instructions relating to the delivery of services and using personal protective equipment (PPE) they have been provided and trained in using.

Finally, clients have some responsibilities to providing a safe workplace for workers coming into their home, in terms of those hazards within their control.

WorkSafe suggests that occupational safety and health roles, responsibilities and rights are defined in a care agreement prior to commencement of services. The agreement should outline the process for reporting hazards and injuries, and advise of how hazards can be resolved.

Examples of items that may be covered in a care agreement include:

- restraint of pets during visits to a client home
- smoking policies for clients and workers
- equipment provision and maintenance, e.g. hoists, commodes, shower chairs, mops, vacuum cleaners)
- controlling the risk of aggression, abuse or harassment
- addressing identified safety issues (e.g. trip hazards, lighting, faulty equipment)
- visitor restrictions during visits to a client home
- how to respond to emergency situations
- controlling access into and out of the home during visits

### How are workers getting hurt?

Lost time injury data shows that the most common injuries within community and home based care are from:

- manual tasks;
- slips, trips and falls; and
- occupational violence and aggression.

Guidance on addressing these main injury risks as well as other common hazards found in community and home care is provided below. Hazards covered in checklists include:

- Manual tasks
- Slips, trips and falls
- Occupational violence/aggression
- Psychosocial issues/stress
- Biological hazards
- Hazardous substances
- Electrical hazards
- External hazards
- Vehicle hazards
- Working alone
- OSH Systems

## Manual tasks

### What are manual tasks?

Manual tasks cover any activity that requires a person to use their physical body (musculoskeletal system) to perform work. It includes manual handling, performing repetitive actions, adopting awkward and sustained postures, and being exposed to vibration while working. Manual tasks can result in both acute (immediate or sudden from a specific incident) or chronic (develops over time) injury.

Workers in home based care are most at risk from transfers and handling of clients (who may potentially be resistive to care); working in awkward/sustained postures (for example cleaning hard to reach areas or in a confined bathroom while assisting a client with showering tasks or dressing;) and handling heavy loads (for example loading/unloading wheelchairs, shopping or other equipment from vehicles; carrying or moving cleaning equipment or assistive aids). However, the above tasks are only a few of the manual tasks that may cause injury. Any task that involves high force, use of awkward or sustained postures, or repetitive movements may result in injury to employees. These tasks need to be identified and addressed through a risk management process to reduce the likelihood of injury

All manual task hazards that workers may be exposed to in the course of their work should be identified in consultation with workers and take into consideration tasks they find difficult or demanding, the environments where work will be conducted, and information available from previous injuries, client care plans or pre-service home risk assessments. Risk factors need to be considered, for example actions and postures; forces and loads; vibration; work environment; systems of work; and worker characteristics – please refer to the [WA Manual Tasks Code of Practice](#) for more information.

### What training should be provided on manual tasks?

Manual task training should include information on:

- Risk management process (empowering workers to report hazards)
- Common hazardous manual tasks associated with the work, the types of injuries which may result and general information on how the body works/responds when performing these tasks
- Risk factors for manual tasks (so that employees are able to identify when a task is hazardous)
- Available controls to manage risks
- Task specific training (specific techniques for working safely – for example client handling; safe pushing/pulling; loading/unloading vehicles)

Training should occur as part of induction, and be refreshed on a yearly basis. Further training may be needed whenever tasks are changed or new tasks are introduced (for example, hoist training for employees who are starting work with a client using a hoist).

In addition, support workers should be trained to recognise changes in a client's level of function as these changes can be a potential hazard. Any changes in function should be reported immediately to allow timely re-assessment of the client by a suitably-trained professional to determine if any changes are needed to their care plan and prevent injuries to staff.

## Checklist - Manual tasks



Identify the manual tasks hazards



Conduct a risk assessment



Provide training



Report hazards



Trolleys are maintained

- 
- Have all manual task hazards been identified? For example;
- client transfers (bed, wheelchair, car, commode, shower chair, hoist)
  - loading/unloading vehicles
  - carrying equipment to homes
  - client movement (in wheelchairs, wheeled equipment, bed mobility)
  - change in client function or mobility
  - bariatric care issues
  - moving furniture
  - cleaning, gardening, shopping, or maintenance tasks
  - other?
- 
- Has a risk assessment been completed for all identified hazards, in consultation with workers?
- 
- Are control measures in place to minimise manual task injuries?
- suitable, well-maintained client handling equipment is readily available and accessible
  - trolleys available for moving equipment to/from and within homes
  - mechanical aids/lifting devices (e.g. hoists/slide sheets; wheelchair loaders for vehicles) are available when required
  - regular maintenance of home-based equipment and reporting mechanisms for unsafe equipment
  - procedures for clear response and action to client function changes
  - a no lift policy to eliminate movement of furniture, unassisted lifting of clients, etc.
  - bed heights adjusted to minimise bending for transfers or bedmaking
  - review manual handling needs of clients if their condition changes
  - work tasks designed to alternate between heavier and lighter activities and allow sufficient rest breaks
  - use of equipment to prevent over-stretching e.g. hand-held shower head, long-handled dusters
  - equipment stored within easy reach e.g. between shoulder and mid-thigh height to avoid bending or reaching
  - staff are trained in safe use of equipment
- 
- Are implemented control measures regularly reviewed, in consultation with staff, to ensure continued appropriateness and effectiveness of control over time?
- 
- If employer provides equipment such as mops and vacuum cleaners for workers to use, is it appropriate for minimising manual task risks? (e.g. light weight, easy to use, regularly maintained) – see WorkSafe WA *Manual Task Solutions: Mops and Vacuums* for guidance [https://www.commerce.wa.gov.au/sites/default/files/atoms/files/manual\\_task\\_solutions\\_mops\\_vacuums.pdf](https://www.commerce.wa.gov.au/sites/default/files/atoms/files/manual_task_solutions_mops_vacuums.pdf)
- 
- Are workers provided sufficient information on hazardous manual tasks and how to minimise exposure?
- 
- Have workers received clear guidance on reporting manual task risks?
-

## Slips, trips and falls

Slips, trips and falls are the second most common injury (after manual task injuries) for workers in this industry, however they can be prevented.

A good understanding of the risk factors that contribute to slips, trips and falls is essential for managers clients and workers to prevent injuries. By understanding risk factors, workers will recognise slip and trip hazards in their work, and are more likely to report these hazards to the employer. Likewise, those who engage worker in home or community care need to understand the risk factors in order to assess the risk associated with the hazard; and decide on, and implement controls to manage the risk.

Slips, trips and falls risk factors can be categorised into 10 categories:

- Floor surface and condition
- Objects on the floor
- Cleaning/spill containment
- Floor contamination
- Ability to see floor/walkways/hazards
- Space and design
- Stairs and step ladders
- Work activities, pace and processes
- Footwear and clothing
- Individual factors

A checklist that covers each individual risk factor under the above categories is available on the WorkSafe WA website at <https://www.commerce.wa.gov.au/publications/checklist-slips-trips-and-falls>.

### Checklist – Slips, trips and falls



Ensure the floor is slip resistant



Place warning sign on spills and wet floors



Eradicate trip and fall hazards



Guard rails on ramps and steps



Appropriate footwear is worn

- 
- Does pre-service client home assessment cover:
    - presence and condition of stairs, ramps and steps?
    - presence and condition of rails or other safeguards on steps, ramps, stairs etc?
    - surface type (slippery vs slip resistant) and surface condition (worn carpet or other issues)?
    - presence of any obstructions in walkways (mats, electrical leads, furniture, hoses)?
    - adequate lighting of internal and external areas?
    - any issues with changes between floor surface types?
- 
- Have workers been advised of footwear requirements (e.g. fully enclosed with a slip resistant sole)?
- 
- Are workers provided with adequate information and training in management of spills?
- 
- Do past incident investigations of slips/trips identify all relevant risk factors (floor surface, lighting, footwear, contaminants, floor condition etc) with action identified to prevent future incidents?
- 
- Is work designed to avoid use of step ladders or carrying loads restricting vision of floor?
- 
- Are controls in place to prevent slips and trips in the client home e.g.:
    - contrast strips to alert workers to changes in surface level
    - anti-slip strips in wet areas
    - external pathways maintained to minimise buildup of moss, slime or leaf litter.
    - provision of sufficient space to complete tasks
    - floors cleaned with type of cleaning product to avoid slippery surface.
-

## Workplace violence and aggression

Aggression in the workplace can be defined as 'any incident in which employees and other people are abused, threatened or assaulted at work'. Within this definition, threat means any statement or behaviour that leads a person to believe they are in danger of being physically attacked, regardless of intent or ability of the person to carry out the threat.

Threats to the personal safety of community workers may arise from interaction with clients, client's family members or friends, or members of the general public. This issue presents a particular problem, as community workers often work alone and after dark.

Examples of work related violence include:

- biting, spitting, scratching, hitting, kicking
- throwing objects
- pushing, shoving, tripping, grabbing
- verbal threats
- sexual assault
- attacking with knives, guns, clubs, or any type of weapon

Potential risk factors to be considered when determining workers' exposure to work related aggression or violence are:

- working with clients who have challenging behaviours that may be related to a medical condition or intellectual impairment or who may be influenced by medication or other substances
- limited knowledge of client's behavioural triggers or history of challenging behaviour
- frequency and severity of exposure to challenging behavior
- layout of the workplace for example, inability of the worker to remove themselves from the area if required.
- need for workers to carry money or medication
- the time it would take to have a supervisor/shift manager attend the house to support the worker
- change of service with no review of existing controls put in place to minimise the original risk.

Further guidance on addressing violence and aggression, including guidance on investigating incidents of client-initiated violence is available on the WorkSafe WA website at

<https://www.commerce.wa.gov.au/worksafe/introduction-aggression-workplace>

## Checklist – Workplace violence and aggression



Violence and aggression risk assessment been undertaken



Systems are in place to respond/recover from violence and aggression



Provide training and information



Systems are in place to report hazards

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- Are there systems in place to identify potentially aggressive clients?

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  - Does care contract/service agreement specify implications of aggressive behaviour on continued services?

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  - Are workers advised to withdraw immediately if they feel unsafe and report threatening behaviours?

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  - Are workers trained in recognition and management of challenging or aggressive behaviours?

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  - Are known risks and control strategies communicated clearly to workers? How are these updated (e.g. are mobile apps used to update workers on client care needs?)

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  - Is there a clear communication protocol for workers requiring immediate assistance or emergency response? Does this protocol account for mobile phone outage or coverage issues?

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  - Are procedures in place to minimise exposure to violence and aggression (i.e. care plans with clear guidance on avoiding and responding to risks, guidance on where to park)?

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  - Are visit times controlled in a policy on after-hours work? Are clients advised of policy/procedures?

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  - Is there a system in place to monitor visits (e.g. contact with worker prior to and following visits)?

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  - Is there a policy in place regarding restrictions to visitors at the home during support visits?

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  - Is there a system in place to support workers after incidents such as debriefing, counselling, monitoring for psychological distress?

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  - Is a checklist available to ensure the safety of workers at a home visit? Has the environment been assessed for security (e.g. has a safe area been identified for retreat, have potential weapons been removed)?

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  - Has client home been assessed for worker safety (easy egress, retreat areas) or has the vehicle been assessed for worker safety (e.g. car has a physical barrier between the driver and the client).

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  - Are incidents of aggression thoroughly investigated to identify uncontrolled risk factors?
-

## Working alone

Support workers providing home based care are often working over large geographical distances and visiting several clients per day. There are risks associated with working alone in the community from potential vehicle breakdowns/accidents to possible exposure to aggression or violence from a client or family/visitors at a client's home during care services. Employers must ensure that all support workers working alone in the community have access to a means of communication (and are aware of emergency numbers) in the case of emergency while performing their work duties.

Employers must ensure there is system of work which provides for regular contact with workers, communication of emerging hazards and early response where a worker may be in an emergency situation. Further, this system should also ensure that employers know the locations of workers at all times, to allow a fast response should concerns be raised regarding the safety of one of their staff.

### Checklist – Working alone



Systems in place to communicate with workers working alone



Systems are in place to ensure safety and supervision



Provide training and information



Systems are in place to know the location of workers

- 
- Is there a system in place for communication with workers working alone?

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  - Does the system ensure that employees have means of communicating in the event of emergency (e.g. mobile phones, duress alarms)?

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  - Have employees been instructed of when to carry mobile phones, how to carry these (e.g. with use of a nurses' pack) and who to contact?

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  - Does the system ensure regular contact is maintained with workers to ensure safety and supervision (i.e. so managers know when workers arrive or leave workplaces)?

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  - Does the employer have a system to ensure knowledge of the location of all workers at all times during work shifts (e.g. use of mobile apps with GPS information)?

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## Electrical hazards

When providing care to people in their own homes, employers have very little control over the working environment. This is especially important when it comes to electrical safety. Many homes in older suburbs or rural areas may not be protected by a residual current device (RCD). Even if a client's home is protected by a RCD in the meter board, this cannot be relied upon to provide adequate protection unless the client has been diligent in having the RCD inspected and tested on a yearly basis (and can provide documents to support this).

### Checklist – Electrical hazards



Power tools are  
RCD protected



Electrical  
installations are  
maintained



Use molded or  
transparent  
plugs



Flexible cords and  
extensions cords  
are used safely

- 
- Are electrical hazards assessed in clients' homes? (pre-service assessment)

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  - Are regular inspections completed to re-assess electrical hazards?

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  - Are portable RCDs provided to all workers who use handheld equipment?

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  - Are portable RCDs regularly maintained and tested by an appropriately qualified person? (yearly testing is recommended)
-

## Infectious diseases, sharps and body fluids

Workers providing home based care services are at risk of contracting infectious diseases or transferring diseases from clients to others. Exposure to biological hazards can occur through:

- direct contact with blood and other bodily fluids, for example through broken skin, splashes to mucous membranes (eyes, nose, mouth), from skin penetrating injuries and from handling soiled linen/clothing
- ingestion, for example, via contaminated hands, food and surfaces
- inhalation, for example, inhalation of infectious aerosol droplets from coughing or sneezing

All workers should be provided with training and information on universal precautions for infection control to minimise risk of disease, as well as information on the range of communicable diseases that they may be exposed to through their work, including Hepatitis A and B, HIV, Influenza, and MRSA. All personal care and domestic support workers should also be provided with appropriate gloves as personal protective equipment against biological hazards.

### Checklist – Infectious diseases, sharps and body fluids



Provide training in universal infection control



Vaccination program is available for at risk workers



Maintain records of vaccinations



PPE provided



Procedure in place for cleaning up body fluids

- 
- Have workers been provided with adequate information on communicable diseases? (e.g. symptoms, long term health effects, risk factors and controls to minimise risk, including immunisation)
- 
- Are workers trained in universal infection control procedures?
- 
- Have all at-risk workers been encouraged to have Hepatitis B vaccination, as protection against Hepatitis B infection?
- 
- Does the employer have an employer-managed vaccination protocol in place, to ensure at-risk workers are vaccinated against Hepatitis B? (vaccination funded by the employer)
- 
- Does the employer maintain records of vaccination of workers?
- 
- Does the employer provide adequate PPE (e.g. range of gloves for both personal and domestic support workers), at no cost to workers?
- 
- Is there a sharps procedure in place to manage the handling of sharps in clients' homes?
-

## Checklist – Psychosocial issues/interpersonal conflict/stress



Identify the stress hazards in the workplace



Grievance resolution procedure is available



Provide training and information

- 
- Have hazards related to stress (e.g. exposure to challenging behaviours, work demands) been identified in the workplace, in consultation with workers?
- 
- Are there agreed standards of acceptable behaviour in place for workers and clients/family members?
- 
- Are workers provided with information regarding resolving interpersonal conflict or other grievances?
- 
- Are there clearly identified contact people in conflict resolution/mediation roles?
- 
- Do people with responsibilities/roles in resolving conflict have appropriate skills and training in this area?
- 
- Is debriefing or counselling accessible to employees who may have been exposed to traumatic or challenging situations?
- 

## Checklist – Hazardous substances



Keep a register of hazardous substances



Decanted containers are labelled



Risk assessment has been undertaken



Provide training



PPE is provided if other controls are exhausted

- 
- Are systems in place to control cleaning products used in clients' homes? (e.g. employer provides safe substances OR guidelines given to clients about appropriate selection of chemicals)
- 
- If hazardous substances are used, is there a register of hazardous substances, including MSDS sheets no more than 5 years old?
- 
- Is register readily available to workers? Have workers been instructed where to find this?
- 
- Has the risk management process been applied to control of hazardous substances (Identification, Assessment and Control)?
- 
- Are staff trained in hazardous substances? Does training cover:
- identification of hazardous substances
  - health effects
  - controlling exposure to hazardous substances
  - safe work methods
  - appropriate PPE and clothing
- 
- Are there policy/procedures in place for smoking in the workplace? (both by clients AND workers)
-

## Checklist – External hazards



If your workers work in the sun you need to provide them with PPE



PPE is provided if other controls are exhausted



Keep a register of hazardous substances



Provide training

- 
- Are any external services (e.g. gardening, general maintenance) provided?
- 
- Are external workers provided with appropriate PPE, such as steel capped boots, sunscreen and hats?
- 
- If pesticides are used, is information provided to workers for safe use? (see Hazardous substances checklist)
- 

## Checklist – Vehicle safety



Vehicle is well maintained



Mobile phones are not used when driving



Drivers hold a current licence



Seat belts are worn



Provide equipment such as wheelchair loaders

- 
- Is there a motor vehicle policy in place (including for use of private vehicles)?
- 
- Does the motor vehicle policy cover:
- use of mobile phones while driving?
  - disclosure of changes to licence status?
  - regular checking of car registration and insurance details for privately-used vehicles?
  - insurance/theft of personal belongings from vehicles during work hours?
  - car seat adjustments to maximise comfort?
  - procedures in case of motor vehicle accident?
  - regular servicing, maintenance and care repair procedures?
  - maximum driving time before break (to prevent prolonged sitting)?
  - loading/unloading of vehicles?
  - equipment provided to minimise vehicle hazards? (e.g. wheelchair loaders, storage crates, lumbar supports)
-

## Checklist – First aid



Workers have been trained in first aid



Appropriate first aid facilities are provided including kits for workers taking clients outside home environments

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Are their adequate first aid facilities to address common injuries (e.g. skins abrasions from slips and trips)

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Do workers take clients to settings outside of the home? If so, is an appropriate first aid kit provided?

---

Is the worker trained in basic first aid?

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## Checklist – OSH management



Report hazards



Conduct a risk assessment



Consultation



Provide training

- 
- Are there systems in place to identify hazards, assess and control risks in client homes? (e.g. hazard identification forms, inspection checklists, risk assessments)
- 
- Is there a hazard reporting system that workers can access to report hazards?
- 
- Do employees have access to forms to report hazards and incidents?
- 
- Have all workers received induction and ongoing training on:
- safety procedures
  - manual tasks
  - infection control and communicable diseases
  - slips, trips and falls
  - aggression/violence
  - grievance/conflict resolution procedures
  - communication and emergency procedures
  - hazardous substances
  - electrical safety
- 
- Are training and induction records maintained?
- 
- Is there a designated contact person(s) for OSH and injury management?
- 
- Have notifiable accidents been reported to WorkSafe, as per legislative requirements?
- 
- Are all reported hazards and incidents investigated by the employer? Are workers reporting hazards/incidents given feedback regarding outcome of investigations?
- 
- Is a comprehensive assessment of potential clients and their homes/environment completed PRIOR to commencing services to identify, assess and control hazards and risks? Assessment should include:
- level of physical and cognitive functioning/diagnoses
  - history of resistive behaviour/aggression
  - language/communication abilities of client
-

- 
- physical characteristics of client (size, weight)
  - services to be provided
  - slip/trip hazards
  - manual task hazards
  - equipment required, condition of equipment and accessibility
  - location of landline telephones, mobile reception in areas of home
  - lighting (including to car parking area)
  - presence of animals and other people in the home
  - emergency evacuation and exit points
- 

- Are care contracts or service agreements provided to and discussed with clients that cover safety matters; roles, rights and responsibilities; and process for resolution of identified safety hazards (including implications of non-resolution)?
- 

## Information to help you meet the OSH laws

The WorkSafe website contains a number of publications which may assist you in making your workplace a safer place. Go to the WorkSafe website [www.worksafe.wa.gov.au](http://www.worksafe.wa.gov.au)

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