

A smiling woman with blonde hair, wearing a blue uniform with white piping, is holding a clipboard and looking towards a customer whose back is to the camera. The scene is outdoors, with a red car and greenery in the background.

A guide to working safely in people's homes

Acknowledgement

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Introduction

This guide provides practical advice to health and community service organisations about how to manage work 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 work health and safety risks and the best ways to manage them.

Terms used in this guide

- **Client** – a person receiving a service in their home.
- **PCBU** – is a person conducting a business or undertaking alone or with others, whether or not for profit or gain. A PCBU can be a sole trader (for example a self-employed person), a company, unincorporated association or government department or agency. A PCBU is often, but not always, an employer. A 'volunteer association' is not a business or undertaking under the *Work Health and Safety Act 2011*. A 'volunteer association' is a group of volunteers working together for one or more community purposes that does not employ anyone to carry out work for the association. Unless otherwise stated, where the word 'employer' is used in this guide it is referring to a PCBU.
- **Primary carer** – a person who provides personal care, support or help to a client and is not engaged as a paid or volunteer worker, often a family member or guardian.
- **Worker** – a person who carries out work in any capacity for a person conducting a business or undertaking. Examples of health and community care workers include personal carers, care providers, nurses, social/welfare workers, therapists or other people performing health care or community work at the direction of a person conducting a business or undertaking.
- **Workplace** – is a place where work is carried out for a business or undertaking and includes any place where a worker goes, for work. This includes a client's home or part of their home (for example kitchen), a vehicle or a community venue. A workplace where a service is being undertaken in isolation from the assistance of other people because of location, time or nature of the work is considered to be one where isolated work is being undertaken.

Work health and safety – your duty of care

A PCBU (such as a service provider, or host employer of subcontractors or agency staff), has the primary duty of care and must do what is reasonably practicable to ensure the health and safety of their workers, including agency staff, subcontractors, volunteers, and others at the workplace such as clients.

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 WHS Act 2011 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 PCBU's policies or procedures about work health and safety. This may include following reasonable instructions relating to the delivery of the care plan, only undertaking activities that have been agreed to in the client service agreement, and wearing

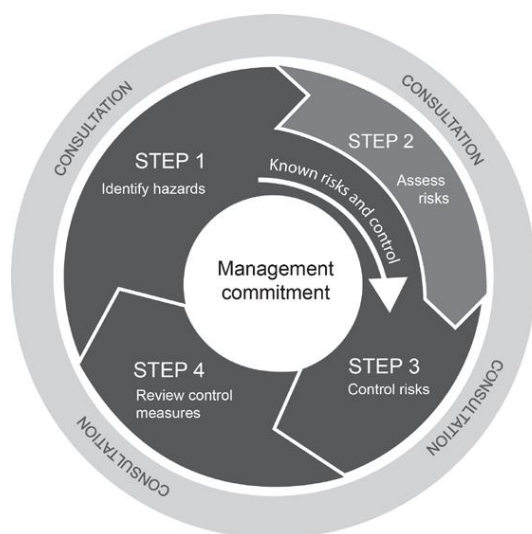
personal protective equipment (PPE) they have been provided and trained in using properly.

Others at the workplace (for example, clients, visitors, family members, participants) have a duty 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 any reasonable instruction given by the business or undertaking carrying out the work.

How to meet the health and safety duty of care

Before providing any service to the client employers must conduct a risk assessment in the home, 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 community services work health and safety checklist that includes common hazards can assist PCBUs with this process.



The risk assessment must follow the risk management process (see left) and be done in collaboration with clients, their families and/or landlords. As part of this process, identify potential control measures which become part of the client's service or care plan

If assessment shows that workers are exposed to significant risks, employers need to decide if 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 such issues.

The most effective risk management approach is where the psychological, physical and chronic disease risk factors associated with a work activity are managed together with other work health and safety hazards. This is achieved by:

- implementing principles of good work design by considering the physical work environment, the work and the worker
- bringing work systems, processes and workers together
- managing all the health, safety and wellbeing risks.

The PCBU has the primary duty of care for the health and safety of workers. PCBUs, clients and/or primary carers and their families should work together to provide a safe environment for workers in the home. PCBUs should:

- gather relevant information at the referral and client assessment stage to identify WHS issues and assess and manage those risks
- clearly communicate and understand what services are to be provided
- regularly review current WHS risks to ensure that the controls are still working and whether they need to be altered
- provide adequate training and supervision to ensure safe work methods are understood and followed
- assess additional services before they are performed

- document the daily monitoring of the service using various methods (for example 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 (for example repair broken steps, mow long grass, restrain animals, provide adequate lighting)
- look after their own in-home safety (for example 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 (for example move furniture to allow adequate work space, use lifting equipment based on assessed needs, provide recommended cleaning products)
- keep their equipment safe, well maintained and in good order
- inform service providers and others of any known hazards (i.e. the presence of pets).

How to respond to changes

Changes do occur and can affect work health and safety. These changes should act as triggers to review the activity to appropriately follow up and manage them.

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, 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.
- Document the concerns raised for future reference and communication.

The home

A client's home 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.

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.

Have a process for managing change (such as staff or service provider changing) before it happens. Explain up front to the client (and include in their information material) the expectations and processes.

Reporting incidents

Incident reporting is an important part of a good work 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.

Brief all workers on emergency procedures and reporting requirements. Early reporting of identified hazards, injuries, near misses or concerns or changes in client circumstances by workers is part of normal work duties. Managers/coordinators should document any concerns reported by workers.

Manual tasks

Community service work frequently includes manual tasks which also includes 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 physical aspect of the work requires:

- repetitive or sustained force
- high or sudden force
- repetitive movement
- sustained or awkward posture (i.e. prolonged holding of the worker's body part in one position)
- exposure to vibration.

Types of injuries

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?

- Working in isolation without assistance for team handling.
- The home not designed for health or personal care (for example 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 hazardous manual tasks

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

- by walk through 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?

Direct risk factors commonly seen in community service activities:

- Forceful exertion – where the body has to generate significant force to perform the task (for example 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 (for example making a low bed)
 - static positions where part of the worker's body is held in one position for prolonged periods (for example 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 (for example mopping a large house).

The contributory factors that cause these sources of risk include:

- Work area design and layout such as:

- furniture that promotes uncomfortable working postures because it is fixed at the wrong height or is non-adjustable (for example a low bed)
- limited space or access to complete handling tasks – this will promote bending, twisting or being in an awkward or fixed posture (for example 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
 - communication capabilities (i.e. English as second language or dysphasia following stroke)
 - cognitive functioning and ability to understand instructions or challenging client behaviours, including the client’s ability and/or willingness to assist
- Systems of work – 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 (for example 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 (for example 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 (for example using hoists 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, (for example 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
- ensure relevant information about the client is communicated during handovers or is conveyed to the supervisor or shift manager (i.e. changes in ability to transfer, behavioural changes).

How to tell if the controls are working

- Conduct regular audits to ensure controls are effective and being used.
- Review of the client's condition and the work environment should be planned and occur regularly.
- Encourage reporting of hazards, incidents and early symptoms.
- Consult with staff and follow-up on issues raised.

Work-related violence

Community service workers can be exposed to work related violence. Risks may arise from the actions of clients, their carers or others at the home or where the services are provided. If the potential for work related violence is not identified and managed properly, workers are at high risk of physical injury or psychological illness.

Work related violence is any incident in which a person is abused, threatened or assaulted in circumstances related to their work. Examples of work related violence include:

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

When are workers exposed to aggressive behaviour?

Situations that may expose workers to the risk of work related violence include:

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

What are the risk factors?

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

- limited knowledge of client's behavioural triggers
- type of challenging behaviour workers may be exposed to (for example verbal abuse vs physical abuse)

- frequency and severity of exposure to challenging behaviour; look at incident or hazard reports
- 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.

What are the controls?

Controls which can be used to prevent or minimise the risks from work related violence include:

- working with clients to identify behavioural expectations surrounding service provision and the consequences to service provision if these are not met (check that the client clearly understands)
- redesigning or refurbishing existing environments so they are more secure (for example provide a 'safe room', remove potential weapons from the environment, or install a physical barrier in cars between the driver and the client)
- ensuring relevant information about the client is communicated during handovers or is conveyed to the Supervisor or Shift Manager
- reviewing the requirement for working alone and providing additional service providers where required
- providing reliable communication devices to maintain contact between the employer and the worker
- providing personal duress alarms and training staff in their use
- ensure workers have access to well-maintained motor vehicles so they do not break down in unsafe locations or times
- 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
- providing services in a more secure environment (for example community centres) where possible and appropriate
- providing training for workers on:
 - reporting all hazards including abuse and threats
 - dealing with challenging client behaviour by ensuring workers understand the client's care plan
 - de-escalation and avoidance strategies

- seeking assistance before the situation becomes critical.
- the organisation's policies and procedures relating to aggressive behaviour
- review of existing controls put in place to minimise the risk
- 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.

Work related stress

Work related stress describes the physical, mental and emotional reactions of workers who perceive that their work demands exceed their abilities and / or their resources (such as time, help / support) to do the work. Read the guide [Managing work related stress](#) for more detail.

Stress responses occur when 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 work related 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:

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

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

- acknowledging and understanding worker complaints and where necessary investigating
- observing interactions between workers, and between workers and clients
- having one-on-one discussions with workers
- conducting focus groups or worker surveys with tools such as the psychosocial risk assessment process [People at Work](https://www.worksafe.qld.gov.au/injury-prevention-safety/mental-health-at-work/tools-and-resources/people-at-work). (<https://www.worksafe.qld.gov.au/injury-prevention-safety/mental-health-at-work/tools-and-resources/people-at-work>)

What are the controls?

Controls that can be used to manage work related stress risks include:

- regularly review staffing levels to ensure appropriate staffing skills mix and numbers
- provide clearly defined job descriptions, policies and procedures
- ensure supervisors and managers have the skills required to manage their work team (i.e. able to support worker whilst managing their performance and adherence to policies and procedures.
- review organisational and performance management systems
- have policies and procedures for managing conflict and workplace bullying
- provide staff training and strategies on how to manage workloads, resolve conflict, job rotation, maintaining a balanced relationship and appropriate boundaries with client
- provide counselling services for staff where applicable
- refuse or modify 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.

Remote or isolated work

This is work that is undertaken when isolated from the assistance of other people because of the location, time or nature of the work being done. Assistance from other people includes rescue, medical assistance and emergency services.

A worker may be isolated even if other people may be close by, for example, a carer working by themselves overnight. In other cases, a worker may be far away from populated areas, for example, on a farm.

In some situations, a worker may be alone for a short time. In other situations, the worker may be on their own for long periods of time, for example driving in remote locations.

A PCBU must manage the risks associated with remote or isolated work, including ensuring effective communication with the worker carrying out remote or isolated work.

Biological hazards

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

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

Infection from exposure to a biological hazard can cause serious illness. Any infection to which the carrying out of work is a significant contributing factor must be notified to Workplace Health and Safety Queensland. This includes any infection that is reliably attributable to carrying out work that involves providing treatment or care to a person or involves contact with human blood or body substances.

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 cleaning spills of blood and body substances
- 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, including covering non-intact skin (for example cuts, dermatitis) with a water-resistant dressing
 - correct use of personal protective equipment, which may include gloves, gowns, plastic aprons, surgical masks, safety eyewear and face shields
 - safe handling and disposal of sharps, and using safety engineered medical devices such as retractable needles where appropriate
 - maintain a clean work environment and manage spills of blood and body substances
 - hygienically handle and launder soiled linen
 - handle and dispose of all waste appropriately, including clinical waste
 - correctly process 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 additional work practices needed to contain infection risks and should be tailored to the particular infectious agent involved and its mode of transmission. This may include wearing specific personal protective equipment like a respirator and using dedicated equipment for the personal and health care of the client
- having 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 indicated
- providing information, instruction, training and supervision in infection control practices
- providing workers with hand hygiene facilities (for example alcohol-based hand rub) where hand washing facilities are not readily available in a client's home

- implementing an occupational immunisation program in accordance with the current edition of the Australian Immunisation Handbook (Department of Health, Australian Government)
- using appropriate work placements and work restrictions (for example do not assign a non-immune worker to care for a client with a known vaccine-preventable disease such as varicella)
- providing adequate supplies of personal protective equipment in a range of sizes and instruct workers in the correct selection and use of the equipment
- securing aggressive dogs before the worker enters the workplace to prevent animal bites, and ensure that 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. Latex products can cause:

- 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
 - corn starch which is added to some latex gloves
- 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 (for example 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
 - anaphylactic shock, 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). The PCBU must assess and manage risks to workers from exposure to latex allergy.

What are the controls?

Some controls for managing latex allergy hazards include:

- eliminate non-essential use of latex gloves, (for example provide workers with non-latex gloves for activities that do not involve contact with blood and body substances such as routine housekeeping or food preparation)
- provide low protein, powder-free latex gloves or latex-free gloves such as vinyl or nitrile gloves
- provide workers with information on latex allergy and safe work practices such as:
 - instruct workers to wash their hands with soap and water after removing latex gloves to remove natural rubber latex proteins from the skin
 - remind workers to not use oil-based creams or lotions with latex gloves, as these can cause the gloves to deteriorate
 - instruct workers to report health problems from the use of latex gloves, and ensure that they 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.

For those chemicals that are classified as hazardous, the health effects are based on the extent of exposure that a person experiences, which is affected by many factors such as:

- the frequency of use (for example once a week versus several times a day)
- quantities being handled (for example 10 L drum of product versus small packs)
- concentration/strength of the chemical (for example diluted versus undiluted)
- mechanism of application (for example use of sprays/aerosols versus pastes)
- working in areas with poor ventilation like shower alcoves, ovens or small gardening sheds compared to open areas with good airflows to disperse an air-borne chemical.

Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home environment. Products containing sodium hypochlorite (bleach) or sodium hydroxide (caustic soda) can be an irritant at lower concentrations, and in high concentrations may cause chemical burns on contact with the body. This is why such products are typically classified as corrosive chemicals.

Medications are not classified as hazardous chemicals with the exception of a few (such as cytotoxic [anti-neoplastic] drugs).

A hazardous chemical will have hazard information displayed on the container and must have a safety data sheet (SDS). An exception is provided only in circumstances where the hazardous chemical is:

- a consumer product only used in quantities that are consistent with household use
- used in a way that is consistent with household use
- incidental to the nature of the work being carried out.

For example, if a hazardous chemical is being used several times a day at different locations as a work activity (for example performing cleaning duties for clients), a SDS must be available to

the worker. If cleaning services are not being performed, but use of the same product occurs as a one-off occurrence to assist the client while performing other work (for example, nursing care), a SDS would not be required.

When specific chemicals must be used:

- Confirm the types of chemicals and the tasks they will be used for.
- Confirm which of the products are classified as hazardous chemicals via the product labels and/or safety data sheet available from the product's manufacturer and/or supplier.
- Once the product hazards are identified, conduct a risk assessment for the task/s to be performed with the hazardous chemical and ensure the appropriate risk control measures are in-place.

What to consider when assessing the risks

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

- product hazard information from the container label and/or SDS
- routes of exposure or entry to the body associated with the chemical. Entry routes for chemicals into the body are inhalation, ingestion or skin contact
- physical form or state of the product for example liquid vs spray or tablets vs granular
- concentration of the hazardous ingredients (for example commercial strength)
- probability that an event may occur from exposure (frequency and amount used)
- 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 chemical
- consequences that may result from exposure
- reaction with other chemicals used in the area
- clean-up process in case of a spill or leak
- first aid and any emergency response actions (for example fire extinguishment)
- safe storage of the container when not in use.

Ensure that there are systems in place to control hazardous chemical products used in clients' homes. This may include the service provider providing the chemicals being used, or guidelines could be provided to clients about choosing appropriate chemicals.

Wherever possible, non-hazardous chemical products should be sought that are fit-for-purpose.

Any suspected hazardous chemical without a label must not be used. Decanting chemicals should be avoided where possible. If decanting cannot be avoided, the entire contents of the container holding the decantation should be used or emptied and then cleaned. If the entire contents of the container are not used immediately, a label must be fixed to the container stating the chemical's product name and risk and safety phrases. Unlabelled containers that were used completely should be discarded immediately after use.

Use the checklist at the back of this guide to assess the risks of hazardous chemicals for each location.

What are the controls?

Elimination:

- Eliminate the use of the hazardous chemical wherever possible.
- Assess if the task is essential, to establish if it can be eliminated.

Substitution/isolation/redesign:

- Use the substance in a different way that prevents or minimises the risk from exposure to the substance (for example pouring a chemical from a container or applying it as a jet rather than using as a fine aerosol).
- Substitute a hazardous chemical with a less hazardous one, which is better suited for domestic use.
- Use an exhaust fan or open windows for adequate ventilation while working with the substance.

Administration:

- The employer should provide safe work procedures for conducting specific tasks and support this with appropriate level of training, instruction and supervision that covers:
 - identification of hazards- health and/or physical effects
 - risk control measures
 - safe work methods
 - appropriate selection, use and maintenance of personal protective equipment (PPE) and clothing and provision of these
 - first-aid measures and emergency response actions
 - safe storage of chemical containers.

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.

For more information about hazardous chemicals go [online](#).

(<https://www.worksafe.qld.gov.au/injury-prevention-safety/hazardous-chemicals>)

Electrical safety

What are the legal responsibilities?

The Electrical Safety Act 2002 (the ES Act) and the *Electrical Safety Regulation 2013* (the ES Regulation) define duty holders for electrical safety and prescribe ways for the safe use of electricity and electrical equipment. The ES Act requires 'that the employer or self-employed person has duties to ensure a person's business or undertaking is conducted in a way that is electrically safe and sets out requirements for fulfilling these duties.

Safety switches/inspection, testing and tagging requirements

The ES Regulation requires that certain electrical equipment defined as 'specified electrical equipment' provided for use by an employer or self-employed person, 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 and at intervals set out in Australian and New Zealand Standard AS/NZS 3760 In-service safety inspection and testing of electrical equipment (as in force), as required by the ES Regulation.

or

the specified electrical equipment should be inspected, tested and tagged at legislatively prescribed intervals (Section 113).

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 (for example 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.). While the ES Regulation does not prescribe all of the ways to fulfil the requirements of the ES Act, the PCBU has a duty to ensure the 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 duty is 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 (for example 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 insulation, missing parts (for example frayed leads, faulty switches, exposed wiring).

Although many residential premises have their socket outlet circuits fitted with a safety switch, there is no regulatory testing requirement for safety switches in a domestic residence. In such circumstances, the employer or self-employed person should use their own compliant 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
- 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 (for example don't overstretch extension cords), and it should not be exposed to harsh or damaging environments (for example chemicals or 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.

Implement and document a training program for workers in the safe use of electrical equipment including:

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

Duty holders should also implement a reporting mechanism for defects, ensuring defective or faulty equipment is removed from service and managed to prevent inadvertent use. Once identified, repairs should be carried out promptly by an authorised repair agency or alternatively supply other equipment which is in good order

Slips, trips and falls

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?

Common risk factors that contribute to slips and trips are:

- contaminants – can be anything that ends up on a floor. It could be wet (for example water or oil), or dry (for example talcum powder or plastic bags)
- slippery floor surfaces, especially in areas which may become wet or contaminated (for example bathrooms and toilets)
- 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.

- Preventing floor contaminants and attending to spills immediately is one of the best ways to prevent slips.
- Minimise walking on recently cleaned floors till fully dried.
- Clean floors properly with the right amount and type of cleaning product used so that the floor does not become too slippery.
- Clear growth (for example moss and slime) and leaf litter from outdoor pathways.
- Put anti-skid tape on external steps to improve surfaces as a short- to-medium term measure.
- Good housekeeping practices.
- Ensure the floor surface is in good order such as being free from:
 - holes
 - uneven surfaces
 - curled up linoleum
 - carpet edges.
- Avoid changes in floor surface level, or if this is not possible, highlight these changes (for example on the edge of the step in a split level home).
- Provide adequate storage facilities.
- Ensure lighting is adequate to see the area clearly without glare or shadowing to highlight potential slip or trip hazards.
- Check and replace light bulbs to appropriate wattage.
- Ensure workers can maintain their balance 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
 - 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.
- Choose footwear that 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 people's homes. The hazards when driving and transporting clients may include:

- poor weather or road conditions
- fatigue and driving when tired
- rushing due to tight timeframes and scheduling of work
- distractions within the vehicle (i.e. mobile phones, client behaviour)
- safely operating unfamiliar vehicles
- managing client behaviour when travelling in vehicle

- poorly maintained vehicles (for example tyres, brakes, lights)
- speeding and or not following road rules
- changes to usual route/s taken (i.e. roadworks) and traffic delays
- unrestrained equipment in the vehicle
- remote and isolated work.

What are the controls?

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

- selecting and purchasing safe vehicles (i.e. appropriate safety accessories / extras, airbags, bull bars, ABS brakes, tinted windows)
- ensuring vehicles are appropriately insured
- maintaining a safe vehicle by:
 - use an accredited mechanic for regular maintenance in accordance with vehicle requirements
 - daily motor vehicle checks by the driver (for example operational lights, condition of tyres)
 - ensure 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 (for example accident and service records)
 - develop and implement a safe driving policy for the organisation, including road rules such as wearing seat belts, mobile phone use, and safe use of any other in-vehicle connectivity
- providing workers with information and instruction on how to operate the allocated vehicle safely
- encouraging workers not to drive on roads if visibility or the road conditions are poor
- ensuring drivers are competent and fit to drive by:
 - periodically confirming they are appropriately licensed, reporting any driving offenses which may affect their ability to drive at work, and including this requirement in position descriptions
 - notifying them of safe driving policy and the requirement to advise of any medications or medical conditions which may impair their ability to drive
 - making information on road rules and defensive driving training available to all workers
- reviewing workload and timeframes to ensure adequate time to complete work and travel between clients
- reducing driving times by:
 - planning journeys and sharing driving if required
 - grouping clients together
 - using alternatives such as public transport
 - providing workers with up-to-date information on changes to routes due to road closures and road works

- securing all equipment for transport (for example in the car boot or behind a cargo barrier)
- ensuring staff transporting dangerous, awkward goods, or people with wheelchairs, are appropriately trained for the task, have access to appropriate mechanical aids, and/or have appropriate assistance at start point of journey and destination
- providing a reliable means of communication between the worker and their supervisor/manager and/or emergency services for the worker to access assistance (not requiring use of personal mobiles).

How to tell if the controls are working

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

Fatigue

Fatigue is mental or physical exhaustion which stops a person's ability to perform work safely and effectively. Fatigue can adversely affect safety at the workplace. Fatigue can be caused by factors which may be work related, non-work related or a combination of both and can accumulate over time.

Potential causes of fatigue include:

- mentally and physically demanding work
- long periods of time awake (i.e. long hours of work extended by long commuting times)
- inadequate amount or quality of sleep (i.e. when on call)
- regular work at night
- work requirements or systems of reward (i.e. pay, recognition or promotion) that provide incentives to work longer and harder than maybe safe
- poor work scheduling and planning.

What are the controls?

Ensure workers aren't required to work extended hours by:

- arranging sufficient cover for workers who are on annual or sick leave
- planning for necessary overtime so workers can schedule their activities around it.

Ensure shiftwork rosters provide for adequate sleep in a 24 hour and seven day period. Avoid working arrangements that provide incentives to work excessive hours. Include adequate rest breaks between shifts to allow employees enough recovery time (i.e. time needed for travelling, eating, sleeping and socialising).

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.

More information

You can find more detailed information about the topics discussed in this guide at www.worksafe.qld.gov.au and www.electricalsafety.qld.gov.au or call 1300 362 128.