

Employers' Guide

To

Health and Community Service Workers

in Peoples' Homes

April 2001

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CONTENTS

Acknowledgement	2
Introduction	5
Scope	5
Explanatory Notes	5
1.0 Obligations And Responsibilities	6
1.1 Employers	6
1.2 Workers	6
1.3 Clients or Primary Carers	6
2.0 Setting Up A Workplace Health And Safety Management Program	7
2.1 Getting Started	7
2.2 Workplace Health and Safety Risk Management	7
3.0 Risk Management	9
3.1 Step 1 - Identify the Hazards	10
3.2 Step 2 - Assess the Risks	11
3.3 Step 3 - Decide on Control Measures	13
3.4 Step 4 - Implement Control Measures	13
3.5 Step 5 – Monitor and Review outcomes	13
4.0 Common Hazards In Home Environments	14
4.1 Manual Tasks	14
4.1.1 Identify the hazards	14
4.1.2 Assess the risks	15
4.1.3 Control measures	15
4.2 Occupational Violence	17
4.2.1 Identify the hazards	17
4.2.2 Assess the risks	17
4.2.3 Control measures	17
4.3 Psychosocial issues with potential to cause psychological or psychiatric injury (stress)	18
4.3.1 Identify the hazards	18
4.3.2 Assess the Risks	19
4.3.3 Control measures	19
4.4 Biological Hazards	20
4.4.1 Identify the hazards	20
4.4.2 Assess the Risks	20
4.4.3 Control measures	21
4.5 Hazardous Substances	23
4.5.1 Disinfectants	23
4.5.2 Material Safety Data Sheets	23
4.5.3 Labelling Containers	24

4.5.4	Identify the hazards	24
4.5.5	Assess the Risks	24
4.5.6	Control measures	25
4.5.7	Risk Assessment Record	26
4.6	<i>Electrical Hazards</i>	26
4.6.1	Identify the hazards	26
4.6.2	Assess the Risks	27
4.6.3	Control measures	27
4.7	<i>Slip, Trip and Fall Hazards</i>	28
4.7.1	Identify the hazards	28
4.7.2	Assess the Risks	28
4.7.3	Control measures	28
4.8	<i>Vehicle Hazards</i>	29
4.8.1	Identify the hazards	29
4.8.2	Assess the Risks	30
4.8.3	Control measures	30
Appendix 1 - Reference List Setting Up a Workplace Health and Safety Program		32
Appendix 2 - Checklist Examples		34
Appendix 3 - Hazard Report Form		40

Introduction

Health care and community service workers face a significant risk of job-related injuries while working in the home environment. The purpose of this guide is to provide practical guidance in meeting the requirements of the *Workplace Health and Safety Act 1995* (the Act).

This guide does not address all potential risks and hazards within the industry. The control options provided are not an exhaustive list but have some of the minimum standards that should be adopted for the risks identified, and are according to the Hierarchy of Control – a preferred priority for selecting control options. You should use the control options that are presented first wherever possible, as they provide a better level of risk control.

Even though the guide provides information primarily for the home environment, the risk management principles can be used when assessing other community settings and environments.

Scope

This guide has been specifically designed to assist employers understand their obligations to ensure the health and safety of their workers working in other peoples' homes. It covers the identification and management of the most serious hazards involved within the industry and will provide a basis for protecting workers at work.

Explanatory Notes

Definitions for the purpose of this guide:

Client – a person receiving a service in their home.

Worker – personal carer, care provider, nurse, social/welfare worker, therapist or other persons performing health care or community work at the direction of an employer.

Primary carer – person who otherwise provides care to the client.

Workplace - anywhere work is performed by a worker, under instruction from the employer. This includes a workplace where volunteer work is undertaken and can also include the client's home and the worker's vehicle.

Social – having to do with the life and relation of human beings in a community (Macquarie Concise Dictionary, 3rd edn).

1.0 Obligations And Responsibilities

1.1 Employers

Employers have an obligation under the *Workplace Health and Safety Act 1995* to ensure –

- the health and safety of each of their workers at work
- their own health and safety
- the health and safety of other people who are not workers is not affected by the workplace activities.

1.2 Workers

Under the *Workplace Health and Safety Act 1995*, a worker is obliged to –

- comply with the instructions of an employer regarding their health and safety and the health and safety of others
- use personal protective equipment if it is provided and they have been trained to use it.
- not wilfully or recklessly interfere with or misuse anything provided for workplace health and safety at the workplace
- not wilfully place at risk the workplace health and safety of any person at the workplace
- not wilfully injure himself or herself.

1.3 Clients or Primary Carers

Clients or primary carers and others are able to help employers provide a safe environment for workers by –

- maintaining a safe work environment e.g. repairing broken steps, mowing long grass, restraining animals, adjusting inadequate lighting
- looking after their own in-home safety e.g. maintaining electrical equipment and installing residual current leakage devices to switchboards.

2.0 Setting Up A Workplace Health And Safety Management Program

2.1 Getting Started

The purpose of a health and safety management program is to ensure the entire organisation is aware of, and manages, the health and safety risks associated with their organisation. The program should look at issues such as the organisational structure for managing health and safety risks, as well as the development of appropriate policies and procedures. A successful program will require the allocation of responsibilities and designing, implementing, monitoring and evaluating procedures and performance standards. The risk management process outlined below covers the basic hazard management component of such a program.

2.2 Workplace Health and Safety Risk Management

There are five basic steps in the workplace health and safety risk management process –

1. identify hazards
2. assess risks
3. decide on control measures
4. implement control measures
5. monitor and review the effectiveness of the process for future improvements.

Developing a workplace health and safety policy

The Workplace health and safety policy defines how the organization will ensure the health and safety of the workers. The policy should be supported by guidelines on -

- identifying potential hazards
- reporting of potential hazards
- reporting and investigating all incidents, including near misses
- risk management procedures.

Developing workplace health and safety procedures

Workplace health and safety procedures set out how the elements of the policy are to be implemented. The procedures include who has responsibility for implementing the procedures.

Providing training and instructions

Ensuring workers are adequately trained in workplace health and safety procedures and competent to carry out their duties plays a very important part in managing health and safety.

Training should be ongoing and address specific workplace hazards and relevant prevention strategies. It should also emphasise the necessity of proper use and maintenance of personal protective equipment (PPE).

The achievement of the competencies addressed in the training should be assessed. Records of the training provided should be kept and include details of -

- attendance
- training provided
- trainer's name
- evaluation
- assessment reports.

Communication

Employers should provide information to workers about issues that will affect the workers' workplace health and safety and assist the employer to meet the employer's obligation.

Communication with workers through training or workplace conversation should take account of the workers' literacy levels. Consideration must also be given to non-English speaking workers to ensure they understand policies and procedures.

Information can take the form of written text or visual information, such as signs, symbols or diagrams.

Providing adequate first aid facilities.

Every workplace **must** have first aid equipment and facilities readily available for use. Employers may provide one kit that can be used in any place where work is performed. Where a car is used as a workplace, a first aid risk assessment should be undertaken to establish appropriate contents of the first aid equipment and facilities. Guidance on conducting a first aid risk assessment is provided in the *Advisory Standard for First Aid 1999*.

A "spill kit" should also be available where there is a risk of blood or body substance spills. For contents of the "spill kit" see the *Advisory Standard for First Aid 1999* or the National Health and Medical Research Council *Infection Control in Health Care Settings (1996)*. *Guidelines for the Prevention of Transmission of Infectious Diseases (1996)*.

Appendix 1 sets out additional references for setting up a workplace health and safety program.

3.0 Risk Management

A hazard is something with the potential to cause harm. Hazards can include manual tasks, noise, lighting, electricity, occupational violence, biological hazards, hazardous substances, sharps and animals.

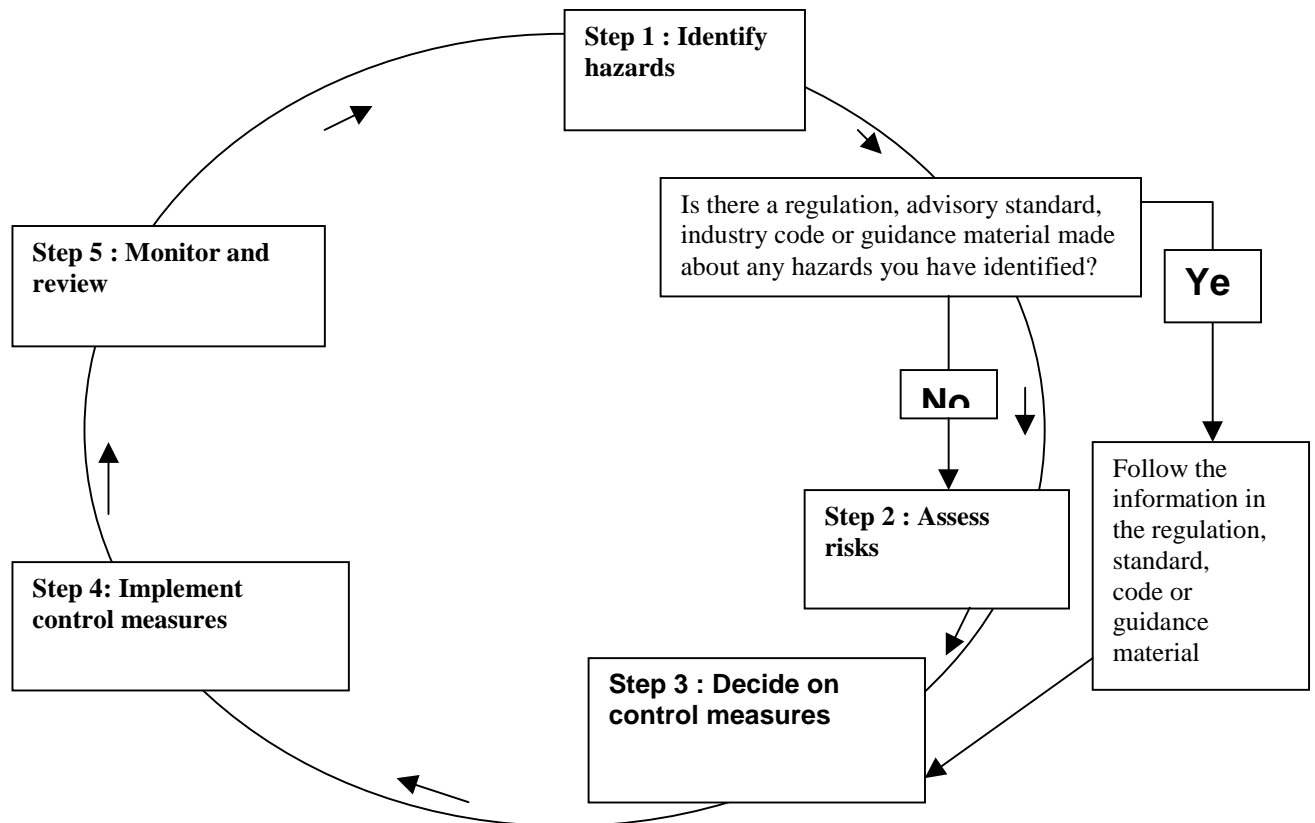
Risk is the likelihood that death, injury or illness might be caused because of the hazard.

An inspection of the home environment should be conducted before service is provided to a client. This should be conducted while developing the client's care plan. The inspection will identify potential hazards so that an assessment can be made about risks and appropriate controls can be put in place to reduce the risk of injury or illness for the worker.

The checklists provided in Appendix 2 can be used to conduct the inspection. The checklist should be signed by the client and a copy provided for corrective actions. It is the client's responsibility to rectify these defects as soon as possible. If the client is not the homeowner, the client may need to refer some of the matters to the homeowner for rectification. In some cases the employer may choose to assist the client with information on contacting appropriate tradespeople or who to approach for funding if required.

A risk assessment should be conducted *before* services are provided. The risk assessment should consider the hazards generated by the activity, for example, the workers' physical environment and the physical and emotional state of the persons being visited.

Generally a risk assessment can be done by performing the following steps –



Refer to Chapter 4 for information on applying this process to address some of the most common hazards in the home environment.

The Workplace Health and Safety Risk Management Advisory Standard 2000 provides further information on an effective risk management process.

3.1 Step 1 - Identify the Hazards

Some environments and tasks are more hazardous than others. The following factors should be considered when identifying the hazards:

- **the external environment**
 - access
 - lighting
 - animals
- **the internal environment**
 - floors
 - lighting
 - sanitation facilities
 - electricity supply controls eg. residual current devices
 - the tasks to be undertaken

- isolation of the workplace and/or route of travel
- emergency contacts/procedures
- health status (physical and psychological) of the client and/or other residents of the workplace
- the suitability of equipment provided by the employer or client.

For an example of a checklist, see Appendix 2

How to look for hazards

Consulting with workers, looking at the environment and the tasks involved, and analysing records and reports can help identify hazards. Conducting inspections using the checklists in Appendix 2 will also help in the identification of hazards.

The employer has the right to refuse to provide services if the condition of the home environment (the worker's workplace) poses a threat to the worker's health and safety.

Some common hazards that could be found in the home environment are included in Chapter Four.

Consultation

Workers should be consulted in the process of identifying hazards, assessing the risks and developing practical control measures. This may be carried out during informal discussions or by formal mechanisms such as using a questionnaire and during staff meetings. Workers, employers and clients should work together to raise and resolve ongoing workplace health and safety issues in the home. There may be a need to involve the home owner in situations where the client does not own the home. This will help to ensure any necessary controls are implemented by the appropriate person.

3.2 Step 2 - Assess the Risks

Risk assessment is the part of the risk management process that enables you to determine whether there are hazards that require control. Once the risks have been assessed, it is necessary to prioritise the risks for future action.

The following method should be used to assess the risks -

Risk Assessment Method

1. Determine the *likelihood* of an injury or illness occurring from each hazard identified, bearing in mind existing control measures.

Use the following descriptive scale to establish the *likelihood* –

Likelihood	Very likely	Could happen frequently
	Likely	Could happen occasionally
	Unlikely	Could happen, but rarely
	Very Unlikely	Could happen, but probably never will

2. Determine the *consequences* of the hazard eventuating.

Use the following descriptive scale to establish the *consequences* –

Consequences	Extreme	Death, permanent disablement
	Major	Serious bodily injury
	Moderate	Casualty treatment
	Minor	First aid only, no lost work time

3. Combine the *likelihood* and *consequences* to estimate the risk priority. Establish the risk priority by aligning the *likelihood* and *consequences* on the following risk priority chart. Use the ratings of each risk to develop a prioritised list of workplace risks that require action.

Risk Priority Chart

Likelihood How likely could it happen?	Consequences: How severely could it hurt someone?			
	Extreme: death, permanent disablement	Major: serious bodily injury	Moderate: casualty treatment	Minor: first aid only, no lost work time
Very likely: could happen frequently	1	2	3	4
Likely: could happen occasionally	2	3	4	5
Unlikely: could happen, but rare	3	4	5	6
Very Unlikely: could happen, probably never will	4	5	6	7

4. Determine the action to be taken for each risk according to the risk priority score established on the risk priority chart and the action in the following table –

Risk Priority Score	Action
1,2 or 3	Do something about these risks immediately
4 or 5	Do something about these risks as soon as possible
6 or 7	These risks may not need immediate attention

Prioritise risks based on their risk priority score. Note: the risk scores are useful for comparison purposes only. When risk scores for all risks in the workplace are compared, the resulting ranking will be a guide to the order in which the risks should be addressed. Keep a record of the outcomes of the risk assessment.

3.3 Step 3 - Decide on Control Measures

Hazards should be controlled using the hierarchy of controls.

Firstly, try to **eliminate the hazard**

If this is not possible, **prevent or minimise exposure to the risk** by one or a combination of:

- *substituting* a less hazardous material, process or equipment
- *redesigning* equipment or work processes
- *isolating* the hazard.

As a last resort, **when exposure to the risk is not (or cannot be) minimised by other means:**

- introduce *administrative controls*
- use appropriate *personal protective equipment*.

3.4 Step 4 - Implement Control Measures

Develop a plan for the implementation of the control measures.

3.5 Step 5 – Monitor and Review outcomes

Ensure the control measures introduced have eliminated or minimised exposure to the risk. Review the controls to ensure they are being maintained and continuing to manage the risk. Most importantly, ensure the control measures have not introduced additional hazards.

4.0 Common Hazards In Home Environments

This chapter sets out the common hazards that health care and community service workers can encounter while conducting their work in home environments.

4.1 Manual Tasks

Manual Tasks are those activities requiring the use of force exerted by a worker to grasp, manipulate, strike, throw, carry, move (lift, lower, push, pull), hold or restrain an object, load or body part. They include a wide range of activities in workplaces that are home environments, for example –

- the physical handling/care of people – where workers may lift, lower, push, pull, support, carry, move, hold or restrain clients;
- moving furniture;
- gardening and maintenance tasks; and
- cleaning and other domestic tasks.

The risk of injury related to manual tasks is increased particularly when workers are required to assume working postures where the back is in a bent and/or twisted position for long periods of time or assumed repetitively while handling a client or a load.

Carrying out these tasks without managing the risks, may result in injury. Injuries from manual tasks are often not caused by a “one-off” event or accident. The majority of injuries occur from repetitive tasks resulting in small, sometimes unfelt injuries. Injuries may develop gradually over weeks, months, or even years.

Workers providing services in home environments are generally exposed to high risk from manual tasks particularly when handling people. The high risks mainly arise from –

- workers working in isolation without assistance for team handling;
- the nature of the task where physical handling may be “the only way”;
- the home as a workplace not being specifically designed appropriately for the provision of health or personal care, for example, providing services using low furniture and in diminished work spaces such as small toilets or bathrooms; and
- client preferences for handling methods and layouts in their own homes.

4.1.1 Identify the hazards

The problem manual tasks need to be identified for assessment, as not all manual tasks are a hazard. This can be done by walk through observations, discussions with

the clients, functional assessments, noting known high risk manual tasks identified by injury/incident data, when making a change, or after an incident has occurred.

Some of the hazardous manual tasks workers in homes as workplaces may be exposed to may come about from the following activities -

- transferring clients particularly without mechanical aids* or assistive devices;
- handling clients in areas where space is restricted, for example, a shower recess;
- lifting equipment out of a vehicle; and
- carrying or moving awkward or heavy loads, for example, medical equipment or moving furniture.

**It is important to note that working with mechanical aids, while reducing the risk of injury, can have a risk of injury due to operation without appropriate selection, training and usage.*

4.1.2 Assess the risks

The following major risk factors should be considered when assessing the risk from exposure to the hazardous people handling tasks identified –

Characteristics of the client as a load –

- size, weight, shape & dimensions;
- medical and/or physical condition of the client;
- psychological functioning e.g. behavioural problems of the client; and
- the client's ability and/or willingness to assist.

Workplace Layout & Environment –

- furniture that promotes uncomfortable working postures because it is fixed at the wrong height or non adjustable
- diminished space or access to complete handling tasks – this will promote bending, twisting or adopting an awkward or fixed posture while handling

For further information refer to Appendix 2 for an Example of a Checklist or see Step 2 (assess the risks) in Chapter 3.

4.1.3 Control measures

Risk factors need to be prioritised before selecting suitable controls. The following control measures may be adopted as a means of managing the risks arising from manual tasks.

Elimination

- Planning the work organization to avoid the manual task is the preference for managing the risks. However, implementing this control for all manual handling tasks particularly people handling, may be difficult while providing home-based services.

Substitution/Isolation/Redesign

- Use alternative methods for manual tasks, by providing -
 - mechanical aids or assistive devices (such as a no lift programs for people handling)
 - small carry cases, boxes or cartons, in preference to large ones, for items that need to be taken into the home.
 - mobile and portable equipment supplied with dedicated trolleys or transfer/handling equipment
- Redesign or alter the workplace layout, process or equipment. Some alterations to the workplace layout and equipment used may require negotiations with the building owner and/or client. Examples of redesign or alterations include –
 - installation of grab rails and a shower hose in the shower
 - adjustment of the bed level to a height that minimises the need for sustained bending while handling
 - relocation of furniture ensuring sufficient space for the worker and the client to turn and carry out a task
 - storage of equipment and/or objects within easy reach and between knee and shoulder height
 - providing a clear thoroughfare through the home, free of obstructions
 - Use of hoist as opposed to physical handling where appropriate

Administration

- Develop a 'no lift' policy
- Provide training in safe work procedures for all workers including methods of work and use of mechanical aids and equipment
- Ensure that the equipment provided is well maintained
- Plan work activities to alternate between heavy and light activities
- Ensure an adequate work/rest schedule
- Conduct audits to ensure controls are being used

Monitor and review to evaluate control outcomes

- For further information:
- *Manual Tasks Advisory Standard (2000) DIR*
 - *Advisory Standard for Manual Tasks Involving the Handling of People (2000) DIR*

4.2 Occupational Violence

Occupational violence is an important issue to be considered because many health care and community service workers work alone providing services to people in their homes. Inadequate personal security can place workers at high risk of injury or illness. By taking steps to minimise the risk of injury or illness, an employer can reduce the effects on workers from low morale and lost productivity. Managing the risk can also benefit the organisation by reducing costs from absenteeism and increased WorkCover premiums.

4.2.1 Identify the hazards

Some of the situations that may expose workers to the risk of occupational violence include –

- working with clients with a diminished psychological or behavioural capacity
- working alone
- working in an environment where other persons may pose a risk to workers' personal security.

4.2.2 Assess the risks

The following factors should be considered to determine the likelihood and possible consequences of risks to personal safety -

- the need for workers to carry money or medication
- layout of the workplace e.g. ability of the worker to remove themselves from the vicinity if required
- the level of each worker's training
- incident or hazard reports that have previously been submitted
- any other risk factors that have been identified by workers and/or other service providers.

4.2.3 Control measures

The following control measures may be appropriate for managing personal security -

Elimination

- Refuse to provide services until risks are eliminated or minimised. The referring agency and other service providers should be advised of this situation.

Substitution/Isolation/Redesign

- Install a physical barrier in cars between the driver and the client
- Provide a suitable container for carrying money or medication that is not easily identifiable.

Administration

- Develop and implement procedures for workers and managers setting out preventative strategies, and the steps to be taken if an incident occurs. The procedures should include things such as a system of communication between the worker and the employer for example, worker notifying a designated person of the worker's current location and estimated time of next communication.
- Provision of communication devices to maintain contact between the employer and the worker.
- Policies that the employer may choose to instigate could include –
 - discouraging workers from wearing jewellery and carrying large amounts of cash
 - authorising workers to discontinue services if they believe their personal safety is at risk
 - ensuring workers have access to well-maintained motor vehicles.
- Provide training for workers on -
 - dealing with client aggression
 - avoidance strategies
 - the organisation's policies and procedures relating to personal security.
- Provide support personnel if necessary.
- Provision of counselling services for workers if required.
- Conduct audits to ensure controls are being used.

Monitor and review to evaluate control outcomes

4.3 Psychosocial issues with potential to cause psychological or psychiatric injury (stress)

4.3.1 Identify the hazards

The hazards associated with psychosocial issues that may expose workers to risk include –

- work loads

- ambiguous job roles
- harassment
- work relationship problems or conflict with supervisors or colleagues
- critical incidents such as an incident involving a weapon e.g. gun, syringe, knives
- emotional attachment to a terminally ill client
- excessive demands from employer, client or others at the workplace.

4.3.2 Assess the Risks

The following factors should be considered to establish the risk that may arise from exposure to the hazard -

- workers at increased risk e.g. working alone
- cumulative effects
- frequency and duration of exposure.

4.3.3 Control measures

The following control measures may be appropriate for managing the risks from psychosocial issues –

Elimination

- Refuse service to the client if an environment is too dangerous.

Administration

- Provide information to clients about how the client is expected to behave and the consequences to service if these expectations are not met. Ensure the client clearly understands the information provided
- Review organisational and management systems
- Regularly review staffing levels to ensure appropriate staffing mix and numbers
- Provide counselling services for staff where applicable
- Organise regular debriefing sessions for staff
- Provide training and strategies on how to manage workloads, conflict resolution, job rotation, maintaining a balanced relationship with client
- Provide clearly defined job descriptions, policies and procedures
- Conduct audits to ensure controls are being used.

<i>Monitor and review to evaluate control outcomes</i>
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- For further information:
- *Stress at Work. Information for Employers* (1997) DIR
 - *An Employer's Guide to Workplace Bullying* (1998) DIR

4.4 Biological Hazards

Workers may encounter clients with infectious diseases in the home environments visited. The transmission of infectious diseases, such as Hepatitis B and Hepatitis C, human immunodeficiency virus (HIV), tuberculosis may be a risk as there is potential for workers to acquire the disease themselves or transfer the disease from clients to others.

Exposure to biological hazards may occur as a result of –

- direct contact with blood and body fluids, for example, through broken skin, splashes to mucous membranes and from skin penetrating injuries;
- ingestion, for example, via contaminated hands, food and surfaces; and
- inhalation, for example, inhalation of infectious aerosol droplets from coughing and sneezing.

Sharp instruments, such as needles, knives or sharp edges can cause skin penetrating injuries so they should be handled with care at all times.

Clinical and related waste, other than hypodermic needles, that is generated in a person's home (such as bandages) may be disposed of in the general waste disposal system. Hypodermic needles must be placed into a rigid-walled, puncture-resistant container prior to disposal.

Biological hazards such as rubella (German measles), cytomegalovirus and varicella zoster virus (chickenpox/shingles) may also pose risks to non-immune pregnant workers.

4.4.1 Identify the hazards

Activities that may expose a person to the risk of infection include -

- unhygienic surfaces
- unhygienic personal practices
- food handling and storage
- use and disposal of sharps and other contaminated waste, for example, disposal of sharp objects such as broken glass, or use of knives in kitchens
- nursing and personal care of clients

4.4.2 Assess the Risks

The *consequences* and *likelihood* arising from the identified hazards should be assessed to determine the level of risk.

4.4.3 Control measures

Some of the controls that may be adopted to manage the risk of contracting and transmitting disease include –

Elimination

- Eliminate unsafe work practices that expose workers to biological hazard, for example, recapping needles

Substitution/Isolation/Redesign

- Use single use items (towels, razors) instead of reusable equipment for high-risk procedures
- Use retractable needles or a safety lock blood collection set to help prevent or minimise reduce risks associated with skin penetration injuries
- Discard needles in rigid-walled, puncture-resistant sharps containers. Needles should not be recapped, bent or broken prior to disposal
- Make sure workers work with other competent people when administering injections or any other special tasks being provided to unco-operative clients.

Administration

- Train workers in infection control procedures, including personal hygiene and standard precautions
- Have policies and procedures in place, including immediate first aid treatment, for managing skin penetrating injuries, blood and body fluid spills
- Develop systems for identification, handling, storage, transport and disposal of clinical and related waste
- Instruct workers to cover broken skin with a water resistant dressing
- Conduct regular assessments of tasks that expose workers to biological hazards
- Provide appropriate training in safe work practices eg. care when using knives, repairing damaged or sharp edges and selecting, using and maintaining PPE
- Conduct audits to ensure controls are being used
- Develop and maintain a system of injury and illness reporting and follow-up action
- Immunisation programs should be offered in accordance with the National Health and Medical Research Council's *The Australian Immunisation Handbook*.
- Instruct workers on pregnancy risks and the required safe work practices to reduce risk
- Have procedures in place to ensure aggressive dogs are secured before the worker enters the workplace.

Personal Protective Equipment (PPE)

- Identify protective equipment needs when conducting a risk assessment and in accordance with client care needs
- Appropriate PPE, such as gloves and safety glasses should always be worn when a worker is -
 - exposed to blood and/or body fluids
 - changing or assisting someone to change wet or soiled clothing or bed linen
 - cleaning surfaces, articles or containers contaminated with body fluids (including toilets)
 - changing dressings, bandages etc.
 - performing medical procedures.

Latex Allergy

Some people may develop allergies to latex products. Three types of reaction can occur in persons using latex products –

- Irritant contact dermatitis – *This non-allergic condition is the most common reaction to latex products and is caused by skin irritation from using 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 delay hypersensitivity or Type IV) – *This is caused by an allergy to the chemicals added during the manufacturing of gloves. 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 or Type I) – *This 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 and wheezing. Rarely, anaphylactic shock can occur, which is a life-threatening reaction.*

Some of the controls that may be implemented to manage latex hazards include –

Elimination

- Eliminate non-essential use of latex gloves, for example, provide workers with non-latex gloves to use when there is no potential for contact with blood and body fluids (routine housekeeping or food preparation).

Substitution/Isolation/Redesign

- Provide reduced protein, powder-free latex gloves or vinyl gloves for activities where there is contact with blood and body fluids.

Administration

- Provide workers with information on latex allergy and safe work practices to reduce the risk of exposure
- Instruct workers to wash their hands with soap and water after removing latex gloves to remove natural rubber latex proteins from skin
- Make sure workers do 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 make sure that affected workers seek medical attention.

<i>Monitor and review to evaluate control outcomes</i>
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- For further information:
- *Infection Control in Health Care Settings* (1996) NHRMC
 - *Environment Protection (Waste Management) Policy 2000* EPA (Qld)
 - *Skin Penetrating Injuries at Work (1997) (Information Sheet)* DIR

4.5 Hazardous Substances

There are a number of chemicals used in community work, particularly for cleaning, laundry and gardening tasks.

Some of these may be hazardous with the risks increased in areas of poor ventilation such as 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.

It should be noted that medications, with the exception of a few such as cytotoxic (anti-neoplastic) drugs, are not classified hazardous substances.

4.5.1 Disinfectants

Exposure to disinfectants and cleaning solutions is a common cause of chemical injuries among workers in the home environment.

Sodium hypochlorite (bleach) is an irritant and, in high concentrations, may cause burns to the skin, mucous membranes and eyes.

4.5.2 Material Safety Data Sheets

Each hazardous substance must have a Material Safety Data Sheet (MSDS), which can be obtained from the supplier and includes -

- Chemical and physical properties of the substance
- Health hazards and first aid information
- Precautions for use and safe handling.

The employer is legally obligated to obtain a MSDS from the supplier for each hazardous substance supplied to the workplace. The MSDS for each hazardous substance must be kept in a register that is accessible to workers using hazardous substances.

4.5.3 Labelling Containers

Suppliers of hazardous substances are required to ensure a label is fixed to the container setting out the product name, chemical name and the substance's risk and safety phrases. These labels are essential to ensure a user of the substance is aware of the precautions that should be taken when using the substance.

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

4.5.4 Identify the hazards

The following hazards may expose workers to risks –

- use of disinfectants and cleaning solutions, including substances bought into the client's home, for example, bleach
- using substances that have been decanted into containers that are unlabelled.

All chemicals that will be used to provide the service to the client are hazards that should be identified.

4.5.5 Assess the Risks

Assess the risk to health from exposure to hazardous substances taking into consideration –

- the routes of exposure or entry to the body associated with the substance, for example, material safety data sheet may indicate that the substance can inflame eyes;
- the probability that an event may occur from exposure, for example, how often is the substance applied as an aerosol (mist) which may get onto a person's eyes?;
- the length of time of exposure – this relates to the dose of substance which may be delivered on each exposure and is also necessary information when considering exposure standards related to the standards;
- the consequences that may result from exposure, for example, material safety data sheet indicates exposure to eyes may cause impairment.

The risk assessment should be conducted before the substance is used or it must be done as soon as practicable after it is used.

The material safety data sheet of the substance and the label on the container will provide some useful information to assist the risk assessment.

A sample assessment checklist is provided in Appendix 2

4.5.6 Control measures

The following control measures 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, for example, pouring a chemical from a container or applying it as a jet rather than using as a fine aerosol if the chemical may present risk of injury or illness to eyes
- Substitute a hazardous chemical with a less hazardous one, which is better suited for domestic use
- 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, if appropriate.

Administration

- The employer should provide -
 - training on how to use a particular substance
 - information on how to store chemicals and medication out of the reach of children
 - training for the selection, use and maintenance of PPE
- Conduct audits to ensure controls are being used.

Personal Protective Equipment

- Provide appropriate equipment e.g. gloves and safety glasses.

4.5.7 Risk Assessment Record

A record of the risk assessment must be made including the date of the assessment, the outcomes of the assessment, the control measures decided to control the risk and details of any monitoring or health surveillance needed.

Monitor and review to evaluate control outcomes

- For further information:
- *Part 13 Workplace Health and Safety Regulation 1997*
 - *Hazardous Substances Advisory Standard (1998) DIR*
 - *Employers and Hazardous Substances (1997) DIR*
 - *Material Safety Data Sheets and Labels (1997) DIR*
 - *Guide for Handling Cytotoxic (anti neoplastic) Drugs and Related Waste (1997) DETIR*

4.6 Electrical Hazards

Poorly maintained equipment can result in electrocution, fire, serious injury or death.

The operation of electrical equipment must be carried out safely. This includes the use of electrical equipment in home-based settings. Under Part 16 of *the Workplace Health and Safety Regulation 1997* the employer **must** –

- use a competent person to inspect, test and tag all specified electrical equipment; or
- ensure the equipment to be used is connected to a type 1 or 2 residual current device (RCD) at the switchboard; or
- provide workers with a portable residual current device (RCD).

4.6.1 Identify the hazards

The following hazards may expose persons to risk from electricity -

- electrical equipment e.g. exposed wires, poorly maintained electrical equipment and loose connections
- use of double adaptors
- extension cords that could become a trip hazard
- electrical equipment altered/adapted by an unauthorised person.

4.6.2 Assess the Risks

Assess the risks, taking into consideration the *consequences* and *likelihood* associated with exposure to the hazards.

4.6.3 Control measures

Reference should be made to *Part 16 of the Workplace Health and Safety Regulation 1997* to determine the controls that must be implemented to manage risks from electricity. The following controls provide some guidance on the action that should be taken –

Elimination

- Encourage the client to remove or replace appliances/equipment items that are not in good working order

Substitution/Isolation/Redesign

- Encourage the client and/or homeowner to install a residual current device (RCD) in their switchboard
- Provide workers with a portable RCD for use with the client's specified electrical equipment¹ if an RCD is not installed
- Use low voltage/cordless equipment in wet areas.

Administration

- If an RCD is not installed, use a competent person to regularly inspect, test and tag all equipment that is owned/supplied by the organisation. This should be carried out at least once a year.
- Provide training on:
 - visually assessing the electrical source and equipment provided
 - electrical safety
 - correct use and operation of equipment
 - emergency procedures in the event of electric shock or fire
- Develop procedures to ensure appliances/equipment that are not in good working order are not used, for example, use of a register of equipment/appliances that records equipment not to be used.
- Conduct audits to ensure controls are being used.

¹ "Specified electrical equipment" is equipment that meets any of the following criteria:

1. It is designed to be connected by a flexible cord and plug to low voltage supply and is used by a person to perform class 1 or 2 work, for example, a bench grinder plugged into a power point
2. It is designed to be connected by a flexible cord and plug to low voltage supply and is capable of being moved during its normal use for the purpose of its use, for example, a hand held blow dryer, or portable power saw or a vacuum cleaner.
3. It is an extension lead or power board.

- For further information:
- *Electrical Safety at Work (1999)* DIR
 - *Who Should Inspect, Test and Tag Electrical Equipment?* (2000) Plant Safety Link, DIR
 - *Part 16 Workplace Health and Safety Regulation 1997*

4.7 Slip, Trip and Fall Hazards

Slips, trips and falls cause the highest number of incidents in the community service industry. Every effort should be made to reduce risks from hazards that will cause slips, trips and falls. Action on these hazards will help to minimise workers' personal suffering, and organisational costs from increased absenteeism and WorkCover premiums.

4.7.1 Identify the hazards

The following hazards may expose workers to risks of slips, trips and falls -

- wet or oily surfaces
- electrical extension cords
- working at heights above floor level
- loose, non fixed rugs or mats
- poor floor surfaces
- obstructions in the internal walkways and external paths e.g. long grass, overhanging trees
- inappropriate footwear
- poor lighting
- obstructed vision while carrying or moving loads.

4.7.2 Assess the Risks

Conduct a risk assessment for each hazard taking into consideration the *consequences* and *likelihood*.

4.7.3 Control measures

The following control measures may be appropriate to manage the risk of injury from slips, trips and falls –

Elimination

- Remove rugs and mats if possible
- Avoid working from heights above floor level.

Substitution/Isolation/Redesign

- Install handrails in the bathrooms and toilet
- If it is not possible to remove cables from walkways, cover them to fix securely
- Increase wattage for light bulbs and replace bulbs that do not work
- Bring worn or broken steps to the attention of the client and/or supervisor and suggest the application of anti-skid tape
- Use suitable cleaning appliances e.g. a long handled brush for removing cobwebs
- If there is the possibility of wet flooring, recommend a non-slip surface treatment is applied to the floor.

Administration

The workers should be instructed in –

- appropriate selection of footwear
- maintaining good housekeeping by –
 - cleaning up spills immediately
 - keeping walkways free from obstructions of any kind
 - removing cables from walkways
 - monitoring the condition of the floor surfaces
- carrying or moving a load so that it does not block vision
- Conduct audits to ensure controls are being used.

<i>Monitor and review to evaluate the control outcomes</i>
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4.8 Vehicle Hazards

The use of motor vehicles can present a range of hazards for workers providing services in peoples' homes. The effective management of vehicle hazards will assist in reducing motor accidents which will have an added advantage of reducing business costs.

4.8.1 Identify the hazards

The following hazards may be relevant to workers providing health and community services -

- driving when tired

- poorly maintained vehicles e.g. tyres, brakes, lights, etc.
- noise from driving long distances with windows down
- unrestrained equipment in the vehicle.

4.8.2 Assess the Risks

The risks from using motor vehicles should be assessed taking into consideration *consequences* and *likelihood*.

4.8.3 Control measures

The following control measures should be adopted to manage risks that may arise from the hazards identified -

Elimination

- Reduce driving times by -
 - grouping clients by locality where possible
 - checking equipment or consumable requirements needed are packed before leaving the base.

Substitution/Isolation/Redesign

- All equipment should be secured for transport e.g. in the car boot or behind a cargo barrier
- When purchasing vehicles consider safety accessories e.g. air bags, bull bars, ABS brakes, air conditioning, tinted windows etc.

Administration

- Develop a safe driving policy for the organisation, incorporating road rules such as the wearing of seat belts and the use of mobile phones
- Ensure drivers are appropriately licensed and include this requirement in position descriptions
- Ensure information on road rules and defensive driving training is made available to all workers. This information is available from Queensland Transport.
- Maintain a system of accident recording and monitoring of each driver and vehicle (accident and service records)
- Have daily motor vehicle checks carried out by the vehicle driver e.g. lights working, condition of tyres etc.
- Ensure an accredited mechanic carries out regular vehicle maintenance in accordance with vehicle requirements
- Ensure each vehicle is appropriately insured

- Conduct audits to ensure controls are being used.

Monitor and review to evaluate the control outcomes

For further information: *Workplace Fleet Safety (1998)* Queensland Transport

Appendix 1 - Reference List Setting Up a Workplace Health and Safety Program

- First Aid Advisory Standard (1999) Department of Industrial Relations (DIR)
- Manual Tasks Involving the Handling of People Advisory Standard 2000, DIR
- An Employer's Guide to Workplace Bullying, DIR, 1998
- As 4031 - non-useable containers for the collection of Sharp medical Items Used in Health care Areas
- AS 4801:2000 – Occupational health and safety management systems – specification with guidance for use, Australian Standards – www.standards.com.au
- As 4251 - Reusable containers for the Collection of Sharp items used in Human and Animal medical Applications
- AS/NZS 4804:1997 – Occupational health and safety management systems – General guidelines on principles, systems and supporting techniques, Australian Standards – www.standards.com.au
- Electrical Safety at Work, DIR, 1999
- Employers and Hazardous Substances, DIR, 1997
- Environment Protection (Waste Management) Policy 2000, Environmental Protection Agency (Qld)
- Guide for Handling Cytotoxic (anti neoplastic) Drugs and Related Waste (1997) DIR
- Hazardous Substances Advisory Standard, DIR, 1998
- Infection Control in Health Care Setting. Guidelines for the Prevention of Infectious Diseases (1996). National Health and Medical Research Council.
- Manual Tasks Advisory Standard 2000, DIR.
- Material Safety Data Sheets and labels, DIR, 1997
- Skin Penetrating Injuries at Work, DIR, 1997 (Information sheet)
- Stress at Work. Information for Employers, DIR, 1997
- The Australian immunisation handbook, NHMRC
- Who should inspect, test and tag electrical equipment? Safety link, DIR, 2000
- Workplace Health and Safety Risk Management Advisory Standard 2000, Supplement No.1 “Personal Protective Equipment” (2000) DIR
- Workplace Health and Safety Risk Management Advisory Standard 2000, Supplement No.2 “Training”(2000) DIR
- Workplace Health and Safety (Miscellaneous) Regulation 1995
- Workplace Health and Safety Act 1995
- Workplace Health and Safety Regulation 1997
- Workplace Health and Safety Risk Management Advisory Standard 2000, DIR

Division of Workplace Health and Safety, Department of Industrial Relations website:
<http://www.whs.qld.gov.au/hs/index.htm>

Appendix 2 - Checklist Examples

1. Accessibility and Safety of Premises Checklist

This checklist is not exhaustive. You may wish to add or delete items according to your own circumstances. The checklist should be completed in consultation with the workers involved.

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.

Date of inspection.....

Please Tick

	YES	NO	NATURE OF HAZARD IDENTIFIED	INCIDENT/ HAZARD REPORT FORM COMPLETED
Outside the residence				
1. Is it safe to park the vehicle on the road?				
2. Is the gate easy to open and close?				
3. Is the pathway from vehicle to house safe (e.g. lighting, overgrown trees/grass, trip hazards)?				
4. Are pets restrained and/or non-threatening?				
5. Is grass well maintained?				
6. Are doorways clear, free from obstruction and easy to open and close?				
Inside the residence				
General- Are the following safe?	YES	NO		
1. Floor surface				
2. Power points				
3. Electrical cords				
4. Temperature/ Humidity				
5. Lighting				
6. Position and design of furniture				
7. If there are tasks involving heights, is there a safe method of carrying out the work?				
Bathroom – Are the following safe?	YES	NO		
1. Access to shower and/or bath				
2. Floor surface				
3. Electrical equipment (e.g. leads on floor or heaters in bathroom)				
4. Ventilation				

Kitchen – Are the following safe?	YES	NO		
1. Stove				
2. Floor surface				
3. Electrical equipment and power points				
Laundry- Are the following safe?	YES	NO		
1. Location of washing machine				
2. A table or the like to reduce the need to bend & twist when loading the machine				
3. Floor surface				
4. Electrical cords (e.g. on ground, water on floor)				
Bedroom – Are the following safe?	YES	NO		
1. Space around the bed sufficient for undertaking care				
2. Ventilation				
3. Power points & electrical leads				
4. Floor surface				
Client/other people in residence - Are appropriate management methods in place to manage -	YES	NO		
1. History of aggression or violence				
2. Threats to staff in any way				
3. Clients willing to participate and assist in care				
4. Clients able to accept direction and instructions				
5. Where the situation is especially demanding emotionally				
6. Where there is evidence of a risk of infectious disease				

2. Manual Tasks Checklist

This checklist is not exhaustive. You may wish to add or delete items according to your own circumstances. The checklist should be completed in consultation with the workers involved.

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.

Date of inspection.....

Please tick

	YES	NO	COMMENTS
For any manual task -			
1. Can you carry out the task without having to manipulate, carry, move (lift, lower, push, pull), hold or restrain a client or object?			
2. Can you adopt safe working postures without frequent, prolonged or repetitive awkward postures (bending forward, sideways or twisting, or reaching out or up)?			
3. Are appropriate handling methods in place to handle clients who are - (a)Awkward to handle, unstable or unbalanced? (b)Attached to any equipment? (c)Uncooperative or have other behavioural problems?			
4. Are appropriate handling methods in place to handle clients who are located - (a)Below the worker’s mid-thigh height, or (b)Where extended reach is needed; or (c)Where access is restricted?			
5. Is there a safe method for transferring clients up or down stairs?			
6. Can you handle the client (load) without requiring the assistance of a second person?			
7. Could mechanical aids be used to handle the client (load)?			
8. Are items of furniture, fittings and equipment – (a) At a height to prevent bending? (b)Placed to give carers sufficient space for legs and feet movements and to turn their body? (c) Easy to move if necessary to allow space?			
9. Can the task be carried out in a safe working environment (floor, lighting, too hot/cold) ?			
10. Does the vehicle design allow carers to - (a) Adopt the best posture when transferring the client into or out of the vehicle, and (b) Secure them inside the vehicle?			
11. Have workers been trained in the correct techniques for the tasks they carry out?			

3. Equipment Checklist

This checklist is not exhaustive. You may wish to add or delete items according to your own circumstances. The checklist should be completed in consultation with the workers involved.

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

Date of inspection

Please tick

Please nominate yes or no

Are the following safe?	Y e s	N o	Is the item suitable for the task?	Is the equipment easy to use?	Is the item easily accessible ?	Is the item easily transported ?	Action	Incident/ Hazard Report Form Complete d
1. Vacuum cleaner								
2. Carpet cleaner								
3. Bucket								
4. Mop								
5. Broom								
6. Washing machine								
7. Laundry trolley								
8. Clothes dryer								
9. Iron								
10. Ironing board								
11. Step-ladder								
12. Cleaning fluids are clearly labeled								
13. Hot water system								
14. Food preparation facilities								
	Yes	No	Action				Incident/Hazard Report Completed	
1. Is there regular testing and tagging of the electrical equipment that is supplied by the organisation?								
2. Is there an organisational procedure when faulty items are identified?								
3. Have workers received training in electrical safety?								

4. Hazardous Substances Checklist

Hazardous substances in the household may include such chemicals as methylated spirits, caustic soda, general cleaning agents, medicine and others.

This checklist is not exhaustive. You may wish to add or delete items according to your own circumstances. The checklist should be completed in consultation with the workers involved.

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.

Date of Inspection:.....

Please tick

	Yes	No	Comments
1. Is the worker aware of emergency procedures in case of an accident involving the substance?			
2. Are substances in original containers?			
3. Are substances stored appropriately (out of reach of children?)			
4. Have workers been trained in safe procedures when working with the substance including personal protective equipment?			
5. Are containers clearly labelled?			
6. Does the worker experience any health effects from contact with the substance?			
7. Does the worker have personal protective equipment for work with the substance?			
8. Is there an exhaust fan or open window for adequate ventilation, when using a substance?			
9. Can the use of the substance be eliminated or substituted for a less hazardous substance?			
10. Are there MSDSs for all substances identified?			

CHECKLISTS OVERVIEW

No.	Checklists	Inspection by:	Inspection Date:
1	Accessibility and Safety of Premises		
2	Manual Tasks		
3	Equipment		
4	Hazardous Substances		

The need to conduct a health and safety assessment of my home has been explained to me and conducted with my permission. Hazards identified during the assessment have been brought to my attention.

Client _____

Client's signature _____ Date _____

Inspecting person _____

Inspecting person's signature _____ Date _____

CHECKLIST OUTCOMES

Corrective actions required	Corrective actions undertaken	Date Completed	Action Officer

Checked by:

Name _____

Signature _____ Date _____

Appendix 3 - Hazard Report Form

WORKER TO COMPLETE	Location:	Date Completed:
	Worker's Name:	Reported to:
	Description of hazard:	
COORDINATOR/TEAM LEADER TO COMPLETE	Corrective action required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, details of corrective action required:	
	Action taken:	Risk priority score*
	Action reported to:	
	Name:	Date:
	Action discussed at:	
Meeting details:	Date:	
Further action required	Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Refer to Risk Priority Chart – page 12 of the Guide		
MANAGER		Date
WORKPLACE AND REPRESENTATIVE	HEALTH SAFETY	Date