

WORKING SAFELY IN THE HOME ENVIRONMENT

THIS HANDBOOK IS FOR THE PURPOSE OF ORIENTATING ALL WORKERS TO
WORK SAFELY IN THE HOME ENVIRONMENT.





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Background

Care provided in the home environment is required to comply with the legislative framework of the Work Health and Safety Act 2020 and Work Health and Safety (General) Regulations 2022 together with Codes of Practices relating to Workplace Behaviour, Psychosocial Hazards and Violence and Aggression.

This legislation and its associated regulations, codes of practice provide clear direction as to the responsibilities of the person conducting a business or undertaking (PCBU), officers of the PCBU being those who make a decision or participates in making decisions that affect the whole, or substantial part of the organisation's activities.

A guiding principle of the WHS Act is that all people are provided the highest level of health and safety protection from hazards arising from work, so far as is reasonably practicable.

The term 'reasonably practicable' means what could reasonably be done at a particular time to ensure health and safety measures are in place.

In determining what is reasonably practicable, there is a requirement to weigh up all the relevant matters including:

- the likelihood of a hazard or risk occurring (the probability of a person being exposed to harm)
- the degree of harm that might result if the hazard or risk occurred (the potential seriousness of injury or harm)
- what the person concerned knows, or ought to reasonably know, about the hazard or risk and ways of eliminating or minimising it
- the availability of suitable ways to eliminate or minimise the hazard or risk
- the cost of eliminating or minimising the hazard or risk

Costs may only be considered after assessing the extent of the risk and the available ways of eliminating or minimising the risk. Cost will not ordinarily be the key factor in determining what it is reasonably practicable for a duty holder to do unless it can be shown to be 'grossly disproportionate' to the risk.

A safe working environment can only be achieved through a collective team effort where both workers and At Home Care support each other to identify, report act upon, and continuously monitor health and safety issues.

It is the responsibility of everyone to be aware of the WHS legislation that governs care and services delivered in the home environment. The following provides a general overview of each parties' responsibilities including others in the workplace.

Section 19 - Primary Duty of Care - PCBU

The WHS Act requires all PCBUs to ensure, so far as is reasonably practicable, the health and safety of:

- workers engaged, or caused to be engaged by the person
- workers whose activities in carrying out the work are influenced or directed by the person while the workers are at work in the business or undertaking

This primary duty of care requires duty holders to ensure health and safety, so far as is reasonably practicable, by eliminating risks to health and safety. If this is not reasonably practicable, risks must be minimised so far as is reasonably practicable.

PCBUs owe a similar duty of care to other people who may be at risk from work carried out by the business or undertaking.

Self-employed persons must ensure their own health and safety while at work, so far as is reasonably practicable.

Section 20 – Duty of PCBU re management or control of workplaces

A PCBU with management or control of a workplace must ensure, so far as is reasonably practicable, that the workplace and anything arising from the workplace does not put at risk the health or safety of any person.

Section 27 – Duty of Officers

Officers of corporations and other organisations must manage corporate risks — including work health and safety risks.

Under the WHS Act, an officer of a PCBU must exercise due diligence to ensure the PCBU complies with its health and safety duties. This duty relates to the strategic, structural, policy and key resourcing decisions — that is, how the place is run.

Due diligence includes taking reasonable steps to:

- acquire and keep up to date knowledge on work health and safety matters
- understand the nature and operations of the work and associated hazards and risks
- ensure the PCBU has, and uses, appropriate resources and processes to eliminate or minimise risks to WHS
- ensure the PCBU has appropriate processes to receive and consider information about work-related incidents, hazards, and risks, and to respond in a timely manner
- ensure the PCBU has, and implements, processes for complying with their duties and obligations (for example, reports notifiable incidents, consults with workers, complies with notices, provides appropriate training and instruction, and ensures HSRs receive training entitlements)
- verify the provision and use of the relevant resources and processes

Section 28 – Duty of workers

While at work, workers must take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions. They must also:

- comply, so far as they are reasonably able, with any reasonable instruction given by the PCBU to allow the PCBU to comply with WHS laws
- cooperate with any reasonable policy or procedure of the PCBU relating to health or safety at the workplace that has been notified to workers

Section 29 – Duties of other persons at the workplace

Similar duties apply to other persons at a workplace. Any person at a workplace, including customers and visitors, must take reasonable care of their own health and safety and that of others who may be affected by their actions or omissions.

They must also comply, so far as they are reasonably able, with any reasonable instruction that is given by the PCBU to comply with WHS laws.

The Working Safely in the Home Environment Handbook

This handbook has been prepared under the guiding principles of the WHS Act and seeks to provide workers of At Home Care, with the relevant information to secure compliance with the provisions of the Act. The handbook outlines the hazards facing workers working in the home environment & the measures that can be taken to control the risks arising from those hazards to enable them to perform their duties in a responsible & safe manner. It is divided into each of the potential hazard areas & maintains a consistent format throughout. An introduction heads each section, general risks are identified and assessed, and possible controls are described.

The sections of the handbook are:

- Home Assessment
- Slips Trips & Falls
- Electrical Safety
- Chemical Safety
- Infection Control Hazards
- Manual Handling
- Personal Safety & Security
- Motor Vehicle Driving & Safety
- Emergency Situations

1. Home Safety Assessment

Introduction

It is the intention of At Home Care, to work with the clients and/or their representatives to ensure so far as is reasonably practicable, a safe and healthy environment for all workers and clients.

The physical environment of a home in which care is provided should allow for adequate entry and exit and sufficient space in which to safely perform home or personal care duties. Work areas should be uncluttered and conducive to the safe handling of clients and the safe handling and use of equipment, aids, and appliances.

Identifying General Hazards

General risks associated with providing care in a client's home may include:

- Poor exterior lighting
- Aggressive or unrestrained pets
- Broken, heavy or immovable gates
- Uneven flooring, carpets & rugs
- Overloaded power points (use of double adapters)
- Old or faulty electrical appliances
- Cluttered living areas resulting in lack of space to provide care
- Visitors to the home
- Verbal or aggressive behaviour towards workers

Assessing the Risk

A comprehensive Workplace Risk Assessment is performed prior to the commencement of care services. Recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

This assessment of the home aims to identify potential hazards and any associated risk to the workers' ability to undertake their duties in a safe manner. The following are assessed:

- Entry and exit areas around the home – pathways, lighting, gates, pets etc
- Internal environment – floor surfaces, power points, equipment
- Bathroom/toilet – access, space, ventilation
- Kitchen – electrical appliances, stove, etc
- Laundry – space, mops, buckets, cleaning products & aids
- Bedroom – height of bed, space to conduct care
- Manual handling including aids & equipment – wheelchairs, shower seats, lifting equipment
- Personal Safety & Security and workplace violence
- Hygiene practices in the client's home

If a *significant* risk to the health and safety is identified, modification of the home environment may be required. If modifications cannot be performed, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

Controlling the Risk

Recommendations for alterations, additions, or equipment purchases or substitutes, required to ensure a safe work environment for the worker, are discussed with a representative from At Home Care and the client and/or their representative.

In the first instance measures to eliminate hazards are presented & where that is not possible, recommendations to control/minimise the risk are discussed. Such recommendations may include improving external lighting, repairing broken steps, repair or replacement of faulty electrical equipment, or the purchase of appropriate cleaning products & aids.

Ongoing Assessment

The initial Home Safety Assessment addresses issues as they exist at the time of referral. However, it is not unusual for the home environment to change from one visit to the next and for new hazards to present themselves. All workers therefore play an important role in identifying and reporting such hazards by completion of an incident/hazard form and by informing the Care Team Coordinators.

Ongoing yearly assessments will take place and where hazards are identified a further review will also be conducted.

2. Slips, Trips & Falls

Introduction

Slips, trips, and falls may occur in the client's home as a result of the physical environment and pose a potential risk to both worker & client safety.

Identifying Risks

Risks of slips, trips & falls may result from:

- Uneven/broken floor surfaces
- Loose mats & rugs, especially on polished floors
- Wet floors
- Electrical cords/extension leads across doorways
- Obstructions to walkways
- Working at heights

- Inappropriate footwear
- Poor lighting
- Steep or uneven steps
- Damaged handrails, ramps.
- Use of ladders

Assessing the Risk

The Home Safety Assessment aims to identify slip, trip & fall risks in the client's home and recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Controlling the Risk

Measures that can be implemented to eliminate or control the risk of slips, trips & falls include:

- Removing loose mats, or taping down the edges
- Repairing damaged floor surfaces
- Using slip resistant mats in bathrooms
- Repairing broken steps, handrails
- Wearing slip resistant footwear
- Removing storage from around doorways & walkways
- Avoid using talcum powder in the bathroom
- Improving lighting
- Carrying multiple small loads rather than one large load
- Avoiding working at heights (i.e., only use small step ladders with no more than 2 steps – do not use ladders to climb)
- Maintaining good housekeeping e.g., mopping up spills, keeping electrical cords out of the way
- Never stand on tables to change light fittings
- Never stand on office chairs, or stack phone and or other type of books onto chairs to change or replace light fittings

Ongoing Assessment

The Home Safety Assessment considers the risk of slips, trips & falls. Given that the home environment may alter from visit to visit, the worker is responsible for identifying subsequent risks as they arise by completing an Incident/Hazard Form available online and notifying their Care Team Coordinator.

If a significant risk is identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the OH&S issues can be found.

3. Electrical Safety

Introduction

Since 1991, it has been a requirement for all new homes to have a Residual-current device (RCD) or safety switch installed. However, some home sites may not be compliant with this requirement due to the age of the home. Therefore, workers may be at risk of electrical hazards.

Identifying Risks

The most common electrical hazards in the home include:

- Frayed electrical cords
- Overloaded power points & use of double adaptors
- Electricity near water e.g., heaters/hair dryers in bathrooms
- Damaged, dirty, or cracked equipment
- Damaged or incorrectly wired electrical switches

Assessing the Risk

Electrical Safety is completed as part of the Home Safety Assessment. Recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Controlling the Risk

All residences are expected to have a hard-wired RCD installed subject to the age of the home. If there is no RCD installed or safety switch At Home Care, will recommend to the client that they purchase a portable RCD device until an RCD or safety switch is installed at the home site. These RCD should be tested as part of the assessment.

Other control measures may include:

- Removing floor heaters from bathrooms
- Removing electrical leads from areas where they may cause slip / trip hazards or be damaged e.g., over doorways
- Using only one appliance per power point
- Recommend the use of power boards with multiple sockets with an installed safety switch.
- Always using the portable safety switch with all appliances
- Being aware of emergency procedures in the event of electrical shock (refer to Emergency procedures section 10)

Ongoing Assessment

The initial Home Safety Assessment examines the safety of electrical appliances at the time of referral for services. However, given that the home site & the appliances used may alter from visit to visit, workers are responsible for identifying subsequent risks as they arise by completing an Incident/Hazard Form available online and notifying their Care Team Coordinator.

If a *significant* risk is identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

Workers will be required to undertake first aid training and refresher training to ensure that they are conversant with first aid procedures for managing injuries to themselves. The Care Team Coordinator can assist with this.

4. Chemical Safety

Introduction

Within a client's home environment workers may use several general household chemical products to perform cleaning and maintenance duties. Although domestic products are less toxic than their commercial equivalent, repeated and sustained use may have health effects ranging from minor skin irritation to breathing problems for some workers.

Identifying Risks

Some general household cleaning products are classified as **hazardous substances and therefore are considered dangerous with continued use.**

Hazardous Household cleaning products include:

- Bathroom cleaners such as Exit Mould, Domestos & White King that contain chlorine bleach
- Aerosol Oven Cleaners that contain caustic soda
- Cloudy Ammonia & Brasso that contain ammonia

Assessing the Risk

Hazardous Substances in the home are assessed at the time and recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

All cleaning products are checked for their contents, storage, and safety. All cleaning products should be stored in their original containers, with labels clearly visible. If a potentially hazardous substance is identified At Home Care will recommend to the client and workers, this cannot be utilised and as far as practicable recommend a less-hazardous product be used as a substitute.

Controlling the Risk

Substitution is the preferred means of controlling the risk of exposure to hazardous substances. Alternative, less hazardous products are recommended to replace hazardous substances and the client and/or family are advised which products are of a lower risk for workers to use.

Other principles of risk control include:

- Avoid ammonia-based cleaning products & caustic cleaners
- Avoid products containing chlorine bleach
- Avoid use of pressure-pack aerosols
- Never mix chemicals – they can interact, produce toxic fumes, and cause damage to the lungs and eyes
- Never use chemicals if they are not in their original containers with original labels and safety instructions
- Always read safety instructions on containers and use chemicals as instructed
- Always use chemicals in a well-ventilated space – open windows, turn on exhaust fans
- Always use hand pump sprays, spraying onto cleaning cloths not directly on to surfaces
- Always wear gloves when using chemicals
- Always rinse cleaning cloths after using chemicals
- Always store chemicals in a safe place, preferably in a locked cupboard
- If a spill occurs, wipe up chemicals with a paper towel and place in a plastic bag
- Discard contaminated materials into the rubbish bin

Recommended Household Chemicals

AREA TO BE CLEANED	PRODUCTS RECOMMENDED
MULTIPURPOSE CLEANERS	Mr Muscle Orange Energy Pineoclean Anti-Bacterial Earthchoice Multi-Purpose Ajax Power Gel

BATHROOM	Jif-Cream Earthchoice Multi-Purpose Pineoclean Multi-Purpose Pineoclean Disinfectant Handy Andy Orange Power Shower Bath & Tile Cleaner
TOILET	Harpic Toilet Duck Pineoclean Anti-Bacterial (Liquids and non-bleach product only)
FLOORS	MOPPING Earthchoice Floor & Surface Cleaner Pineoclean Anti-Bacterial Handy Andy (Non-Ammonia products only) VACUUMING No carpet powders to be used
DISHWASHING	Earthchoice, Palmolive & Trix
NON-CHEMICAL ALTERNATIVES	Vinegar Lemon Juice Orange Oil Bicarbonate of soda

Ongoing Assessment – keep consistent across each section

The initial Home Safety Assessment assesses the household products at the time of referral for services. However, given that the at any time new products can be brought into the home, workers are responsible for identifying subsequent risks as they arise by completing an Incident/Hazard Form available online and notifying their Care Team Coordinator.

If a *significant* risk to the health and safety of workers identified, more suitable products may be required. If alternative products cannot be located, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

5. Infection Control Hazards

Introduction

Workers may work with multiple clients with varying degrees of support requirements. As such, they may be exposed to infectious diseases at the home sites and may be at risk of contracting infections.

Infections may be contracted via:

- direct contact with blood or body fluids through broken skin or splashing of mucous membranes (eyes, nose, mouth)
- ingestion via contaminated food, food preparation surfaces or unwashed hands
- inhalation of air borne droplets from coughing or sneezing

Some general infections workers may be exposed to, or are at risk of contracting include:

- Influenza
- Gastro-enteritis

Other infections may include:

- German measles, chicken pox, shingles (increased risk for pregnant or non-immunised carers)
- Hepatitis A, B & C
- Tuberculosis
- COVID-19

Identifying Risks

General home & personal care activities which may pose a risk to workers include exposure to:

- Unhygienic surfaces (such as bench tops, toilet seats).
- Unhygienic personal practices (such as not washing hands after using the toilet)
- Inappropriate food storage & handling
- Inappropriate disposal of contaminated waste
- Inappropriate disposal of sharps including needles, lancets, broken glass etc.
- Close body contact during delivery of personal care.

Assessing the Risk

The general hygiene conditions of the home site are assessed, and recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

All areas will be reviewed, and any unsafe practices will be highlighted and measures to reduce the risk of contamination and infection will be implemented as is reasonably practicable.

Controlling the Risks

The application of simple & safe standard or **universal precautions** will assist in minimising the risk of cross infection. Universal precautions are careful steps taken to minimise the risk of cross infection based on the assumption that all blood and body fluids are potentially infectious.

Any body fluids may be infectious such as blood, saliva, urine, faeces, sputum, and secretions from open wounds. Along with hand washing, the skin must be protected using barriers such as gloves, glasses (if splashing is likely), plastic aprons and masks. Workers should cover any open cuts, grazes, or wounds with a waterproof dressing. **You will not necessarily know if your client is infectious.**

Hand washing

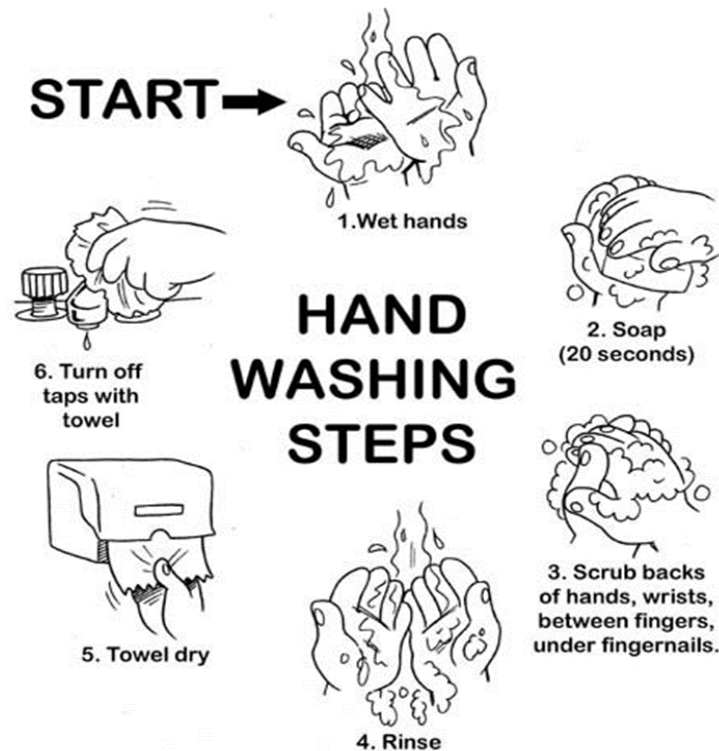
Hand washing is the single most important way to prevent the spread of infection. Workers should wash their hands:

- Before providing client care
- Prior to food preparation
- Immediately after contact with blood or body fluids
- After contact with equipment used
- Before and after wearing gloves
- After going to the toilet
- After touching their nose or hair

- Before and after eating or after attending to cleaning jobs especially in the bathroom and laundry
- On completion of client care

Hands should be washed as follows:

- Wet hands thoroughly under warm running water using soap for approximately 20 seconds
- If soap is not available, use a hand wash solution or hand sanitiser
- Ensure fingertips and nails are washed
- Dry hands on a disposable towel



Personal protective equipment

Workers are required to wear disposable gloves whenever they are undertaking tasks that may be associated with the spread of infection. Such situations might include changing soiled linen or contact with body fluids. Wearing gloves does not replace the need for hand washing.

Workers with open wounds/cuts/rashes to the hands should always wear protective gloves. To prevent the spread of infection, workers should:

- Always carry a pair of disposable gloves
- Wear disposable gloves when showering clients or changing soiled linen
- Wear disposable gloves when in contact with clients with non-intact skin
- Wear gloves when handling detergents and cleaning chemicals
- Wear gloves when cleaning toilet, commode areas
- Wash gloves with warm soap and water before leaving Client's home
- All gloves should be stored in a dry place and not used from home site to home site
- Apply a water-based moisturiser to prevent irritation from repeated hand washing

Waste Management

- Dispose of soiled sanitary or incontinence pads (wearing gloves) by double bagging and placing in general household rubbish.
- Dispose of sharps (needles, blood glucose lancets) in approved sharps containers provided.
- Wipe up accidental blood spills (wearing gloves) with paper towels and dispose by double bagging and placing in general household rubbish.
- Carefully clean any surfaces/equipment contaminated by blood spill with a cleaning agent containing bleach on a paper towel. **Bleach is a hazardous chemical and is only to be used for cleaning after blood spills. Take extreme care to avoid contact with bleach and ensure this is done with a window/s open or the use of exhaust fans if available.** Dispose of the paper towel by double bagging and placing in the general household rubbish.
- Where appropriate such as in a Specialist Disability Home (multiple residents) the use of a general-purpose spill kit should also be used.

Accidental exposure to blood or body fluids or sharps injury

In the event of accidental exposure to blood or body fluids, or a skin penetrating injury from a sharp object, workers should:

- Wash the contaminated area thoroughly with warm, running water.
- Contact the At Home Care Nurse Manager and report the incident – the Nurse Manager will assist in advising the appropriate action. If the Nurse Manager is not available At Home Care provides for workers a 24/7 Clinical Oncall support team.

Notification of Infectious Diseases

Where a client is identified as having an episodic infectious disease (COVID 19, gastro-enteritis, chicken pox), a review of the ongoing provision of care services will be undertaken to determine if they should be suspended until such time as the contagious phase has elapsed.

For COVID 19 each case will be considered on its merits and our response will be consistent with Health Direction and the At Home Care Response Decision Tree.

Clients who are considered high risk such as those who are ventilator dependent the Nurse Manager will seek input from their medical specialist and/or suggest they be admitted to hospital until such time as the contagious phase has passed.

Where a worker is confirmed as having an infectious disease, they are obliged to notify their Care Team Coordinator & refrain from attending duty until such time as the contagious phase has elapsed.

Workers are also encouraged to ensure that their immunisations are up to date, especially COVID 19 (required) Hepatitis B and Influenza. Where we are made aware a client poses a risk At Home Care will ensure all at risk workers are immunised.

Ongoing Assessment

The initial Home Safety Assessment assesses infection control hazards at the time of referral for services. However, infection control hazards the clients health, required care tasks and the home site environment may change at any time. Therefore, workers are always to adhere to the principles of universal precautions and are responsible for identifying any subsequent risks as they arise by completing an Incident/Hazard Form available online and notifying their Care Team Coordinator.

If a *significant* risk to the health and safety of workers is identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

Workers will be required to undertake first aid training and refresher training, so they are conversant with first aid procedures for managing injuries to themselves including skin penetrating injuries and managing blood & body fluid spills. The Care Team Coordinator can assist with this.

6. Manual Tasks

Introduction

Manual Tasks are defined as any activity requiring the use of force to grasp, push, pull, hold, or restrain an object, load, or person (Code of Practice Manual Tasks 2010) and it is recognised that most injuries sustained as a result of manual tasks are largely preventable.

A manual task risk assessment is undertaken prior to the commencement of services, assessing the ability of the client to assist the worker and is part of the Nursing Care Plan and Home visit. Clients are encouraged to assist with their own transfers, where possible, and manual tasks, such as transfers, may only continue if it does not involve lifting most or all a client's weight.

An Occupational and/or Physical therapist may be recommended by At Home Care, to assist in defining safe & acceptable transfer modalities.

Assessing and Controlling the Risks

The following section outlines the usual duties performed by workers which may pose a manual task risk and outlines the measures to control the risk to prevent injury. Where possible, the work environment should provide enough space for workers to undertake the duties of their job safely.

Manual Task Risk Assessments may determine the home environment requires modification to reduce risk and recommendations will be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Any modifications will be initiated by At Home Care, at the initial assessment. Again, an Occupational and/or Physical therapist may be engaged to give advice on the best means of addressing the concern and may involve basic modifications to the care environment.

Such modifications may include:

- Removing rugs from the floor that may be a tripping hazard
- Relocating furniture
- Storing equipment in accessible locations
- Provide slip resistant surfaces on steps
- Using mechanical aids for lifting

All workers are required to undertake manual handling training on commencement and refresher courses. Where necessary client specific manual handling training will be undertaken. This process will assist in the recognition & reporting of manual handling risks & the appropriate use of mechanical aids.

No Lift

In the first instance, workers should adhere to a **No Lift Policy**, so that in all but life-threatening situations, manual client lifting will be eliminated. However, it is also recognised that in the home

setting, environmental constraints may impede the use of mechanical lifting aides. In this instance, if the risk is deemed too great, services may be withheld until a suitable alternative can be arranged.

Personal Care

Movement and handling of clients brings a range of different hazards over and above home care tasks. The temptation to support an unsteady client is strong, so the work environment/task design must minimise the need for this. Body fluids are another risk that requires constant precaution. The potential for inflicting injury on a client is greater in personal care than in home care. Workers are advised not to wear any jewellery that could inflict an injury while handling clients.

The hazards, risks and risk control measures outlined in the table below does not cover every situation for workers. All workers should assess the risks involved in the tasks and exercise good judgement and general common sense in managing work situations in a safe manner. The principles in the 'Controlling the Risks' column below can be used as a guide in that judgement.

Where a worker is still uncertain about whether a task can be carried out safely, they should immediately call the Care Team Coordinator for assistance and direction.

ASSISTING A FALLING/FALLEN CLIENT		
Identified hazards	Potential risks	Controlling the risks
<p>Lifting</p> <ul style="list-style-type: none"> In a seated position nothing > 4.5Kgs In a standing position nothing > 15Kgs Anything >15Kgs mechanical aid <p><i>(Statistics show that for every 100 clients who fall unsupported, 15 will require hospitalisation.</i></p> <p><i>Of every 100 carers who catch a falling client, approximately 70 will sustain a serious injury).</i></p>	<p>Injury to:</p> <ul style="list-style-type: none"> Back Neck Shoulder 	<p>Do not attempt to catch a falling client. If possible, do your best to soften their fall by directing them away from hazardous objects with your lower body.</p> <p>Do not take any weight. Once on the ground, assess injuries if any and act accordingly, i.e., if injured or unconscious, call an ambulance on 000. If the client is largely unhurt place a chair (with armrests if available) next to them to enable them to pull themselves up. Do not take any weight. Steady the chair to prevent it tipping.</p> <p>Once the client is up, seated, and comfortable, report the incident by phone to the Care Team Coordinator.</p>
SHOWERING		
Identified hazards	Potential risks	Controlling the risks
Hot water	Scalds, burns	Adjust water temperature to comfortable level before client enters. Turn the cold water on first and then the hot to reach a comfortable level. Do not turn on the hot water first and place you hand to check as this could lead to scalding. If you feel the hot water is too hot or are having difficulties controlling the temperature, report to the Care Team Coordinator.

Lack of ventilation	Build-up of steam	Use exhaust fan if available or open window and door if not neither are available.
Poor access to shower recess	Back/shoulder/neck injury. Slip/fall injury	Plan shower process. Have soap, shampoo, towels etc. at hand to minimise reaching. Ensure slip-resistant mat is used on wet floor surfaces. Report any problems to the Care Team Coordinator.
Wet floor	Back / shoulder / neck injury. Slip/fall injury (Client risk also)	Ensure slip-resistant mat is used on wet floor surfaces. Wear slip resistant footwear (i.e., gum boots)
Client instability (not requiring hoisting)	Back / neck / shoulder injury Slip/fall injury (Client risk also)	Use shower chair if possible and ensure the clients uses grab rails as support and not the towel rails. Do not support the client's weight and wear slip-resistant footwear. If other aids are required or the client is unable to self-support then immediately, report to Care Team Coordinator.
Body fluids	Infection	Observe 'Infection Control Hazards' instructions in this manual (Section 4). Ensure client has toileted before showering.
SPONGING		
General hazards	Associated risks	Controlling the risks
Client instability	Back/shoulder/neck injury.	Ensure client is self-supported by sitting (commode with arms preferred) or lying-in bed. If standing is essential, ensure client has appropriate handholds.
Wide/low bed	Back/shoulder/neck injury	Minimise reaching and twisting. Position client as close to your side of the bed as possible. Ensure washing requirements are handy. Client may be rolled with a slide-sheet if assistance is available. Report to Care Team Coordinator if these conditions cannot be met.
Body fluids	Infection	Observe 'Infection Control Hazards' instructions in this manual (Section 4). Ensure client has toileted before sponging.
ASSISTING WITH DRESSING/UNDRESSING		
General hazards	Associated risks	Controlling the risks
Client instability	Fall injury	Ensure you are aware of the client's routine and physical capabilities. Seated dressing is preferable. If the client has to stand, ensure this is for as little time as possible and appropriate fixed support (i.e., grab rails) are available.

		Ensure the floor surface is slip-resistant and do not allow client to stand in socks.
Bending/reaching	Back/shoulder injury	Do not bend or squat to dress lower half of client. Kneel on a kneepad and if not available use a folded towel.
USE OF HOIST		
General hazards	Associated risks	Controlling the risks
Inappropriate equipment (e.g., heavy manual hoist)	Back/shoulder/neck wrist injury	Lightweight electric hoist preferred.
Lack of specialist knowledge	Injury to staff or client	Each hoist/client combination is unique. Clients have a wide range of abilities and needs and there is a wide variety of slings which can be adjusted in a wide range of configurations. Client-specific hoist training is essential. Workers should not attempt a hoist transfer without such training. If you have any doubts, contact the Care Team Coordinator.
Misuse of hoist	Injury to staff or client	Ensure sling is securely and properly fixed and adjusted. Ensure 'Y' legs are splayed and locked. Ensure transfer route is clear of obstructions. Minimise length of transfer route. If moving client from room to room, consider use of wheelchair. Move client slowly, don't allow client to swing.
Moving hoist	Back/shoulder/wrist injury	A hoist moves most easily on hard surfaces. A deep-pile carpet can make a loaded hoist difficult and hence dangerous to move. Report any difficulty in moving hoist to the Care Team Coordinator.
Wide/low bed	Back/shoulder/ neck injury	Minimise reaching and twisting when placing sling. Position client as close to your side of the bed as possible. Report to Care Team Coordinator if these conditions cannot be met.
Over-slow transfer	Client distress	Minimise the time that the client is suspended in the sling.
ASSISTING CLIENT TO SIT UP IN BED		
General hazards	Associated risks	Controlling the risks
Client's weight	Back/shoulder/neck injury	Only assist clients who can manoeuvre and assist in supporting their own weight. Workers should only guide clients' movements.

		Where a client is unable to assist the manoeuvre, a slide sheet may be used with two workers, or one staff member and a carer/family member, subject to a manual handling assessment and training.
Wide /low bed	Back/neck/shoulder injury	<p>Minimise reaching and twisting.</p> <p>Position client as close to your side of the bed as possible and stand as close as possible to the client when assisting.</p> <p>Report to the Care Team Coordinator if these conditions cannot be met.</p>
ASSISTING A CLIENT FROM A SIT TO A STAND		
General hazards	Associated risks	Controlling the risks
Client's weight	Back/neck/shoulder injury	<p>Do not lift the client. Encourage the client to move to the front edge of the chair and to use the arms of the chair to self-stand. Chair cushions should be firm and high.</p> <p>A chair can be modified to raise it, or a spring lift seat can be used.</p> <p>A walking frame in front of the client can assist them to self-stand.</p> <p>Workers can support the client's stability throughout the standby standing as close as possible to the client and supporting their lateral movement by supporting their shoulders.</p> <p>Report to the Care Team Coordinator if these conditions cannot be met.</p>
ASSISTING A CLIENT TO WALK		
General hazards	Associated risks	Controlling the risks
Client's stability/weight	Back/neck/shoulder injury	<p>Encourage the client to wear appropriate footwear (i.e., no loose slippers) they have a walking aid as required. Review the walking route so it is clear of any obstructions & trip/slip hazards.</p> <p>Workers may steady a client's lateral 'wobbling' by standing close and supporting on back or arm but is not to take any vertical weight. Workers should be aware of any factors which may affect the client's stability in walking such as stress, progress of medical condition.</p> <p>Report to the Care Team Coordinator if these conditions cannot be met.</p>

ASSISTING A CLIENT WITH EXERCISE PROGRAM		
General hazards	Associated risks	Controlling the risks
Poor technique	Injury to self and/or client	<p>An exercise program is put in place by a practitioner such as a Physiotherapist, an Occupational Therapist, or a Nurse.</p> <p>If assistance by workers is required, that practitioner will provide training for the workers.</p> <p>Observing that training will ensure injury risk is minimised for both you and for the client.</p> <p>Report to the Care Team Coordinator if these conditions cannot be met.</p>
Bending/reaching/twisting	Back/neck/shoulder injury	<p>Exercise assistance should be carried out with the client in bed at an appropriate height to minimise bending. Stand as close as possible to the client.</p> <p>If the exercise is on the floor, kneel (using a kneepad or rolled towel) rather than bend or squat. Avoid awkward postures.</p> <p>Report to the Care Team Coordinator if these conditions cannot be met.</p>

Use of Wheelchairs

A whole range of challenges can confront workers when using a wheelchair or other mobility devices.

As with most person-propelled wheeled transports movement is controlled when on a flat surface and become more difficult when slopes (up or down), obstructions such as gutters and kerbs, potholes or uneven or loosely surfaced paths are involved.

The hazards, risks and risk control measures outlined below does not cover every situation. All workers should assess the risks in the tasks involved and exercise good judgement and general common sense in managing work situations in a safe manner. The principles in the 'Controlling the Risks' column can be used as a guide in that judgement.

Where workers are still uncertain about whether a task can be carried out safely, they should immediately call the Care Team Coordinator for assistance and direction.

TRANSPORTING A CLIENT IN A WHEELCHAIR
<p>General hazards Pushing, pulling, twisting, straining against slopes, obstructions</p>
<p>Associated risks Back/neck/limb shoulder injury</p>
<p>Controlling the risks</p> <ol style="list-style-type: none"> 1. Although the maintenance of the wheelchair/mobility device is the client's responsibility workers should check prior to use that the tyres are inflated, brakes are working, arms and footplates are in place, and removable handles are locked in. 2. The client may have two wheelchairs one being a lightweight. This should be used in preference to the heavier wheelchair however this will be at the client's discretion. 3. Where the client has a modified vehicle ensure the client is properly secured and stand a safe distance away when operating the vehicle hoist. 4. Use a seatbelt for the client if indicated by the client notes. 5. Report uneven/obstructed pathways in and around the home site and where reasonably possible avoid these in the community and source an alternative safe route. 6. Avoid gravel/loose paths in and around the home site if using a manual wheelchair. Where possible avoid such paths in the community and source an alternative safe route. 7. Stand close to the wheelchair when manoeuvring it and stand upright. 8. In shopping centres use lifts instead of ramps (even moving ramps). 9. Go down kerbs/gutters backwards. 10. Go up kerbs/gutter's forwards (use foot on tilt bar alongside rear wheels to lift front wheels). 11. Wheelchair must be at right angles to kerb/gutter before going up or down. 12. Report to Care Team Coordinator if these conditions cannot be met.
ASSISTED TRANSFER FROM WHEELCHAIR TO CAR
<p>General hazards Pushing, pulling, twisting, bending</p>
<p>Associated risks Back/neck/limb shoulder injury</p>
<p>Controlling the risks</p> <ol style="list-style-type: none"> 1. Client's must have sufficient ability to self-support and flexibility to 'fold' into a car once out of the wheelchair. 2. Completely open the front passenger door and wind down that window (gives the client more options for support). Move the wheelchair as close as possible to the car seat while still allowing room to stand and turn, and for the you to stand close to client to assist. Apply both brakes securely. 3. Fold back or remove the footrests of the wheelchair. Guide the client to grasp appropriate handholds on the chair to stand and on the car to transfer and sit. You may need to hold the car door with your hand or hip to prevent it moving as the client uses it for support. Gently guide the client's head below the top jamb of the door. 4. The client should sit in the car with both feet outside and then rotate into the car fully. Assistance may be necessary to lift feet into car (move wheelchair out of the way to do this and squat briefly), put on seatbelt etc. 5. Report to Care Team Coordinator if these conditions cannot be met.

PLACING A WHEELCHAIR INTO A CAR	
General hazards	Weight and awkwardness of wheelchair
Associated risks	Back/neck/ shoulder injury
Controlling the risks	<ol style="list-style-type: none"> 1. If available in the home site use a lightweight wheelchair. 2. Close to the luggage compartment, fold the wheelchair and remove any removable parts (including wheels if possible) to reduce weight. Apply the brakes to both wheels if still attached. 3. Place a heavy-duty mat/thick cardboard sheet over the lip of the car boot/tailgate. Using the boot or tailgate lip as support for one end of the wheelchair, lift the other end (keeping back straight, bracing stomach muscles, and using thigh muscles) and slide the chair into the boot. There should be no need at any time to take the whole weight of the wheelchair. Hold the wheelchair by the frame, not by the wheels. 4. Place removed parts from the wheelchair securely in the boot. 5. Report to Care Team Coordinators if these conditions cannot be met.

Home Care Duties

A whole range of challenges can confront workers when undertaking a variety of home care duties.

The hazards, risks and risk control measures outlined in the table does not cover every situation. All workers should assess the risks in tasks involved and exercise good judgement and general common sense in managing work situations in a safe manner. The principles in the 'Controlling the Risks' column below can be used as a guide in that judgement.

Where a worker is still uncertain about whether a task can be carried out safely, they should immediately call the Care Team Coordinator for assistance and direction.

MOVING FURNITURE FOR CLEANING ACCESS		
General hazards	Associated risks	Controlling the risks
Lifting furniture	Back/neck /shoulder injury	Don't lift furniture unless very light (e.g., small side table, footrest etc.)
Moving furniture	Back/ neck/shoulder injury	<p>Push rather than pull furniture if possible.</p> <p>Nudge using knee or thigh to assist push.</p> <p>Heavy furniture e.g. (bed, fridge, washing machine) should not be moved unless on castors/gliders and is easy to move.</p>
Moving floor coverings	Back/shoulder injury	Roll mats/rugs to one side. Do not lift or pull/push them.
Tripping	Fall injury	<p>Replace furniture, mats etc as found. Alert others in house of temporary hazard.</p> <p>If any of these conditions cannot be met report to the Care Team Coordinator.</p>

VACUUMING		
General hazards	Associated risks	Controlling the risks
Poor access and lifting	Strain injury	Vacuum should be stored safely & is easily accessed. Lift correctly. If on wheels (i.e., not stick vacuum) pull along, using wheels instead of lifting where possible.
Unsafe power cord	Electrical shock	Use safety switch. Do not use if cord is damaged (always unreel whole cord and inspect).
Repetitive bending/twisting	Back/shoulder injury	Extend pipe to ensure you are standing close to upright. Hold pipe at highest point. Squat to vacuum beneath furniture (don't bend).
Excessive force required to push	Back/shoulder/ elbow injury	Reduce drag by using air inlet on handle. Use 'carpet' setting for carpets. Pull vacuum with left hand while vacuuming with right (or vice versa). If using an upright vacuum, change hands periodically.
Tripping	Fall injury	Position cord and vacuum sensibly. Be aware of where the cord is always.
Emptying bag	Dust inhalation/eye irritation	Depending on the type of vacuum remove bag carefully and place in plastic bag and seal and place in garbage in. If stick vacuum carefully detach section and as above.
Large areas to vacuum	Fatigue, repetitive strain	Break up vacuuming with dissimilar tasks into no more than 20-minute sessions. If any of these conditions cannot be met report to the Care Team Coordinator.
SWEEPING		
It is preferable to vacuum hard floor surfaces where possible. Dust rises when swept & may be inhaled, causing irritation to the nose & throat.		
General hazards	Associated risks	Controlling the risks
Repetitive bending/twisting	Back/shoulder/ neck injury	Use a broom that has a long handle to limit stooping over and ensure you are standing close to upright. Squat to sweep beneath furniture (don't bend).
Excessive force used	Back/shoulder/ elbow injury	Use broom lightly.

Disposing of dust Large areas to sweep	Dust inhalation/eye irritation Fatigue, repetitive strain	Remove dust carefully and place in plastic bag and seal. Place immediately in garbage. Break up sweeping with dissimilar tasks into no more than 20-minute sessions. If any of these conditions cannot be met report to the Care Team Coordinator.
MOPPING		
When finished mopping, dispose of bucket contents by tipping dirty water down the toilet.		
General hazards	Associated risks	Controlling the risks
Lifting bucket	Strain injury	Use lightweight bucket if available, half full.
Slip/trip	Fall injury	Position bucket sensibly (i.e., not directly behind you). Mop towards door. Inform any others in house are aware of wet floor.
Repetitive bending/twisting	Back/shoulder injury	Use a mop that has a long handle to limit stooping over and ensure you are standing close to upright. Squat to mop beneath furniture (don't bend). Mop to-and-fro, not 'figure 8'.
Squeezing mop	Neck/back shoulder/wrist injuries	Don't hand wring mop. Don't squeeze wringer with excessive force so you strain to pull the mop through.
Large areas to mop	Fatigue, repetitive strain	Break up mopping with dissimilar tasks into no more than 20-minute sessions. If any of these conditions cannot be met report to the Care Team Coordinator.

Floor Washing

To lessen the chance of workers slipping on a washed floor, the floor should be washed in stages (sections) and then that area dried down. The washing and drying of sections should be repeated until the whole floor has been cleaned.

For large floor areas this should be broken up into 4 sections, with breaks in between, and for medium or small area then in half, again with appropriate breaks. Workers should also plan their routine, making sure that they are washing towards where they will empty the mop bucket or rinse the mop.

By doing this the worker will not need to walk over a wet or damp floor.

The worker should also have within reach an item to dry the floor. Ideally this should be an old towel (need to ask client for one). This can be placed under a broom then they can use the same motion of washing the floor to dry.

By using a broom, this prevents the worker from continuously bending or twisting.

CLEANING BATHS/SHOWERS/TOILETS		
General hazards	Associated risks	Controlling the risks
Awkward bending/ twisting/kneeling	Neck/back shoulder and knee injuries	Use a folded towel or kneepad to kneel for the lower areas so to minimise bending and use your arms to assist in standing from the kneeling position. If there are grab rails also use those but do not use the towel rails. Always stand for the higher areas and do not stand on chairs or ladders to reach those ordinary out of reach. To minimise reaching get into the shower and bath if necessary.
Repetitive movement/ excessive force	Neck/back shoulder/wrist injuries	Address built-up soiled areas with repeated light cleaning over successive visits. Let the chemical cleaner do the hard work.
Chemical exposure/ inhalation	Skin/lung irritation	Observe “Chemical Safety’ instructions in Section 4 of this manual, particularly prohibited chemicals, and ventilation requirements. Keep door of shower open and use exhaust fans or open window.
Slip/trip	Fall injury	Move mats if a trip hazard. Use Slip-resistant mat and footwear to stand in bath and shower. Mop floor last (keep dry for as long as possible) and advise other workers if changing shifts. If any of these conditions cannot be met report to the Care Team Coordinator.
MAKING BEDS		
General hazards	Associated risks	Controlling the risks
Low bed	Neck/back shoulder and knee injuries	Kneel to reach low areas. Don’t ‘walk’ on knees to move around bed. Stand, walk and kneel again. Use bed and arms to assist standing from kneeling position.
Soiled bed linen	Infection	Observe “Infection Control Hazards’ instructions in Section 5 of this manual (Section 5), particularly the use of gloves. Avoid contact with soiled area if possible. Fold linen in to soiled area and place in plastic bag for transfer to laundry. Don’t launder with non-soiled items. Use hot water if appropriate for fabric.
Turning mattress	Neck/back shoulder and knee injuries	Do not attempt to turn mattresses over. If any of these conditions cannot be met report to the Care Team Coordinator.

WIPING/DUSTING SURFACES		
General hazards	Associated risks	Controlling the risks
Reaching up/looking up	Neck injury. Fall injury	Only clean cupboards/shelves/surfaces that can be reached easily from the floor, i.e., without use of chairs or steps. Use long-handled duster/cobweb brush for cobwebs. Avoid reaching above shoulder height for more than a few minutes. Avoid looking up for more than absolutely necessary.
Bending	Back injury	Kneel to reach low cupboards/shelves/surfaces, don't bend. Use a kneepad or folded towel to kneel on. Use arms to assist standing from kneeling position.
Chemical exposure/inhalation	Skin/lung irritation	Observe "Chemical Safety" instructions in Section 4 of this manual. If any of these conditions cannot be met report to the Care Team Coordinator.
LAUNDRY – WASHING		
General hazards	Associated risks	Controlling the risks
Bending/lifting wet and heavy items	Back/shoulder injury	Remove items from machine singly. Stand close to machine when removing clothes. Don't carry heavy baskets of wet clothes for more than a few metres. Use a laundry trolley. If carrying a basket, carry it directly in front of the body, not to the side or on the hip. Use a table/chair/trolley for the basket at the clothesline to avoid repetitive bending.
Reaching to the clothesline	Neck/back/ shoulder injuries	Adjust clothesline height to minimise reaching. Untangle items before reaching to hang them on the line, not during. Minimise work above shoulder height. Have pegs in easy reach. Don't hang washing for more than 20 minutes. If shoulder fatigue becomes a problem, do another task and resume when rested.
Chemical exposure	Skin irritation	Observe "Chemical Safety" instructions Section 4 of this manual. If any of these conditions cannot be met report to the Care Team Coordinator.

LAUNDRY – IRONING		
General hazards	Associated risks	Controlling the risks
Lifting	Back/shoulder injury	Use a lightweight ironing board, preferably on wheels. Minimise carrying by ironing as close as practicable to storage.
Bending	Back/shoulder injury	Ironing board should be at correct height to allow ironing while standing straight. Your elbow should be level with the top of the iron handle. Do not use low boards or tables.
Large volumes of ironing	Repetitive strain injury.	Break up ironing with dissimilar tasks into no more than 20-minute sessions.
Unsafe power cord	Electrical shock	Do not use if cord is damaged.
Steam	Scalds/burns	Do not overfill iron. Do not rest iron on its bottom. If any of these conditions cannot be met report to the Care Team Coordinator.
SHOPPING WITH CLIENT		
General hazards	Associated risks	Controlling the risks
Client instability	Fall injury (Client and staff member)	Park as close as possible to the shops and if available use a Disabled Parking Permit.
Assisted Transfer from car to wheelchair	Back/Neck/Shoulder injury	See “Wheelchair Handling” in Personal Care Section.
Wheelchair handling	Back/shoulder injury	See “Wheelchair Handling” in Personal Care Section.
Lifting	Back/shoulder injury	<ul style="list-style-type: none"> • Ensure heavy items of shopping are spread over several bags (i.e., not all tins in one bag). • Use trolley between checkout and car. • Transfer bags singly to boot. Do not carry shopping in passenger cabin. • At client’s home, park as close as possible to the door and transfer bags singly. • Unpack on a table close to the cupboards/pantry. • Transfer items to storage singly. Do not store heavy items above shoulder height. • Squat rather than bend to access low cupboards. • Don’t transport heavy/bulk shopping items such as large bags of pet food or cartons of drinks. Arrange for retailer to deliver these items.

		If any of these conditions cannot be met report to the Care Team Coordinator.
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Ongoing Assessment

Manual Task hazards at the home site may arise at any time. An initial assessment & the strict adherence to the above-mentioned guidelines should provide workers with a safe environment in which to provide care.

However, the client's health, required care tasks and the client's home environment may change at any time. As such, workers should be aware of new hazards relating to any manual tasks as they arise and report them to the Care Team Coordinator.

Workers are required to undertake mandatory training, so they are conversant with applying appropriate manual handling techniques.

If a *significant* risk to the health and safety of workers is identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

7. Kitchen Safety

Introduction

It is important to remember there are variety risks to health and safety in the kitchen, and to take care whilst preparing meals for clients, and to take precautions whilst cleaning the kitchen after meal preparation has finished.

Identifying Risks

Kitchens pose various hazards including electrical appliances, stoves, and ovens as well as hot items and the potential to fall on wet surfaces. Some of the risks / hazards may include:

- Fire
- Burns
- Lacerations or cuts
- Slips/trips / falls

Assessing the Risk

Kitchen Safety is included as part of the Home Safety Assessment. This assessment may identify potential risks or hazards (e.g., electrocution from cooking appliances or burns from preparing hot meals). Recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Controlling the Risks

- When using electrical appliances always use the RCD device that is provided if it has been identified as being necessary.
- Never leave cooking unattended.
- Heat cooking oil carefully and slowly to avoid fat splatters.
- Turn pot and plan handles inwards to avoid them from being knocked over.
- If cooking oil catches fire, turn off the hot plate but only if safe to do so and do not move the flaming oil or fat.

- If available place a fire blanket over the fire or cover with a lid or wooden chopping block. Do not use water to put fat and oil fires as this will cause the fire to spread rapidly.
- If a kitchen fire occurs and it is unsafe to remain immediately call **000**, and if safe to do so switch off the appliance and evacuate the home site with the client via the closest exit and move to a safe location at least 200m from the home site.
- Ensure that all cooking appliances are turned off after use.
- Make sure that tea towels, oven mitts and other flammable items are not located near the stove or cook top.
- Remove the covering or lid from the far side of the heated dish so that the steam rises away from you.
- Keep appliances away from water.
- Never put knives or other utensils in the toaster or into a power point socket.
- Always use oven mitts when handling hot dishes.
- Never put anything metal (cutlery, metal dishes) or aluminium foil in the microwave as this can catch fire.
- Wipe up spills immediately and keep the kitchen floor clear to avoid slipping.
- Make sure that all dirty dishes, cutlery etc are washed or placed in the dishwasher (if available).
- When using knives, always cut away from yourself and keep your hand away from where you want to cut.

Ongoing Assessment

Hazards in the Kitchen may arise at any time during the care of clients in their homes. An initial assessment & the strict adherence to the above-mentioned guidelines should provide workers with a safe environment in which to provide care.

However, the client's health, required care tasks and the client's home environment may change at any time. As such, workers should assess new risks and hazards in the kitchen as they arise and report them to the Care Team Coordinator.

Workers will be required to undertake first aid training and refresher training, so they are they are conversant with first aid procedures for managing injuries to themselves.

If a *significant* risk to the health and safety is identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

8. Personal Safety & Security

Introduction

Working in the community home care environment poses individual risks to personal security and safety. All workers will be appropriately orientated to a client who may, as a result of their injuries, exhibit challenging or aggressive behaviours.

Workers share responsibility for their personal security and safety and are encouraged to trust their own judgement and be accountable. It is recognised that sometimes the challenging nature of home care work and the inherent risks associated with working alone, in isolated areas or in the evening can lead to situations where you feel threatened either by a client, their family members, friends or members of the public.

Identifying Risks

General risks to workers in relation to personal safety might include:

- Clients and or family with a history of inappropriate, challenging, or aggressive behaviour
- Clients and or family who use drugs or alcohol
- Members of the public causing disturbances
- Poor external lighting/access when care is provided in the evening
- Unrestrained pets
- Working alone.

Assessing the Risk

The Home Safety Assessment examines aspects of Personal Safety & Security and workplace violence, and recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Workers should contact the Care Team Coordinator where there is any actual or perceived threat to their personal safety. At Home Care may engage the assistance of a Case Manager/Support Coordinator (if appointed) or have sought to have engaged a Specialist Behaviour Practitioner prior to the commencement of services regarding clients who exhibit challenging or aggressive behaviour.

Controlling the Risks

Workers should always:

- Remove themselves from any situation where there is an actual or perceived threat to their personal safety and follow the steps outlined in the table below.
- When safe to do so report the situation to the Care Team Coordinator.
- When attending a shift to a known aggressive or difficult client, request a second person be available to support & assist with care provision.
- Identify the safest location in a client's home to provide care but is still easy to exit.
- Wear minimal jewellery and carry minimal cash whilst on duty.
- Request that external lighting at the client's homes be on when attending care after dark or arriving early in the morning.
- Carry a torch if attending and/or leave a client's home when dark.
- Park their car in an accessible, well-lit location and that it is not blocked by other cars and/or other obstructions.
- Carry car keys and maintain their vehicle in good working condition.
- Have their mobile phones fully charged and in full credit where applicable.
- Ensure their mobile phone is easily accessible, on their person or in close proximity to where care is being provided.
- Request a means of carrying their mobile phone such as a belt clip if they do not have the option of carrying their mobile phone.
- Where a service outage/battery failure happens ask to use the clients mobile phone, as they may be of a different carrier, use the clients landline or attempt to locate a public payphone via <https://ppol.pbspectrum.com.au/connect/analyst/mobile/#/main?mapcfg=Telstra%20PPOL%20Citizen>
- If assessed as necessary, carry additional communication devices other than your phone such as a wearable panic alarm or use an available safety app such as "Red Panic Button".
- Follow the steps below to ensure their personal security and safety whether from a client, family members, friends, or members of the public:



Step 1

- Remove themselves from immediate danger to ensure their personal safety.



Step 2

- If unable to exit the home or environment find somewhere secure and safe (e.g. locked room), remain calm, quiet and do not take any risks.



Step 3

- Call your Care Team Coordinator on 9381 3344.



Step 4

- If the situation escalates at all and you are in immediate danger call 000.



Step 5

- If confronted, do not argue or provoke the person, keep your distance and if necessary speak slowly and quietly.



Step 6

- As soon as practicable complete an incident report form.

Ongoing Assessment

Threats to Personal Safety & Security may arise at any time during the care of clients in their homes and an initial assessment & careful planning should provide workers with a safe environment in which to perform their duties.

However, the client's health, required care tasks and the client's home environment may change at any time. As such, workers should assess the risk and hazard of any new personal threats as they arise and report them to the Care Team Coordinator.

Workers are required to ensure they are conversant with Personal Safety & Security & safety procedures.

If a *significant* risk to the health and safety is identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the OH&S issues can be found.

9. Motor Vehicle Driving & Safety

Introduction

Workers may be required to use their private vehicles or clients' vehicles to transport them to maximise client access to appointments, leisure, community & social interests.

Identifying the Risks

Workers must be aware of and be prepared to manage potential general driving hazards such as:

- Road safety issues
- Entering & leaving busy streets
- Driver fatigue
- Assisting clients in & out of vehicles
- Distractions within the vehicle
- Loading & unloading shopping or equipment in to & out of the vehicle
- Unsecured loads inside/outside the vehicle
- Motor vehicle accidents

Assessing the Risks

The Home Safety Assessment will where the client's vehicle is to be used examine its use and recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Where workers use their own vehicles then pursuant to all employment contracts and the Use of Private Vehicles Policy it is incumbent upon workers to hold a current motor driver licence and to ensure their vehicles are insured, in a roadworthy condition and regularly serviced.

Controlling the Risks

Some basic guidelines for the safety & operational requirements for workers using vehicles to transport clients and includes:

- Not driving vehicles in an unsafe or unroadworthy condition.
- Notifying the Care Team Coordinator of any changes to driver's licence conditions.
- Taking all necessary precautions to drive safely & comply with traffic laws.
- Safeguard vehicles from theft and damage.
- Not using mobile phones whilst driving.
- Not driving whilst under the influence of drugs or alcohol.
- Ensuring a mobile phone with a fully charged battery is always carried for essential/emergency purposes.
- Ensuring all loose items such as wheelchairs, walking frames & hand luggage are to be adequately secured prior to the commencement & during any journey.
- Station wagons must be fitted with a rear compartment protective cargo barrier.
- Reporting all motor vehicle accidents to the Care Team Coordinator and follow the procedures listed below.

Where a client or their family/advocate deem a worker's vehicle not to be suitable for transport this worker shall not be able to transport clients until such time as they have made appropriate improvements.

Tips for Safe Driving

- Maintain a two second gap between your vehicle & the vehicle in front of you.
- Keep to the left unless overtaking.
- Allow sufficient time for your journey.
- Keep within the speed limits.
- Indicate your intention to turn at least 30 metres before your turn.
- Drive with anticipation, expect the unexpected.
- Leave sufficient room to stop behind the thick white line at traffic lights & stop signs.
- Leave enough room to go well past an overtaken vehicle before you move back to the left.
- Drive smoothly, make decisions early so you can accelerate, brake, change gears smoothly.
- Be a careful night driver – darkness, oncoming traffic lights, poorly lit streets, cyclists etc, can make night driving more difficult.
- Be a courteous driver, share the road – allow other drivers to merge or change lanes.
- Use your horn in an emergency only, do not use it out of frustration.
- Concentrate & stay focussed on your driving.
- Do not use your mobile phone whilst driving.
- Do not drive whilst fatigued.
- Do not drive whilst affected by drugs or alcohol.

Personal Safety Whilst Driving

- Keep car doors locked when driving.
- If you find yourself being followed, remain calm & head toward the nearest police station.
- Always carry a pen, paper & torch in your vehicle.
- Keep your mobile phone fully charged & switched on for emergency purposes.
- Never leave valuables such as purses, computers etc. in your vehicle.
- As you approach your car, have your keys ready.
- If you break down, leave your car in a safe, well-lit place, raise the bonnet & turn on your hazard lights.
- If someone stops to assist, do not get into a stranger's vehicle.
- Always park in well-lit areas.
- Do not gesture at or engage in arguments with other drivers.

Procedure for Accident

- Stop & render assistance
- Arrange for ambulance, police & towing vehicles to be called if necessary
- Do not admit liability for the accident
- Report the accident to police if:
 - A person or persons have been injured or killed
 - Damage has occurred to a third party's property
 - It is suspected that alcohol/illicit drug taking may have been a contributing factor
 - If the other party is acting in a threatening or hostile manner
- Obtain the details of the person/persons involved (names, addresses, phone numbers, registration numbers, licence numbers etc.) including witnesses if any were present
- Notify the Care Team Coordinator as soon as possible and complete an incident report.

Ongoing Assessment

Issues related to vehicle safety may arise at any time. Vehicles considered appropriate for client transport at one point in time, may become inappropriate due to faulty or weakened brakes, loss of

indicator or brake light function, balding tyres etc. Where this occurs, the worker should report this to the Care Team Coordinator.

Likewise, workers may lose their licence or have restrictions imposed on their licence at any time. As such, it is the responsibility of workers to inform the Care Team Coordinator of any impediment to safe transport of clients in their vehicles.

Failure to do so constitutes negligence & exposes the client to unnecessary & unreasonable risk. It remains the workers responsibility to maintain their vehicle in a roadworthy condition.

At Home Care will also periodically, subject to expiry dates check using the online services available via the Department of Transport to ensure licences are maintained.

10. Emergency Procedures

Introduction

When working in the community home care environment there can be times when workers may be faced with emergency events

The preceding sections of the Handbook have detailed:

- Measures to ensure a safe physical work environment
- The appropriate & safe use of chemicals & electrical equipment
- Personal protective measures to reduce the risk of cross infection & contamination
- Safe manual handling
- Personal safety & security
- Safe driving practices

Effective application of these measures will assist in reducing the risk of accidents, incidents, injury & illness. Although it is not expected workers will be placed in danger it is acknowledged that unforeseen and unpredictable events may arise which may present a hazardous emergency.

If a medical emergency occurs during duty, workers should **call an ambulance or other emergency services on 000**. Workers should follow the instructions given by the 000 operator and when it is safe to do so, call the Care Team Coordinator.

It is important that workers remain with the client, providing reassurance. It is not necessary to administer any first aid measures other than those advised by the 000 operator. First aid measures applied should be consistent with the carers' level of training and experience.

Assessing the Risk

The Home Safety Assessment examines aspects likely emergency situations and will work together with the client in terms as to how to manage events such as fire or other natural disasters and recommendations will then be made to either eliminate the hazard or risk altogether, or, to minimise the hazard or risk, as so far as is reasonably practicable.

Identifying General Risks

Potential emergency situations may arise while on duty may include:

- Medical emergency – worker, client
- Fire or explosion
- Animal incident

- Electrical incident/loss of power
- Gas leak
- Aggressive person/hold up/intruder
- Motor vehicle accident
- Severe storm or flood

Emergency Planning and Procedures

- A Home Safety Assessment is conducted prior to the commencement of services.
- Emergency & Evacuation Procedures are outlined and provided in addendum to this booklet and maintained in the Client in home house file.
- Where appropriate evacuation routes will be provided however all workers at the start of their shift should identify the safest and quickest exit from the client home.

Managing Emergency Situations

Emergency	Action	Responsibility
<p>Medical Emergency</p>	<p>REMEMBER DR S ABCD:</p> <p>DANGER: check for Danger RESPONSE: ask if the person is okay. Squeeze the shoulders. SEND: send for help (Call 000) AIRWAY: Clear and open airway. BREATHING: if less than 2 breaths in 10 seconds start CPR COMPRESSIONS: 30 compressions then 2 breaths DEFIB (where available): Attach AED as soon as possible.</p> <p>If unresponsive.</p> <ul style="list-style-type: none"> • call ambulance on 000 • follow instructions given by operator. • administer first aid (consistent with level of training) • remain with client until ambulance arrives. • notify the Care Team Coordinator as soon as possible. <p>If conscious and injuries appear severe.</p> <ul style="list-style-type: none"> • call ambulance on 000. • follow instructions given by operator. • administer first aid (consistent with level of training) • remain with client until ambulance arrives. • notify the Care Team Coordinator as soon as possible. <p>If conscious and injuries do not appear serious.</p> <ul style="list-style-type: none"> • make the client comfortable. • contact the Care Team Coordinator as soon as possible. • do not leave client unattended. 	<p>Worker</p> <p>Worker</p> <p>Worker</p> <p>Worker</p>
<p>Motor Vehicle Accident involving A Client</p>	<p>Follow medical emergency procedure as above and in addition.</p> <ul style="list-style-type: none"> • remove client from vehicle if safe to do so. 	<p>Worker</p>

	<ul style="list-style-type: none"> • exchange details with other driver including licence number, insurance details, contact address & phone number. • Contact emergency services on 000. • do not admit liability. • report accident to the Care Team Coordinator. 	
Personal Threat	<ul style="list-style-type: none"> • Always follow Personal Safety Guidelines with reference to Section 8. • Do not enter a premise if concern for personal or client safety exists. • Call emergency services on 000 & request assistance of police. • Follow directions of operator. • Contact the Care Team Coordinator as soon as safe to do so. 	Worker
Gas Leak	<ul style="list-style-type: none"> • Remove client & any other persons from gas location and evacuate the premises to a safe distance at least 200m from the closing doors behind you if safe to do so. • If it is not possible to remove the client, remove yourself. • Call emergency services on 000 • Follow instructions of the operator. • When emergency services arrive, notify them immediately of the location of the client if they are not with you. • Do not operate any electrical appliances. • Do not light matches or cigarette lighters. • Do not turn light switches or anything electrical on or off. • Remain with client until emergency services arrive and follow their instructions. • Do not re-enter premises. • Contact the Care Team Coordinator as soon as safe to do so. 	Worker
House Fire	<ul style="list-style-type: none"> • Consider the special needs of the client and whether you can safely evacuate with them. • If so, then proceed to do so via the nearest door away from the fire. • If this is not possible, immediately exit the house from the nearest door exit away from the fire. • Call emergency services on 000 advising them about the situation and where the client is located if you have not been able to evacuate them. • Follow instructions of the operator. • Move to a safe location outside the front of the property and at least 200m from the home. • Once outside DO NOT re-enter the home. 	Worker

	<ul style="list-style-type: none"> • Try to park in an area where there is little or no vegetation. • Turn headlights ON & leave ignition ON. • Close off all vents and wind up all windows. • Instruct passengers to get down on to the floor, cover with rugs, or clothing – this helps you avoid radiant heat. • Do <u>not</u> use wet blankets or rugs. Steam injuries can result • Stay in the car, do not attempt to get out of the car until the fire has passed – this will be demonstrated by a decrease in radiant heat. <p>If on foot:</p> <ul style="list-style-type: none"> • Notify emergency services on 000, informing operator of location, number of people involved, employer & details regarding the situation. Follow instructions of the operator. • Never run uphill to get away from an approaching fire. • Never attempt to run through a fire. • Try to find an open space or an area of ground which has already been burned. • Make yourself a fire break – clear away as much flammable material as possible. • DO NOT shelter in swimming pools or water tanks. Fire passing over such bodies of water removes all oxygen from the area. • Cover up as much exposed skin as possible with natural fibre materials (wool, cotton) to avoid radiant heat from the fire. <p>If at home site:</p> <ul style="list-style-type: none"> • The following triggers to Act should be used to determine if you are to leave the home site with the client: <ul style="list-style-type: none"> ○ If you see or smell smoke ○ If you see a fire ○ If you can hear sirens or water bombers ○ If you are told by a neighbour, there might be a fire ○ If you hear or receive a warning via your phone or the client • In the event any of these triggers are identified DO NOT DELAY in evacuating with the client to a safer location such as a local shopping centre or one of the client’s friends or family’s home as this will place you in more danger as the roads surrounding the home site may be closed, covered in smoke, and be congested. • Once you have decided to leave and you are safely away from any danger call the Care Team Coordinator to advise where you and the client are. 	<p>Worker</p>
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<p>Flooding</p>	<ul style="list-style-type: none"> • Consider the special needs of the client and whether you can safely evacuate with them. • If so, then proceed to do so. Discuss with the client where they will be going. This might be a local shopping centre or family/friends' home. • If this is not possible, immediately call emergency services on 000 advising them of the situation, you are unable to evacuate the client. • Follow instruction of the operator. • Monitor the following Emergency Information Contacts: <ul style="list-style-type: none"> ○ www.emergency.wa.gov.au ○ Facebook.com/dfeswa ○ Twitter.com/dfes_wa ○ BOM – 1300 659 213 (Land and weather) ○ BOM – 1300 659 210 (Cyclone Information) ○ ABC Radio - 720 	<p>Worker</p>
<p>Extreme Weather Event (Storm)</p>	<ul style="list-style-type: none"> • Consider the special needs of the client and whether you can safely evacuate with them. • Monitor the following Emergency Information Contacts: <ul style="list-style-type: none"> ○ www.emergency.wa.gov.au ○ Facebook.com/dfeswa ○ Twitter.com/dfes_wa ○ BOM – 1300 659 213 (Land and weather) ○ BOM – 1300 659 210 (Cyclone Information) • If safe to do so, assist the client secure any loose outdoor furniture and store safely. • Close curtain and blinds staying away from windows. • If safe to do so, unplug electrical appliances using backup batteries for life saving client medical equipment. • Avoid using landline telephone if there is lightning. <p>If in a car:</p> <ul style="list-style-type: none"> • Do not drive into water of unknown depth and current. • Slow down, turn on your lights and keep a safe distance from other drivers. • Be alert and watch for hazards on the road (i.e. loose debris) • If the rain is heavy, and you cannot see, pull over and park with the hazard lights on until the rain clears. 	

Critical Incidents

Critical incidents such as those detailed above can be both disturbing and upsetting for workers.

Critical incidents might include the witnessing of a medical emergency, unexpected violence, or aggression in the course of duty or the death of a client.

Workers involved in critical incidents will be offered support through a debriefing process which At Home Care will access through the Worker Assistance Programme which provides up to 4 sessions with a suitability qualified practitioner.

Ongoing Assessment

The initial Home Safety Assessment assesses the home at the time of referral for services. However, emergency situations may arise at any time. Workers are expected to follow the procedures as set out above and not expose either themselves or their clients to unnecessary & unreasonable risk and are responsible for identifying any subsequent hazards/risks as they arise by completing the Incident/hazard form online and notifying the Care Team Coordinator.

If a *significant* risk to the health and safety of workers are identified, suitable adjustments/alterations may be required. If adjustments/alterations cannot be made, the provision of care services may be suspended, withdrawn, or refused, until such time as a suitable resolution of the issues can be found.

Workers are required to ensure that they are conversant with emergency and first aid policy & procedures and will be required to undertake first aid training and refresher training to ensure that they are conversant with first aid procedures for managing injuries to themselves.

Reference Documents

Work Health and Safety Act 2020

Work Health and Safety (General) Regulations 2022 WA

Victorian Home Care Industry Occupational Health & Safety Guidelines 2005

Victorian Association of Health & Extended Care, Municipal Association of Victoria

Draft: Managing Health & Safety Standards – A guide for employers in the in--home, community care, aged & disability sector - WorkSafe Victoria August 2002

Employer's Guide to Health & Community Service Workers in People's homes

Queensland Government Workplace Health & Safety July 2001

Community Services Safety Pack - A Guide to Occupational Health & Safety

WorkCover New South Wales January 2004

Working Safely, A Guide for Home Carers – JLT Workers Compensation Services

Managing the risk of violence at work in home and community-based care – WorkCover Corporation SA Brochure. November 2002

Safety Tips for Motorists – RACV 2004 www.racv.com.au/safety

Recommended periods of exclusion from childcare centres, preschools & schools for cases of and contact with infectious diseases. National Health & Medical Research Council June 2001

Safe Work Practices for Home Care Staff – Moreland City Council Aged & Disability Services Unit 2004