



HEALTH SAFETY AND WELFARE, FOR HOME
AND COMMUNITY WORKERS

GUIDELINES FOR MANAGING OHS&W

- AGED CARE
- DISABILITY CARE
- COMMUNITY CARE

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Aged Care Working Party.

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INTRODUCTION

The trend for people who require care, basic maintenance, support or assistance in their own homes instead of in residential settings continues to increase at a rapid rate. As the number of people ageing or with a disability increases, a greater demand for services that allow them to stay within their own homes and within the community is also expanding. The range of providers, including carers, housekeepers, property maintenance personnel, pharmacy providers, domestics, carers and nurses, highlights an increased need for guidance in managing occupational health, safety and welfare (OHS&W) concerns that arise when providing a service within a home or the community.

These include the many hazards faced by workers and the OHS&W responsibilities of employers, employees, contractors and clients. Sometimes these responsibilities may seem difficult to clearly define. For example, how do managers weigh up their duty of care to clients versus staff? Or, when services are contracted or brokered, who is responsible for ensuring a safe working environment?

This guide is intended to help you as employer, manager or co-ordinator to address these dilemmas and to help you manage hazards that you and your staff may face. It provides case studies illustrating solutions that have proven successful elsewhere and includes tools such as checklists and forms that you can adapt to your own workplace.

The final section provides a guide for setting up and reviewing systems that will ensure good information and communication about OHS&W. All of the information provided is for guidance only and should be adapted to suit your own agency's needs and situations.

The ultimate aim of these guidelines is to prevent injury or illness to people working in the community. The costs of injury are high - not only the personal suffering and loss but also the disruption to the client and the organisation.

There are OHS&W laws that apply to all workplaces in South Australia. These are contained in the Occupational Health, Safety and Welfare (OHS&W) Act 1986, the OHS&W Regulations 1995 and supported by Approved Codes of Practice. This guide supports that legislation and, where appropriate, refers to it. (Interstate users need to refer to their own State legislation).

DUTY OF CARE

INTRODUCTION

As a community care provider you have a duty of care to your clients. As an employer, manager or co-ordinator you also have a duty of care to your employees. The OHS&W law protects all employees within South Australia whether they are employed full or part time or in a permanent, casual or temporary job. This includes those employees and volunteers who work in the community. Volunteers are classed as gratuitous employees under the OHS&W Act.

Responsibilities of employers, employees, the self-employed, building owners and occupiers (and others) are defined in the OHS&W legislation. Relevant responsibilities for managers and workers in the community are briefly described in this section of the guidelines.

EMPLOYER DUTY OF CARE

As an employer you have a duty of care to each employee (and volunteer) to ensure, as far as reasonably practicable, that they are safe from injury and risks to health while at work and to:

- provide and maintain:
 - a safe working environment (eg, safe floors and access)
 - safe systems (methods) of work (eg, safe manual handling methods and procedures for personal security)
 - safe plant, equipment and substances (eg, safe electrical equipment and cleaning products)
- provide adequate facilities (eg, first aid, drinking water, toilet facilities)
- provide information, instruction, training and supervision to ensure safety. It should be in an understandable language and form
- monitor working conditions (eg, home safety assessments)
- monitor the health, safety and welfare of employees (eg, review injury records)
- keep records of work related incidents and injuries
- identify hazards, conduct risk assessments and control risks (ie, find, assess and manage hazards)
- prepare OHS&W policies and procedures
- consult employees and their representatives about OHS&W issues
- obtain a police security check or statutory declaration from the potential service provider/s
- appoint a responsible officer (the Board member of the governing body or the most senior person who must then ensure the OHS&W legal obligations of the organisation are met).

[OHS&W Act Sections 19, 20, 34 & 61 & OHS&W Regulations Division 1.3]

(WorkCover has developed a number of products in over 21 community languages and various formats that may be of assistance to organisations. If you have a diverse workforce and would like to know how to best utilise the skills and knowledge of your workers, contact WorkCover's Access and Equity unit for a free consultation.)

WORKER DUTY OF CARE

All workers also have a duty of care and must:

- take reasonable care to protect their own health and safety
- not adversely affect the health and safety of others
- use the equipment provided by the employer to protect their health and safety
- follow reasonable instructions on health and safety
- not be affected by drugs or alcohol
- report hazards and incidents/injuries.

[OHS&W Act Section 21 and OHS&W Regulations Division 1.2, 1.3]

COORDINATOR / CASE MANAGER DUTY OF CARE

Coordinators / case managers are accountable for:

- ensuring OHS&W policies and procedures are implemented and followed
- ensuring OHS&W risks are identified, assessed and controlled (and controls monitored and maintained)
- providing employees and volunteers with the information, instruction, training and supervision required to safely carry out their jobs
- providing contractors with relevant information required to safely carry out their work.

CONTRACTOR DUTY OF CARE

Contractors are to:

- take reasonable care to protect their own health and safety
- not put clients or other workers at risk
- assess the workplace for hazards and develop safe work practices
- report any hazards to the broker/case manager.

(More detail is provided in Section 3)

VOLUNTEERS

Volunteers are to:

- take reasonable care to protect their own health and safety
- not put others at risk
- follow reasonable instructions on health and safety
- use any equipment supplied by the organisation to protect their health and safety
- not be affected by drugs or alcohol
- report hazards and incidents/injuries to the coordinator.

CLIENT DUTY OF CARE

As the client's home is a workplace, clients must provide, as far as is reasonable, a safe working environment for workers coming into their home. Things a client may be asked to do include:

- treat workers with courtesy and respect (non-abusive and non-threatening)
- secure their pets to avoid harm to the worker
- allow reasonable modifications to be made to ensure the safety of workers (eg, move mats that may cause a fall)
- leave an outside light on for after dark visits
- not smoke while the worker is present
- provide appropriate and safe equipment (if required).

This information should be provided to clients in simple information sheets/booklets.

[OHS&W Act Section 23]

DUTY OF CARE TO CLIENT VS. WORKER

Generally it is possible to meet your duty of care to clients while maintaining your duty of care to workers. Where this is not possible and the safety of workers is at risk when providing a service, it will be necessary to conduct a risk assessment (see *Section 4*) and develop a plan to manage the risk. In some situations it may be necessary to develop contracts with clients in order to provide a safe work environment. Another option is to engage the services of an independent consultant who can carry out a risk assessment and develop appropriate controls that suit both the client and worker.

CASE STUDY

HOME BASED SERVICES

Mrs A is an 81 year old lady living in a retirement village by herself. She has short term memory loss, pain in both hips, infrequently incapacitated by back pain and fatigues easily. She has been receiving services from Home Based Services since June of 2001. Initially we provided services for four hours per week for cleaning and taking the client shopping.

Mrs A had been receiving services for approximately six weeks when the retirement village rang and informed us that she had had a fire in her oven. It eventuates that she had put plastic containers in the oven and had forgotten to switch the oven off after using it. Many issues needed to be addressed, not least the other people in the retirement village, Mrs A herself and maintaining a safe secure environment while maintaining her independence to prepare and cook her own meals.

CONTINUED NEXT PAGE

CONTINUED CASE STUDY

HOME BASED SERVICES

Initially it was decided in consultation with Mrs A and her son that another oven be installed with staff members switching off the fuse at the fuse box after using the oven. A procedure was developed, checklist put in place, training for staff and a review process by the coordinator. Services were increased to Monday-Sunday lunchtimes to supervise Mrs A in preparing her meals. This enabled Mrs A to maintain her independence and self-esteem, as she thought herself as being old and useless following the oven fire. In consultation with the retirement village a hard-wired smoke detector was installed, which was monitored and any detection of smoke would automatically see the fire brigade attend.

Unfortunately this did not work. In two weeks the fuse switch was in the 'On' position three times when staff arrived at the house. We are not sure if Mrs A put the fuse on herself or obtained assistance from neighbours. In consultation with the retirement village and family it was decided to put the fuse box in a locked metal container with both staff and the retirement village possessing keys. This worked.

Mrs A continues preparing meals for herself with staff supervision and remains safe in her own home. It has also provided a safe environment for the other residents of the retirement village.

SUMMARY

The OHS&W legislation describes the roles and responsibilities of people working in a workplace, which includes the home of a client, a vehicle or a community venue.

This section of the guidelines has provided a brief summary of the OHS&W legal requirements. Particular examples of how these may be implemented in the home and community sector are included in the following sections.

BROKERING AND CONTRACTING

There are a wide range of contractual and brokerage agreements in place in the community sector. While these vary in structure, there are four major arrangements:

- brokerage
- tendering
- employer/employee arrangements
- contractual arrangements.

In any of these situations OHS&W should be clearly defined in contracts.

BROKERAGE

In brokerage schemes, a broker brings together a contractor and client but without an employer/employee relationship between the broker and the contractor. The contractor has responsibility for their own work including the times worked, how the tasks are performed and the provision of their own equipment.

TENDERING

When calling for tenders it is necessary and appropriate for the organisation calling for tender, to request of persons/organisations submitting a tender to outline how they will meet their OHS&W and injury management responsibilities. It is a good idea to ask for documentation to support what they have said they will do or have in place to protect the health and safety of their employees, themselves and the client to be provided.

If any hazards are identified in the service to be provided or the site the service is to be provided and brokered out, they should be made known during the tendering process.

SELF EMPLOYED CONTRACTOR RESPONSIBILITIES

In brokering arrangements, self-employed contractors are responsible for their own OHS&W and the safety of their client.

Self-employed contractors are not covered by the WorkCover workers compensation system and must have their own personal injury insurance. They must also have public liability insurance to cover their clients and the public. The brokerage agency may be able to facilitate this.

While agencies brokering services are not responsible for the OHS&W of contractors, they must ensure contractors are aware of their responsibilities and direct them to where they can obtain extra information and guidance. Arrangements for OHS&W should be clearly addressed in contracts and information provided to contractors, for example, informing contractors to report hazards or incidents to the broker if they cannot be readily addressed.

Service delivery should then be reviewed and monitored by the broker regularly for compliance with the OHS&W requirements of the contract. If during the ongoing service provision additional hazards are identified by the broker, then these hazards need to be made known to the service provider to ensure that appropriate and effective controls are put in place.

A number of sections of the guidelines are relevant to contractors. Contractors should be encouraged to use the guidelines to develop their own systems for ensuring their safety and that of their clients.

EMPLOYER / EMPLOYEE RELATIONSHIP

Work may be referred to an agency that provides services by employing their own workers. In this situation the agency employer is responsible for the OHS&W of its workers and the safety of the workplace. The agency will direct when and how the work will be done and provide necessary equipment.

The agency providing the workers may require the referring agency to conduct a risk assessment and report hazards. The agency providing the service (not the referring agency) needs to verify the information as it has legal responsibility for its employees.

There also needs to be agreement on how identified hazards will be addressed.

For example, the case manager of the referring agency may be responsible for negotiating with the client to have changes made. In this case the agency providing service still has a responsibility to ensure the safety of its employees by implementing a plan to address the issue until the referring agency takes action.

CASE STUDY

ANY CARE CONTRACT WORK OUT TO BETTER HELP (A PRIVATE HOME CARE AGENCY) AND EASTERN BROKERAGE.

Any Care conduct risk assessments during their first visit to client homes and address hazards and/or inform the relevant agency of any obvious hazards that require action by workers. Any Care have formal contracts including OHS&W with both Better Help and Eastern Brokerage. This ensures Better Help provide training for their workers and Eastern Brokerage have systems to ensure their contractors are trained.

Jo, an employee of Better Help, was asked to provide Mrs Brown with assistance with her laundry. When she first visited Mrs Brown she found the path to the clothes line was covered with moss and very slippery. As Mrs Brown was too frail to address the problem, Jo contacted her supervisor who in turn contacted the case manager of Better Help.

CONTINUED NEXT PAGE

CONTINUED CASE STUDY

ANY CARE CONTRACT WORK OUT TO BETTER HELP (A PRIVATE HOME CARE AGENCY) AND EASTERN BROKERAGE.

Better Help then contacted Mrs Brown's son who agreed to address the problem. Bob, a self-employed contractor, sent by Eastern Brokerage had a similar problem at the home of Mrs Green. He contacted Eastern Brokerage who talked to Mrs Green and arranged for a maintenance person from the Home Assist Program to address the problem. Other brokerage agencies may have referred the issue back to the case manager of the referring agency.

In the short term both Jo and Bob dried the washing on a temporary verandah line and clothes airer until the paths were made non slippery.

CASE STUDY

The service had been arranged through a broker. Part of the service required was to transfer a client from the wheelchair to the bed in the evening using a lifting machine. The service provider found this task to be difficult due to the space restrictions caused by furniture within the client's bedroom. Unable to come to a mutually agreed resolution an external consultant was engaged to assist. An assessment of the tasks and the area in which the task was to be performed identified that the difficulty evolved from the placement of a bedside table next to the bed, which prevented the wheelchair and lifter from being placed appropriately to enable a safe transfer. The recommendation from the consultant was to place castors on the bedside table with wheel locks. This enabled the service provider to easily move the bedside table out of the room prior to transfer of the client. The bedside table was then able to be placed back in the room after the transfer and be stabilised with the wheel locks.

CONFIDENTIALITY

Health / Care agencies need to collect information about a client to enable them to provide an appropriate and effective service without putting the client or the provider at risk of injury or illness

All relevant information needs to be obtained and communicated (as appropriate) to those persons who are involved in the care and or service delivery. This assists in ensuring that the appropriate personnel, equipment and service are provided and that the client and service providers are safe from any injury or harm.

Organisations and service providers obtaining information relating to a client need to ensure that this information is made available to persons providing a service. It should not be made available to other parties that are not involved in service delivery.

An 'Authority for the release of information', including the following details, should be obtained from the client or their legal representative:

- To whom the information is to be released.
- The purpose for which the information is to be released.
- The period of time the Authority is valid for (eg, for the term of service delivery).
- It should be witnessed and dated by an advocate or representative of the client.

NEGOTIATING

When providing a service you may come across difficult situations that require effective negotiation skills to enable a positive outcome for both the client and the service provider. Whether you approach this yourself or you engage the services of an external consultant to assist you, it may assist you to follow the following steps:

1. Identify and define the problem.
2. Gather information from the client and the service provider.
3. Analyse the information.
4. Develop alternative solutions or controls.
5. Select the most practical, effective and economical solution to resolve the problem.
6. Evaluate the effectiveness of the solution – have you achieved your objective/desired outcome? If not revisit the steps until a positive outcome is achieved.

CASE STUDY

NEGOTIATION

A new client is totally blind: The CACP Coordinator knocked at the client's front door, to be greeted by a voice from inside saying "come in, walk down the passage to the kitchen". The Coordinator noticed the passage was long and carpeted with small carpet squares situated at various angles down the passage. The Coordinator proceeded to walk down the passage and when treading onto a small carpet square immediately fell through the floorboards. The carpet squares were covering white ant infested holes. The area was assessed for OHS issues for staff to visit the home.

Negotiation with the client for the best outcome for him and the organisation, who is responsible for staff that visit, was to give permission to allow visiting staff to enter the home by the back door. This area was cement flooring covered by vinyl, with no chance of white ant infestation. Staff to have permission to enter the kitchen, bathroom, toilet and the client's bedroom, which was situated off of the kitchen. No other areas were to be used. The client was happy with these negotiations. The front door was also locked for extra security, now that staff were entering via the back door.

CASE STUDY

John is a young man with Cerebral Palsy – a condition that results in physical disability but not necessarily any intellectual impairment. John uses an electric wheelchair for mobility.

John lives alone in a home, which he rents from a housing association. He receives support around the home and in community settings from support workers who he directs in ways that allow him to live as independently as possible.

John is conscious of all the latest trends and expressed a desire to purchase a futon.

Staff who support John were concerned at the safety implications of this – part of their role was to assist John in and out of bed - to and from his wheelchair. The low futon meant that staff were required to bend excessively and use unsafe practices to perform this transfer.

John had reasonable mobility and through negotiation between John, workers and the service manager, arrangements were made for John to move himself into a position where he could be more easily transferred by staff. Eventually John became able to complete the transfer to and from his wheelchair all by himself.

In this case negotiation allowed for a win-win situation. John could still have his futon ie, his rights had not been impeded. Likewise staff were not required to perform an unsafe transfer thus preserving their right to a safe working environment. Further, the negotiations resulted in increased independence for John who was able to increase his own mobility and fitness. It also became possible for John to choose the time he got in and out of bed rather than this being dictated by staff availability and rostering.

Ongoing monitoring of these arrangements ensures they still meet both the client's and the service provider's needs.

MANAGING HAZARDS

INTRODUCTION

Effective hazard management is the key to preventing or minimising workplace illness and injury. Hazard management is most effective when it is managed on a systems basis. An essential role you have as an employer, manager or co-ordinator is to effectively manage hazards. This involves four steps:

- Identify the hazards (find them).
- Assess the risks (decide how serious they are).
- Control the risks (manage them).
- Monitor and review outcomes.

[OHS&W Regulations Division 1.3]

This section provides you with some strategies and tools to help you manage hazards in the home and community setting.

HAZARD IDENTIFICATION

A hazard is something that has the potential to cause injury or illness. Examples of hazards in the community are heavy loads, worn steps, heavy gates, loose mats, faulty electrical equipment, hazardous substances (such as cleaning products) and potentially aggressive animals.

To identify hazards you should:

- conduct a safety check before the worker starts work in a new client's home (see sample form Client Home OHS&W Assessment on page 19) or attends a community venue for the first time
- seek information about hazards from referring agencies
- encourage workers to report hazards using hazard forms or direct reporting (see sample Hazard Report Form on page 25)
- discuss OHS&W at staff meetings
- check records of incidents, injuries or near misses (see sample form Incident/ Injury Report on pages 62).

Some hazards will be more obvious than others. When you are conducting an inspection include both the outside of homes and the inside. Include the environment (lighting, access, dust, noise), security, housekeeping, work tasks, equipment and hazardous substances. Record any hazards you identify on a hazard form or hazard log (see sample Hazard Log Form on page 25).

It is important to seek permission from the client to conduct a safety check and to inform them of any issues identified which may affect their personal safety (see page 19 for a sample sheet Client Home Safety Check Summary to record issues to be discussed with clients).

RISK ASSESSMENT

Risk assessment is deciding the level of risk associated with a hazard in order to plan what to do about it. Risk assessment is best done in consultation with the people working in the area. In estimating the level of risk associated with a hazard it is useful to consider:

- **Probability:** How likely is it that an injury or illness will result from the hazard?
- **Consequences:** How severe might the injury or illness resulting from the hazard be?

You may need to consider:

- the nature of the hazard (eg, heavy load or chemicals)
- how it might affect health and safety (eg, back injury)
- how workers are exposed to the hazard (eg, skin contact or inhaling shower cleaning fumes)
- how much, how often and how long workers are exposed (eg, six times per day for two hours or two minutes per month)
- the location of the hazard (eg, home, garden, shopping centre, clinic, office).

The following risk assessment matrix is a useful tool for prioritising hazards by rating the level of risk. For example a hazard that is likely to cause a major injury is rated as high risk, while one that is unlikely but could cause a minor injury is rated as medium risk (draw lines from your estimate of probability and consequence on the matrix - where they intersect gives the level of risk).

Those hazards with the highest risk should be dealt with first.

RISK ASSESSMENT MATRIX

		PROBABILITY			
		Very likely	Likely	Unlikely	Highly unlikely
CONSEQUENCE	Probability				
	Fatality	Extreme	High	High	Medium
	Major injuries	High	High	Medium	Medium
	Minor injuries	High	Medium	Medium	Low
	Negligible injuries	Medium	Medium	Low	Low

RISK CONTROL

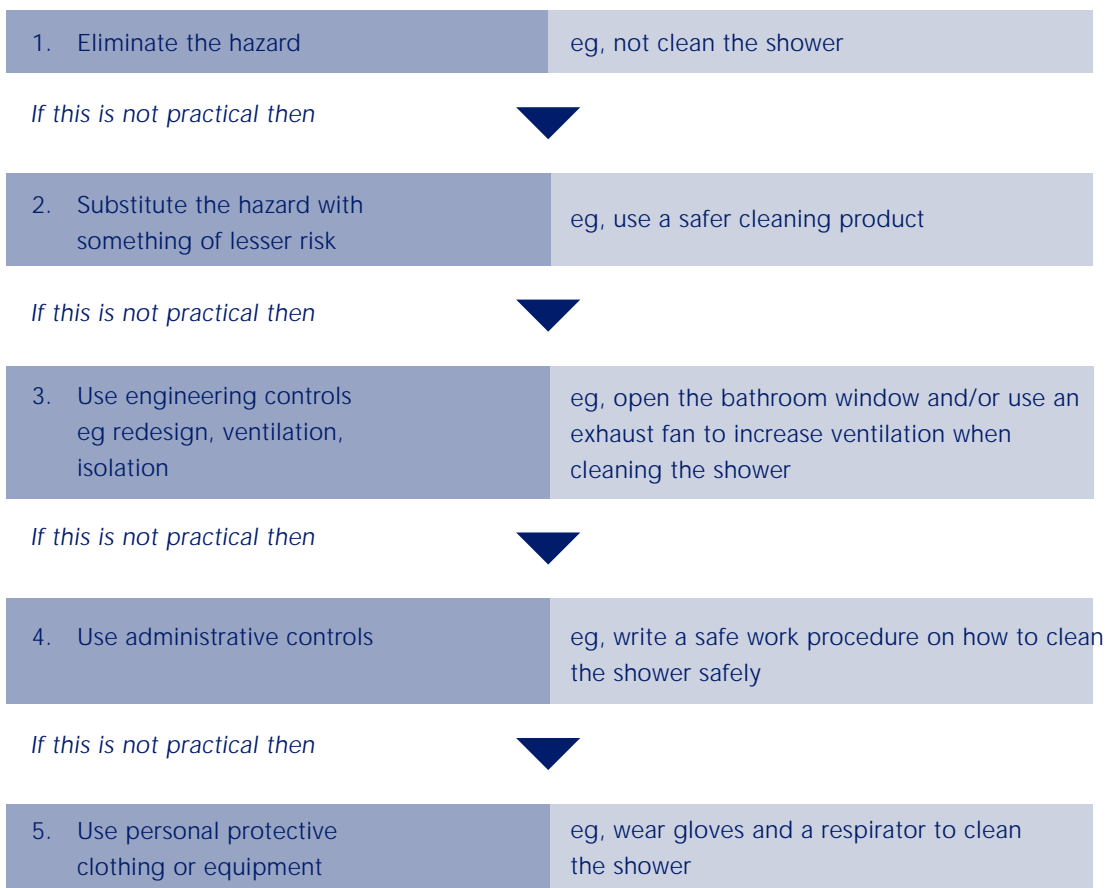
Once hazards have been identified and assessed as presenting a risk, action must be taken to eliminate the hazard or reduce the risk. The best option is to eliminate the hazards but this is not always possible. When choosing methods for reducing the risk, options should be selected from the 'hierarchy of control'.

For example a hazard identified at one home was a caustic substance, which was used for cleaning the shower.

Control measures from the top of the hierarchy are the most effective and should be the first choice wherever possible. Those at the bottom of the hierarchy are less reliable and more difficult to maintain.

Once solutions have been selected, plan any action needed, who will do it and when, and set a suitable review date to check all actions are taken. You may also need to follow up the change to make sure it worked, that the risk is now removed or reduced and that it did not create any new hazards. Document each step in the process (eg, on the hazard log on page 25).

HIERARCHY OF CONTROL



CASE STUDY

Anne is a coordinator doing an initial visit to Bill, a new client. Anne found the front passage floor of his house was badly damaged by white ants.

A risk assessment identified this as high risk (likely to cause a major injury).

As it was not possible to eliminate the problem (this would have been a very high cost to Bill) the hierarchy of control was considered.

Agreement was reached for Bill to receive his treatment in the rear sunroom which had a concrete floor (an administrative control).

Bill's worker, Jill, was informed of this and it was recorded in his care folder.

When the solution was reviewed it was found that to enter the rear door to the sunroom Jill had to walk through tall grass, and as the weather was getting hot this presented a further hazard (assessed as a high risk - unlikely but could cause a fatality from a snake bite).

Anne then arranged for Bill's son to cut the grass regularly.

These simple solutions allowed Jill to be safe while providing Bill's treatment.

Some of the major hazards within the community are in the areas of manual handling, electrical and equipment safety, personal security, slips, trips and falls, vehicle and driving safety, infection control and hazardous substances.

Separate sections are included in these guidelines to address these issues.

These hazards however, are not the only hazards encountered in the community.

It is essential to use the methods outlined above to identify, assess and control the hazards specific to the individual home or community venue where your workers do their work.

CLIENT HOME OHS ASSESSMENT FORM

Please print clearly

Client name: _____	File Number: _____
Address: _____ _____	Phone: _____
Person completing checklist: _____	Date: ____ / ____ / ____

Location (draw map and attach if needed): _____ _____	Parking: _____
Location of door to enter: <input type="checkbox"/> front <input type="checkbox"/> side <input type="checkbox"/> back <input type="checkbox"/> other	Review date: ____ / ____ / ____

	visually safe	visually unsafe	hazards identified & actions required	completed (date)
OUTSIDE RESIDENCE				
Parking and access				
Gates (easy to open)				
Pathway / garden				
Steps / stairs				
Verandah / porch surface				
Pets				
Lighting at night				
Door clear of obstruction / easy to open				
INSIDE RESIDENCE				
Floor surfaces				
Lighting				
Freedom of movement				
Pets				
Tasks involving height				
Weapons (eg, guns)				
Emergency exit				
Smoke detector				

CLIENT HOME OHS ASSESSMENT FORM

	visually safe	visually unsafe	hazards identified & actions required	completed (date)
ELECTRICAL / GAS				
RCD at mains				
RCD protection for portable equipment				
Electrical leads / extension cords				
Switches / plugs				
Power points near water				
Gas cylinders (hot water heating / oxygen)				
EQUIPMENT				
Vacuum cleaner				
Carpet sweeper				
Broom (eg handle length)				
Mop / bucket				
Iron / board				
Washing machine / dryer				
Hot water service / exposed pipes				
Step ladder				
Food preparation equipment				
Clothes line				
BATHROOM / TOILET				
Access to bath / shower / toilet (to use and clean)				
Drainage				
Ventilation				
Water temperature				
Electrical equipment				

CLIENT HOME OHS ASSESSMENT FORM

	visually safe	visually unsafe	hazards identified & actions required	completed (date)
KITCHEN / DINING				
Stove				
Electrical equipment				
Workspace organisation				
Table / chairs				
LAUNDRY				
Workspace organisation				
Drainage				
Water temperature				
Ventilation				
BEDROOMS				
Sufficient space around bed				
Bed suitable height				
Heaters present				
Electrical cords / power points				
LOUNGE				
Workspace organisation				
Furniture position				

CLIENT HOME OHS ASSESSMENT FORM

	Yes	No	hazards identified & actions required	completed (date)
HAZARDOUS SUBSTANCES				
Substances labelled				
Substances in original container				
Suitable for purpose				
Stored in safe position				
Gloves / other protection				
Exhaust fan / open window				
Health effects / emergency procedures known				
Material Safety Data Sheets (MSDS) available				
OTHER ISSUES				
History of aggression or violence/threat to staff				
Resistance to care				
Unable to accept instructions				
Risk of infection				
Manual handling assessment required (if yes complete and attach)				

NOTES: _____

CLIENT HOME SAFETY CHECK SUMMARY

Please print clearly

Client's name: _____

The need to do a safety check has been discussed with me and I have given my permission for it.

I have been informed of any safety issues.

Client's signature: _____ date: ____ / ____ / ____

Assessor's signature: _____ date: ____ / ____ / ____

Summary of issues found:

Actions taken:

Actions to be taken:

Assessor's signature: _____ date: ____ / ____ / ____

Copy to worker/s _____ date: ____ / ____ / ____

MANUAL HANDLING

Manual handling is defined as any activity that requires lifting, lowering, pushing, pulling, carrying, holding or restraining something.

Manual handling is a major cause of injury in the community sector. These injuries may result from:

- moving clients (eg, in and out of bed, chairs or vehicles or showering)
- lifting and carrying equipment or shopping from vehicles
- repetitive movements (eg, vacuuming)
- lack of space (eg, in bedrooms and bathrooms)
- moving heavy furniture (should not be done)
- stooping to low work surfaces (eg, on beds or to vacuum)
- extended reaching (eg, up to high cupboards).

Manual handling hazards should be identified during the initial safety check but also may be identified by workers when the tasks are being done:

- think about the tasks to be performed (eg, vacuuming, showering)
- observe the work area (eg, bed height, space around the bed)
- review the equipment (eg, the length of the vacuum cleaner tube/pipe).

When manual handling hazards are identified, assessing the risk requires you to consider a number of factors. These include:

- actions, postures and movements (bending, twisting, overstretching)
- workplace layout (cramped work space, low work surface)
- weights and forces (greater care required for more than 16kg)
- characteristics of the load (unstable or unpredictable load, difficult to slide, push, pull or turn, difficult to handle, sharp edges, slippery)
- location of load and distances moved (storage above shoulder or below knee or load carried a long distance)
- frequent and prolonged movements (repetitive tasks, prolonged exertion)
- job organisation (heavy workload, too many clients in 1 day, lack of staff, unrealistic deadlines, bottle necks of work)
- work environment (uneven or slippery floor surfaces, lighting, extremes of hot or cold)
- individual factors (worker skills and training, worker hampered by illness, disability or restrictive clothing).

(see form Manual Handling Risk Assessment on page 30 for recording the assessment).

Possible solutions include:

- eliminate unnecessary manual handling tasks wherever possible (eg, encourage client to move themselves)
- develop and implement a “No Lifting of People” policy
- provide mechanical aids (eg, laundry trolleys, client hoists or slide boards)
- carry smaller loads of supplies
- raise the bed to a suitable height using bed blocks
- relocate the bed or furniture to allow enough space
- use a hand held shower to prevent over stretching
- store equipment within easy reach (eg, between shoulder and mid thigh height rather than on the floor)
- provide manual handling training, including hazard identification, risk assessment and control (specific to the community setting)
- provide and maintain suitable aids for tasks
- change work flows - change tasks regularly (eg, vacuum 2 rooms, wash dishes, return to vacuuming)
- allow sufficient rest breaks
- use 2 workers for heavy tasks (eg, nominate one as the leader for team lifts)
- review manual handling needs of clients if their condition changes
- match the skills and abilities of workers with clients
- empower staff to refuse client requests which may present a risk.

CASE STUDY

An organisation was frequently confronted with difficulties in the provision of care to clients and the lack of space within client's homes due to the layout of furniture or size of doorways. The issue was raised at the organisation's central OHS&W committee and through the process of consultation the organisation developed a tool that allowed the organisation to include a minimum space requirement review when conducting the risk assessment of the clients home. The tool – Clearzone measuring stick – has predetermined measurements for space requirements for activities needing to be done in a home or for equipment access and maneuverability. More information on Clearzone Measuring stick is available on the WorkCover website:

www.workcover.com

CASE STUDY

A support worker regularly accompanied clients to a community swimming centre. A major manual-handling hazard identified was the lowering and lifting of clients from the pool. This required bending, twisting, over-stretching and moving a heavy load.

Clients were often not able to help with the move. The support service discussed the issue with the pool management and assisted them to develop a proposal for funding from the local Council to install a hoist suitable for lowering and raising people from the pool. This reduced the risk of injury to the support service's workers and clients and also to other people who used the pool.

For more information see:

- OHS&W Regulations Division 2.9
- Manual Handling Approved Code of Practice WorkCover Corporation SA 1990, Phone: (08) 8233 222
- Guidelines for Implementing No Lifting
Australian Nursing Federation (SA Branch) 1999, Phone: (08) 8363 1948
- Lifting and Moving People: Choosing the Right Equipment
WorkCover New South Wales, November 1998, Catalogue No. 752, Phone: (02) 9370 5000
- Checklist for Evaluation of Mobile Hoists WorkCover NSW, 1998, Catalogue No. 752, Phone: (02) 9370 5000
- ClearZone Measuring Stick:
www.workcover.com

MANUAL HANDLING RISK ASSESSMENT FORM

Please print clearly

Task: _____ Date: ____ / ____ / ____

Location: _____

Form completed by: _____

ACTIONS AND POSTURE	LOADS	JOB DESIGN
<input type="checkbox"/> bending, twisting, stretching or over reaching	<input type="checkbox"/> awkward to lift or handle	<input type="checkbox"/> repetitive movements
<input type="checkbox"/> pulling, pushing or lifting	<input type="checkbox"/> heavy weight (more than 16-20kg)	<input type="checkbox"/> prolonged task
<input type="checkbox"/> carrying or holding	<input type="checkbox"/> large force	<input type="checkbox"/> lack of people
<input type="checkbox"/> sudden or jerky movements	<input type="checkbox"/> object greasy or dirty	<input type="checkbox"/> load carried a long way
<input type="checkbox"/> awkward or cramped	<input type="checkbox"/> can't be held close to body	<input type="checkbox"/> not enough time
<input type="checkbox"/> other	<input type="checkbox"/> other	<input type="checkbox"/> other

WORKPLACE	EQUIPMENT	PEOPLE
<input type="checkbox"/> unsuitable height	<input type="checkbox"/> aids not available	<input type="checkbox"/> not trained
<input type="checkbox"/> clutter/trip hazards	<input type="checkbox"/> aids hard to use	<input type="checkbox"/> task too demanding
<input type="checkbox"/> lack of space	<input type="checkbox"/> clothing restricts movement	<input type="checkbox"/> special needs (eg pregnant)
<input type="checkbox"/> slippery/uneven surface	<input type="checkbox"/> protective gear unsuitable	<input type="checkbox"/> other
<input type="checkbox"/> poor lighting	<input type="checkbox"/> other	
<input type="checkbox"/> other		

MAJOR PROBLEMS	POSSIBLE SOLUTIONS
_____	_____
_____	_____
_____	_____
_____	_____

ACTION PLAN			
Action needed	By whom	By when	Review date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Review (did the solution work?) _____

SLIPS, TRIPS AND FALLS

Slips, trips and falls result in many injuries in the community setting.

Major slip, trip and fall hazards include:

- uneven or damaged floor surfaces (eg, ridges between carpet and tiles, damaged carpets, rotted floorboards)
- loose mats and rugs, especially on polished floors
- wet or oily floors (eg, bathrooms, recently washed floors or spills)
- obstructions (eg, pets, excess furniture, electrical cords, boxes or newspapers)
- working at heights (eg, to clean light fittings or to remove cobwebs - particularly when standing on unstable surfaces such as chairs or boxes)
- inappropriate footwear
- carrying loads which obstruct the view
- poor lighting
- uneven steps.

Assessment of the risk of these hazards requires you to consider the location of the hazard, how often workers (and clients) are exposed and the potential severity of an injury, eg, a fall from a height such as a ladder may result in a more severe injury than a fall on the same level.

Possible solutions:

- Remove loose mats (this may only be temporary while the worker is in the home) or stick them down.
- Repair damaged floor surfaces (eg, covering torn carpet with tape).
- Secure cords with tape.
- Remove storage from main walkways (at least making a wide enough path to safely walk and/or push a wheelchair).
- Fit non-slip surfacing to bathroom floors (or non-slip mats).
- Prevent the use of talcum powder in bathrooms.
- Prevent work at heights - provide long handled dusters if needed.
- Train workers to reduce size of loads carried and use trolleys.
- Improve lighting (eg, replace globes or increase wattage).
- Repair broken steps, stairs and paths.
- Store items within easy reach.
- Instruct workers to wear non-slip footwear (may require a footwear policy).
- Maintain good housekeeping (eg, wipe up spills, keep walkways free of storage and cables, monitor floor condition).

For more information see:

- 'Be Safe in your Home' Checklist
Noarlunga Health Services, Phone: (08) 8384 9233
- 'Make it Safe - Prevent falls at home' Foundation SA

BURNS AND SCALDS

Burns and scalds are injuries that damage and kill skin cells. They are most commonly a heat injury to the skin but can also be caused by extreme cold.

Burns are most commonly caused by exposure to:

- flames
- hot objects
- hot liquids
- chemical
- radiation.

Scalds are caused by contact with wet heat such as:

- boiling water
- steam.

Electrical burns are less common, but have the potential to be more serious as the depth of the burn is usually greater than is apparent and cardiac irregularities may occur.

Person working in community care settings are often exposed to items or other that are a potential burning source eg hot water, kettles, electrical appliances, chemicals,. It is necessary that at time of assessment of a clients home that consideration is given to what these exposure may be pending on the service to be provided. These should be recorded on the Client Home Assessment form.

Possible precaution that could be considered include:

- controls on hot water systems which limit the maximum heat
- do not take microwavable food from the microwave until it has been allowed to cool a little
- have a fire extinguisher and an fire blanket in the kitchen
- when filling baths, fill with cold water first
- consider using mixing valves for water
- ensure electrical equipment is safe for use
- ensure RCD'S are in place
- use portable RCD's
- use cups and appliances with no-slip bases
- never place hot items e.g. cups, kettles, frypans close to the edge of tables or benches
- have guards and or fire screens around fires (heat resistant).

CHALLENGING BEHAVIOUR

The issue of challenging behaviours can and is experienced by staff on a daily basis whilst working in the community. Community care staff frequently work alone and within another person's environment, and can be confronted with values, attitudes and belief systems frequently at odds with their specific training and experience. The community worker may therefore potentially be at a greater risk of experiencing aggressive and/or violent behaviour than their institution-based colleagues.

WHAT IS CHALLENGING BEHAVIOUR?

Challenging behaviour comes in many forms:

- Physical.
- Emotional.
- Psychological.

What causes clients to display challenging behaviour?

- Drugs and alcohol.
- Depression.
- Language.
- Cultural.
- Anxiety.
- Lack of self worth.
- Psychological and physiological issues.
- Pain (physical/emotional).
- Loneliness.
- Feeling of being ignored and needs not met.
- Mental illness.
- Dementia.
- Brain injury.
- Physical and neurological disability.

When staff experience challenging behaviours it is important for management to ensure the risk of physical violence or psychological abuse is minimised. This can be achieved by ensuring systems are in place which may include:

- policies and procedures
- close working relationship with other agencies
- checklists
- training/education.

SPECIFIC COMMUNITY CONSIDERATION

The three V's of community visiting:

- **Vet:** obtain as much data as you can about the new referral to your service as well as pass on any new data you discover to other carers/home visitors.
- **Verify:** check that it is safe to enter and provide your service for every visit. Attempt to work with other agencies eg, Royal District Nursing Service, Mental Health Team as they may have important data regarding cues and behaviour triggers for both client and significant others.

- **Vigilance:** never assume the environment is 100 per cent safe or that a client is 100 per cent OK. Never allow yourself to be trapped in rooms and toilets. Never close the doors to these rooms. Always have an escape route.

COMMUNITY CLIENT / CARERS ISSUES:

- Policies and procedures.
- Inter-agency referrals with little information.
- Recent history of violence.
- Care plan access.
- Behaviour of carer / significant others.
- Gender blend of staff.
- Consumer specific triggers and knowledge of these.
- Education for staff to deal with challenging behaviours.

ENVIRONMENTAL SAFETY ISSUES:

- Weather.
- Noise.
- Location of exits.
- Where client is located.
- Presence of others.
- Presence of potential weapons.

SAFETY ISSUES ON ARRIVAL:

- Physical layout of dwelling.
- Lighting levels.
- Animals.
- Influence of drugs an alcohol.
- Exits – doors locked.
- Presence of others: Who are they and are they supportive?
What are there expectations of the service?
- Staff dress: business like – non provocative.
- Means of escape.
- Parking of vehicle.

SELF-FACTORS IN COMMUNITY SETTINGS:

- Preparation for visit.
- Notifying organisation of visits.
- Notifying organisation at the end of visit(s).
- Access to means of communication (mobile telephone).
- Levels of self-awareness.
- Knowledge of client/others.
- Knowledge of own limitations.
- Past experience.
- Team issues.
- Staff interpersonal skills.

Gerschwitz & Bitter, 1999 GB Staff Development

When staff experience incidents of challenging behaviours it is important for management to ensure that the risk of physical violence or psychological abuse is minimised. This can be achieved by ensuring systems are in place which may include:

- policies and procedures
- communication with all staff involved
- close working relationship with other agencies
- checklists
- training/education.

VEHICLE AND DRIVING SAFETY

Travel between clients' homes and/or community venues presents a number of hazards for workers in community settings. Vehicles may belong to the organisation or the workers may use their own car.

Issues you may need to consider include:

- design of the vehicles (ergonomics) eg, hatchbacks may limit head space in rear doorway reducing mobility
- maintenance of vehicle safety (eg, tyres, brakes, lights)
- road safety issues (eg, dirt roads, high traffic levels, driving at night, road rage)
- getting in/out of the vehicle, accessing the boot and assisting children in and out of car seats
- entering and leaving roadways
- driver fatigue
- assisting clients in and out of vehicles
- storage of equipment/shopping etc
- motor vehicle accidents.

In some cases carers or service providers may be transporting clients in either their own cars or the organisation's cars. If this is the case then you need to ensure that adequate insurance is in place.

Once you have identified hazards you then need to assess the level of risk and implement controls.

Possible solutions you may consider include:

- identify and assess risks prior to the purchase of company vehicles - develop a checklist of requirements and trial a number of cars to select the most suitable
- develop safe driving procedures (eg, regular breaks when travelling long distances, safe storage of loose items, breakdown procedures)
- regular vehicle checks using a checklist (organisation and private cars)
- regular checks of drivers' licences, vehicle insurance and registration (eg, annual)
- procedures in place for accident reporting
- defensive driving courses or safe driving lectures
- training for getting clients and equipment (eg, wheelchairs) in and out of vehicles
- use of hoists/slideboards for moving dependent clients
- fitting cargo barriers in station wagons and/or barriers between driver and clients (where indicated)
- assessment of client safety needs, e.g. clients who have seizures should sit in rear seat, have a carer to accompany them or use alternative transport.

CHEMICALS (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 health effects of these substances may vary from minor skin reactions to severe asthma if a worker becomes sensitised to a product.

It is essential that you and your workers identify the hazardous substances, which are to be used in the home and/or garden and assess and control any risks.

There is a legal requirement for Material Safety Data Sheets (MSDS) to be obtained from suppliers for all hazardous substances used. These are to be kept in a Register (folder) with workers able to access them when necessary.

This may present you with a challenge! You need to decide how this can be achieved most effectively for your organisation.

CASE STUDY

Helping Hand's Home Based Services considered how they could most simply address the issues of hazardous substances.

The workers listed the chemicals they used in their clients' homes and the most common household cleaning products they thought may be used for cleaning showers, toilets and ovens. The coordinator obtained MSDS's for each product. The committee then reviewed the MSDS's, the areas in which the chemicals were used and how they were used. They decided the tasks of greatest risk were cleaning the shower and oven.

The MSDS's for products used for these two activities are now kept in the clients' homes for ready access as well as at the office.

In addition, clients were invited to attend an information session on home safety including the use of chemicals and were encouraged to purchase the safest alternatives when workers took them shopping.

Clients have been extremely supportive and often ask for advice on which products to buy.

Workers always open a window and turn on any exhaust fans when cleaning the shower or oven and wear gloves if required by the label or MSDS of the cleaning product. They only use chemicals that have the manufacturers' labels.

In addition to obtaining and using the MSDS there are a number of other control strategies required for hazardous substances:

- Prevent the mixing of chemicals.
- Keep all substances clearly labelled with the full name and any health or safety warnings (eg, flammable or gloves to be worn).
- Never use substances in unlabelled containers.
- Only use chemicals for their correct purpose.
- Follow instructions for safe use on labels and MSDS.
- Train/instruct workers in the safe use of chemicals and how to read and interpret an MSDS.
- Inform workers to stop using chemicals that cause any reaction and if affected move away from the area.
- Use the safest alternative chemicals (where possible).
- Use exhaust fans or open windows to increase ventilation (where possible).
- Use bleaches with care as they may cause burns to skin, eyes and the mouth in high concentrations.
- When using detergents and other substances wear gloves to prevent dermatitis.
- Inform workers of the risks of latex allergies and the need to report any reactions if required to wear latex gloves.

CASE STUDY

Alwyndor Aged Care decided the most effective way to ensure their community workers used safe substances in people's homes was to provide them!

Each worker was provided with a lidded bucket containing the substances they needed with the relevant MSDS and safety equipment. Workers were then trained in the safe use of the products and safety equipment. At each monthly staff meeting workers brought their containers for refilling by the facility's housekeeper. This ensured workers' safety, saved clients the cost of purchasing cleaning products and proved to be cost effective (after the initial purchase).

ELECTRICAL SAFETY

Electrical hazards may cause a death.

The most frequent electrical hazards are:

- frayed electrical cords
- over loaded power points (eg, double adaptors)
- damaged or cracked equipment
- electricity near water, such as bar heaters or hairdryers in bathrooms (an increased risk with hand held showers)
- damaged or incorrectly wired electrical switches.

There is a legal requirement to provide Residual Current Devices (RCDs) for all moveable electrical equipment where there could be damage to a cord or with extension cords.

All workers and contractors working with equipment such as vacuum cleaners, polishers, irons, toasters and kettles must plug a portable RCD into the wall socket if there is not an RCD at the main fuse board.

Portable RCDs must be electrically checked regularly as per Australian Standard AS/NZS 3760 or as recommended by the manufacturer, and physically tested before each use by the built in push button tester.

Some organisations also choose to test polarity, which will detect a wiring fault behind a power point that could prevent an RCD working (this is not a legal requirement).

It is important to visually check all electrical cords and appliances as RCDs do not provide 100 per cent protection. Any electrical work must be done by a licensed electrical worker.

Possible solutions:

- Encourage clients to install RCDs on their fuse board or replace normal power points with RCD protected power points.
- Prevent the use of floor heaters or portable fans in bathrooms.
- Install wall or ceiling heaters in bathrooms.
- Remove equipment with faulty cords from use.
- Replace faulty cords/switches.
- Use power boards with overload switches rather than double adaptors that may overheat.
- Examine and test electrical cords and equipment owned by the organisation regularly.
- Ensure all workers use their RCDs
- Provide training on the safe use of electricity:
 - correct use of equipment (eg, RCDs)
 - emergency procedures in the event of fire or shock
 - identifying faulty or damaged cords/equipment.
- Provide information to contractors and clients where applicable.

CASE STUDY

Jane, a cleaner with Big Heart Agency, casually reported to her manager "I was almost electrocuted yesterday". When Amy, her manager, asked whether her RCD "tripped", Jane replied she had left it at home! Amy notified all workers of the incident and reinforced the requirement to always use an RCD. She then planned additional electrical safety training for all workers, which will be provided at a briefing session to be held later in the year with other agency staff.

CASE STUDY

A South Australian cleaner was thrown almost two metres by an electric shock from a faulty steam cleaner in 1997. He was moving the steam cleaner by its handle and nozzle. "I got a shock that actually grabbed hold of my hands and held me three seconds and then it threw me back a good six feet".

The man had previously told his employer about the fault. The cleaner was awarded over \$96,000 in a court case in 2000 to recover income and costs.

[Source: The Advertiser 14/7/00]

CASE STUDY

Peter, a care-worker, was employed by an agency and provided in home personal care to people. The service provided involved cooking, cleaning and showering. As part of providing care Peter was required to use a number of electrical appliances belonging to both the agency and in some cases the home owner. Peter used a power board as in most cases he plugged a few appliances in at a time. This day the home owner commented that a he could smell a burning smell coming from somewhere. Peter noticed smoke coming from the power board, as he went to turn it off, it caught fire. Peter turned the power off at the power point and unplugged the power board. He told his employer what had happened. The employer investigated this and subsequently replaced all their power boards with ones that have overload protection and also provided a portable safety switch (RCD) for their employees to use whenever they use electrical appliances.

CASE STUDY

Jamie, a gardener and general maintenance person had recently started a new job. As part of her induction it was explained to her the need and how to carry out a brief assessment of every workplace to identify hazards. The induction also explained the use of portable safety switches (RCDs) and why they are important. Jamie thought at the time that this was all a bit over the top. Some time in the future at one of her workplaces, she had carried out the assessment and identified that there was not a safety switch located on the customers electrical fuse board and she would have to use her portable safety switch. While doing her work, her drill broke and she asked if she could use the customer's drill. The drill was an old metal type and after she plugged it in and turned the power on, the safety switch turned off. She tried this a few more times and each time the safety switch turned off. She told the customer, who had the drill checked by an electrician and it turned out that the drill had a problem that probably would have resulted in someone receiving an electric shock. Jamie gained a great deal of respect from this experience, not only for electricity but also as to why a few minutes of assessment is worth the trouble.

For more information see:

- OHS&W Regulations Division 2.5
- Technical Guidelines For Workplace Electrical Safety – Guidelines for the OHS&W regulations 1995 Division 2.5 Electrical WorkCover Corporation SA 1990, Phone: 13 18 55 www.workcover.com
- WorkCover Corporation Information Sheet No. 5, "Workplace Electrical Safety" WorkCover Corporation SA 2003, Phone: 13 18 55 www.workcover.com

PERSONAL SECURITY & WORKPLACE VIOLENCE

Threats to the personal security of community workers may arise from interaction with clients, clients' family or friends or the general public. This issue presents a particular problem as workers frequently work alone, in isolated locations and often after dark.

Workplace violence is defined as "any incident where an employer or employee is abused, threatened or assaulted in situations relating to their work" [WorkCover 1998] and includes issues such as sexual harassment or bullying.

When assessing the risks of violence or threats to personal security, ie how likely is the threat and how severe may the outcome be, you and your workers should consider the following:

- Location of the workplace (is it isolated?)
- Previous history of the client and their family and friends (eg, from hazard and incident reports).
- Are workers working alone?
- Are workers required to carry cash or drugs?
- Is work carried out after dark?
- Layout of the workplace (is it simple for workers to leave?)
- Consultation with workers.

CASE STUDY

A male client made reference to and asked about the nurse's intimate life. The nurse explained to the client that this was an inappropriate question and that she felt uncomfortable and asked him to stop. The situation was reported to the supervisor. The client was monitored for a period of two weeks with no further incidents. Documentation was made of this incident and another service provider also visiting the client was informed.

CASE STUDY

A client touched a nurse on the buttock and made inappropriate comments about her breasts as she was tending to his medication. The nurse was frightened and left the client's home immediately, according to organisational security procedures. An investigation of this incident was completed by the supervisor. The client was very apologetic. It was made very clear to him that his behaviour was inappropriate and in breach of his responsibilities. A risk assessment indicated that services to this client could continue on the condition that two people visit the client and that any further inappropriate behaviour would lead to withdrawal of service.

CASE STUDY

While a nurse was tending to a client's abdominal wound, the client leaned forward and tried to kiss the nurse. The nurse stopped the client and informed him that this was an inappropriate gesture. The incident was reported to her supervisor. The supervisor visited the client to explain that his behaviour had caused the nurse concern. The client said he misinterpreted the situation and that he was very embarrassed and sorry about what had happened. The client agreed that his behaviour was inappropriate and promised it would not happen again. The behaviour did stop and the nurse returned without further incident. The incident was documented in the client's file.

Possible solutions

Solutions may be directed at restricting or deterring the level of aggression from the client (or other person) or increasing the defence of workers.

These may include:

- relocation of service (client goes to another location)
- use of two workers rather than one
- identifying the safest location in a client's home to provide care but still enable easy exit
- developing and implementing 'contracts' with clients in some cases
- use of duress alarms or mobile phones to obtain assistance
- monitoring the location of staff (eg, to ring a central point within half an hour of the last job)
- obtaining permission from the client to use their telephone for work related calls
- limiting the amount of jewellery worn/cash carried by workers
- requiring clients to put on outside lights after dark
- enabling workers to discontinue a service if their personal safety is threatened
- using barriers in vehicles between workers and clients
- parking workers' cars in an accessible, well lit location
- informing workers to carry their keys and mobile phone (if applicable) on their person
- ensuring workers carry ID badges specifying the organisation they work for
- providing suitable containers for carrying money and/or drugs
- ensuring workers have reliable vehicles (particularly for work at night) and roadside assistance coverage
- providing support and counseling in the event of a threat to personal security or workplace violence
- procedures and training for workers in:
 - the prevention of aggression (including aggression from clients with dementia)
 - steps to take in a violent situation or addressing sexual harassment and bullying
 - reporting and recording of incidents
 - Fire Arm Act. reporting.
- use of unmarked cars for night use
- placing all valuables in the boot when the car is unattended
- withdrawal of service (last option if there is an immediate and significant threat to OHS&W or all avenues for controlling risk have been exhausted)
- establish communication network with community mental health teams and SAPol and offer service providers.

CASE STUDY

A care worker providing a service to a client found on one occasion a firearm propped up behind the bedroom door. The carer reported the firearm to her supervisor who advised SAPol by completing the 'Firearms - firearms licence notification' form and faxed this to the Police Firearms Section. This action ensured that the firearm was stored correctly and no longer readily available when service providers were providing a service within the client's home.

CASE STUDY

A nurse was providing care to a client and was confronted by a relative of the client who was exhibiting violent and erratic behaviour. The nurse managed to diffuse the situation by utilising the skills provided through training in conflict resolution and negotiation and by staying calm and in control. The nurse then phoned SAPol using her mobile phone provided by the organisation she worked for. SAPol promptly attended the scene. To ensure the client could continue receiving a service and that service providers remained safe, a procedure was put in place whereby prior to any service provider attending the home they were to call the client to ensure the client's relative was not there. This has worked well and the client continues to receive the service.

CASE STUDY

Helping Hand's Home Based Services Coordinator identified personal security as a major OHS&W risk, particularly for their workers who worked at night.

After researching options, Home Based Services purchased 30 mobile phones and provided them to each worker (a cost effective plan was negotiated for call costs).

They identified a person at their residential care site who would be available for workers to report to. Each fortnight a roster of community workers is sent to the central point listing finishing times for each after-hours worker. Each worker must ring the central point within half an hour of completion of work.

If a call is not received, the coordinator is notified and takes action as outlined in their written procedures.

At West's Community Care, which employs 300 staff, the above procedures would not be possible because some staff work in areas where mobiles don't work. Here, workers are required to tell their family of their expected time of return. Each worker is provided with a sticker listing the office number, which family members may ring if the worker does not arrive home within half an hour of the expected time. The agency will then ring the last client and take necessary steps.

This procedure may be made more formal in high risk situations where the worker contacts the office directly on arrival at home (particularly where workers live alone).

For more information see:

- Guidelines for Reducing the Risk of Violence at Work WorkCover Corporation SA
Phone: 13 18 55
- Preventing Workplace Violence: Toward a Best Practice Model in the Community
Professor Tina Koch, RDNS Research Unit, 2000, Phone: (08) 8206 8007
- Equal Opportunity Act 1984
- Workplace Bullying: Making a difference. Working Womens Centre of SA Inc 2003.

INFECTION CONTROL

Infectious diseases may be a hazard for both workers and clients within the community sector. There are many types of infections, spread in many ways.

Some infectious diseases, such as hepatitis B and C, can be transmitted when infected blood comes into contact with the bloodstream of another person, eg, from a cut or needlestick injury. Others, such as gastroenteritis and hepatitis A are spread when faecal contamination of hands, food or other objects enters the mouth and digestive tract of another person.

Infections such as influenza can be inhaled from an infected person's sneeze or cough.

Mosquitos, flies, rats and other vermin can also spread infectious diseases, eg, Ross River fever and gastroenteritis.

There are also many other infectious diseases not mentioned above which may be a hazard in a community setting.

Possible solutions

The major approaches to minimise risks of infection include:

- immunisation in accordance with National Health and Medical Research Council (NHMRC) Guidelines (see details on p 46)
- training for workers in infection control procedures including 'Standard precautions'. Standard precautions are the work practices required to achieve a basic level of infection control. They include good hygiene practices, eg, hand washing, protective barriers (eg, gloves) and appropriate handling and disposal of infectious waste, laundry and sharps. Standard precautions are to be used for the treatment of all clients and in handling all blood and other body fluids (regardless of the client's perceived infectious status).

Hand washing should occur:

- on arrival at each client's home
- prior to food preparation
- after cleaning
- after touching animals
- whenever body fluid contamination may occur (e.g. toileting, giving medications, before and after wound care)
- before and after going to the toilet
- before and after eating or smoking
- before leaving each client's home.

Other possible solutions you may consider include:

- procedures for addressing blood and body fluids handling and spills
- procedures for the use and disposal of sharps
- use of suitable sharps containers
- supply and use of gloves - gloves should be worn to prevent contact with blood or body fluids (eg, when changing or laundering wet or soiled linen or clothing, cleaning articles that may be contaminated such as toilets, changing dressings or bandages)
- develop safe food handling procedures and provide training
- when hand washing facilities are not available use antibacterial hand wipes or solutions that require no water, but wash hands as soon as possible.

For more information see:

- Infection Control in the Health Care Setting
Guidelines for the prevention of transmission of infectious diseases National Health and Medical Research Council Government Info Shop, 10 Mort Street, Canberra ACT 2600. Phone: (02) 6247 7211
- Residential Aged Care Guidelines for Infection Control
Leaver M (ed), Kimberley Clark Corporation, January 1999, for orders phone: (02) 9963 8061
- "You've got what?"
2nd edition, 1998, Dept of Human Services. To order phone: (08) 8204 7339
- Information sheets 29 'Hepatitis A in the Workplace' and
30 'Hepatitis B, Hepatitis C and HIV/AIDS in the Workplace'
WorkCover Corporation SA, 2003, phone: 13 18 55 www.workcover.com
- For safe food handling requirements contact your local council
environmental health officer
- Food Hygiene Regulations 1990
- Food handling information pamphlets
Food Safety Campaign Group, phone: 1800 64 7284
- Guidelines for Infection Control in Health Care Establishments
Department of Human Services 1st floor, 162 Grenfell Street, Adelaide,
Phone: (08) 8226 7177.

FIRE SAFETY

When conducting your initial risk assessment of the workplace, a check of the fire safety systems that are in place needs to occur.

Things to be considered include:

- prevention of fires (eg, review of electric blankets and fan heaters in homes)
- checking that workers and clients can safely exit from the office, home or venue (eg, is the exit from a home blocked by security doors or roller shutters?)
- are smoke alarms in place?
- are fire safety systems checked regularly?
- bushfire prone areas
- access to first aid and other emergency equipment
- who to report to and how to seek help in the event of an emergency
- reporting and recording after the event (particularly for after hours emergencies)
- debriefing.

OHS&W MANAGEMENT SYSTEMS

INTRODUCTION

As employer, manager or coordinator you are required to develop and implement an overall system for managing OHS&W to ensure the safety of your workers.

Risk management, as described earlier in the guidelines, is a major activity within an OHS&W system but needs to be supported by a range of other initiatives to ensure OHS&W is planned and effective within your organisation. Some of these activities include:

- policies and procedures
- planning
- induction and ongoing training for all staff
- consultation with workers and their representatives
- accident/incident reporting and investigation
- injury management
- emergency planning
- record keeping, monitoring and review.

The complexity and formality of these activities will depend on the nature and size of your organisation.

POLICIES AND PROCEDURES

Your OHS&W policy is a written statement of your commitment to OHS&W and is a legal requirement. It should include:

- the responsibilities of management and workers (including volunteers and contractors)
- accountabilities for OHS&W (including the responsible officer).

It should also:

- encourage co-operation and consultation between managers and workers
- outline how OHS&W will be managed using a planned continuous improvement approach with an emphasis on hazard management
- outline roles and responsibilities for injury management
- be available to workers (and understood by them).

The policy must be developed in consultation with workers.

Procedures should be developed to outline how the requirements of the policy will be met so there may be procedures for:

- hazard management
- manual handling
- personal security
- hazardous substances
- accident reporting and investigation
- injury management
- any other areas of concern.

OHS&W PLANNING

OHS&W management systems should be continuously improving with you and your workers always looking for ways to improve OHS&W. Strategies for improvement should be included in the OHS&W plan.

Developing a plan requires you and your workers to:

- consider where you are now
- set goals or objectives for where you wish to be
- prioritise goals
- for each goal identify steps or actions needed to achieve each goal
- determine who is responsible for doing it, the timeframe and date for review of progress
- review goals and the OHS&W plan regularly.

When reviewing current performance you will need to consider:

- the legislation (are you meeting your legal obligations?)
- incident, injury and near miss data
- feedback from workers about their hazards and concerns.



An example OHS&W management checklist is included from page 59 to assist you to measure your current performance.

When setting goals you will need to be realistic and set goals which can be achieved, eg, to reduce manual handling injuries by 20 per cent over the next two years (compared with last year).



Next, set priorities for which goals should be addressed first and which can be part of longer term planning. You will need to consider:

- the particular needs of your organisation
- your major hazards
- compliance with the legislation
- resource and budget requirements
- training needs.

Once priorities have been decided you will be able to set timeframes for your plan. Include dates to review progress and the outcomes of completed tasks.



Next, identify what actions will be required to meet the goals and who will be responsible for the actions. Record them on an action plan (see sample form on page 61).



Reassess your plan on a regular basis. You should do this in consultation with workers either formally or informally, eg, at each OHS&W and/or staff meeting.

During the review of the plan you will be able to remove tasks that have been completed, add any new goals and tasks and review the priority of those still underway.

OHS&W TRAINING

In all organisations key people need to have training so they can make an effective contribution to ensuring occupational health and safety. In fact, employers have a legal obligation under the Act and regulations to ensure managers, supervisors and employees are appropriately trained.

All management staff and workers must receive regular OHS&W training. Manager, supervisor and coordinator training should include:

- their roles and responsibilities
- legislation
- hazards and hazard management
- conducting audits and incident investigation
- resolution of OHS&W issues
- roles, responsibilities and rights of employees
- injury management.

All new and transferred workers must receive OHS&W training and information:

- at commencement (see sample Induction Checklist on page 62)
- prior to commencing any new tasks
- regular updates.

Training should include:

- worker and management responsibilities
- specific hazards (eg, manual handling, electrical safety, hazardous substances)
- use of internal systems (hazard reporting, home safety checks, risk assessments and incident reporting).

In addition, specific training must be provided for health and safety representatives, OHS&W committee members, first aid officers, emergency control staff and OHS&W co-ordinators. The training needs to take into account the literacy levels of workers and volunteers and the special needs of people whose first language is not English. Records of training must be kept for a minimum of five (5) years (from last entry).

PLANNING TRAINING

An effective training program requires planning. This means assessing training needs setting objectives, working on the best methods to provide training and evaluating the results. Occupational health and safety training should be a component of the organisations overall training plan.

CONSULTATION

Consultation is defined as “the sharing of information and the exchange of views” between employers and employees [OHS&W Regulations 1.3.1].

Consultation between employers and employees is a fundamental element of a positive approach to health and safety in the workplace.

As employers and managers you are required to consult with workers before making changes to the workplace or work practices, policies and procedures that could affect the OHS&W of workers (eg, if you wished to extend hours to provide after hours services).

Since community sector workers do not work in a single workplace, consultation presents a challenge. The formality of the consultation process will depend on the size of the organisation. Larger organisations may have OHS&W committees and/or health and safety representatives. OHS&W should be a regular agenda item at staff meetings of both large and small organisations.

OHS&W issues discussed at regular meetings may include:

- proposed changes to work procedures
- hazard reporting
- feedback on issues previously reported
- OHS&W performance (eg, assessments conducted or improvements in injury statistics)
- training needs
- review of OHS&W plans.

HEALTH AND SAFETY REPRESENTATIVES

Health and safety representatives (HSRs) are elected by their work groups (which are set up when requested in consultation between employers and interested employees). HSRs have a vital role to play in assisting employees to have health and safety issues raised. Through their own experience in the workplace, HSRs have a practical understanding of the health and safety problems that employees experience and can contribute suggestions about ways to resolve these problems.

Representatives are elected for a period of three years and in their role may:

- be consulted by employers about proposed changes
- inspect the workplace
- investigate incidents or injuries (with management)
- represent the work group or individuals to management
- issue a default notice requiring a hazard to be corrected (where it is not resolved by consultation)
- direct that work ceases where there is an immediate risk to workers' OHS&W.

They are entitled to facilities, time and resources to enable them to perform their duties and to paid training leave each year to attend approved OHS&W training (if the organisation employs more than 10 people).

[OHS&W Act Section 32, Regulations Div 6.1].

HEALTH AND SAFETY COMMITTEES

Health and safety committees provide a way for management and workers to meet regularly to discuss workplace health and safety issues. They are an important way to bring together workers' practical knowledge of jobs and management's overview of the workplace and work organisation.

Where there are more than 20 employees and/or if requested by an HSR or by five or more employees, an employer must set up a health and safety committee. The committee's role is to:

- provide for formal consultation
- assist development of policies and procedure
- assist to develop, implement and review OHS&W plans
- assist in resolving OHS&W disputes
- assist review of OHS&W resources and set priorities
- develop and maintain effective injury and hazard management systems
- assist in the development of processes to ensure legal obligations are met
- review rehabilitation and the needs of workers with disabilities.

Elected committees must meet at least every 3 months

[OHS&W Act Section 33, OHS&W Regulations Div 6.2]

ACCIDENT REPORTING AND INVESTIGATION

All incidents (accidents) involving workers or volunteers are to be reported to the employer/broker who must ensure they are recorded, investigated and incident reports kept for a minimum of three years. *[OHS&W Regulations Division 1.3].*

Serious accidents and occurrences are to be reported to Workplace Services (Department of Administrative and Information Services [DAIS]). *[OHS&W Regulations Division 6.6] Report form included in guidelines on page 64.*

This includes accidents that:

- result in death
- cause acute symptoms after exposure to substances
- require admission to hospital immediately following the incident
- are classed as dangerous occurrences (even if not resulting in injury) by OHS&W Regulations Div 6.6(3).

As employers, managers or coordinators you should investigate all incidents to identify contributing hazards with the aim of preventing similar incidents. It will usually be a simple procedure but will, on occasion, require a more formal investigation. The investigation should involve you as the manager, the injured worker and HSR (if elected).

Things to consider:

- Who was involved in the incident?
- Where and when did it occur?
- What task was being performed?
- How did the incident occur?
- What were the events leading up to the incident?

The contributing factors may include one or more of the following:

- the task itself (eg, cleaning high shelves or lights)
- equipment (eg, electrical fault)
- procedures (or other organisational factors)
- human error (eg, when the worker did not follow procedures)
- environment (eg, floor obstruction or poor lighting).

For each identified hazard you should conduct a risk assessment and take steps to remove or reduce the risk of the incident reoccurring.

INJURY MANAGEMENT

While the major focus of the guidelines is to assist you to prevent injuries or illness occurring, it is important to have an effective system in place to manage injuries when they do occur.

An injury management program aims to achieve a safe return to work for injured workers in the shortest time possible. It needs to include all aspects of injury management including:

- treatment of the injury
- rehabilitation
- return-to-work programs (or retraining where this is not possible)
- claims management.

Generally one person within the organisation will manage the rehabilitation process. Injury management should start immediately after an injury occurs. It should be an active process involving the injured worker and aiming for early return to work.

Effective injury management requires:

- open communication between the manager, injured worker, treating doctors, other professionals and the claims agent (where applicable)
- an injury management policy (this may be included in the OHS&W policy)
- procedures for claims management and rehabilitation
- an employee information sheet (including their rights and responsibilities)
- authority for exchange of information between the people involved in rehabilitation
- a letter to the treating doctor outlining the worker's normal roles and information about suitable alternative duties available
- ongoing contact between you as the manager/co-ordinator and the injured worker.

All records related to workers compensation and rehabilitation are to be kept confidential (in a locked area).

EMERGENCY PLANNING

It is essential that you and your workers have a plan in place for addressing foreseeable emergencies. This will include both the office area and home or community venues.

You will need to consider issues such as:

- fires (including bushfires, if relevant)
- security breaches
- medical emergencies
- motor vehicle accidents
- electrical shocks.

Factors to be considered include:

- prevention of fires (eg, review of electric blankets and fan heaters in homes)
- checking that workers and clients can safely exit from the office, home or venue (eg, is exit from a home blocked by security doors or roller shutters?)
- are smoke alarms in place?
- access to first aid and other emergency equipment
- who to report to and how to seek help in the event of an emergency
- reporting and recording after the event (particularly for after hours emergencies)
- debriefing after emergency events.

It is essential to include procedures to be followed in the above potential emergencies (and others you may identify) during induction and to provide ongoing training to ensure all workers, volunteers and contractors are familiar with them.

OHS&W RECORD KEEPING

There are legal requirements for you to maintain a range of OHS&W records including those specified in the OHS&W Regulations.

These include:

- injury/incident reports and investigations *
- workers compensation and rehabilitation records *
- first aid
- hazardous substances register (including Material Safety Data Sheets)
- risk assessments and controls
- training records
- certificates and licences
- maintenance and testing records (eg, RCD tests)
- hazard report forms (and actions taken)
- workplace inspection/safety check forms
- major incident/dangerous occurrence reports to Workplace Services.

* *These records must be kept confidential with access by authorised personnel only.*

The records should be reviewed regularly, eg, at staff meetings, to ensure the OHS&W system is effective and to identify areas for improvement.

The record keeping methods should also be reviewed regularly to ensure compliance and suitability and to identify areas for improvement.

OHS&W MONITORING AND REVIEW

To achieve continuous improvement in OHS&W it is essential you and your workers regularly monitor and review what you currently do in relation to OHS&W. You must then plan what you are going to do to improve your current practices and procedures.

This will require a review (or internal audit) of each of the components of OHS&W, including:

- monthly reviews of incidents and hazards
- annual overall system review (using an OHS&W management checklist - see example on page 59)
- review of OHS&W legislative compliance (eg, annual)
- regular review of the suitability and compliance with policies and procedure (eg, annual).

The review may identify areas of practice requiring improvement to meet the goals of the policies and procedures or areas within the policies and procedures that need updating to reflect improved practice.

The outcomes of these reviews will then form the basis for your annual OHS&W plan, which may be a separate plan or included in the organisation's overall business plan.

These guidelines have provided you with information, tools and strategies to assist you to review and improve your current systems for managing OHS&W in the home and community setting.

SUMMARY

If you need help to address specific OHS&W issues during the process of review and improvement, assistance is available from WorkCover or Workplace Services.

Contacts for these and other resources are included in the resource section of the guidelines.

Networking with other organisations providing care in the home and/or community will also provide a valuable source of information.

Further information:

- Workers Rehabilitation and Compensation Act 1986
- WorkCover or your Claims Agent
- Free information sheets are available from WorkCover or at www.workcover.com including:
 - Consultation
 - the election and training of HSRs (sheet no. 26)
 - how to set up a health and safety committee (sheet no. 27)
 - Reporting
 - notification of work related injuries and dangerous occurrences (sheet no. 25).

OHS MANAGEMENT CHECKLIST (ANNUAL REVIEW) FORM

Please print clearly

	Yes	No	Comments
OHS policies / plan			
OHS policy developed (written)	<input type="checkbox"/>	<input type="checkbox"/>	
Policy includes responsibilities of managers and workers	<input type="checkbox"/>	<input type="checkbox"/>	
Policies and procedures reviewed regularly	<input type="checkbox"/>	<input type="checkbox"/>	
Workers aware of OHS policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	
OHS plan developed	<input type="checkbox"/>	<input type="checkbox"/>	
OHS plan reviewed regularly	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible officer appointed	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation			
OHS committee elected	<input type="checkbox"/>	<input type="checkbox"/>	
Health and safety representatives elected	<input type="checkbox"/>	<input type="checkbox"/>	
OHS discussed at staff meetings	<input type="checkbox"/>	<input type="checkbox"/>	
OHS discussed at contractor meetings	<input type="checkbox"/>	<input type="checkbox"/>	
OHS training			
All new employees receive OHS induction training	<input type="checkbox"/>	<input type="checkbox"/>	
Workers receive regular ongoing OHS training	<input type="checkbox"/>	<input type="checkbox"/>	
Managers/coordinators receive OHS training and updates	<input type="checkbox"/>	<input type="checkbox"/>	
Records kept of OHS training (aims, attendance, date, presenter)	<input type="checkbox"/>	<input type="checkbox"/>	
Managing hazards			
Pre-service checks of homes conducted	<input type="checkbox"/>	<input type="checkbox"/>	
Checks reviewed regularly	<input type="checkbox"/>	<input type="checkbox"/>	
Community venues checked pre-use (access etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Offices inspected regularly	<input type="checkbox"/>	<input type="checkbox"/>	
System in place for reporting hazards (eg, hazard forms)	<input type="checkbox"/>	<input type="checkbox"/>	
Hazards reported by workers	<input type="checkbox"/>	<input type="checkbox"/>	

OHS MANAGEMENT CHECKLIST (ANNUAL REVIEW) FORM

	Yes	No	Comments
Managing hazards [cont]			
Processes in place to address:			
• manual handling	<input type="checkbox"/>	<input type="checkbox"/>	
• isolated work	<input type="checkbox"/>	<input type="checkbox"/>	
• slips, trips and falls	<input type="checkbox"/>	<input type="checkbox"/>	
• staff security	<input type="checkbox"/>	<input type="checkbox"/>	
• electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	
• hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	
• infection control	<input type="checkbox"/>	<input type="checkbox"/>	
• pet aggression	<input type="checkbox"/>	<input type="checkbox"/>	
• bathroom safety	<input type="checkbox"/>	<input type="checkbox"/>	
• others	<input type="checkbox"/>	<input type="checkbox"/>	
Risk assessments carried out on hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Hazards / reports followed up and controlled	<input type="checkbox"/>	<input type="checkbox"/>	
Controls reviewed for effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	
Client needs considered when addressing hazards	<input type="checkbox"/>	<input type="checkbox"/>	
OHS considered when purchasing new equipment (eg, for office, vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	
Incident reporting / investigation			
Form available for reporting incidents and injuries	<input type="checkbox"/>	<input type="checkbox"/>	
Workers (including contractors and volunteers) aware of the reporting procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Incidents investigated and documented	<input type="checkbox"/>	<input type="checkbox"/>	
Injury management			
Procedure in place for claims management	<input type="checkbox"/>	<input type="checkbox"/>	
Process in place to manage rehabilitation and return to work following injury	<input type="checkbox"/>	<input type="checkbox"/>	

INDUCTION CHECKLIST FORM

Please print clearly

Employee name: _____ Employment date: ____ / ____ / ____

Position/job: _____ Manager/supervisor: _____

GENERAL INDUCTION

Introduction (explain):

- Nature and structure of the organisation

Employment conditions (explain):

- Job description and responsibilities
 Work times and meal breaks
 Time recording procedures
 Leave entitlements
 Notification of sick leave or absences
 Out of hours enquiries and emergency procedures

Meet key people (introduce):

- Health and safety representatives (HSRs)
 Payroll officers / human resources staff
 Co-workers

Other issues:

- Quality management policy and procedures
 Environmental management policy and procedures
 Equal employment opportunity
 Sexual harassment
 View drivers' licence

Security (Explain):

- Car parking
 Client home security
 Personal security (including personal belongings)
 Cash/drugs
 Emergency procedures

Payroll (explain):

- Rates of pay and allowances
 Pay arrangements
 Taxation (including completing the required forms)
 Superannuation and any other deductions
 Union (membership) and award conditions

Health and safety (explain and show):

- OHS policy and procedures
 Roles and responsibilities for health and safety
 Information on hazards present in client homes and controls
 Role of health and safety representative/health and safety committee
 Health and safety communication processes
 Incident reporting procedures, including the location of forms that need to be completed
 Emergency procedures, including emergency exits and equipment and first aid
 Safe use and storage of hazardous substances, including material safety data sheets

Review (eg, after 1 to 2 weeks):

- Review work practices and procedures with the employee
 Answer and ask questions
 Repeat any training required or provide additional training if needed

Conducted by (name): _____ (sign): _____

Date: ____ / ____ / ____

Employee's signature: _____ Date: ____ / ____ / ____

INCIDENT/INJURY REPORT FORM

Please print clearly

Position: Employee Volunteer Contractor
Outcome: Near miss Injury Property damage

1. DETAILS OF PERSON INVOLVED

Name: _____ Phone: (H) _____ (W) _____
Address: _____ Sex: Male Female
Date of birth: _____
Position: _____
Experience in the job: _____ (years/months)
Start time: _____ am pm
Work arrangement: Casual Full-time Part-time Other

2. DETAILS OF INCIDENT

Date: ____ / ____ / _____ Time: _____
Location: _____
Describe what happened and how: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____
Address: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) _____
Cause of injury (eg fall, grabbed by person) _____
Location on body (eg back, left forearm) _____
Agency (eg lounge chair, another person, hot water) _____

5. TREATMENT ADMINISTERED

First Aid given Yes No
First Aider name: _____
Treatment: _____
Referred to: _____

INCIDENT/INJURY REPORT FORM

SECTIONS 6-9 MUST BE COMPLETED BY COORDINATOR

6. DID THE INJURED PERSON STOP WORK?

Yes No

If yes, state date: _____ Time: _____ Time lost (days) _____

Outcome:

- Treated by doctor Hospitalised Workers compensation claim
 Returned to normal work Alternative duties Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors - add extra sheets if needed)

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

		PROBABILITY			
		Very likely	Likely	Unlikely	Highly unlikely
CONSEQUENCE	Fatality	Extreme	High	High	Medium
	Major injuries	High	High	Medium	Medium
	Minor injuries	High	Medium	Medium	Low
	Negligible injuries	Medium	Medium	Low	Low
	Probability	Very likely	Likely	Unlikely	Highly unlikely

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

10. ACTIONS COMPLETED

Signed (Manager): _____ Title: _____

Date: _____ / _____ / _____

Feedback to person involved

Date: _____ / _____ / _____

11. REVIEW COMMENTS

OHS committee / staff meeting: _____

Reviewed by Manager (signed): _____ Date: _____ / _____ / _____

Reviewed by HSR (signed): _____ Date: _____ / _____ / _____

**NOTIFICATION OF DANGEROUS OCCURRENCES
OCCUPATIONAL HEALTH, SAFETY AND WELFARE ACT, 1986**



Department for Administrative
and Information Services
Workplace Services

If a notifiable dangerous occurrence occurs at a workplace, (see below for definitions of a dangerous occurrence) that person in charge of the workplace must give notice of the occurrences as follows:

1. The person must give preliminary notice of the occurrence by contacting Workplace Services by telephone or facsimile.
2. Complete the form and send to Workplace Services within 24 hours after the dangerous occurrence.

TO THE DIRECTOR

Name and business address of person giving the notice:

Date of occurrence _____ / _____ / _____

Time _____ am/pm

Address of dangerous occurrence _____

Apparent cause of dangerous occurrence _____

Nature and extent of any damage caused _____

Work (if any) being carried out at time of dangerous occurrence _____

Person completing report (please use block letters) _____

Name _____

Phone _____ Date _____ / _____ / _____

NB: If dangerous occurrence caused a work-related injury, notification of the injury is required by phone or fax as soon as practicable after the occurrence of the injury.

FOR DEPARTMENTAL USE ONLY

Team/Office Attn: Report NFA Inspector Manager Date

For the purposes of this Division, a notifiable dangerous occurrence means an incident or event that is attributable to any of the following:

- I. the collapse, overturning or failure of the load-bearing part of a scaffolding, lift, crane, hoist or mine-winding equipment;
- II. damage to, or malfunction of, other major plant;
- III. the unintended collapse or failure of an excavation that is more than 1.5 m deep, or of any shoring;
- IV. the unintended collapse or partial collapse -
(A) of a building or structure under construction, reconstruction, alteration, repair
or
(B) the floor, wall or ceiling of a building being used as a workplace;
- V. an uncontrolled explosion, fire or escape of any gas, hazardous substance or steam;
- VI. the unintended ignition or explosion of an explosive;
- VII. an electrical short circuit, malfunction or explosion;
- VIII. an unintended event involving a flood of water, rockburst, rock fall, or any collapse of ground;
- IX. an incident where breathing apparatus intended to permit the user to breathe independently of the surrounding atmosphere malfunctions in such a way that the wearer is deprived of breathing air or exposed to an atmospheric contaminant to an extent that may endanger health;
- X. any other unintended or uncontrolled incident or event arising from operations carried on at a workplace.

RESOURCES

FOR FURTHER INFORMATION ABOUT OCCUPATIONAL HEALTH AND SAFETY REFER TO THE FOLLOWING:

LEGISLATION (SOUTH AUSTRALIA)

- Occupational Health Safety and Welfare Act 1986
- Occupational Health Safety and Welfare Regulations 1995
- Approved codes of practice (a complete list is available in Appendix 2 of the Regulations) eg, manual handling, control of hazardous substances, first aid.
- Workers Rehabilitation and Compensation Act 1986
Hard copies are available for sale from WorkCover
(or they can be downloaded from www.workcover.com).

CONTACTS (SOUTH AUSTRALIA)

WorkCover Corporation

100 Waymouth Street SA 5000

General enquiries: 13 18 55

TTY calls (08) 8233 2574 (for people who have hearing or speech impairment)

1800 188 000 (outside Adelaide)

Fax: (08) 8233 2466

www.workcover.com

or visit the customer information centre on the ground floor.

Workplace Services

Department for Administrative and Information Services (DAIS)

Level 3 1 Richmond Road Keswick SA 5035

Switch: (08) 8303 0400

1800 777 209 (a/h emergency)

Fax: (08) 8303 0400

www.eric.sa.gov.au

(Workplace Services "Safeguard Sheets" are a good source of information)

APPENDIX 1

OHS&W IN COMMUNITY CARE STEERING COMMITTEE

Alan Johns	Julia Farr Services
Amanda Blight	Alabricare
Betty Hurrell	Wesley Uniting Mission
Chris Racar	Masonic Homes Inc
George Karlis	RDNS
Jim Kleszyk	Helping Hand Inc
Matthew Dempsey	Community Accommodation and Respite Agency (CARA)
Angela Sparrow	WorkCover Corporation
Sue Balde	LHMU / UTLC
Susan Worrall	Maxima
Steve Alexander	Disability Services Office – Department of Human Services

ORGANISATIONS INVOLVED IN THE REVIEW/TRIAL OF VERSION 2 OF THE GUIDELINES:

- Greek Community Care Packages Program
- Murray Mallee Community transport Scheme
- Southern Fleurieu Health Services
- Masonic Community Aged Care Packages
- SPARC Disability Foundation
- Community Accommodation and Respite Agency (CARA)

VALUABLE INPUT HAS ALSO BEEN RECEIVED FROM – IN BOTH VERSION 1 AND 2:

- Helping Hand Aged Care Home Based Services
- Department of Human Services – Disability Services Office
- Aged Care Advocacy, Office for the Ageing
- Council on the Ageing, Policy Officer
- Harrison Consultants
- Western Dom Care Consumer Reference Group
- WorkCover Corporation Access and Equity Unit
- Department of Human Services - Public and Environmental Health Service Communicable Disease Control Branch
- Queensland Government, Division of Workplace Health and Safety, Department of Employment, Training and Industrial Relations
- Illustrations by John Martin, Martin Art
- Photographs courtesy by Royal District Nursing Service of SA Inc. and Community Accommodation and Respite Agency
- Workplace Services
- ANF Australian Nursing Federation
- LHMU Liquor Hospitality and Miscellaneous Unions.

GLOSSARY

Broker: Brokers bring together clients and contractors but without an employer/employee relationship.

Client: Person receiving a service. Clients may also be known as care recipients or consumers.

Contractor: Contractors provide services to your clients on behalf of your organisation but, are not directly employed by you.

Hazard: Something with the potential to cause an injury or illness.

Health and Safety Representative (HSR): Employee/s elected by their work group to represent them to management on OHS&W issues.

MSDS: Material Safety Data Sheet.

OHS&W: Occupational Health and Safety (also includes consideration of the welfare of workers).

OHS&W: Occupational Health, Safety and Welfare.

PPE: Personal protective equipment (includes gloves, rubber boots, masks, safety glasses).

Risk assessment: The process of assessing risk of injury or illness occurring from a hazard. It involves considering the likelihood of injury or illness and the possible severity.

Risk control: Strategies to eliminate or minimise the risks of an injury or illness resulting from a hazard.

Worker: Person providing a service (includes personal care attendants, nurses, therapists, consultants, co-ordinators, cleaners, drivers, companions, volunteers etc).

Workplace: Any place where an employee or self employed person works or any place where a person goes while at work (includes offices, vehicles, clients' homes and community venues).

MASTER COPIES OF FORMS ARE PROVIDED IN THIS FOLDER PLEASE PHOTOCOPY AS REQUIRED FOR USE AND KEEP THE ORIGINAL MASTER COPIES IN THE FOLDER.

WorkCover Corporation

100 Waymouth Street, Adelaide

South Australia 5000

General enquiries: 13 18 55

Facsimile: (08) 8233 2990

Email: info@workcover.com

TTY calls: (08) 8233 2574 for people who are deaf or have hearing/speech impairments.

Non-English speaking: (08) 8226 1990

for information in languages other than English, call the Interpreting and Translating Centre and ask them to call WorkCover Corporation. This service is available at no cost to you.

If you would like this information in an alternative format (braille, audio or e- text) or community language please ring WorkCover on 13 18 55 and we will endeavour to meet your request.

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