Document Title:	**Working Safely with Clients in a Variety of Settings**
Author:	Michelle de la Perrelle
Date of Review:	July 2021
Next Review:	July 2023

Policy: Working safely with clients in a variety of settings:

Adopted from QLD Work Safe, A Guide to Working Safely in People's Homes

1. **Introduction:** How to meet the health and safety duty of care.

Before providing any service to the client, Tobruk Centre will conduct a risk assessment of the client and their family's needs and the location that the services are to be implemented (for example, in the home or remote location), to identify potential hazards and put appropriate controls in place to reduce the risk of injury or illness for clients, carers and other staff.

The Services to Clients Work Health and Safety Checklist, coupled with the Intake appointment identifies common hazards Tobruk Centre staff need to be aware of. The risk assessment must follow the risk management process and be done in collaboration with clients, their families and/or other key staff (for example, school principals when working at a DECD site). As part of this process, staff and families will identify potential control measures which become part of the client's service or care plan.

If the assessment shows that staff are exposed to significant risks, the Manager will decide if they need to modify or suspend that particular service until the risk has been adequately controlled. Client advocacy groups are available to work with all parties to address such issues. The most effective risk management approach is where the psychological, physical and chronic disease risk factors associated with a work activity are managed together with other work health and safety hazards.

This is achieved by:

- implementing principles of good work design by considering the physical work environment, the work and the staff
- bringing work systems, processes and staff together
- managing all the health, safety and wellbeing risks.
- Tobruk Centre has the primary duty of care for the health and safety of its staff. TC's clients and/or primary carers and their families should work together to provide a safe environment for staff in the client's home.

TCs should:

- gather relevant information at the referral and Intake appointment (client assessment stage) to identify WORKSAFE issues and assess and manage those risks
- clearly communicate and understand what services are to be provided
- regularly review current WORKSAFE risks to ensure that the controls are still working and whether they need to be altered
- provide adequate training and supervision to ensure safe work methods are understood and followed
- assess additional services before they are performed
- document each clinical service in the casenotes and place warning on files where there has been a change to the risks identified
- identify the required staff:client ratio by gathering information about:
    - Clients support needs, including but not limited to:
        - the need for manual handling during the clinical consult
        - the consistency and type of behaviour expected by the client

        - the complexity and severity of the disability that may indicate more specialised staff may need to be present to train
        - medical complication that may be encountered during an appointment and therefore the ability to seek assistance quickly
        - age, weight and height of client that may expose clinicians to additional risks
    - Type of intervention requested: implementation of a sensori-motor activities may indicate that two staff members need to present to monitor the safety of the child and staff
    - Location / Venue
        - Line of sight options
        - Other adults present and available to participate / supervise
    - Time that the services are to be delivered: Afterhours consultations are possible when the appropriate risk assessments have been completed.

Clients and/or primary carers should:

- maintain a safe work environment (for example restrain animals and provide a smoke free environment)
- look after their own in-home safety (for example maintain electrical equipment and install smoke alarms and safety switches to switchboards)
- cooperate with service providers and staff to ensure safe work procedures and a safe work environment (for example move furniture to allow adequate work space, use lifting equipment based on assessed needs)
- keep their equipment safe, well maintained and in good order
- inform service providers and others of any known hazards (i.e. the presence of pets or firearms)

How to respond to changes

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

Client related Changes:

The health status and needs of a client may change over time, or they may have injuries or illnesses that must be managed in the short term. Service providers need to respond to these changes and reassess their activities to ensure the risks are controlled. This can occur through:

- Regularly monitoring the client's health and developmental status: this occurs at termly staff meetings. All active client's are reviewed and plans are updated. Where changes are required, a key staff is nominated to negotiate these with the client, caregivers and other service providers.
- Should the changes trigger a need for earlier reporting (for example: health changes, medication changes) then the clinician / service provider can initiate the need for a review of the client's therapy plan.
- Concerns raised are documented in the casenotes for future reference and communication.

Changes related to the Location of Services:

- The location of services (and the environment at the location) can change between visits. Changes may include:
- Location changes:
    - Geographical location (major town or remote location)

        - External facility (for example. Education site, client home, health service)
        - Inside or outside location
- Environmental changes:
- Availability of suitable furniture and positioning of furniture
- People or animals are now present
- Spills or leaks
- Cleanliness of environment
- New equipment or furniture
- Obstructed access / exits

Service arrangements

Changes to service arrangements could include:

- changes in the service required
- requested staff change by client or by staff
- changes in alternate service provider
- change to the number of clinicians present at appointments
- involvement of caregivers in appointments

In situations where time does not allow normal assessment and planning, service providers should:

- complete a provisional assessment
- make interim arrangements
- follow up with long-term arrangements.

Staff need to:

- determine at each visit the safety of the location and environment as a workplace before commencing duties
- undertake a visual scan of the location and environment immediately on arrival, and of the equipment, before use
- assess the client and caregiver factors that may indicate that this visit is unsafe. For Example a caregiver in an agitated state or a child who is more active than usual or the absence of the consistent caregiver
- plan exits and park car facing exits. Park cars on the roadside, not in driveways so that exit route is clear
- notify the TC administration assistant of arrival at the site and estimated departure times.
- notify clients at the earliest possibility of any changes to the service arrangements. Clients and their families will be contacted by phone and sent either a text message or email to confirm the changes.

Reporting incidents

NDIA Quality and Safeguard Commission clearly outline the Reportable Incidents for NDIS Providers. TC are briefed annually on these requirements. Details of reportable incidents and NDIA documentation are located at: https://www.ndiscommission.gov.au/providers/reportable-incidents

Registered providers must report to the NDIS Commission serious incidents (including allegations) arising in the context of NDIS supports or services, including:

- the death of an NDIS participant
- serious injury of an NDIS participant

- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- the unauthorised use of a restrictive practice in relation to an NDIS participant.

These incidents must be reported directly to the NDIS Quality and Safeguard Commission through the guidelines available at: https://www.ndiscommission.gov.au/providers/reportable-incidents

Other incidents that should be reported to the manager include but are not limited to:

- injuries to clients or staff
- emergency situations
- near-miss incidents where there is no injury but requires preventative action.
- Early reporting of identified hazards, injuries, near misses or concerns or changes in client circumstances by staff is part of normal work duties. The Manager will document any concerns on the Incident Report Form and the Summary Form.

Examples of Risks:

- **Manual Tasks**
- **Work Place Violence**
- **Work Related Stress**
- **Remote and Isolated Work**
- **Biological Hazards**
- **Latex Allergy**
- **Hazardous Substances / chemicals**
- **Electrical Safety**
- **Slips, trips and falls**
- **Driving risk for staff**
- **Fatigue**

Manual tasks

TC clinical services infrequently includes manual tasks. Children often have unpredictable behaviours and may lead to staff being exposed to a 'manual' risk. Some manual risks may include:

- pushing wheelchairs
- swinging a child in the hammock / swing
- loading and unloading toys and therapy materials from vehicles
- moving furniture (small children's furniture / office chairs)
- minor cleaning due to spills and activity related mess

The risk of injury related to manual tasks is identified as low; but could increase when working with a child with significant physical impairment or high unpredictable activity levels. This could result in physical work aspects that requires:

- high or sudden force
- sustained or awkward posture

Types of injuries that may occur from manual tasks are:

- gradual wear and tear – caused by frequent or prolonged periods of muscular effort associated with repeated or continuous use of the same body parts, including static body positions
- sudden damage – caused by intense or strenuous activity or unexpected movements such as when people who are being handled move or change position suddenly.

What are some of the problems of working in a different environment other than TC (for example home or school environment) that may result of an increased risk of manual handling hazards?

- Working in isolation without assistance for other staff members
- The location is not designed for the planned intervention (for example the play space is cluttered or noisy)
- A change in the client's or family member's physical and mental condition between visits

How to identify hazardous manual tasks: Not all manual tasks are a hazard. Hazardous manual tasks can be identified:

- walking through and observing the environment
- by discussing and gathering information about client needs with caregivers and other professionals
- with mobility assessments (conducted by a physiotherapist)
- by noting known high risk manual tasks identified by injury/incident data
- when making a change
- after an incident has occurred.

What are the risk factors?

Direct risk factors commonly encountered in services delivery by TC

- Forceful exertion – where the body has to generate significant force to perform the task (for example pushing a child on a swing)
- Working posture – the following postures can strain body tissue, affect the amount of effort required to complete the task and quicken muscle fatigue:
    - awkward postures such as twisting, bending or overreaching of the body (for example movements while interacting with a young child on the floor in play)
    - static positions where part of the staff's body is held in one position for prolonged periods
    - repetition/duration – performing a similar task over a prolonged period without a break, not allowing that part of the body to recover

The contributory factors that cause these sources of risk include:

- work area design and layout such as: furniture that promotes uncomfortable working postures because it is suitable for younger children and therefore the wrong height for adults or is non-adjustable
- limited space or access to complete handling tasks – this will promote bending, twisting or being in an awkward or fixed posture (for example working in a cluttered room)
- Characteristics of the client when being assisted including:
    - activity level, size, weight, shape and dimensions
    - medical, developmental and/or physical condition of the client
    - communication capabilities (i.e. developmental delays / lack of language to explain ideas and therefore behaviour and physical methods of communication are used)

    - cognitive functioning and ability to understand instructions or challenging client behaviours, including the client's ability and/or willingness to assist and the predictiblity of their behaviours
- Systems of work:
    - the way work is organised and how procedures are administered affects the level of risk, such as: - regular maintenance of equipment
    - appropriate staffing levels for the caseload (for example: when the client is very active two staff members may be needed to keep everyone safe; or when the client if known to become aggressive inexperienced staff will be paired with a more experienced staff)

What are some possible controls?

Some possible controls for managing risks from manual tasks, including people handling are:

- eliminate (for example staff do not assist with transfers at schools, in homes or centre based services)
- small carry cases, boxes or cartons and trolley bags are provided for taking items into the home or other community locations.
- mobile and portable equipment supplied with dedicated trolleys (for example SOS food therapy trolley bag)
- modify the workplace layout, process or equipment (for example, request a small table and tidy office be provided when visiting education sites. At homes, request a tidy lounge or table area to work at)
- varying the table height to reduce sitting in a stagnant, bent position (that occurs when sitting at a child's table and chair)
- relocating furniture (or equipment/items) to allow enough space for the therapy to occur without a compromised physical position.
- storing equipment and/or objects within easy reach and storing heavy or frequently used items between knee and shoulder height
- providing clear access through the new location (home)
- train staff in safe work procedures including work methods
- ensure that the equipment provided is in good order and well maintained and report any equipment that is faulty or in poor repair to the site manager or caregiver. Assist with remedying the fault.
- plan work to alternate between sedentary and activity task: ensure work/rest schedules are adequate for the work being done
- ensure relevant information about the client is communicated during handovers or is conveyed to the manager / caregivers / site staff (i.e. behavioural changes).

How to tell if the controls are working:

Regular Audits: Conducted annually to ensure controls are effective and being used.

Review of the client's condition and the work environment are conducted at the quarterly staff meetings (or more regularly should there be a change in their developmental, medical or behavioural presentation)

Staff are encouraged to report hazards, incidents and early symptoms to the Manager

There is consultation with staff and follow-up on issues raised at a minimum at the quarterly staff meetings.

Work-related violence

TC staff may be exposed to work related violence (in the form of verbal abuse and aggressive physical behaviours). Risks may arise from the actions of clients, their carers or others at the home or where the services are provided. If the potential for work related violence is not identified and managed properly, staff are at high risk of physical injury or psychological illness. Work related violence is any incident in which a person is abused, threatened or assaulted in circumstances related to their work. Examples or work related violence include:

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

When can staff be exposed to aggressive behaviour?

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

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

What are the risk factors?

Potential risk factors that need to be considered to determine a staff members' exposure to work related violence could include:

- limited knowledge of client's behavioural triggers
- type of challenging behaviour staff may be exposed to (for example verbal abuse vs physical abuse)
- frequency and severity of exposure to challenging behaviour; look at incident or hazard reports
- layout of the workplace for example, inability of the staff to remove themselves from the area if required (this is particularly relevant when working in locations other than TC)
- the time it would take to have support arrive at the location (other than TC) to support the staff
- additional adults / students observing sessions / clinical services
- change in therapy materials and expectations

What are the controls?

These controls can be used to prevent or minimise the risks from work related violence include:

- working with clients and their families to identify behavioural expectations surrounding service provision and the consequences to service provision if these are not met (check that the client clearly understands)

- redesigning working / consulting environments to ensure the risk are minimised with;
    - safe exits
    - reduction in projectiles
    - client access to self regulation tools
- ensuring relevant information about the client is communicated and gathered during assessment processes and handovers
- reviewing the requirement for working alone and providing additional service providers where required
- using clinical casenotes and patient warnings to maintain reliable communication between the employer and the staff
- providing personal alarms (EPIRB) and training for staff working in remote locations or client homes
- ensure staff have access to well-maintained motor vehicles so they do not break down in unsafe locations or times
- use of the risk assessment and incident reporting policy to maintain preventative strategies
- minimise the need for staff to carry excessive amounts of equipment, money or valuables:
- accounts are paid via direct debit system
- staff are encouraged to use the equipment in client's homes / at the location of services. Where this is not possible, staff are encouraged to only take a minimum amount of equipment on their first visit; to allow for a quick and unimpeded exit if needed
- discourage staff from wearing jewellery and carrying large amounts of cash
- refusing or modifying services until risks are eliminated or minimised (the referring agency and other service providers should be advised of this situation):
    - staff are authorised to discontinue services immediately or as soon as they believe their personal safety, or the safety of their client is at risk
    - providing services in a more secure environment (for example, return services to Tobruk Centre or a government building in the community)
- training is provided to all staff on:
    - reporting all hazards including abuse and threats
    - dealing with challenging client behaviour by ensuring staff understand the client's care plan
    - de-escalation and avoidance strategies; included emotional and sensory regulation tools
    - seeking assistance before the situation becomes critical
    - how to review existing controls to minimise the risk
- increasing the staff: client ratio to 2:1 as necessary
- providing counselling services for staff as required
- provide access to external specialised training as required

How to tell if the controls are working:

Consult with staff and follow-up on issues raised; at a minimum the incident reports will be reviewed at quarterly staff meetings

Manager to conduct regular audits to ensure controls are effective and being used by staff.

Manager to contact client's family members and /or other workers to identify if the measures are perceived as acceptable and effective.

Work related stress

Work related stress describes the physical, mental and emotional reactions of staff who perceive that their work demands exceed their abilities and / or their resources (such as time, help / support) to do the work.

Stress responses occur when the staff perceives they are not coping in situations where it is important to them that they do.

TC provides services to children and their families. This often means that staff are exposed to high level so emotional stress from families. The psychological and emotional demands, coupled with the cognitive and physical demands of working with complex families who have children with complex needs, means that staff are at risk of work related stress.

How to determine the source of occupational stress

There are a variety of sources of work related stress in the work that is engaged in at TC. The stressors can be determined by evaluating:

- productivity levels: staff appointments are diarised and restricted to a maximum of 6 sessions in a 7.5 hour working day. Staff have a minimum of 1 hour practitioner administration time each working day
- rates of absenteeism and TOIL accrual are monitored by the Manager:
- staff engagement and morale are monitored by the Manager: and there is a culture of support throughout the workplace.
- client feedback
- peak/seasonal demands
- incident reports and data trends

What are the risk factors?

Stressors or risk factors for occupational stress have been identified to possibly include:

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

As part of the risk assessment for work related stress, the risk factors have been considered by:

- acknowledging and understanding staff complaints and where necessary investigating by the Manager
- observing interactions between staff, and between staff and clients
- having one-on-one discussions with staff

- conducting focus groups or staff surveys with tools such as the psychosocial risk assessment process. (https://www.worksafe.qld.gov.au/injury-preventionsafety/mental-health-at-work/tools-and-resources/people-at-work) (planned in November 2018)
- monitoring workload / patient contact diarised
- monitoring TOIL accrual

What are the controls?

Controls that are used to manage work related stress risks include:

- regular staff lunch and morning tea
- provide termly planning and administration time
- staff appointments are diarised and restricted to a maximum of 6 sessions in a 7.5 hour working day. Staff have a minimum of 1 hour practitioner administration time each working day
- regularly review staffing levels to ensure appropriate staffing skills mix and numbers
- provide clearly defined job descriptions, policies and procedures
- ensure the Managers have the skills required to manage their work team (i.e. able to support staff whilst managing their performance and adherence to policies and procedures
- review organisational and performance management systems
- have policies and procedures for managing conflict and workplace bullying
- provide staff training and strategies on how to manage workloads, resolve conflict, job rotation, maintaining a balanced relationship and appropriate boundaries with client
- personal commitments are discussed as a team; staff are supported to manage personal demands
- annual leave and holiday leave (for casual staff) is planned around busy / peak demand periods
- staff are supported to take time off work or have a reduction in their duties at the earliest identification of stress
- provide counselling services for staff where applicable

Use of the Employee Assistance Program with Work Place Plus 03 9492 0598

- refuse or modify services to the client if an environment is too high risk.

How to tell if the controls are working:

- Consultation with staff and follow-up on issues raised on a weekly basis
- Debrief with staff following a 'tricky' session or a period of higher than usual stress
- Conduct regular audits to ensure controls are effective and being used by staff

Remote or isolated work

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

be close by, for example, a staff member working carer working in an office area at a school, separate from a classroom. In other situations, a staff may be far away from populated areas, for example, on a farm. TC provides services throughout Eyre Peninsula, and whilst every effort is made to provide services in a 'mainstream' setting (such as a government building or public space) there are situations where a home setting is the most appropriate setting. In some situations, a staff may be alone for a short time. In other situations, the staff may be on their own for long periods of time, for example driving in remote locations. TC must manage the risks associated with remote or isolated work, including ensuring effective communication with the staff carrying out remote or isolated work.

What are the risk factors?

The risk factors will vary from location to location. In addition to the above-mentioned risks, the following have been identified as additional risks:

- Driver skills and fatigue
- Isolated work; lack of / inconsistent access to communication via telephone coverage
- Firearms and heavy machinery
- Road
- Bushfire
- Exposure to extreme weather conditions

What are the controls?

Controls that are used to manage the additional risks associated with remote and isolated work:

- All initial appointments are conducted in a government building or at Tobruk Centre. Home visits are not offered as an initial appointment. Where this is not possible or when it would create an excessive inconvenience for the client and their family
- Increasing the staff: client ratio to 2:1 as necessary
- All appointments are diarised, with the type of service and location of services documented
- Staff check in when they arrive at the destination and provide an estimated time of departure: times are documented by administration staff as a casual note on the diary.
- Staff check in when they are leaving a destination.
- Staff are provided with a safe and reliable vehicle
- Staff vehicle is fitted with a personal EPIRB; staff are trained in its operation

How to tell if the controls are working:

- Consult with staff and follow-up on issues raised; at a minimum the incident reports will be reviewed at quarterly staff meetings
- Manager to conduct regular audits to ensure controls are effective and being used by staff.

Biological hazards

Biological hazards expose staff and clients to infection risks. Good infection prevention and control practices will protect staff and clients from acquiring healthcare associated infections. Some infectious diseases such as rubella (i.e. German measles), cytomegalovirus and varicella (chicken pox) may pose additional risks to pregnant staff with the potential for adverse pregnancy outcomes. Infection from exposure to a biological hazard can cause serious illness. Any infection to which the

carrying out of work is a significant contributing factor must be notified to Workplace Health and Safety South Australia. This includes any infection that is reliably attributable to carrying out work that involves providing treatment or care to a person or involves contact with human blood or body substances.

How are staff exposed to infectious diseases?

Staff may be exposed to infectious diseases through activities such as:

- during clinical interactions with clients and their family members.
- contact with a client's blood and body substances
- handling contaminated items and equipment
- general cleaning, including cleaning spills of blood and body substances (such as urine)
- handling soiled laundry
- handling and disposing of clinical waste including sharps
- unsafe food handling and storage practices
- contact with a client's animals and animal excreta

What are the controls?

- Some of the controls that are used to manage infectious disease risks include:
- ensuring staff adopt standard precautions for the care and treatment of all clients and when handling all blood and body substances, non-intact skin and mucous membranes. This includes:
    - personal hygiene practices, particularly hand hygiene, including covering non-intact skin (for example cuts, dermatitis) with a water-resistant dressing
    - correct use of personal protective equipment, which may include gloves, gowns, plastic aprons, surgical masks, safety eyewear and face shields
    - safe handling and disposal of sharps
    - maintain a clean work environment and manage spills of blood and body substances
    - hygienically handle and launder soiled linen
- ensuring that staff adopt transmission-based precautions for clients known or suspected to be infected or colonised with infectious agents that may not be contained by standard precautions alone. These are additional work practices needed to contain infection risks and should be tailored to the particular infectious agent involved and its mode of transmission. This may include wearing specific personal protective equipment like a respirator and using dedicated equipment for the personal and health care of the client
- having protocols for managing accidental exposure to blood and body substances, sharps injuries and other infectious disease exposures including first aid, medical referral and access to post-exposure prophylaxis (chemoprophylaxis) (available at local hospital) where indicated
- providing information, instruction, training and supervision in infection control practices
- providing staff with hand hygiene facilities (for example alcohol-based hand rub) where hand washing facilities are not readily available in a client's home
- implementing an occupational immunisation program; all staff are offered annual immunisations.
- using appropriate work placements and work restrictions (for example do not assign a nonimmune staff to care for a client with a known vaccine-preventable disease such as varicella)
- providing adequate supplies of personal protective equipment in a range of sizes and instruct staff in the correct selection and use of the equipment
- securing aggressive dogs before the staff enters the workplace to prevent animal bites, and ensure that animal excreta is hygienically cleaned.

How to tell if the controls are working:

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

Latex allergy

Some people may develop allergies to latex products. Latex products can cause:

- irritant contact dermatitis. This non-allergic condition is the most common reaction to latex products and is caused by:
    - skin irritation from the accumulation of moisture, sweat, soaps and detergents on the skin
    - incomplete hand washing and drying
    - prolonged glove use
    - corn starch which is added to some latex gloves
- dry, itchy skin, usually on the hands which resolves once contact with the latex product is discontinued
- allergic contact dermatitis (also known as delayed hypersensitivity reaction or Type IV) is caused by an allergy to chemicals added during the manufacturing of latex gloves (for example thiurams and carbamates). It causes a rash and blisters on the hands, usually occurring several hours after contact. Repeated exposure may cause the skin condition to extend beyond the area of contact with the latex product
- latex sensitivity (also known as latex allergy, immediate hypersensitivity reaction or Type I) is caused by an allergy to latex proteins and is a more serious condition. Symptoms usually occur soon after exposure and include:
    - local or generalised skin rash
    - hives
    - itchy eyes
    - runny nose
    - wheezing
    - anaphylactic shock, which is a life-threatening emergency.
- Some staff may be at greater risk of developing latex allergies, such as staff with preexisting food allergies or atopy (i.e. a tendency towards allergies such as asthma, hay fever or eczema).
- TC must assess and manage risks to staff from exposure to latex allergy.

What are the controls?

Some controls for managing latex allergy hazards include:

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

- instruct staff to report health problems from the use of latex gloves, and ensure that they seek medical attention
- identifying clients who may have a latex allergy and ensure that health and personal care is provided to these clients in a latex-safe environment.

How to tell if the controls are working

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

Hazardous substances/chemicals

There are a number of chemicals used to maintain the cleanliness of Tobruk Centre and its equipment. Chemicals are used for cleaning, laundry and gardening tasks. For those chemicals that are classified as hazardous, the health effects are based on the extent of exposure that a person experiences, which is affected by many factors such as:

- the frequency of use (for example once a week versus several times a day)
- quantities being handled (for example 10 L drum of product versus small packs)
- concentration/strength of the chemical (for example diluted versus undiluted)
- mechanism of application (for example use of sprays/aerosols versus pastes)
- working in areas with poor ventilation like shower alcoves, ovens or small gardening sheds compared to open areas with good airflows to disperse an air-borne chemical.
- Disinfectants and cleaning solutions could be a cause of chemical injuries among staff when working in a variety of settings. Products containing sodium hypochlorite (bleach) or sodium hydroxide (caustic soda) can be an irritant at lower concentrations, and in high concentrations may cause chemical burns on contact with the body. This is why such products are typically classified as corrosive chemicals. Household disinfectant is used for cleaning toys and surfaces. It is diluted as recommended by the manufacturer.
- Medications are not classified as hazardous chemicals with the exception of a few (such as cytotoxic [anti-neoplastic] drugs). A hazardous chemical will have hazard information displayed on the container and must have a safety data sheet (SDS).

An exception is provided only in circumstances where the hazardous chemical is:

- a consumer product and used in quantities that are consistent with household use – all chemicals used at Tobruk Centre are consumer products and are purchased at the local supermarket in household quantities.
- Household cleaning products are used in a way that is consistent with household use and manufacturer's recommendations.

When specific chemicals must be used:

Should specific chemicals need to be used due to a change of practice, a risk assessment must be completed with the Manager. The risk assessment must:

- confirm the types of chemicals and the tasks they will be used for.
- Confirm which of the products are classified as hazardous chemicals via the product labels and/or safety data sheet available from the product's manufacturer and/or supplier.
- ensure the appropriate risk control measures are in-place.

What to consider when assessing the risks

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

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

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

What are the controls?

- Elimination: Eliminate the use of the hazardous chemical wherever possible. Assess if the task is essential, to establish if it can be eliminated.
- Storage: All household chemicals are stored in the laundry cupboard on the top shelf. A child safety lock is used to secure the cupboard. These two measures minimise the risk of a child accessing the chemicals.
- Substitution/isolation/redesign: Use the substance in a different way that prevents or minimises the risk from exposure to the substance (for example pouring a chemical from a container or applying it as a jet rather than using as a fine aerosol). Substitute a hazardous chemical with a less hazardous one, which is better suited for domestic use. Use an exhaust fan or open windows for adequate ventilation while working with the substance.
- Administration: The employer should provide safe work procedures for conducting specific tasks and support this with appropriate level of training, instruction and supervision that covers: identification of hazards, health and/or physical effects, risk control measures, safe work methods, appropriate selection, use and maintenance of personal protective equipment (PPE) and clothing and provision of these, first-aid measures and emergency response actions, safe storage of chemical containers.

How to tell if the controls are working:

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

Electrical Safety

What are the legal responsibilities?

The Electrical Safety Act 2002 (the ES Act) and the Electrical Safety Regulation 2013 (the ES Regulation) define duty holders for electrical safety and prescribe ways for the safe use of electricity and electrical equipment. The ES Act requires 'that the employer or self-employed person has duties to ensure a person's business or undertaking is conducted in a way that is electrically safe and sets out requirements for fulfilling these duties. Safety switches/inspection, testing and tagging requirements The ES Regulation requires that certain electrical equipment defined as 'specified electrical equipment' provided for use by an employer or self-employed person, must be either:

- connected via a safety switch or
- inspected, tested and tagged by a competent person. (See Register of Electrical Testing)

For a safety switch to be deemed compliant for specified electrical equipment in the health and community services industry, safety switches must be: a Type 1 or Type 2 & fixed or portable tested to the requirements of and at intervals set out in Australian and New Zealand Standard AS/NZS 3760 In-service safety inspection and testing of electrical equipment (as in force), as required by the ES Regulation or the specified electrical equipment should be inspected, tested and tagged at legislatively prescribed intervals (Section 113). Specified electrical equipment for providing health and community services includes: extension leads, power boards, other electrical equipment which is moved for the purpose of its use and during its use (for example vacuum cleaners)

Who has legal responsibilities?

Electrical equipment in client's premises:

- When a health or community service is provided in the client's home, staff may have to use the client's electrical installation and electrical equipment (i.e. power points, lights, extension leads etc.). While the ES Regulation does not prescribe all of the ways to fulfil the requirements of the ES Act, TC has a duty to ensure the business or undertaking is conducted in a way that is electrically safe. Therefore, when the electrical equipment does not belong to the employer or self-employed person, one way for the staff or self-employed person to fulfil this duty is to:
- visually inspect the electrical installation to satisfy themselves as to the electrical safety of the installation, paying particular attention to details such as damaged or missing parts and burning or discolouration of the electrical fittings in the installation (for example damaged light switch or cracked power point)
- avoid using the client's electrical equipment (i.e. electric kettles, vacuum cleaners, extension leads etc.) if possible, TC is not in control of the electrical condition of this equipment. If the client's equipment is to be used, then it should be visually inspected before use, with attention to damaged insulation, missing parts (for example frayed leads, faulty switches, exposed wiring). Although many residential premises have their socket outlet circuits fitted with a safety switch, there is no regulatory testing requirement for safety switches in a domestic residence. In such circumstances, TC staff should use their own compliant portable safety switch.

Use of equipment:

TC ensures that staff are trained in the safe use of electrical equipment. Training occurs at the point of induction and then them new equipment is purchased. Training includes how to:

- conduct a visual inspection

- carry out the push button test of a safety switch.

Extension leads should be:

- located where they are not likely to be damaged and do not present a trip hazard when in use
- fully extended prior to using if fitted to a coiling device or reel.

Electrical equipment should be used and stored in a manner which does not damage the electrical fittings (for example don't overstretch extension cords), and it should not be exposed to harsh or damaging environments (for example chemicals or water) unless the equipment is specifically designed for use in these environments. Extra low voltage or battery-powered equipment may be an alternative in these environments.

Double adaptors and 'piggy back' plugs: double adaptors and 'piggy back' plugs are discourages and are not common practice. Alternatives such as power board is recommended.

Administration Keeping: records of electrical equipment and its testing requirements will help ensure adequate testing is carried out when required. All equipment at TC is tests biannually and documented in the Risk Assessment Summary form.

Annual training for staff in the safe use of electrical equipment includes:

- correct use and operation
- visual assessment/inspection requirements
- emergency procedures: including operation of a fire extinguisher in an electrical fire
- defect/fault reporting requirements.

Slips, trips and falls

Slips, trips and falls present a significant hazard for staff at TC due to the variety of locations and clientele they are serving.

Staff, clients and their families may be exposed to slip and trip hazards inside and outside the premises and in the variety of settings where services are offered. Slips usually occur when there is a loss of grip between the shoe and floor (i.e. when there is a contaminant between the shoe and the floor). Trips occur when a person's foot hits a higher or lower obstacle in the person's path, causing a loss of balance. It is often due to an obstacle that is not easily seen or noticed.

What are the contributing risk factors?

Common risk factors that contribute to slips and trips are:

- contaminants – can be anything that ends up on a floor. It could be wet (for example water or oil), or dry (for example rice, sand or plastic bags)
- slippery floor surfaces, especially in areas which may become wet or contaminated (for example bathrooms and toilets)
- obstacles and other trip hazards – trips most often occur because of uneven flooring or cluttered walkways with low obstacles which are not easily seen or noticed. For Common examples of low obstacles include: toys on the floor, electrical leads, uneven edges to flooring, loose mats or carpet tiles, cushions, changes of floor surface levels.
- working in unfamiliar environments

How to reduce or prevent slips, trips and falls injuries

- Preventing floor contaminants and attending to spills immediately: waiting room toys should be contained and restricted to a floor mat, therapy room toys should be packed up at the end of each session.
- Minimise walking on recently cleaned floors till fully dried; cleaning is conducted on the weekend when the centre is empty
- Clean floors properly with the right amount and type of cleaning product used so that the floor does not become too slippery
- Clear growth (for example moss and slime) and leaf litter from outdoor pathways; the ramp and carpark are cleared regularly of vegetation
- Anti-skid tape and hi-visibility tape is placed on internal and external steps to improve attention to changes in the surfaces
- All staff are responsible for good housekeeping practices; including, but not limited to tidying areas, sweeping up mess, keeping floor spaces clear and uncluttered.
- Ensure the floor surface is in good order such as being free from: holes, uneven surfaces, curled up linoleum, carpet edges.
- Avoid changes in floor surface level: where this is not possible the changes have been highlighted with tape
- Storage facilities are labelled and organised
- Adequate lighting is used and it is without glare or shadowing
- Ensure staff can maintain their balance when: carrying a load. Staff should have full view of where they need to travel and should also have a free hand to hold onto a rail when walking down steps. Small travel bags are provided to support this. Staff do not use ladders
- Choose footwear that is: - suitable for the type of work and work environment. It may be comfortable with an adequate non-slip sole and appropriate tread pattern. Staff are able to choose their own footwear; closed in shoes are encouraged.

Driving risks for staff

Driving motor vehicles is a significant part of a staff's day when providing services in a variety of locations, within Port Lincoln and on Eyre Peninsula. Clients are not transported by staff. The hazards when driving may include:

- poor weather or road conditions
- fatigue and driving when tired
- rushing due to tight timeframes and scheduling of work
- distractions within the vehicle (i.e. mobile phones)
- safely operating unfamiliar vehicles
- poorly maintained vehicles (for example tyres, brakes, lights)
- speeding and or not following road rules
- changes to usual route/s taken (i.e. roadworks) and traffic delays
- unrestrained equipment in the vehicle
- remote and isolated work.

What are the controls?

- Possible controls that have been considered and implemented to reduce motor accidents include:

- the selection and purchase of a safe vehicles (i.e. with dual airbags, ABS brakes and upgraded headlights)
- ensuring vehicles are appropriately insured (all drivers are listed on the insurance policy)
- maintaining a safe vehicle by:
- use an accredited mechanic for regular maintenance in accordance with vehicle requirements
- weekly motor vehicle checks by the Manager (to check operational lights, condition of tyres and cleanliness of vehicle)
- drivers must report concerns about vehicles and all incidents (including near misses) resulting in injuries or damage
- increasing the number of staff travelling and combine routes wherever possible
- all staff are expected to follow the road rule, including wearing seatbelts, not use their mobile phones and drive in a safe manner suitable for road conditions.
- providing staff with information and instruction on how to operate the vehicle safely (including adjusting mirrors, seat positions, controls and instruments
- encouraging staff to evaluate the road conditions (including visibility) and all them to choose an alternative route (even if this means running late or missing an appointments)
- ensuring drivers are competent and fit to drive by:
    - annually confirm they are appropriately licensed
    - request a report of any driving offenses which may affect they ability to drive at work
    - asking them to advise of any medications or medical conditions which may impair their ability to drive
- making information on road rules and defensive driving training available to all staff
- reviewing workload and timeframes to ensure adequate time to complete work and travel between clients
- reducing driving times by:
    - planning journeys and sharing driving if required: When travelling greater than 2 hours (for regional trips to Ceduna and Streaky Bay), two staff members will travel together to share the driving
    - grouping clients together
- providing staff with up-to-date information on changes to routes due to road closures and road works
- securing all equipment for transport (for example in the car boot or behind a cargo barrier)
- providing a reliable means of communication between the staff and TC and emergency services for the staff to access assistance (EPIRB fitted in staff vehicle)

How to tell if the controls are working

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

Fatigue

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

Potential causes of fatigue include:

- Mentally, emotional and physically demanding work
- long periods of time awake (i.e. long hours of work extended by long commuting times)
- inadequate amount or quality of sleep (i.e. staff are not on call but may report disrupted sleep due to concerns about clientele or for personal reasons)
- additional employment (that requires shift work or working into the night) or recreational activities (for example, online gaming)
- poor work scheduling and planning.

What are the controls?

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

- arranging sufficient cover for staff who are on annual or sick leave
- planning for necessary overtime so staff can schedule their activities around it
- request that staff with additional employment or recreations pursuits, have adequate sleep in a 24 hour and seven day period.
- Avoid working arrangements that provide incentives to work excessive hours.
- Include adequate rest breaks during the day (roster morning and afternoon tea and lunch breaks) and ensure that when staff are working away that they have planned the appropriate the time needed for travelling, eating, sleeping and recovery)

How to tell if the controls are working

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