

# Identifying & managing hazards in & around the home for direct care workers

**Presenter**

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This course has been presented on behalf of ACS & ACAA (NSW) under the WorkCover NSW Assist Grant 2006.



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# Program

| Time                           | Topic   |
|--------------------------------|---|
| <b>Session 1 and Session 2</b> |   |
| 1pm                            | <b>Introduction</b> <ul style="list-style-type: none"> <li>• Overview of OHS Legislation</li> <li>• Duty of Care</li> <li>• Hazard definition</li> </ul>  |
| 2pm                            | <b>Break</b>  |
| <b>Session 3</b>               |   |
| 2.15                           | <b>Hazards relating to working in the community environment</b> <ul style="list-style-type: none"> <li>• Manual handling</li> <li>• Workplace violence/personal safety and security</li> <li>• Psychological injury and work related fatigue</li> <li>• Slips, trips and falls,</li> <li>• Chemicals</li> <li>• Infection</li> <li>• Food safety</li> <li>• Electrical</li> </ul> |
| <b>Session 4 and Session 5</b> |   |
| 3.15                           | <b>Risk assessment</b> <ul style="list-style-type: none"> <li>• Risk assessment matrix</li> </ul> <b>Hazards and risk control and review</b> <ul style="list-style-type: none"> <li>• Hierarchy of control</li> <li>• Feedback and evaluation</li> </ul>  |
| <b>Session 6</b>               |   |
| 4.15                           | <b>Challenges in hazard and risk management in a community setting</b>  |
| 4.50                           | <b>Evaluation</b>   |
| 5.00                           | <b>Close</b>  |

## **Learning Outcomes**

### **Learning Outcome 1:**

Explain the obligations of employers, managers, supervisors and employees under NSW Occupational Health & Safety Act 2000.

- Acknowledge the rights & responsibilities of employers, managers, supervisors & employees in accordance with the Occupational Health & Safety Act 2000.
- Explain the common law duty of care as it applies to occupational health and safety.
- Describe the risk management approach.

### **Learning Outcome 2:**

Understand and apply the process for

- Identifying hazards in the community setting
- Risk assessment using risk assessment tools
- Hazard control using the hierarchy of controls and review

### **Learning Outcome 3:**

Understand and discuss the challenges when providing care to clients in the community

- Hazards specifically relating to community care
- Issues relating to undertaking care and services in the community

# Session 1

- **Introduction**
- **Overview of OHS legislation**
- **Duty of Care**
- **Risk Management**

## Introduction

The focus of this half-day workshop focuses on the identification and management of hazards for direct care workers who work in community care such as but not limited to CACP, HACC and EACH services. The training will assist direct care workers in identifying hazards, applying a risk assessment and analysis and develop the care workers' ability to problem solve and apply appropriate hazard controls. Issues and challenges associated with working in the community setting are also explored during the program.

The development of this program was funded by the WorkCover NSW Assist program in 2006

### Key Subject Areas

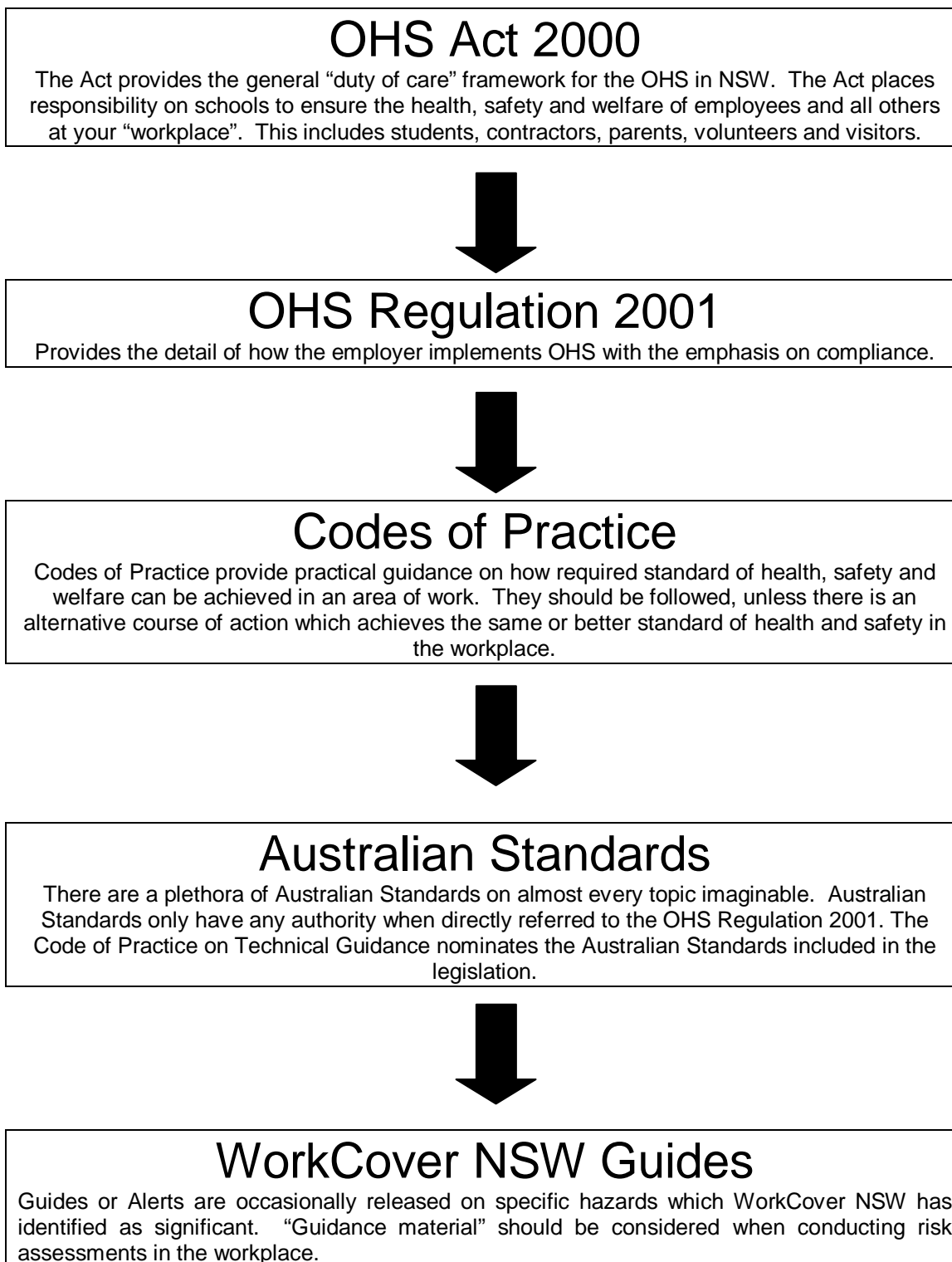
- Overview of the OHS legislation
- Applying risk assessment and risk analysis in the community setting
- Identifying and controlling hazards related to the community setting
- Challenges that apply to the community care worker related to hazard identification and management

The home is a challenging environment with many hazards which can directly affect the health, safety and welfare of workers. It is evident from the rising costs of workers compensation in the community care sector that workers are being injured at work and this should be of concern to all employers

The training today acknowledges this dual responsibility of community care organisations with the input of the direct care worker to ensure the health, safety and welfare of workers as well as helping our clients to remain safe in their homes.

## Overview of OHS legislation and framework

The following flow chart illustrates the OHS legislation in NSW – The Act is being amended in 2007



## **Occupational Health & Safety Act 2000**

The OHS Act 2000 is an Act “to secure the health, safety and welfare of persons at work.” The Act outlines the responsibilities of various people at work.

The objectives of the Act are:

- To secure & promote the health, safety & welfare of people at work.
- To protect people at a place of work against risks to health or safety arising out of activities of persons at work.
- To promote a safe & healthy work environment for people at work that protects them from injury & illness & that is adapted to their physiological & psychological needs.
- To provide for consultation & co-operation between employers & employees in achieving the objectives of this Act.
- To ensure that risks to health & safety at a place of work are identified, assessed & eliminated or controlled.
- To develop & promote community awareness of OHS issues.
- To provide a legislative framework that allows for progressively higher standards of OHS to take account of changes in technology & work practices.
- To protect people (whether or not at a place of work) against risks to health & safety arising from the use of plant that affects public safety.

## **Responsibilities of employers**

### **Section 8 Duties of employers**

#### **(1) Employees**

An employer must ensure the health, safety and welfare at work of all employees of the employer.

The duty extends (without limitation) to the following:

- (a) ensuring that any premises controlled by the employer where employees work (and the means of access to or exit from the premises) are safe and without risks to health,
- (b) ensuring that any plant or substance provided for use by the employees at work is safe and without risks to health,
- (c) ensuring that systems of work and the working environment of the employees are safe and without risks to health,
- (d) providing such information, instruction, training and supervision as may be necessary to ensure the employees' health and safety at work,
- (e) providing adequate facilities for the welfare of the employees at work.

#### **(2) Others at workplace**

An employer must ensure that people (other than the employees of the employer) are not exposed to risks to their health and safety arising from the conduct of the employer’s undertaking while they are at the employer’s place of work.

**Section 10 Duties of controllers of work premises, plant or substances**

This section outlines the responsibilities of landlords and / or organisations who may sublet their premise. It excludes private dwellings.

- (1) A person who has control of premises used by people as a place of work must ensure that the premises are safe and without risks to health.
- (2) A person who has control of any plant or substances used by people at work must ensure that the plant or substance is safe and without risks to health when properly used.
- (3) The duties of a person under this section:
  - (b) do not apply to premises occupied only as a private dwelling or plant or substances used in any premises**
- (4) In this section, a person who has control of premises, plant or substances includes:
  - (a) A person who has limited control of the premises, plant or substances (in which case any duty under this section applies only to matters over which the person has control), and
  - (b) A person who has, under any contract or lease, an obligation to maintain or repair the premises, plant or substances (in which case any duty under this section applies only to matters covered by the contract or lease).



The OHS Act 2000 does not apply to premises occupied only as a private dwelling. What does that mean for direct care workers who work in private dwellings?

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## **Consultation**

A significant change incorporated in the new OHS Act 2000 is the duty on employers to consult with employees about OHS. The reforms however, have given employers greater flexibility in how they consult i.e. OHS committees, OHS representatives or other agreed approaches.

### **Division 2 Duty to consult states:**

#### **Section 13 Duty of employer to consult**

An employer must consult, in accordance with this Division, with the employees of the employer to enable the employees to contribute to the making of decisions affecting their health, safety and welfare at work.

#### **Section 14 Nature of consultation**

Consultation under this section requires:

- (a) the sharing of relevant information about occupational health, safety and welfare with employees, and
- (b) that employees be given the opportunity to express their views and to contribute in a timely fashion to the resolution of occupational health, safety and welfare issues at their place of work, and
- (c) that the views of employees are valued and taken into account by the employer

#### **Section 15 When consultation is required.**

Consultation under this section is required:

- (a) when risks to health and safety arising from work are assessed or when the assessment of those risks is reviewed, and
- (b) when decisions are made about the measures to be taken to eliminate or control those risks, and
- (c) when introducing or altering the procedures for monitoring those risks (including health surveillance procedures), and
- (d) when decisions are made about the adequacy of facilities for the welfare of employees, and
- (e) when changes that may affect health, safety or welfare are proposed to the premises where persons work, to the systems or methods of work or to the plant or substance used for work, and
- (f) when decisions are made about procedures for consultation under this Division, and
- (g) in any other case prescribed by the regulations.

## **Responsibilities of employees**

### **Section 20 Duties of employees**

- (1) An employee must, while at work, take reasonable care for the health and safety of people who are at the employee's place of work and who may be affected by the employee's acts or omissions at work.
- (2) An employee must, while at work, co-operate with his or her employer or other person so far as is necessary to enable compliance with any requirement under this Act or the regulations that is imposed in the interests of health, safety and welfare of the employer or any other person.

### **Section 21 Person not to interfere with or misuse things provided for health, safety and welfare.**

A person must not, intentionally or recklessly, interfere with or misuse anything provided in the interests of health, safety and welfare under occupational health and safety.

### **Section 22 Employer not to charge employees for things done or provided pursuant to statutory requirement**

An employer must not impose a charge on an employee, or permit a charge to be imposed on an employee, for anything done or provided in pursuance of a specific requirement of this Act or the regulations.

# Duty of Care

## Employer duty of care

As an employer they have a duty of care to each employee 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:
  - safe work environment (eg safe floors and access)
  - safe systems (methods) of work (eg safe lifting methods and procedures for personal security)
  - safe plant, equipment and substances (eg safe electrical equipment and cleaning products)
- provide adequate facilities (eg first aid, clean toilets, lunch rooms, drinking water)
- provide information, instruction, training and supervision to ensure safety.
- 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
- prepare OHS policies and procedures
- consult employees and their representatives about OHS issues
- appoint a responsible officer (the Board member of the governing body or the most senior person who must ensure the OHS obligations of the organisations are met).



*(OHS Act 2000, Sections 8, 13, 14, 15,16,17,18, 19, 22 & 23)*

## Coordinator duty of care

Coordinators are accountable for

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



You notice when doing your housekeeping duties that the electrical socket used for vacuuming is broken, the electrical cords are frayed and that you have not been provided with a power board with a 'shocksafe' switch. What is the coordinators responsibility to you as the direct care worker?

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**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 and alcohol
- report hazards and incidents/injuries

*(OHS Act 2000, Sections 20, 21& 24)*



You trip on the front steps whilst at a client's home. You are wearing slip on shoes are rushing. What is your responsibility for your safety? How do you report the incident/injury?

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## Client duty of care

A client must provide, as far as is reasonable, a safe working environment for the care workers coming into their home. Things 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 which 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)

## 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 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.



The client is refusing to be transferred using the lifting hoist and has had a friend move their bed to a location where the overhead hoist cannot be used. What do you do? Who do you report to? What do you report?

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## Risk Management Involves

Risk management is the process of addressing hazards in the workplace and involves the following four steps:

1. Find the problem (Identify)
2. Check it out (Assess)
3. Fix it (Control)
4. Feedback (Review)

Or

1. Hazard identification
2. Risk assessment
3. Hazard/Risk control
4. Feedback/Risk review



What is your definition of a hazard?

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What is your definition of a risk?

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# Session 2:

# Hazard Identification

## Session 2: Hazard Identification

### What the law says

All employers must identify, assess and eliminate or control hazards at work

### What is a hazard?

A hazard is a situation with the potential for harm to life, health or property.<sup>1</sup> They arise from the workplace environment, the use of equipment and substances in the workplace, inappropriate management systems and procedures and human behaviour. For example they: may include using toxic cleaning products, carrying heavy loads, transferring clients in / out of vehicles, faulty electrical equipment, aggressive animals and aggressive clients or their families.

Hazards can be grouped under two headings: safety hazards and health hazards and can be classed as:

- 1. Physical** – noise, radiation, temperature, lighting
- 2. Electrical and Mechanical** – equipment, manual handling, slips, trips and falls, occupational overuse syndrome, ergonomic issues
- 3. Chemical** – cleaning products, fumes and handling of products
- 4. Biological** – Infectious diseases and non-infectious conditions, food handling
- 5. Psychological and Social** – stress, violence and aggression, drugs and alcohol
- 6. Specific to the situation** – working in confined spaces, driving, shiftwork, working in isolation<sup>2</sup>

When reviewing hazards it is important to identify whether the classification is a safety or a health hazard or both eg: infectious disease is both health and safety

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<sup>1</sup> Australian Safety and Compensation Council - Formally the National Occupational Health & Safety Commission

<sup>2</sup> Butrej, P., Douglas, D., 2000 Hazards at Work a guide to health and safety in Australian workplaces

**When identifying hazards you should consider:**

- How suitable the things you use are for the task and how well they are located
- How people use equipment and materials
- How people might be affected by noises and lighting
- How people might be hurt by equipment machinery or tools
- How people might be hurt by chemicals and other materials used in the workplace<sup>3</sup>

**Some ways of identifying hazards in the work environment include:**

- Checking first aid records
- Checking reports by employees or supervisors
- Conducting regular safety audits
- Conducting the Client Home OHS Assessment
- Consulting with support worker's
- Health and environmental monitoring
- Identifying hazards related to task and job analysis
- Interviewing the family and the client
- Listening to support worker's complaints
- Monitoring support worker's health
- Observing support worker's at work
- Reviewing hazards reported
- Reviewing incident/accident reports
- Reviewing workers compensation claims
- Talking with referring agents and medical personnel
- Workplace inspections

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<sup>3</sup> Hazpak – Making your workplace safer – [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

# Session 3:

## Hazards related to working in the community environment<sup>4</sup>

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<sup>4</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - January 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

## Session 3:

# Hazards related to working in the community environment

### Manual Handling

Manual handling is any activity that involves lifting, lowering, pushing, pulling, carrying or otherwise moving, holding or restraining any person or object. It is a major cause of injury and lost time from work in the community services sector. In 2001/2002, manual handling accounted for 33% of all major claims in the community services sector<sup>5</sup>.

In the home care environment, injuries may result from:<sup>6</sup>

- moving clients e.g. in and out of bed, chairs, vehicles or during showering.
- lifting and carrying e.g. equipment, or shopping from vehicles, carrying clothes to the clothes line, lifting children or shifting furniture
- repetitive actions and movements e.g. vacuuming, sweeping
- working in an area with limited space e.g. bedrooms and bathrooms
- tasks requiring forceful movements e.g. moving furniture, carrying
- stooping to low work surfaces e.g. making low beds, cleaning the bath
- extending reaching e.g. up to high cupboards, cleaning windows

### Workplace Violence/Personal Safety and Security

Violence and aggression includes verbal and emotional abuse or threats and physical attack to an individual, group, or to property. Workplace violence is not only an occupational health and safety issue. In some circumstances the violence may amount to a crime and may require police investigation.

Occupational violence can take many forms including:

- client-related violence
- violence that is internal to the organisation involving violence between employees, managers, employers or volunteers
- violence to people in the workplace from the general public, eg, assault or robberies.

In the community services sector, the main threat of violence is from clients or residents. Violent acts may include:

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<sup>5</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - January 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

<sup>6</sup> Working safely in community services, 2005 WorkSafe Victoria [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

- verbal abuse, in person or over the telephone; Written abuse
- discrimination
- bullying and harassment; Spitting ;threats; ganging up and intimidation
- physical or sexual assault
- armed robbery
- malicious damage to the property of staff, clients or the organisation.

### **Personal safety and security in the community services sector**

Community services workplaces have a high potential for violent incidents because they are often working with higher risk client groups and much of the work is carried out in less predictable environments of home and community settings. Employees/volunteers in rural and remote areas are particularly at risk because often inadequate resources have been provided, reducing opportunities for support.

Issues to consider include:

- isolated work locations
- pets – vicious, biting, mistreatment
- firearms – security and licences
- client/family Smoking and direct care worker smoking
- driving/ deadlines
- aggressive or unacceptable behaviour

In some community services, the term challenging behaviour is used to refer to clients behaviours that are sufficiently frequent or intense that they may place at risk, the physical or psychological health of others in the workplace. Challenging behaviours can range from extreme withdrawal from relationships and activities to aggression directed to self or others. Other examples of challenging behaviour include sexually inappropriate behaviour, disruptive behaviour, racial vilification, inappropriate language self-injury and property damage (DADHC Disability Services, 2003).<sup>7</sup>



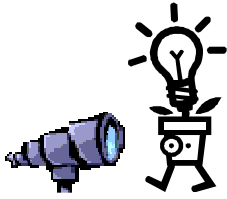
**Discuss examples that you have you had in relation to personal safety and security with your clients?**

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<sup>7</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)



**You are responsible for visiting regularly the three clients how would you report the issues with the pets to your supervisor?**

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**What would you do at the time if this is your first visit?**

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## **Psychological injury and Work related fatigue<sup>8</sup>**

'Psychological injury' is defined as being a personal injury arising out of or in the course of employment that is a psychological or psychiatric disorder. This term can extend to include the physiological effect of such a disorder on the nervous system.

Fatigue is tiredness that results from physical or mental exertion or insufficient sleep. Fatigue can arise from work that requires employees/volunteers to maintain a high level of concentration or intense inter-personal interactions, be on their feet for long periods of time, shift work, overtime and on-call work. Many of these conditions are commonplace in community service work.

Fatigue associated with shiftwork, and other prolonged exposure to stressors can have a detrimental effect on physical health, such as:

- sleep disorders
- mood disturbances
- gastro-intestinal complaints
- headache
- nausea
- depression and other psychiatric disturbances
- cardiovascular disease
- irregular menstrual cycles
- problems associated with disruption of medication regimes for medical conditions eg, insulin for diabetes.

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<sup>8</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

## Slips, trips and falls

Slips can be caused by slippery floors, loose gravel or other small items left on a smooth surface, uncleaned spillages or gripless shoes. Trips may occur over objects lying on the ground or jutting out into aisles or paths, over pets, getting in or out of vehicles, or due to uneven surfaces, cracked paths or poorly marked or poorly lit steps. Falls from a height can be from ladders, down stairs, due to insecurely guarded drops/ledges or from standing on chairs to reach an object.

Falls are the second most common cause of injury behind manual handling in the community services sector. During 2000/2001 falls accounted for 24% of permanent injuries for workers and 20% of temporary injuries (under 6 months), with falls from the same height accounting for approximately two thirds of those injuries<sup>9</sup>.

The *OHS Regulation 2001* imposes further specific duties on employers and controllers of premises with respect to conditions that might give rise to risks of slips, trips and falls.

In particular:

- safe access is provided to all parts of a workplace to which a person may require access and from which the person may fall
- if the whole or any part of the roof is brittle or fragile, both warning signs and safe walkways are provided and maintained
- if windows are designed to be cleaned from the outside, anchorage points for fall arrest devices are provided on each window or other safe means of cleaning are provided
- floors are designed to be safe without risk of slips, trips or falls, with adequate drainage and appropriate floor coverage.

Employers must also ensure that:

- floors are designed to be safe and without risk of slips, trips or falls
- persons are able to move safely around the place of work, and
- adequate lighting is provided



**Identify manual handling and slip trips and falls issues**

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<sup>9</sup> ibid

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## Working with chemicals

A chemical is a substance that can cause a reaction (or chemical change) when it comes into contact with another substance. When contact is with the skin, eyes, the respiratory, digestive or central nervous system, the chemical may cause harm.

### Employer responsibilities regarding hazardous substances

If a chemical used by workers is classified as a hazardous substance (an employer can find this out by contacting the manufacturer or supplier to establish whether or not a Material Safety Data Sheet [MSDS] is available for that chemical) an employer must:

- obtain a MSDS for that hazardous substance before or on the first occasion on which it is supplied
- keep a register of all hazardous substances used in the workplace;
- make the MSDS readily available to employees and volunteers who could be exposed to the hazardous substance and ensure that the MSDS is not altered
- ensure hazardous substances are labelled and the label is not removed, defaced or altered.

All employees need to be familiar with the chemical products to which they could potentially be exposed. Seemingly harmless items found in every workplace (and home) could be potentially dangerous. People need to be aware that ordinary household bleach can kill a person who swallows it. It also can burn the skin and seriously damage the eyes. In the same way, dishwasher detergent, stove cleaner, some glues and pesticides are extremely hazardous chemicals. Petrol or two-stroke petrol-oil mix used in lawnmowers can burn skin and damage eyes. It is important that all hazardous substances are carefully stored to minimise fire hazards and to avoid incident or injury.

## Infection control<sup>10</sup>

Infection control is the prevention of the spread of micro-organisms from client to client, client to employee and employee to client. Infections can spread through contact with body fluids that are airborne, ingested, on the skin, or on other surfaces.

### Mode of transmission

Common ways infections spread include:

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<sup>10</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

- **airborne droplets**

coughing and sneezing, even talking or singing, produce airborne droplets that can fall on surfaces or be breathed in

- **throat and nose discharge**

infection can spread if infectious organisms are present in body fluid when it is on hands, other parts of the body, clothes or surfaces such as walls and tables

- **faecal-oral**

any virus, bacteria or parasite present in the faeces of infected people can be passed directly to the mouth from hands, or indirectly onto other surfaces or food. The sites most frequently contaminated with faeces are hands, tap handles, toilet flush handles and tabletops. Toothbrushes and reusable towels also are potential sources of infection

- **skin contact**

some conditions can be spread by skin-to-skin contact or contact with contaminated items or surfaces

- **blood/body fluids**

viruses, bacteria and parasites in blood or body fluids may be spread through contact with these fluids



What precautions do you use to prevent cross infection?

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## Food safety

Workers are often involved in the purchasing, storage and cooking of food for clients. It is important that food safety procedures are followed for the health of the client and the worker who may share a meal with the client.



Do you cook and bring food to an elderly relative or friend in an aged care facility?

This fact sheet has been kindly sponsored by Compass Group (Australia) as a service to aged care facilities.

There are some foods that pose a higher risk than others, particularly of passing on a Listeria infection which is dangerous for the elderly.

## What are the higher risk foods?

|                      |  |
|----------------------|--|
| Cold meats           | Cooked or uncooked, packaged or unpackaged eg roast beef, ham etc.   |
| Cold cooked chicken  | Purchased whole, portions, sliced or diced   |
| Pate                 | Refrigerated pate, liverwurst or meat spreads  |
| Salads               | Pre-prepared or pre-packaged fruit, vegetables or salads eg from salad bars, retail outlets etc.   |
| Chilled seafood      | Raw or smoked ready-to-eat eg oysters, sashimi or sushi, smoked salmon or trout, sandwich fillings, pre-cooked peeled prawns such as in prawn cocktails and salads |
| Cheese               | Pre-packaged and delicatessen soft, semi soft and surface ripened cheeses eg brie, camembert, ricotta, feta and blue   |
| Ice cream            | Soft serve   |
| Other dairy products | Unpasteurised dairy products eg raw goats milk, cheese or yoghurt made from raw milk   |

Foods made with raw egg such as home-made egg mayonnaise, hollandaise sauce, uncooked cakes and desserts and egg-nog can also be dangerous for the elderly.

**You should not provide these foods to an elderly resident**

## What precautions should I take when preparing foods?

There are no special rules for cooking for elderly people — you just need to be even fussier than normal. If you plan to take chilled or frozen food you have cooked yourself, make sure that the food is cooled quickly in your refrigerator; never at room temperature. Always wash your hands well under running water using soap and dry thoroughly before handling food. You can get information on preparing food safely from the fact sheet 'Protecting Tiny Tummies and Sensitive Systems' and other fact sheets on the Food Safety Information Council website, [www.foodsafety.asn.au](http://www.foodsafety.asn.au).

## How can I transport food safely for an elderly person?

You will need to transport your food to the aged care facility so take care that it is protected from contamination during transport and, if it is chilled food, it is kept cool or if you are taking it hot, you keep it hot during the journey.

Food should be kept at 5 degrees Celsius or cooler or, for hot food, at 60 degrees Celsius or hotter. Between 5 and 60 degrees is known as the temperature danger zone because harmful bacteria multiply to dangerous levels in food when it is kept between these temperatures.

**Put cold food into a cooler with ice packs when travelling to visit your relative or friend. Don't pack food if it has just been cooked and is still warm. Coolers cannot cool food they can only keep cold food cool. Always cover pre-prepared foods securely and pre-chill them, for example, keep in the refrigerator overnight. Other perishable foods and drinks, such as deli products, cooked chicken and dairy products must also be cold when put in the cooler.**

**Hot food is difficult to keep hot and is best avoided if you are travelling long distances. It is best to chill the food overnight and reheat it at the residence. If you must take hot food on a longer journey, an insulated jug, preheated with boiling water before being filled with the steaming hot food, can be used. If you are unsure whether the jug will keep the food above 60 degrees Celsius, try filling it with water at 90 degrees Celsius, seal and test the water temperature after the length of time you expect your journey to take. If it is still above 60 degrees then you can use the jug. You will need a food thermometer to do this test.**

**If any perishable food you bring is not eaten immediately, make sure it is refrigerated before you leave.**

# Reheating food

Food needs to be reheated to a minimum of 75 degrees Celsius or 70 degrees Celsius for two minutes to kill any bacteria or viruses that might be present in the food.

## Reheating food in a microwave oven

If you are reheating food in a microwave, you need to be especially careful that the food is heated evenly.

Food heated in a microwave oven does not heat uniformly and unwanted germs may survive in portions of poorly heated food.

Manufacturers recommend standing times to help alleviate the problem of uneven heating. Many microwaveable meal packs carry the instruction to stir the food part way through the cooking process. Items such as lasagne that can't be stirred should be allowed standing time to allow the whole product to reach a uniform temperature.

**How evenly the food will heat will also depend on the thickness of portions and on the composition and moisture content of the food.**

Frozen food needs to be completely thawed before reheating.

If you are reheating a commercially prepared food, read and follow all the manufacturer's microwaving instructions.

If you are cooking for an elderly person, please check the fact sheet 'Protecting Tiny Tummies and Sensitive Systems' under 'publications' on the Food Safety Information Council's website [www.foodsafety.asn.au](http://www.foodsafety.asn.au) for more information on preparing food safely.

### *Need more information?*

Telephone Project Co-ordinator: **0407 626 688**  
Email: **[info@foodsafety.asn.au](mailto:info@foodsafety.asn.au)**  
Website: **[www.foodsafety.asn.au](http://www.foodsafety.asn.au)**



## Shop with food safety in mind

Food companies and retailers seek to maintain food safety standards to ensure that you can buy the very best. New food safety regulations in Australia will help to make the safety of the food you buy even better. But there are some signs you can look for yourself to ensure you buy a safe product. Once you buy the food, it's up to you to make sure that it stays safe.

### Choosing your supermarket

Check for cleanliness in your food shop. Some preparation of the food you buy, such as cutting up meat and preparing foods for the deli bar takes place in areas you can't see. Dirty staff and conditions in public areas may be a clue that things are worse behind the scenes.

### Shopping tips

If you have different types of shopping to do, go to the supermarket for your food shopping last.

Shop for non-perishable food first – leave the fridges and freezers to the end of your shopping. Also shop last for hot cooked foods such as BBQ chicken. Keep hot foods separated from frozen and chilled products.

### What to look for when shopping

All food retailers and food producers have a responsibility to provide you with safe food. But even so, some things can go wrong.

You should look out for damaged food packaging. This can provide an entry for bacteria. Check the product very carefully. Look for any signs of damage to the packaging. This can indicate that the product might be contaminated with food poisoning bacteria.

Always check the 'use by' dates marked on perishable foods, such as chilled precooked items and only buy foods within their expected shelf life. After that date, although it may look OK, there may have been sufficient time for food poisoning bacteria to grow to numbers that can make you sick. **Remember that unsafe food may still look, smell and taste good.** If in doubt, don't buy it.

Chilled foods need to be kept at a constant low temperature, which can't happen if products are overloaded in supermarket fridges or freezers. Note the black line in the fridges with the words 'load limit' written on it. Retailers should never have any product above or in front of this line. If a product is labelled as 'keep refrigerated' or 'keep

chilled' and is not in chilled storage, don't buy it and alert the store manager to this situation.

When buying food from the deli counter, ensure staff use separate tongs or gloves for raw and ready-to-eat foods. Avoid shops where cooked or other ready-to-eat food (eg seafood, cooked poultry or deli meats) are displayed adjacent to raw products or are served with the same utensils used for the raw products. If you have serious concerns about food handling in a retail outlet, contact your State health department or local council.

If you get home and then find some evidence of tampering or package damage, return the product to the store or call the manufacturer.

### **At the check-out**

- \* Ask the check-out operator to pack raw meats and poultry in a separate bag from other products.
- \* Encourage the check-out operator to pack other chilled and frozen items together by placing these items together on the conveyor belt.

### Taking your food home

- \* If possible, carry your food home in the air-conditioned part of your car in hot weather, not in the boot.
- \* Always go directly home - don't leave your shopping in a hot car.
- \* If you have to travel for over 30 minutes, it's a good idea to place your chilled and frozen foods into an insulated cooler for the trip home.
- \* When you arrive home, immediately pack chilled and frozen products into your refrigerator or freezer.

And for safety's sake remember the 6 key tips.....

- keep hot food steaming hot
- keep cold food refrigerated
- Cook food properly
- Separate raw and cooked foods
- Keep kitchen and utensils clean
- Wash hands with soap and dry thoroughly

October 2004<sup>11</sup>

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<sup>11</sup> Food Safety Information Council's website [www.foodsafety.asn.au](http://www.foodsafety.asn.au)

## **Food safety in the home**

### **Did You Know?**

There are between 2 million and 4.2 million cases of foodborne illness in Australia every year! Of these, it is estimated that 1 in 5 occurs from incorrect food handling in the home.

### **What Causes Foodborne Illness?**

Some bacteria and viruses called pathogens can cause foodborne illness (sometimes called food poisoning). You cannot tell by look, smell or taste whether a food contains dangerous levels of pathogens. Pathogens can either be present in food, or can come from other people, surfaces or equipment, or other food by cross contamination.

Bacteria grow in most food, especially when food is stored between 5°C and 60°C, the temperature danger zone. This means perishable food must be kept refrigerator cold or steaming hot (so that steam is rising) to slow bacterial growth. Viruses do not grow in food.

### **Prevention: What You Can Do ...**

#### **1. Storage**

Store raw meat, fish and poultry near the bottom of the fridge and ensure that juices, which may contain pathogens, do not drip onto other food. You can store these in leak-proof containers elsewhere in the fridge. Cover cooked and ready-to-eat food.

- Cool hot food quickly. Cool food on the bench only until steam stops rising. Then place the hot food directly into the fridge or freezer.
- Check the temperature of your refrigerator using a fridge thermometer. Ideally, the temperature of the main compartment should be at 4-5°C, and in the freezer should be - around minus15 to minus18°C.

#### **2. Thawing of Frozen Products**

- It is important to thaw cooked or ready-to-eat food in the fridge unless the manufacturer directs otherwise.
- Refrigerate defrosted food if it is not to be used immediately.
- If using a microwave oven, speed up the defrosting process by separating defrosted portions from the still-frozen sections of food.

#### **3. Handling and Preparation**

- Wash hands in hot soapy water for around 30 seconds before preparing food and after touching raw meat, poultry, fish or pets. Dry hands thoroughly on a paper towel or a clean towel.
- Avoid preparing food if you have symptoms such as diarrhoea or vomiting.

- Do not use the same chopping board, utensils and serving platters for ready-to-eat food, like salad vegetables, and to be cooked food, like meat.

#### **4. Cooking**

- When cooking mince, sausages, hamburger patties, rolled or stuffed roasts, and chicken ensure they are cooked right through. It is a good idea to check the internal temperature of these meats during cooking with a meat thermometer - aim for a temperature of 75°C. There should be no pink meat visible and juices should run clear. Fish is cooked when it flakes easily with a fork.

#### **5. Cooling and Reheating**

- Always reheat to steaming hot (above 75°C). This will kill bacterial cells and most viruses. When reheating in the microwave, make sure that food is steaming throughout and not just on the edges. Avoid heating bottles containing milk or formula in the microwave. A touch test may not reveal how hot some parts of the milk are and the baby's mouth can be scalded. (see below for more information on microwave cooking)
- Cool food as quickly as possible by placing into a shallow container and then into the fridge.

#### **6. Microwave Cooking**

Microwaves don't always cook food evenly, and bacteria and viruses in cold spots may survive the cooking process. To avoid cold spots:

- Carefully follow any instructions on cooking in the microwave that come with the product.
- Cover the food with a lid or microwave-safe plastic-wrap, to trap steam.
- Stir food and turn large items over during cooking. Rotate the dish once or twice - even if you have a rotating turntable.
- Cut food into similarly sized pieces, or arrange thicker pieces on the outside of the dish.
- Food continues to cook when the microwave is turned off. Always wait for 3-5 minutes, or for the recommended standing time, before testing that cooking is complete.

#### **7. Cleaning**

- Wash all work surfaces, dirty dishes and utensils well with warm soapy water, and dry them thoroughly. If you use a tea towel for drying, change it if it becomes dirty or wet.
- Bacteria can grow in wet dishcloths, sponges and dish-mops, so wring and spread them out to dry after each use. They should be changed, or disinfected by heating or in bleach, regularly. The antibacterial dishcloths should also be changed regularly.
- Disposable paper towels are an alternative to dishcloths and sponges.
- Never use the same dishcloths and sponges you use for food contact surfaces for cleaning floors.

**One Last Reminder....**

Be extra careful preparing and cooking food for young children, the pregnant, elderly and sick people. They are particularly susceptible to foodborne illness.

**Handy Hints**

- Keep hot food steaming hot.
- Cool hot food quickly in the fridge.
- Cook food properly.
- Keep cold food refrigerated. Avoid cross contamination -keep raw food separate from cooked food, keep working surfaces and utensils clean, and frequently wash and dry your hands thoroughly.

Endorsed by:



**Identifying hazards through observation of the work environment:**

**a. What are the hazards identified?**

-----  
 -----  
 -----

**b. What factors impact on the situation?**

-----  
 -----

**c. List some unsafe practices that you observe?**

-----  
 -----  
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# Session 4: Risk Assessment<sup>13</sup>

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<sup>13</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - January 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

## Session 4: Risk Assessment

Once you have identified the hazards in your organisation, you then need to assess the **risk** arising from them in consultation with staff.

A risk is a measure of how likely an injury or illness is when a hazard exists.<sup>14</sup>

As part of a risk assessment you will need to answer the following questions:

- ◆ How **likely** is it that this hazard will cause injury or illness?

Consider the level of a worker's exposure to the hazard.

For example, the more times a worker showers the client in the week the more likely that it could cause neck, back and shoulder pain. Or a worker who uses strong solvent or chemicals whilst cleaning each week may be more likely to suffer side effects, such as skin irritation or headaches.

- ◆ How **severe** is the injury or illness if it does occur?

Consider the extent of the injury or degree of harm that may be caused by a hazard. For example, a faulty electrical connection may cause death; a chemical spill into the eye may cause permanent disability and lifting a client incorrectly may cause back strain and time off work. However, some hazards may only result in injuries requiring first aid.

Answering these questions may require some research in understanding the hazards and its effects. This research may include your supervisor looking at WorkCover Codes of Practices and Guides, talking with other organisations with similar problems, contacting the manufacturer for advice or seeking expert advice.

Consider also that there may be **more than one risk** arising from a hazard. For example, a chemical may be toxic if absorbed through the skin and it may also be a manual handling risk because of its container.

Take into account **human differences** when assessing risks. Individuals and groups of workers have different skills, experience, training and physical capabilities. For example, a short worker may have more difficulty reaching items in storage than a taller worker and thus the manual handling task may be a hazard for them. Consider also, that when workers return from holidays or extended breaks they may not be as fit and likely to be more at risk of injury from manual handling.

There may also be a **number of contributing factors** relating to the risk; for example the chemical used may be toxic if spilt and absorbed through the skin, be highly flammable and it may give off fumes which are harmful if inhaled. Or completing the work at different times of the day and the individualisation of each client. The number of factors increases the level of risk

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<sup>14</sup> National Occupational Health and Safety Commission

The **level of exposure** also affects the degree of risk. The hazard posed by lifting increases by the number of times an employee has to carry out the lifting tasks each day and the number of employees who are involved in this task.

Exposure would take into account how often the employees are exposed to a hazardous situation in the workplace (frequency) the level of exposure (intensity) and the length of time of this exposure (duration)

**For example**

**Outdoor work:** Frequency, intensity and duration of exposure to the sun increases the risk of skin cancers for staff doing gardening work.

**Housework:** Frequency, intensity and duration of the tasks may lead to overuse syndrome.

**Noisy Work:** Some hazardous situations in the workplace where the frequency, intensity and duration of the exposure to noise increases the risk of hearing impairment

*Don't forget the risk to visitors, contractors, customers or other people coming onto your workplace. They may not be as aware of the hazards as you and could introduce new hazards. Consider this in relation to the office as well as the client's home*

When looking at risks consider the question 'what is the safety or health risk' when assessing the hazard?




You are assisting the client with showering and dressing - identify the hazard and the risk to client and to the care worker in these situations

| Hazard Identified | What are the risks to the client? | What are the risks to the care worker? |
|-------------------|-----------------------------------|--|
|                   |                                   |  |
|                   |                                   |  |
|                   |                                   |  |
|                   |                                   |  |
|                   |                                   |  |
|                   |                                   |  |

## Risk Assessment Matrix<sup>15</sup>

The risk assessment matrix helps you to relate the two assessment questions at the same time. Follow your answers to “**How severe might the injury or illness resulting from the hazard be?**” and the “**How likely is it that an injury or illness will result from the hazard?**” and you will end up with a number in the intersecting box.

| How <b>severe</b> might the injury or illness resulting from the hazard be?  | How <b>likely</b> is it that an injury or illness will result from the hazard? |   |  |  |
|--|--|---|--|--|
|  | <b>++</b><br><b>very likely</b><br>could happen, at any time                   | <b>+</b><br><b>likely</b><br>could happen, sometime | <b>-</b><br><b>unlikely</b><br>could happen, but very rarely | <b>--</b><br><b>very unlikely</b><br>could happen, but probably never will |
|  Kill or cause permanent disability or ill health | <b>1</b>   | <b>1</b>  | <b>2</b>   | <b>3</b>   |
| <b>!!!</b> Long term illness or serious injury   | <b>1</b>   | <b>2</b>  | <b>3</b>   | <b>4</b>   |
| <b>!!</b> Medical attention and several days off work  | <b>2</b>   | <b>3</b>  | <b>4</b>   | <b>5</b>   |
| <b>!</b> First aid needed  | <b>3</b>   | <b>4</b>  | <b>5</b>   | <b>6</b>   |

This number shows you how important it is to do something about the hazard:

**1 top priority:** do something immediately

**6 low priority:** do something when possible

All hazards need to be fixed but you may not have the resources to fix them all immediately. The priority number from the table helps you to decide which ones to do immediately, in the short term and in the long term.

<sup>15</sup> Hazpak – Making your workplace safer – [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

The AS/NZ Standard assesses risk using the matrix set out below

Risk Assessment Matrix

|             |                     | 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             |

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Human differences should be considered when assign risk assessments for example manual handling hazards can be decreased by fitness, experience in lifting and the specific client’s ability and cognition.



Mrs Dunn is a client and is being assisted to go shopping twice a week.

Consider

1. what are the hazards (pick four)
2. what are the risks to the staff member
3. rate the risks identified

| Hazard Identified | Risk to staff | Risk rating |
|-------------------|---------------|-------------|
|                   |               |             |
|                   |               |             |
|                   |               |             |
|                   |               |             |

# Session 5:

# Hazards and risk control and review<sup>17</sup>

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<sup>17</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - January 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

# Session 5: Hazards and risk control and review

## Fix it (Control)

### Hierarchy of controls:

Once you have identified the hazards and assessed the risks, you need to implement a strategy to eliminate or reduce the risk.

- The best way to fix a problem is to **eliminate** the hazard or reduce the risk.
- Only when it is not practicable to eliminate the risk, should control measures be taken.
- When choosing methods for reducing the risk, options should be selected from the “**hierarchy of control**”.
- 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. It is important to recognise that they are in order of long-term effectiveness and not to start at what seems like the simplest to achieve. In many instances a mix of approaches will be the most effective and appropriate solution.

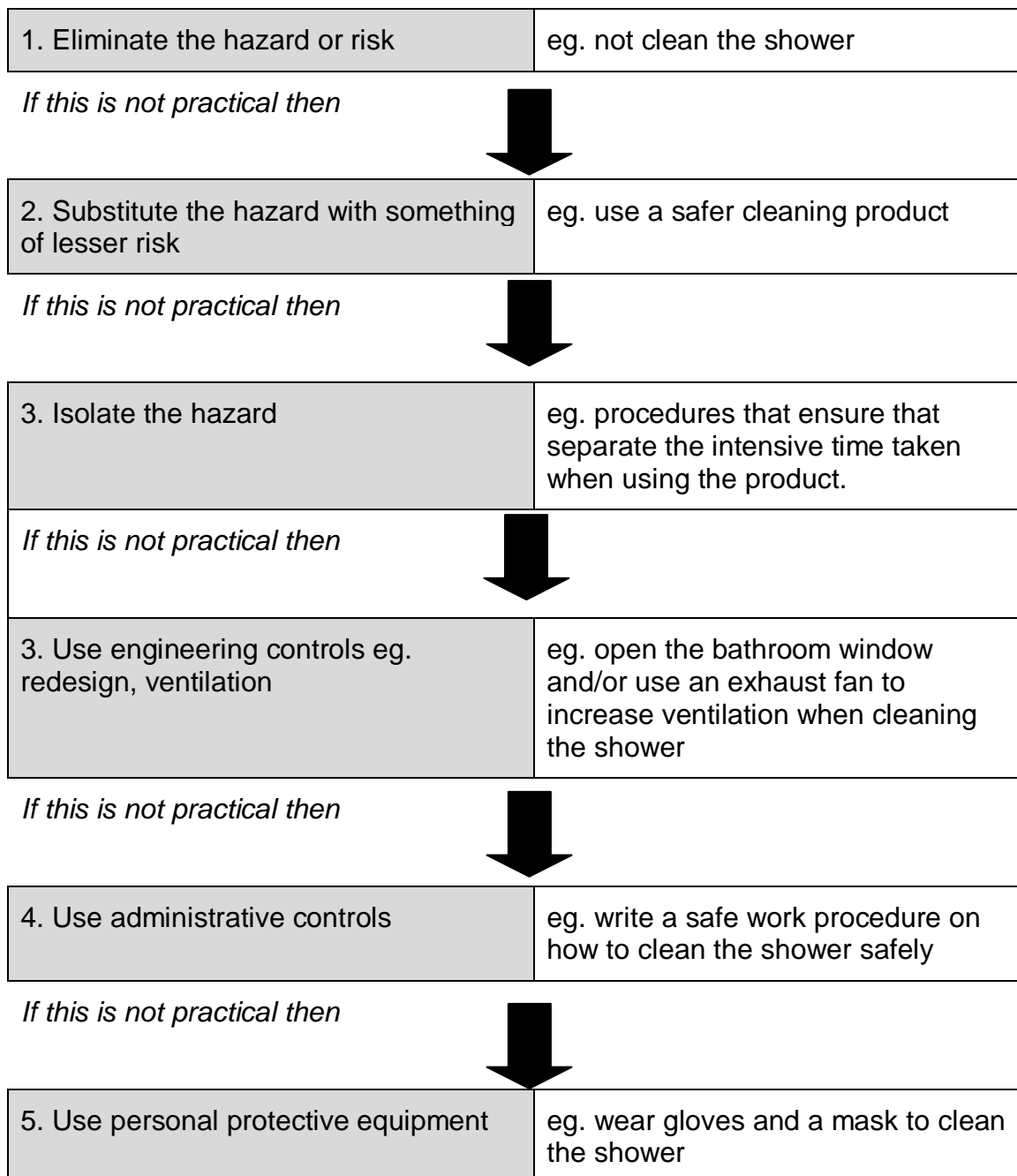
1. **Eliminate the hazard or risk** – discontinue the practice or dispose of the hazardous item
2. **Substitute - Change equipment or materials** – substitute the hazard for something that gives rise to a lesser risk
3. **Isolate the hazard** – separate the hazard in time or space from the person at risk use barriers to shield or isolate the hazard
- 4 **Engineering Controls** - Design in safety – plan for safety through changing the work environment such as redesigning the workplace, using automatic controls, providing greater ventilation or lighting, mechanical devices
5. **Administrative Controls** - Change work methods – organise safe work practices through planning a safer way of doing things followed by training, instruction and supervision
6. **Use personal protective equipment** – this should not solely be relied upon and should only be used as a last resort to control risks.

Safe  
Place

Safe  
Person

For example, a hazard identified includes caustic substance which was used for cleaning the shower. The following risk control strategies were proposed:

## Hierarchy of control



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. Document each step.

### 1. Eliminate the hazard

Example: An employee tripped over an electric cord leading to an old wall-mounted fan. Upon consideration, it was realised that the fan was broken and not used since air-conditioning was put in a year ago. The fan and its cord were removed.

## **2. Change equipment or materials**

Example: An employee experienced back pain when helping clients up and down the steps of the community bus. New steps were fitted to the bus with handrails which allowed clients to get on/off the bus independently.

## **3. Isolate the hazard**

Example: A home care worker reported threats of abuse from a client's son who has mental health problems when she visited the client in the mornings. Upon enquiry, the home care worker found that the son was not home after 11am, so visits were rescheduled for the afternoon.

## **4. Design in safety**

Example: Shift workers at an emergency accommodation facility indicated they were concerned about threats of violence during the night. The workplace was examined for opportunities to increase the safety at night. New lighting and security alarms were installed and a lockable door with a view panel replaced the solid door between the desk and the clients.

## **5. Change work methods**

Change work methods to reduce accidents.

Example: An employee was conducting an initial interview with a distressed client at the workplace when the client became angry and punched the employee. After consultation with the employee, the manager and the management committee decided to:

- review intake procedures to identify clients with histories of violence
- write a procedure to be followed by employees and volunteers before and during client interviews
- conduct interviews in a room with two exits to facilitate withdrawal of either party from a perceived threat
- train employees and volunteers to recognise and diffuse violent situations
- provide duress or personal alarms
- ensure other staff are close by when interviewing potentially violent clients.

## **6. Use personal protective equipment (PPE)**

If no other measure will totally solve the problem, consider what personal protective equipment could help reduce the risk of harm to a worker or volunteer. As a back up, this approach can be used in conjunction with other measures. PPE should be kept in good condition, fit properly and be worn correctly to achieve maximum usefulness, PPE must be looked after on a regular basis.

Example:

A cleaner experienced a needle-stick injury when walking in the courtyard. The least effective method to address this problem would be to simply provide the cleaner with gloves and long handled tongs for cleaning the courtyard.

The more effective method would be to:

- consult with the employees and establish a procedure whereby employees check the courtyard at the beginning of the day and prior to activities
- provide a 'sharps' bin in the courtyard, and
- provide the cleaner with gloves and long handled tongs for cleaning the

courtyard.

## **Feedback (Review)**

Having put in place ways to control hazards in your organisation, now review whether they are effective. Consult your workers and consider the following questions:

### **Did it work?**

Was the control / safety solution effective and did it address the hazard you identified and assessed?

### **Did it create another hazard?**

Your control / safety solution may have fixed the first hazard but may have created another one!

Organisations should review procedures on a regular basis e.g. every two years, when new information is available or when an incident or accident occurs. Develop a schedule so that policies and procedures can be progressively addressed over a two year period.

## **Example for hazard control related to infection hazards<sup>18</sup>**

### **1. Eliminate the hazard**

Exclusions:

- employees, family members and clients may need to be quarantined at certain times from the workplace for the safety of others. Exclusion of sick adults is an important way of preventing infection being reintroduced.

### **2. Substitute the hazard**

Change the type of cleaning products used eg:

- replace bars of soap with disposable liquid hand wash dispensers
- replace cloth hand towels with paper towel.
- alternative hand washing means such as portable containers, alcoholic washes

### **Isolate the hazard**

- immunisation from certain infections such as Hepatitis B is a form of risk control.

### **4. Design in safety**

- replace rotating taps with lever taps that can be turned on and off with elbow or wrist and are easier to clean (in agreement with client).
- hand-rubs or foams should be provided if staff are visiting places where running water is not available

### **5. Change work methods**

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<sup>18</sup> The Community Services Safety Pack - A Guide To Occupational Health & Safety - January 2004  
[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

- employees and volunteers should be informed of the need to wash hands and the processes to use.
- Use a paper towel to turn off the tap if it cannot be turned off with the elbow or wrist
- cuts and abrasions should be covered by water-resistant dressings that should be changed as necessary
- employees or volunteers who have skin problems such as weeping lesions or dermatitis should seek medical advice before having significant physical contact with clients



**What could be some control measures when managing an aggressive pet (Sam the dog)?**

**Eliminate** -----

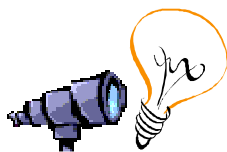
**Substitute** -----

**Isolate** -----

**Engineering Controls** -----

**Administrative Controls**-----

**Personal Protective Devices** -----



**Identify four hazards**

-----

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-----

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## Risk Control Strategies

Take two of the hazards and using the risk control hierarchy, note how you would address the following hazards you identified.

|  |  |
|--|--|
| Hazard:  |  |
| Risk:  |  |
| 1. Eliminate the hazard  |  |
| 2. Substitute the hazard with something of lesser risk           |  |
| 3. Use engineering controls eg. redesign, ventilation, isolation |  |
| 4. Use administrative controls                                   |  |
| 5. Use personal protective equipment                             |  |

|  |  |
|--|--|
| Hazard:  |  |
| Risk:  |  |
| 1. Eliminate the hazard  |  |
| 2. Substitute the hazard with something of lesser risk           |  |
| 3. Use engineering controls eg. redesign, ventilation, isolation |  |
| 4. Use administrative controls                                   |  |
| 5. Use personal protective equipment                             |  |

# Session 6:

## Challenges in hazard and risk management in a community setting

## Session 6: Challenges in hazard and risk management in a community setting



### Group quiz and discussion

**1. List three situations that would require immediate action taken when visiting a client**

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

**2. List three situations that you see are the most challenging when providing care**

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_



**3. What would you do if: .....** Two care staff are attending late night visit to put highly dependant client to bed. You are both arriving separately and one staff member has been delayed with a previous client. They have called and said that they will be 20-30 minutes late. You are in an isolated area with no street lighting, and it is a cold winter's night. You are unable to wait alone in the client's home due to the son who has displayed verbal and physical aggression towards other care workers.

a. What would you do immediately?

b. Who would you contact?

c. What possible solutions can you see to address this issue in the long term?



A more experienced care worker tells you to assist a client with a manual lift without using the lifter machine which is the manual handling requirements for the client?

# Resources

- WorkSafe Victoria [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)
- Food Safety [www.foodsafety.asn.au](http://www.foodsafety.asn.au)
- Australian Standards [www.standards.com.au](http://www.standards.com.au)
- Cover Authority of NSW [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)
- OHS website developed by the Australian Nursing Home & Extended Care Association and the Aged and Community Services Association of NSW and ACT [www.agedcareohs.info](http://www.agedcareohs.info)
- Australian Safety and Compensation Council - Formally the National Occupational Health & Safety Commission [www.ascc.gov.au](http://www.ascc.gov.au)
- WorkCover Corporation of South Australia [www.workcover.com](http://www.workcover.com)
- ACT workcover [www.workcover.act.gov.au](http://www.workcover.act.gov.au)
- QLD Government, Department of employment and industrial relations - Workplace Health and Safety [www.whs.qld.gov.au](http://www.whs.qld.gov.au)
- Volunteering Australia [www.volunteeringaustralia.org](http://www.volunteeringaustralia.org)
- ACSA [www.agedcare.org](http://www.agedcare.org)
- NSW Department of Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
- NSW Infection Control Resource Centre. Centre (tel 02 9332 9712).
- Australian Department of Health and Aged Care. Commonwealth of Australia [www.health.gov.au](http://www.health.gov.au)
- Home Modification & Maintenance Information Clearing House Project [www.plan.arch.usyd.edu.au/hmm/hmm\\_web/default.cfm](http://www.plan.arch.usyd.edu.au/hmm/hmm_web/default.cfm)
- OT Australia NSW [www.otnsw.com.au/](http://www.otnsw.com.au/)
- OT Australia NSW
- Unit 20, 13 Avenue of Americas  
Newington NSW 2127  
Phone: 02 9648 3225  
Fax: 02 9737 0023
- Independent Living Centre [www.ilcnsw.asn.au/](http://www.ilcnsw.asn.au/)
- Independent Living Centre
- 600 Victoria Road, Ryde, NSW 2112  
Phone: 02 9808 2233 Fax: 02 9809 7132

TOLL FREE for country callers: 1800 800 523

Email: [ilcnsw@bigpond.com](mailto:ilcnsw@bigpond.com)

- Department of ageing disability and home care
  - Central Office
  - Level 5, 83 Clarence Street
  - Sydney NSW 2000
  - Phone: (02) 8270 2000
  - TTY: (02) 8270 2167 (for people who are deaf)