Risk Assessment for Care Workers

Summary

The principal objective of home care is the provision of support to enable service users to be cared for in their own home for as long as possible, or to enable them to return to their own home from hospital or other accommodation.[1] Home care workers assist people at home, allowing them to stay in their homes, rather than use residential, long-term, or nursing care institutions. Care workers visit users to help with daily tasks, and assist in their physical personal needs and in the follow-up of medical plans.

This article provides practical information on these activities to employers of care workers, as well as care workers and their representatives.

Following a brief introduction about home care workers and OSH in care worker activities, the article includes sections on 'How to do a Risk Assessment' and 'How to use a Checklist'. A general checklist is then presented to help determine 'Does the hazard exist at the workplace?'. An extensive list of 'Proposed solutions and examples of preventive measures' is then considered, for the different questions posed in the general checklist. A case study is then presented, showing how appropriate education and training and the use of risk assessment tools and a resource guide can alter a home care worker's perception of occupational safety and health issues and through this reduce the potential for injuries and claims. Finally, sources of further information are presented at the end of the article.

Introduction to the home care sector

With its ageing population, the European Union is experiencing an increasing demand for care services. The care sector in Europe is economically very significant, offering job opportunities for an estimated 10% of the workforce.[2] Care workers often have job titles such as Aged Care Worker, Disabled Carer, Domestic Helper, Home Care Worker and Residential Care Worker – Adults.

The essential point is that they work in private homes, assisting people who are unable to care for themselves or their families because of sickness, disability or old age. Care includes activities such as transportation, house cleaning, personal hygiene, providing meals, and other activities. Home care workers ensure that those who require care can continue to live in their homes and in the community.

Home care workers may perform different groups of activities:

- Assisting with the physical personal needs of older, ill or disabled people, e.g. personal hygiene (bathing, dressing, using the toilet), lifting, transferring, moving, dressing, exercising, feeding and helping

clients with mobility (these activities are also known as ADL – activities of daily living).

- Assisting in the follow-up of medical plans and instructions, involving physiotherapy or handling aids to daily living, such as incontinence supplies, diabetic meters and supplies, urological supplies, ostomy supplies, wound care supplies, equipment, gloves, mobility aids, nutrition, orthopedics, skin care products and supplies, vascular care products, blood tests and blood pressure monitoring.
- Assisting in the home environment and domestic duties, e.g. light housework (vacuuming, cleaning, washing and maintaining a tidy and safe environment), preparing meals, serving, help with eating and clearing away, and taking medications.
- Assisting in the external needs of the person who requires care, such as shopping for groceries or clothes, using the telephone, managing money, going on scheduled outings (e.g. transporting clients to appointments and activities), arranging social activities and shopping trips, and accompanying people on outings.
- Assisting in meeting psychosocial needs, for example by providing companionship, friendship and emotional support and managing problems related to dementia, and
- Interacting with family members and other supports to ensure that care needs are identified and met.

To adequately develop all these activities, the home care worker requires a diverse knowledge (e.g. familiarity with aids and equipment for daily living), particular skills (good communication) and personal attributes (compassionate and understanding, caring and supportive, flexible, adaptable, able to work in a variety of settings, respect cultural differences) and be able to work independently with little supervision.[3]

Home care working conditions may have an impact on the carer's wellbeing and on the attractiveness of the working sector. The most important aspects of working conditions for carers are working hours, employment status and pay.[2] Physical and emotional strains and stresses, irregular working hours, heavy reliance on part-time and short-term contracts and geographical and professional isolation are some of the circumstances that may affect the health and safety of carers.[2] The high proportion of women in the European social care workforce and the perception that the skills associated with care provision are largely restricted to women, possibly influence the pay offered by the sector.[2] Care workers earn less than other comparable occupational groups.[2] Rates of turnover in the sector are high (e.g. in Germany, 80% of the social care workforce leave their job within five years). Levels of part-time employment are also higher for all carers than for total employment in every EU country. [2] In Spain, very few people have a 35-hour weekly contract.[4]

Introduction to OSH in care workers' activities

Home care may represent a safety challenge for care workers travelling between, and working in, patients' homes. Injuries resulting from road traffic accidents, overexertion (and repetitive movements) when assisting patients and slips, trips and falls inside and outside their homes are the main causes responsible for lost working time among care workers.[5]

Other causes of accidents and diseases in care workers include exposure to hazardous chemicals (caustic, irritant, toxic or allergenic substances), being struck by objects, assaults and violent acts or behaviour. Additionally home care workers may be exposed to infectious diseases (hepatitis, HIV, influenza (flu), tuberculosis (TB), measles, and chicken pox) when providing direct client care, such as dressing or bathing, or cleaning and cooking for infected clients.[5][6]

Different conditions may also lead to mental or emotional fatigue in care workers. Dealing with clients and family members who may be stressed and difficult to work with, and to work independently in unfamiliar and uncontrolled situations are examples of work situations that may cause stress to these workers.[7]

All the above hazards may be present and identified during home care activities and must be taken into consideration in any risk assessment of home care work. If these hazards are ignored then the result may well be accidents or health problems for home care workers. Some of these potential home care hazards and risks are considered in more detail below.

Driving to patients' homes

Road traffic accidents are one of the most frequent causes of occupational accidents in home care workers and the most important cause of fatal accidents. Such hazard and risk can be minimised by, for example: wearing a seatbelt, checking tyres for wear and tear, attending to vehicle maintenance, reducing speed and distractions, being particularly cautious at intersections, not driving while sleepy or under the influence of alcohol or other drugs.

The physical environment outside the home

Similarly the physical environment may present hazards; slips, trips and falls inside and outside the home are frequent causes of accidents to home care workers. Pavements, particularly uneven ones, steps, wooden ramps covered with water, ice, snow, leaves, or moss, items left on pavements and pathways and poor lighting represent other hazards that may be responsible for accidents outside the home.[9] Additionally when a care worker is going outside with a client the risks for the carer and client may be far greater than

when the carer is outside by themselves. When doing a risk assessment for both inside and outside a home, the presence of pets and other animals must also be taken into consideration.

The dangerous behaviour of persons outside the home

The home may be in a high-crime or unsafe area or an isolated location. In such locations, health care workers may be at risk of assaults. The presence of gang members, drug or alcohol abusers may pose an increased risk of work-related assaults.[8]

The physical environment inside the home

Good housekeeping is an important factor in maintaining a safe work area for home care workers. Many home care workers are injured because they trip, stumble or step on objects in their way. Adequate lighting must be available in order to work safely. Also, if a home is cluttered and poorly lit, it may be difficult to leave quickly in the event of an emergency or an attack on a home care worker.

Ladders may need to be used, for example to retrieve stored items, to change a light bulb or to clean walls or high surfaces. Falls from unstable or defective ladders may cause serious injuries to home care workers. Boxes and chairs are often used instead of ladders and must not be considered as safe substitutes for well maintained steps and ladders.

Oxygen is both a prescribed treatment and a fire hazard. Fires can occur unexpectedly and smoking is the most frequent cause of house fires.

Very often clients' homes are not adapted to care workers' needs. A Spanish study involving 500 patients' homes concluded that only 6.5% had adjustable articulated beds and only 16.1% had adaptable showers; globally only 12.9% of homes surveyed had adequate conditions to meet care workers' needs and to enable them to work in a healthy and safe manner.[4]

Activities of daily living (client care activities like dressing, eating, walking and toileting)

Client care activities can put workers at high risk of musculoskeletal disorders (MSDs). Transferring or repositioning, dressing or bathing patients may require force and awkward posture, putting the worker at risk of injury because most people are too heavy for manual handling. Some of these movements involve extended reach, bending and twisting the upper body while handling the patient. Other activities may require supporting the client (or the client's leg or arm) in the same position for a long time, while using high force. When bathing clients, workers may have to kneel against hard surfaces.

Domestic duties

Housekeeping activities can also put care workers at high risk of MSDs. Some of these activities include making beds, cleaning (dusting, vacuuming, mopping) doing laundry, and cooking and washing dishes. Risk factors during these activities include awkward posture, excessive bending at the waist, extended reach (while twisting), repetitive pinch and grip forces, static postures with force, contact stress, kneeling on hard surfaces (pressure on the knees) and lifting items.
Using cleaning products in the client's home can also put care workers at risk of exposure to chemicals. Some chemicals in household products can irritate or burn the eyes and skin, some can irritate the lungs and others are suspected of causing longer-term health effects.

Aids to daily living and paramedical services

Care workers may have to deal with aids-to-daily-living products (for example, bathroom products, transfer benches and eating utensils). Patients' medical plans may include handling medical products including: incontinence supplies, diabetic monitors and urological supplies. Personal protective equipment and other provisions and requirements may also be needed for care workers (e.g. disposable gloves, disposable towels, hand disinfectant, alcohol hand wipes, face mask, plastic garbage bags) when handling medical products potentially infected with blood or other body fluids.

The patient's health condition (infectious conditions) and behaviour

Home care workers may come into contact with infectious diseases such as hepatitis, HIV, influenza (flu), tuberculosis (TB), measles, and chicken pox. Most blood-borne occupational infections occur through injuries from sharps contaminated with blood through accidents or unsafe practices.

- Tuberculosis, measles, chicken pox and influenza are examples of diseases that may be transmitted by inhalation, coughing, sneezing or by touching a person or object and then touching the eyes, nose, or mouth;
- HIV/AIDS, hepatitis B/C are diseases that are spread through direct contact with contaminated blood and body fluids of a person with the disease (transmitted by a contaminated needle or a cut in the skin);
- Hepatitis A, E. coli and giardia are example of diseases that may be transmitted though food, water or sharps and needle use;
- Herpes, MRSA, scabies, influenza, rubella, mumps and ringworm are example of diseases that may be transmitted by blood, other body fluids and contaminated objects.[6]

Additionally some clients with mental illness may pose a threat to care workers by frightening behaviour or even violent behaviour such as physical

attacks. Other clients may act aggressively, or feel frustrated or angry because of their health situation and dependence on others.[9]

In some cases, short and long-term psychological trauma has been reported in care workers (anger, anxiety, irritability, depression, shock, fear of returning to work, disturbed sleep patterns, headache).[10]

Family members and visitors

Violence to care workers may result from patients and occasionally from hostile family members and visitors who feel stressed, disturbed, frustrated, vulnerable, or out of control. Family members may become argumentative because of their frustration with the client's condition or the care arrangements.[9]

Emergencies

Emergency situations may occur as a consequence of a client's life-threatening condition; a fire occurrence, or an indoor gas or oxygen leak.
Emergency action plans must be prepared to prevent such emergency situations and, if and when they occur, to respond effectively. Evacuation procedures (escape routes) and all relevant phone numbers must be readily available (for example, fire, paramedics, physician, hospital, ambulance and police).

How to do a Risk Assessment

Risk assessment is the process of evaluating risks to workers' safety and health from workplace hazards. A risk assessment is a systematic examination of all aspects of the work undertaken to consider what could cause injury or harm, whether the hazards could be eliminated, and if not what preventive or protective measures are, or should be, in place to control the risks.[11]

For most businesses, especially small and medium-sized enterprises, a straightforward five-step approach (incorporating elements of risk management) such as the one presented below should work well.

Step 1. Identifying hazards and those at risk.
Looking for those things at work that have the potential to cause harm, and identifying workers who may be exposed to the hazards.

Step 2. Evaluating and prioritising risks
Estimating the existing risks (the severity and probability of possible harm…) and prioritising them in order of importance.

Step 3. Deciding on preventive action

Identifying the appropriate measures to eliminate or control the risks.

Step 4. Taking action
Putting in place the preventive and protective measures through a prioritisation plan.

Step 5. Monitoring and reviewing
The assessment should be reviewed at regular intervals to ensure that it remains up to date.

However, it is important to know that there are other methods that work equally well, particularly for more complex risks and circumstances.

For more information: http://osha.europa.eu/en/topics/riskassessment

What is (and is not) a checklist and how to use it

- A checklist can help identify hazards and potential prevention measures and, used in the right way, forms part of a risk assessment.
- A checklist is not intended to cover all the risks of every workplace but to help you put the method into practice.
- A checklist is only a first step in carrying out a risk assessment. Further information may be needed to assess more complex risks and in some circumstances you may need an expert's help.
- For a checklist to be effective, you should adapt it to your particular sector or workplace. Some extra items may need to be covered, or some points omitted as irrelevant.
- For practical and analytical reasons, a checklist presents problems/hazards separately, but in workplaces they may be intertwined. Therefore, you have to take into account the interactions between the different problems or risk factors identified. At the same time, a preventive measure put in place to tackle a specific risk can also help to prevent another one; for example, air conditioning put in place to combat high temperatures can also prevent stress, given that high temperatures are a potential stress factor.
- It is equally important to check that any measure aimed at reducing exposure to one risk factor does not increase the risk of exposure to other factors; for example, reducing the amount of time a worker spends reaching above shoulder level may also increase the time spent working in a stooped posture, which may lead to back disorders.
- It is essential that checklists are used as a means of development support, not simply as a 'tick-the-box' formal checklist.

General checklist

The general checklist in Part A is a tool to help identify hazards in the carer's workplace.

Part A: Does the hazard exist at the workplace?

YES – if you have ticked at least one answer in a field marked with ☐
Please note that the list below does not cover all the possible cases in which there are hazards.

	QUESTION	YES	NO
	1. DRIVING TO THE PATIENT'S HOME		
1.1	Is the client expecting the carer?	☐	☐
1.2	Is the home in a high crime area or an isolated location?	☐	☐
	2. DANGEROUS BEHAVIOUR OF PERSONS OUTSIDE THE HOME		
2.1	Is the home in a high crime area or an isolated location?	☐	☐
2.2	Does the carer travel alone?	☐	☐
	3. THE PHYSICAL ENVIRONMENT OUTSIDE THE HOME		
3.1	Are the surfaces sometimes slippery, e.g. when wet, muddy or dusty?	☐	☐
3.2	Does the ground have uneven areas, loose covering, holes, spills etc.?	☐	☐
3.3	Are there thresholds or other changes of level on outside surfaces?	☐	☐
3.4	Is the lighting of surfaces and access routes inadequate?	☐	☐
3.5	Are animals present?	☐	☐
	4. THE PHYSICAL ENVIRONMENT INSIDE THE HOME		
	Fire – explosion		
4.1	Are appropriate fire precautions in place (smoke detectors, extinguishers, …)? (where relevant)	☐	☐
4.2	Is there any damaged insulation on wires (e.g. kinks or exposed wires)?	☐	☐
4.3	Is there any damage to electrical equipment housing, or housing not present?	☐	☐
4.4	Are there any damaged plugs or sockets?	☐	☐
4.5	Are there any overloaded electrical sockets?	☐	☐

4.6	Are oxidising or flammable substances, such as paint, finishes, adhesives and solvents used?	☐	☐
4.7	Are oxygen cylinders safely stored in a proper location?	☐	☐
4.8	Is propane, butane or natural gas in use in the client's home?	☐	☐
	Lighting		
4.9	Is lighting adequate to perform tasks efficiently, accurately and safely?	☐	☐
4.10	Is the lighting of circulation areas, corridors, stairs, rooms, etc., adequate to move safely and to notice any obstacle (holes in the ground, objects lying on the ground, steps, slippery surfaces or spills, etc.)?	☐	☐
	Animals		
4.11	Are animals present?	☐	☐
	Floor and stairs		
4.12	Do the floors have uneven areas, loose coverings, holes, spills, etc.?	☐	☐
4.13	Are the floors sometimes slippery, e.g. when they are wet due to cleaning or spilling of liquids, or dusty due to construction work?	☐	☐
4.14	Are there thresholds or other changes of level on the floors?	☐	☐
4.15	Are the floors kept tidy?	☐	☐
4.16	Are there cables on the floor?	☐	☐
4.17	Are there any obstructions and objects (excluding those which cannot be removed) left lying around in the work area?	☐	☐
4.18	Could the carer fall or slip due to unsuitable footwear?	☐	☐
4.19	Are client's home stairs in poor condition or cluttered?	☐	☐
	5. ACTIVITIES OF DAILY LIVING		
	General		
5.1	Is training required to safely assist clients in the activities of daily living?	☐	☐
5.2	Client care activities, especially client handling activities, can put the carer at high risk. Do the activities of daily living include: transferring or repositioning, dressing and bathing clients?	☐	☐
5.3	Do the activities of transferring or repositioning the client involve manual handling, reaching, bending or twisting?	☐	☐
5.4	Are there risks of acute injuries? (back pain from lifting a client, shoulder pain by trying to stop a client from falling, moving heavy objects such as furniture)	☐	☐
5.5	Are there risks of chronic injuries? (High repetition activities with excessive force, awkward posture, static load or direct pressure	☐	☐

	on the tissues)		
5.6	Is more than one person needed to assist with tasks like bathing, repositioning and transferring?	☐	☐
	Transferring and repositioning		
5.7	Does the client resist being moved?	☐	☐
5.8	Does the carer need further information about adequate transferring and repositioning techniques?	☐	☐
	Dressing		
5.9	Does the activity of dressing the client involve reaching and excessive bending or the adoption of an awkward posture?	☐	☐
5.10	During dressing does one of the client's limbs (arm or leg) have to be supported for a long time or require the exertion of a high force?	☐	☐
5.11	Does the carer need further information about adequate dressing technique?	☐	☐
	Bathing		
5.12	When bathing a client does this require the adoption of an awkward or static posture, high forces or high contact stress (on knees from kneeling or upper chest from leaning against the bath)?	☐	☐
5.13	Does the carer need further information about adequate bathing technique?	☐	☐
	Assistive devices		
5.14	Are assistive devices required to safely meet the demands of the activities of daily living?	☐	☐
5.15	Is training required to work with assistive devices?	☐	☐
	6. DOMESTIC DUTIES		
6.1	Housekeeping activities can put the carer at high risk. Do the activities include: making beds, cleaning, doing laundry and cooking?	☐	☐
6.2	Do the activities of bed making and tucking in sheets require bending over at the waist and reaching forward or gripping sheets and bed covers using a pinch grip (which increases the effort required)?	☐	☐
6.3	Does the activity of cleaning the floors, the toilet or the bath involve bending over or kneeling?	☐	☐
6.4	Does the activity of cleaning overhead require reaching overhead for a long time?	☐	☐
6.5	Does scrubbing with force require bending or reaching?	☐	☐

6.6	Do domestic activities require kneeling on hard surfaces which can put pressure on the knees?	☐	☐
6.7	Does loading or unloading laundry from washers and dryers require repeated bending forward while twisting?	☐	☐
6.8	Does lifting dry laundry require using a pinch grip (which can increase the forces of the small muscles in the hand and forearm)?	☐	☐
6.9	Is lifting wet laundry part of the domestic duties?	☐	☐
6.10	Does food preparation and cooking involve the use of blunt knives which can increase the force required to cut food?	☐	☐
6.11	Is the work surface height appropriate for preparing and cooking food? (For example if it is too low it can require bending over and putting stress on the back, whilst too high can require the use of awkward wrist and shoulder postures).	☐	☐
6.12	Are cleaning products used in the client's home as they can put the carer at risk of exposure to chemicals?	☐	☐
	7. THE PATIENT'S HEALTH CONDITION (INFECTIOUS CONDITIONS)		
	Blood-borne diseases		
7.1	Does the client have a blood-borne disease (e.g. HIV/AIDS or Hepatitis B/C)?	☐	☐
7.2	Does the client have a wound, active bleeding or wound drainage?	☐	☐
7.3	Does the client require assistance with bowel or bladder elimination?	☐	☐
7.4	Can infected blood or body fluids come into contact with the tissue lining of the carer's eyes, nose, or mouth?	☐	☐
7.5	Can infected blood or body fluids come into contact with a cut in the skin?	☐	☐
7.6	Can the care worker be accidentally pricked with a needle or a sharp (lancet, for example) that is contaminated with infected blood?	☐	☐
7.7	Can the carer prevent exposure to blood-borne diseases?	☐	☐
7.8	Does the carer know what to do in the case of unprotected contact with potentially infected blood or body fluids?	☐	☐
	Airborne diseases		
7.9	Does the client have an airborne disease (e.g. flu, tuberculosis, measles, chicken pox or influenza)?	☐	☐
7.10	Could the care worker touch a person or object (e.g., table, doorknob, or telephone) contaminated with the disease, and then touch their own eyes, nose, or mouth?	☐	☐

7.11	Could the care worker breathe in the very small airborne drops of saliva or mucus produced when an infected person coughs, sneezes or speaks very close to them?	☐	☐
7.12	Does the carer know what to do to prevent exposure to airborne diseases?	☐	☐
	Contact diseases		
7.13	Does the client have an infectious disease that can be spread by contact (e.g. herpes, MRSA, scabies, rubella, mumps or ringworm)?	☐	☐
7.14	Could the care worker touch a person or object (e.g. table, doorknob, telephone) contaminated with the disease, and then touch their own eyes, nose, or mouth?	☐	☐
7.15	Does the carer know what to do to prevent exposure to contact diseases?	☐	☐
	8. PSYCHOSOCIAL ISSUES		
	Client behaviour including violence		
8.1	Does the client demonstrate or have a history of behaviour, such as verbal attacks, threats of physical attack or actual physical attacks?	☐	☐
8.2	Does the client have a mental illness? (e.g. a mental health diagnosis, depression, paranoia, confusion, agitation?)	☐	☐
8.3	Are there any recognised events or conditions that bring about violent or aggressive behaviour in the patient?	☐	☐
8.4	Are there significant changes in the client's mood?	☐	☐
8.5	Does the carer have difficulty in communicating with the client?	☐	☐
	Family members and visitors		
8.6	Do family members and/or visitors have a history of violent behaviour?	☐	☐
8.7	Do family members often become argumentative?	☐	☐
8.8	Are there any unexpected client visitors?	☐	☐
8.9	Does the carer feel a lack of consideration from the family members?	☐	☐
	Time pressure		
8.10	Does the carer feel that the time available is not enough to assist the client?	☐	☐
	9. EMERGENCIES		
9.1	Does an emergency action plan exist for the client's home?	☐	☐
9.2	Does the carer have contact phone numbers in the case of an	☐	☐

	emergency?		
9.3	Does the carer know the fastest evacuation route in the case of an emergency?	☐	☐
	10. INFORMATION AND TRAINING		
10.1	Does the carer know about the hazards they are exposed to?	☐	☐
10.2	Does the carer know how they may be affected by the hazards they are exposed to?	☐	☐
10.3	Did the carer receive appropriate instructions regarding health and safety risks?	☐	☐
10.4	Did the carer receive adequate safety and health training?	☐	☐
	11. HEALTH SURVEILLANCE		
11.1	Did the carer receive health surveillance appropriate to the health and safety risks they incur at work?	☐	☐

The proposed solutions presented in Part B are examples of preventive measures that can be taken to reduce risks. The solutions correspond directly to the questions in Part A.

Part B: Examples of preventive measures that can reduce risk

QUESTION NO.	EXAMPLES OF PREVENTIVE MEASURES
	1. DRIVING TO THE PATIENT'S HOME
1.1	Informing the client before travelling; finding out who should be in the home.
1.2	Carrying an extra set of car keys, a torch, a mobile phone and possibly a personal alarm when visiting a client; planning the safest route to the client's home; keeping the car well maintained; taking precautions in the event of a car breakdown.
	2. THE DANGEROUS BEHAVIOUR OF PERSONS OUTSIDE THE HOME
2.1	Don't leave personal items visible in the car; when it is dark, park your car in a open spot near a streetlight.
2.2	When travelling and working alone, the risk of exposure to violent behaviour can be reduced by: sticking to busy roads and streets, locking the car while driving, avoiding bus stops that are poorly lit or where there are few people, walking

	directly to the nearest place of business – without running or looking back – if you feel you are being followed.
	3. THE PHYSICAL ENVIRONMENT OUTSIDE THE HOME
3.1	If necessary, treating slippery surfaces chemically, using appropriate cleaning methods.
3.2	Selecting flooring and ground surfaces carefully, especially if likely to become wet or dusty.
3.3	Ensuring ground surfaces and access routes are checked regularly.
3.4	Ensuring adequate lighting of surfaces and access routes; reporting broken light bulbs outside the home.
3.5	Ensuring aggressive pets are leashed or locked up in a separate room before leaving the car or entering a home.
	4. THE PHYSICAL ENVIRONMENT INSIDE THE HOME
	Fire – explosion
4.1	Ensuring that smoke detectors are checked regularly (where relevant).
4.1	Ensuring appropriate choice of fire extinguishers, appropriate location, checking and regular servicing (where relevant).
4.2, 4.3, 4.4	Carrying out a visual check for defects; using only equipment with the EC mark; ensuring that defects are repaired by an electrical expert.
4.5	Limiting the number of appliances connected to the same socket.
4.6	Ensuring the appropriate storage of combustible or flammable substances.
4.7	Oxygen is a fire hazard; keeping all sources of flame away from oxygen cylinders; storing oxygen cylinders in a rack, or chained to the wall, in a well-ventilated area.
4.8	Never use a gas appliance if unsure whether it is working properly. Ensuring that a gas safety check is done. If smelling gas, or suspecting there is a gas escape, immediately open all doors and windows and shut off the gas supply at the meter control valve. If gas continues to escape call the Gas Emergency Number. In the case of a suspected carbon monoxide leakage, unless you are able to identify the specific appliance at fault, consult a qualified installer to investigate and make repairs.[12]
	Lighting
4.9, 4.10	Lighting intensity and uniformity must be adequate to the

	work; increasing the wattage of a bulb if more lighting is needed; using additional local or localised lighting where high levels of lighting are required.
	Animals
4.11	Ensuring that aggressive pets are leashed or locked in a separate room before leaving the car or entering the home.
	Floor
4.12, 4.13	Selecting flooring carefully, especially if it is likely to become wet or dusty; anti-slip and easy-to-clean surfaces are preferable.
4.14	Ensuring floor is checked regularly.
4.15	Repairing holes and cracks, worn carpets or rugs, etc.; keeping floors clear.
4.16	Positioning equipment to avoid cables crossing a working area; using cable covers to fix them securely to surfaces.
4.17	Removing holes, cracks, worn carpets or rugs, etc.; keeping floors clear.
4.18	Using suitable footwear (comfortable and anti-slip).
4.19	Keeping stairs free of clutter; they must have handrails and be well lit.
	5. ACTIVITIES OF DAILY LIVING
5.1	The employer must ensure that proper health and safety information, instruction and training for work activities are provided to care workers.
5.2	Performing only those tasks for which training has been provided.
5.3	Understanding the risks of musculoskeletal disorders (MSDs) and working safely within one's physical capabilities.
5.4	Never try to hold a client in a standing position; never try to stop a client from falling, but rather control the client's fall to the floor as trained; using mechanical aids to move heavy objects; using equipment such as portable lifts whenever possible; working in pairs or teams to lighten the load (when possible).
5.5	Avoiding pinch grips, using a power grip instead of a pinch grip; reducing awkward shoulder, wrist or trunk postures; taking short breaks to rest the lower back, neck, shoulders or wrists; alternating static with dynamic postures and activities.
5.6	Informing employers that more than one person is needed; working in pairs or teams to lighten the load (when possible).

	Transferring and repositioning
5.7	Checking for hazards and assessing the risks when transferring or repositioning a client.
5.8	Ensuring adequate training and technique for transferring or repositioning clients: • Using transfer assist devices such as transfer belts or low-friction slide sheets; • Accessing a position close to the client by removing obstacles from around bed and chair; avoiding the client holding on to the carer; • Working in pairs or teams to lighten the load (when possible); • Using proper techniques: during a transfer or repositioning task, shift the body weight using legs. Don't pull with the arms or back; • Ensuring a strong base of support, by keeping the feet a shoulders-width apart, by positioning one foot forward and one foot back, by bending the knees and by keeping the back straight; • Avoiding holding a client in a standing position; • Controlling the client's fall to the floor as trained; avoiding trying to stop a client from falling; • Using a strong power grip and avoiding pinch grips.
	Dressing
5.9	Asking the client to assist as much as possible; using a proper technique for dressing clients.
5.10	Using equipment such as portable lifts whenever possible.
5.11	Ensuring adequate technique for dressing clients: • Using proper techniques. When helping the client move, keep the body upright and shift the body weight using the legs; • Starting with the client's weaker side when putting on clothes; • Helping the client to lean forward when putting on shirts; this will relax the client's arms; • Trying to complete several tasks at the same time. For example: rolling the client to a place on an incontinence pad, pulling on a pant leg, and adjusting a lift sling; • Sitting on a stool when helping seated clients to put on their socks and shoes; • Ensuring that the client is as close to the side of the bed as possible; • Accessing a position close to the client by removing obstacles from around bed and chair;

	• Sitting on the bed, or putting one knee up on it, to bring the carer closer to the client; • Placing a client's lower legs on a small stool or other elevated surface to lift their thighs off the bed; • Clothing can be adapted to make dressing clients easier. For example, adaptive clothing is roomier than normal clothing, has elasticised waistbands, and uses oversized buttons, snap fasteners or Velcro fastenings.
	Bathing
5.12	Asking the client to assist as much as possible; using a proper technique for bathing clients.
5.13	Ensuring adequate technique for bathing clients: • Planning the bathing process. Assemble everything needed, and position all equipment. In small bathrooms, pulling the wheelchair from the front to avoid climbing around it; • Seating clients on a transfer bench or shower stool before helping them into the bath, and lather the far side of their bodies. Place the client's feet on a stool or the edge of the bath and lather them; • Sitting on a stool, the side of the bath or on the toilet seat (if it's closer) will keep the carer's back more upright and reduce the need to reach and bend; • Using grab bars (if available) with one hand to support carer's upper body; • Taking short breaks to rest the carer's lower back (e.g. standing up straight and arching the back slightly backwards); • When bathing a client in bed trying not to twist, bend, or reach for water. Place the water basins on a stool or table at a comfortable height and close to where the carer is working.
	Assistive devices
5.14	Different assistive devices may be used in the activities of daily living. Lifting equipment, transfer benches, sliding boards, low-friction slide sheets or posts may be required in helping to get the client in and out of bed or to help the client when walking; a wheelchair may be required to transfer the client between different locations; a shower chair or a transfer bench for the bathroom may be required to assist clients during bathing; a small stool or other elevated surface may be required to lift a client's thighs off the bed.
5.15	The employer must ensure that care workers receive proper health and safety information, instruction and training for work

	activities.
	6. DOMESTIC DUTIES
6.1	Ensuring that the carer receives adequate training to perform these tasks. Checking for hazards and assessing the risks before performing the tasks.
6.2	Adequate technique for making beds: Avoiding bending forward; bend the knees, not the back. Kneeling on carpeted surfaces, or squat to make one side of the bed at a time. Walking around the bed rather than reaching over it. Using a power grip instead of a pinch grip when handling sheets and covers. Reducing awkward shoulder postures by replacing duvet covers using the "inside-out" method: sliding the cover around the duvet instead of stuffing the duvet into the cover.
6.3 6.4 6.5 6.6	Adequate technique for cleaning: When cleaning use cleaning equipment with long handles for hard-to-reach areas. If kneeling to clean floors or complete other tasks, place a folded towel under the knees. Make sure that the gloves fit well so that the carer doesn't need to use extra force when gripping or scrubbing. Using a step stool to reduce reaching when dusting or changing shower curtains. Using a long-handled brush to scrub the bottom and sides of the bath.
6.7 6.8 6.9	Adequate technique for doing laundry: Carrying only loads that can be managed comfortably. Making two trips if necessary. Do not twist the body while lifting the laundry. Avoid bending forward. Bend the knees while reaching into the washer or dryer. Using a power grip instead of a pinch grip when handling laundry. Folding clothes at a comfortable working height (about 5–25 cm below standing elbow height). Carer's shoulders should be relaxed.
6.10 6.11	Adequate technique for cooking: Using the right tools for cutting; avoiding blunt knives. Using utensils that allow the carer's wrists to remain straight. Preparing food at a comfortable working height (about 5–10 cm below standing elbow height). Carer's shoulders should be relaxed.
6.12	Adequate technique for using cleaning products: • Not using unfamiliar products or products that you have not been trained to use safely; • Using personal protective equipment such as gloves and respiratory equipment as trained; • Always following instructions on product labels; • Not using a product that is unlabelled or has an illegible

	label; • Using products in well-ventilated areas; • Diluting the product as required by the manufacturer; • Keeping cleaning cloths separate from cloths used for food preparation; • Knowing how to clean up spills safely; • Not mixing cleaning products. Chemical reactions may occur and create toxic vapours; • Knowing what to do if a product comes in contact with the skin or eyes; • When experiencing any signs or symptoms of exposure, stop using the product immediately, and move to an area with fresh air.
	7. THE PATIENT'S HEALTH CONDITION (INFECTIOUS CONDITIONS)
	Blood-borne diseases
7.1	Ensuring that the carer receives the training to interact with clients with blood-borne diseases. Assuring that the carer has available basic protective equipment such as disposable gloves, face mask, plastic garbage bags, bleach, paper towels, alcohol hand wipes, goggles and waterproof apron. Handling all blood and body fluid materials as if they were infectious. Avoiding contact with blood or body fluids.
7.2 7.3	If the carer is exposed to direct contact with blood or body fluids, special precautions must be taken to ensure that no blood or body fluid comes into contact with the carer.
7.4 7.5 7.6	If the carer is exposed to direct contact with blood or body fluids, special precautions must be taken to assure that no blood or body fluid comes into contact with a carer.
7.7	Adequate actions and provisions to prevent carer from blood-borne diseases include[9]: • Having the hepatitis B vaccination; • Using appropriate personal protective equipment as trained; • Gloves, gowns or aprons, mask and protective eyewear, must be worn when in contact with blood or other body fluids; • Using proper hand washing procedures, as trained; • Putting used needles into properly designed rigid containers; • Be alert for sharp objects sticking out of the bag or container when handling garbage bags or waste containers; • Do not compress garbage bags or hold them against the body;

	• Never reaching blindly behind furniture or equipment.
7.8	Adequate procedures in the case of unprotected contact with potentially infected blood or body fluids include[9]: • Washing the skin with soap and water immediately; flushing the eyes with running water, nose and mouth if these mucous membranes were exposed; allowing the wound to bleed freely; • Going to the nearest hospital for evaluation within two hours of exposure; • Reporting the incident immediately to the carer's manager; • Following post-exposure guidance that is given.
	Airborne diseases
7.9	Ensuring that the carer receives the necessary training to interact with clients with airborne diseases. Ensuring that the carer has available basic protective equipment such as disposable gloves, face mask, plastic garbage bags, bleach, paper towels and alcohol hand wipes.
7.10 7.11	If the carer is exposed to airborne diseases (e.g. flu, tuberculosis, measles, chicken pox or influenza), special precautions must be taken to ensure that the carer will not be contaminated by the disease.
7.12	Adequate actions and provisions to protect carers from airborne diseases include[9]: • Having the appropriate vaccinations and booster shots (e.g. those for influenza, measles, and chicken pox); • Trying not to touch the eyes, face or mouth during work; • Washing the hands frequently using proper hand washing procedure; • Using appropriate personal protective equipment (including gloves, gown, goggles, face shield, and respirator) as trained; • Wearing gloves, gowns and mask, when in contact with contaminated objects; • Ensure that infectious clients wear surgical masks; • Understanding the risk assessment results from the carer's manager, and following the recommended safe work procedures.
	Contact diseases
7.13	Ensuring that the carer receives the training to interact with clients with contact diseases. Ensuring that the carer has available basic protective equipment such as disposable gloves, gowns and disinfecting equipment.
7.14	If the carer is exposed to contact diseases (e.g., herpes, MRSA,

	scabies, rubella, mumps or ringworm), particular precautions must be taken to assure that the carer will not be contaminated by the disease.
7.15	Adequate actions and provisions to protect carers from airborne diseases include[9]: • Having the appropriate vaccinations and booster shots; • Trying not to touch the eyes, face or mouth during work; • Washing the hands frequently using proper hand washing procedure; • Using appropriate personal protective equipment (including gloves and gown) as trained; • Not washing and re - using gloves; • Understanding the risk assessment results from the carer's manager, and following the recommended safe work procedures.
	8. PSYCHOSOCIAL ISSUES
	Client behavior including violence
8.1	The carer may leave the home when feeling threatened; use specific techniques to calm the family members and visitors, as trained; refrain from arguing or raising the voice; try to maintain a safe distance from the client.
8.2	Being aware of any mental health diagnoses.
8.3	Being aware of specific triggers, and ways to minimise violent behaviour; being informed if the client has a history of violent behaviour.
8.4	When arriving at the client's home, assess the client's mood before starting work.
8.5	Contact carer manager or patient family members to find different ways to communicate with the client.
	Family members and visitors
8.6	Being informed of violent behaviour from the client's family.
8.7	The carer may leave the home when feeling threatened; using specific techniques to calm the family members and visitors, as trained
8.8	The carer may ask the client to ask an unexpected visitor to leave before entering or before providing care.
8.9	Contacting carer manager; using specific techniques to increase the trust of the family members in the carer's job; the carer may leave the home when feeling threatened.
	Time pressure
8.10	Contacting the carer's manager.

	9. EMERGENCIES
9.1 9.2 9.3	An emergency action plan must be prepared for the client's home: • Identifying home evacuation procedures; • Identifying the fastest way for an evacuation (escape routes); • Listing emergency phone numbers in the case of a life threatening situation; • Listing non-life threatening emergency phone numbers (fire, paramedics, physician, hospital, ambulance, police, etc.).
	10. INFORMATION AND TRAINING
10.1 10.2 10.3 10.4	The employer must ensure that proper health and safety information, instruction, and training for work activities are provided to care workers.
	11. HEALTH SURVEILLANCE
11.1	The employer must assure that adequate health surveillance is provided to care workers.

Case: Example of a Risk Assessment in typical premises

Whilst no published examples have been found of RAs in typical premises with respect to care workers, the Occupational Health and Safety Agency for Healthcare in British Columbia [13] has reported very encouraging results for Community Health Workers (CHWs) from the interventions they tested. Their study showed that the injury rates in CHW were higher than reported rates for other healthcare-related occupations, and that the most common mechanisms for injury were overexertion and falls, followed by exposure, violence, and allergic reactions.

The interventions examined in their study were:

- The provision of appropriate education and training to increase the awareness of the risk management process and promote the implementation of practical controls in a timely fashion and
- The use of a risk assessment tool and resource guide to facilitate comprehensive evaluation of the work environment and guide the implementation of practical control measures before a CHW cares for a client in the home care environment.

The interventions reduced injuries among the participating CHWs and demonstrated, in a prospective fashion, that enhanced CHW perception of health, safety, and job satisfaction, can have a protective effect in reducing injuries and claims.

In noting the importance of education and training for CHWs (who fulfill the same functions as home care workers defined in this article), it is noted [2] that many of these workers are part-time or on short-term contracts and there is a high job turnover and therefore education and training must be provided to cater for these challenging circumstances. Additionally, without the provision of aids and equipment (e.g. to assist in the movement of clients), and training in their use, injuries to home care workers will remain high. Finally the perception and recognition of risk on the part of the carer's managers will also significantly influence whether or not improvements and reduced risk will be forthcoming. This adds a further challenge within which RA is the essential tool to improve the health and safety of this vulnerable group of home care workers and their clients.

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