



## Occupational Safety and Health and Home Care

# 2017

A woman with dark hair tied back, wearing a white lab coat, stands in front of a glass door. She is smiling and holding the door handle with her right hand. The background shows a textured wall and a window. The entire image has a teal overlay.

Our Vision:  
healthy, safe and productive lives

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## Introduction

### Objective

This information sheet is aimed at employers and employees providing formal care for older and vulnerable people in their own home. In Ireland, home care services are provided by the HSE, the voluntary sector and private providers.

### Definition

**Home care:** support provided (both short and long term) to people who require assistance to continue to live independently, outside of a hospital or residential care setting.

Home care clients tend to be older persons, persons with disabilities, persons with chronic health conditions and anyone whose quality of life can be improved by having a trained and supervised care worker in their home.

The types of working environment and working arrangement involved in the provision of home care services present their own unique hazards and risks, which must be identified and managed. This information sheet highlights the occupational safety and health issues associated with the provision of home care and indicates control measures to mitigate risk. It is not intended to cover home maintenance, delivered meals or travel and escorting clients.

### Occupational safety and health in the context of home care

While a home care worker is working in a client's home that home becomes a place of work and the relevant occupational safety and health legislative requirements must be met. Meeting these obligations, however, should be done in a sensitive way that respects the way the client organises and wants to live in their home.

The Safety, Health and Welfare at Work Act 2005 emphasises the need for employers to manage safety and health at work in order to prevent workplace injuries and ill health. This involves an initial review of the arrangements in place to secure safety and health, identification of standards to be achieved, setting out the method of achieving those standards and monitoring and reviewing of performance.

The foundation of the management of safety and health is the written safety statement. It will reflect the system in place for managing safety and health at work. The safety statement must be based on the identification of hazards and the assessment of risk.



## Managing occupational safety and health

The key elements of a safety and health management system are shown below. Safety and health management systems should be tailored to suit the needs of the organisation.

### Step 1 PLAN

- Say what you want to achieve, who will be responsible, how will your aims be achieved and how will success be measured. You may need to write down this policy and a plan to deliver it.
- Decide how you will measure performance. Think about ways to do this that go beyond looking at accident figures. Look for leading indicators as well as lagging indicators (e.g. competent occupational safety and health advice available [employed or contracted], written risk assessments completed and implemented, training plan and delivery, staff consultation and feedback, results of [internal and/or external] audits).
- Remember to plan for changes and identify any specific legal requirements that apply to you.

### Step 2 DO

- Identify your risk profile

Assess the risks: identify what could cause harm in the workplace, who it could harm and how, and what you will do to manage the risk. Decide what the priorities are and identify the biggest risks.

- Organise your activities to deliver your plan

In particular, aim to:

- involve and communicate with workers, so that everyone is clear on what is needed and can discuss issues, and to develop positive attitudes and behaviours; and
  - provide adequate resources, including competent advice where needed.
- Implement your plan:
    - decide on the preventive and protective measures needed and put them in place;
    - provide the right tools and equipment to do the job and maintain them;
    - provide training and instruction to ensure employees' safety, health and welfare at work; and
    - supervise to make sure that arrangements are followed.

### Step 3 CHECK

- Measure your performance:
  - make sure that your plan has been implemented – the evidence to prove that what is said in documentation is actually achieved in reality; and
  - assess how well the risks are being controlled and if you are achieving your aims. In some circumstances formal audits may be useful.
- Investigate the root causes of any accidents, incidents or near misses.

### Step 4 ACT

Review your performance.

Learn from accidents and incidents, ill-health data, errors and relevant experience, including from other organisations.

Revisit plans, policy documents and risk assessments to see if they are still fit for purpose.

Take action on lessons learned, including from audit and inspection reports.

## Planning, delivery and review of home care services

### Planning home care services

Planning home care services will typically include an assessment of the client's eligibility for the service and the client's needs. Occupational safety and health issues need to be considered at various stages of planning:

- at the referral stage (the fit between the needs of the client and the service offered by the provider);
- at the client's care needs assessment stage (impacts of which input into the 'care plan');
- when assessing the risks within the home environment (i.e. the suitability of the dwelling as a place of work), as part of the overall multi-disciplinary Single Assessment Tool (SAT); and
- when identifying the equipment required to meet care needs.

Organisations that provide home care services should establish referral policies and procedures to take into account relevant occupational safety and health issues where practicable.

The assessment of a client's eligibility and need for support services is the initial care planning step and is designed to ensure clients receive appropriate types and levels of services to enable them to maximise their independent living capacity. Relevant information may include:

- personal details and circumstances,
- current community/home-support services used,
- Current diagnosis and medical/mental health summary,
- multi-disciplinary assessments (SAT), and
- home environment information (e.g. pets, geographical location, living arrangements, family/friends/ neighbours).

A sound assessment process will not only result in the delivery of appropriate services but also identify any occupational safety and health issues that may need to be managed (e.g. patient moving and handling needs, challenging behaviours).





In addition to planning for the safe delivery of services, the home environment information serves to begin a relationship with the client about building a safe and healthy environment for both worker and client. The key items contained within the home environment assessment include:

- general (visual inspection);
- access to the home – parking, pathways, steps, lighting, gates, pets, entry door, etc;
- internal conditions (general) – fire safety, stairs, floor surfaces, electricity, equipment, housekeeping and hygiene;
- bathroom/toilet – accessibility and ergonomic suitability, availability of showering facilities;
- bedroom – accessibility, height of bed, space and ergonomic suitability;
- client aids and equipment – wheelchair, shower seat, lifting equipment (including maintenance) with adequate accessibility and ergonomic design; and
- other – smoking, potential weapons, etc.

Equally important is the provision and maintenance of suitable equipment to meet care needs. The range of equipment includes lifting and mobility aids, healthcare risk waste bags/bins, cleaning equipment used by the home care worker, vehicles for transportation of clients, etc. Equipment, whether provided by the client or the home care organisation, must be suitable for the needs of the client and the protection of the home care worker. Roles and responsibilities with regard to the provision, maintenance and repair of equipment need to be clarified between the client and the home care provider.



## **Delivery of home care services**

Central to the employer's duty is the need to ensure that a workplace under the employer's control and management is maintained, so far as is reasonably practicable, in a condition that is safe and without risks to health. The Safety, Health and Welfare at Work Act defines a place of work as any, or any part of any, building or structure in which work is carried on whether occasionally or otherwise. Therefore, a private home in which an employee is working is that employee's workplace and the requirements of parts 2, 3 and 4 of the 2005 Act apply.

### **Staff training and development**

To comply with the law, employees need to have the skills, knowledge and experience to carry out their duties safely. Organisations that provide home care services must take into account each employee's capabilities to ensure that the demands of the job do not exceed their ability to do the work without risk to themselves or others.

Training helps people gain the skills and knowledge, and ultimately the competence, to carry out their work safely and without risk to their health. Induction training should cover the key elements of the safety statement, including the safe systems of work relevant to the employee's tasks. Job analysis and written risk assessments shall identify all specific training required (e.g. patient handling, managing challenging behaviours, care of the older person, lone working, sharps awareness). Update and refresher training may be required at intervals. Training records should be maintained.

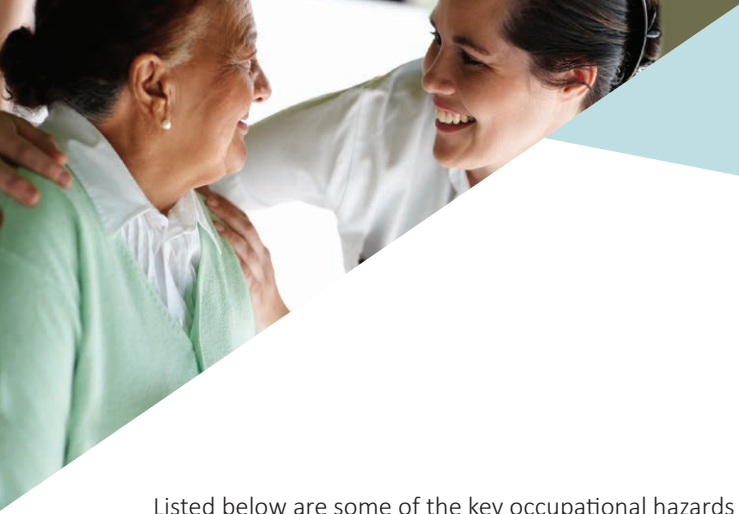
### **Supervision of staff**

Direct supervision is difficult where the workplace is someone else's home and where employees are often working in isolation. It is essential, therefore, that home care workers' activities are supported by a system of work that clearly allocates responsibilities for managing the hazards and the way the work is done. Such a system should include:

- communication arrangements, particularly for emergency contacts; and
- arrangements to facilitate regular contact between staff and supervisors.

### **Risk profile and risk assessment**

Section 19 of the 2005 Act requires employers to identify hazards in workplaces under their control, assess the risks presented and, taking account of the findings of the risk assessment, take steps to implement improvements considered necessary.



Listed below are some of the key occupational hazards that can occur in home care and some of the control measures to avoid or reduce the risk. More detailed information is available on the Authority's website ([www.hsa.ie](http://www.hsa.ie)).

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### *Manual and people handling*

The term 'manual handling' is used here to mean both the manual handling of inanimate loads and people handling involving clients with restricted mobility. Employers must ensure that there are procedures in place to manage the risk from manual handling at work. Safety and health legislation requires that where manual handling of loads involving a risk of injury (particularly to the back) is present, the employer must take measures to avoid or reduce the risk of injury.

When undertaking a manual handling risk assessment, consider the following risk factors:

- the task – the requirements of the activity such as number of lifts, carrying distances;
- the individual – the employee's physical suitability, training and knowledge;
- the load – the characteristics of the load such as weight, size and dimensions; and
- the environment – available space, uneven or slippery floors, etc.

When people handling activities are being assessed, the risk assessment should also include:

- the type of handling activities that are likely to be required and the client's ability with regard to each (e.g. repositioning in the bed, toileting, walking); and
- people handling risk factors relating to the client for example the client's ability to understand instruction and communicate, history of falls, weight and height etc.

Based on the risk assessment, identify controls to avoid or reduce the risk. Control measures may include the use of equipment such as mobility aids, hoists, shower chairs, grab rails, etc. A client handling/mobility care plan can be developed following risk assessment. Risk assessments and care plans must be reviewed and revised if necessary.

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### *Challenging behaviours and potential for work-related violence and aggression*

For the purposes of this guidance, work-related aggression and violence is considered to be any incident where staff are verbally abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well-being or health.



Where work-related violence and aggression is identified as a hazard, the associated risk must be assessed and managed to ensure that the controls in place are effective and to identify any further controls that may be required.

When identifying the potential for violence and aggression, consider the triggers, situations and work activities that make aggressive behaviour more likely. With regard to clients who have aggressive behaviour, the assessment of risk may include a clinical assessment of a client's behaviour and the identification of appropriate interventions to help reduce the risk.

The potential for challenging behaviours and work-related violence and aggression from family members, friends and others can also exist and should also be assessed where appropriate.

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### *Lone working*

Many employees in this sector are lone workers (for the purpose of this guidance, lone workers are defined as people who work by themselves without close or direct supervision). Lone workers can be at increased risk and this must be taken into account by the employer in the risk assessment. Client history will be important in assessing the risk.

Control measures to be considered include:

- ensuring lone workers have a means of communication (e.g. mobile phone) and support if required;
- Information and training for lone workers to ensure that they are aware of the hazards and controls to mitigate the risks associated with lone working;
- having plans in place in the event of an emergency; and
- planning in advance the system of communication between the employer and employee.

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### *Slips, trips and falls*

Slips, trips and falls are one of the main causes of injury reported from the health and social care sector. Safety and health legislation requires that there is safe entry and exit into the workplace. Floors must be in good condition and, as far as is reasonably practicable, not slippery. Places of work must be kept in a clean state. Accumulations of dirt, refuse and waste must be frequently removed by a suitable method to maintain an appropriate level of safety and health.

Consider the following contributing factors when managing the risk of slips, trips and falls at work:

- stairs and level changes;
- floor surface condition (wet, uneven, cluttered floors increase the risk);
- environmental aspects (e.g. poor lighting, wet and icy conditions);
- personal behaviour (e.g. lack of concentration, risky behaviour); and
- footwear (wearing suitable footwear for the environment and work activities can help reduce the risk).

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### ***Biological hazards***

There is the potential for home care workers to come into contact with a number of sources of infection either through direct contact with clients or with contaminated materials, including waste, laundry, contaminated surfaces and so on. Identifying the specific infectious agent (if known), its source (e.g. blood, healthcare risk waste) and routes of transmission will facilitate the selection of appropriate controls.

The control measures required by safety and health legislation may already largely be in place as part of infection prevention and control policies. Infection prevention and control policies should be in keeping with national guidelines and should take account of standard precautions and transmission-based precautions where necessary.

Control measures may include:

- hygiene measures that prevent or reduce transfer of the agent (e.g. hand washing);
- maintaining the work environment in a clean and hygienic condition;
- having plans in place to deal with accidents involving biological agents (e.g. needle stick injuries, cleaning of blood spills);
- use of personal protective equipment (e.g. gloves, aprons); and
- safe handling of infectious specimens, sharps, waste, contaminated linen and other material.

Healthcare risk waste must be stored in appropriate UN-approved containers (bags or bins depending on the nature of the waste). These containers are designed to prevent leakage and are permanently marked with a hazard and specific content label (maximum exempted quantity is 333kgs).

## Review of home care services

An effective occupational safety and health system must deal with changes in the working environment that may create new risks. For example:

- changes in client's health and associated needs assessment and care plan,
- changes in the level of service provided,
- changes to the home environment, and
- learning outcomes from any incidents or emergencies.

In each case a suitable response to meet the client's needs and to reassess occupational safety and health risks will be required.

Reviewing occupational safety and health performance involves setting up an effective monitoring system, backed up with sensible performance measures (i.e. the feedback loop), the aim of which must be continual improvement and learning lessons so as to prevent the reoccurrence of negative outcomes.



## Notes

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**Health and Safety  
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**Tel. 0818 289 389**

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Callers

**00353 1 6147000**

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