Silver Heart Care

Work Health and Safety Guide

Working Safely in Participants' Homes

Adapted from Workplace Health and Safety Queensland's guidance for the community services sector

Version 1.0 — Draft for review, August 2026

Sections highlighted in the margin need your review before this guide is finalised and issued.

About This Document

This guide sets out how Silver Heart Care employees identify, manage, and reduce work health and safety (WHS) risks when providing support in a participant's home. It is adapted from Workplace Health and Safety Queensland's publication A Guide to Working Safely in People's Homes (Office of Industrial Relations, first published 2001, updated 2011 and 2018, PN10797), reproduced and adapted under a Creative Commons Attribution 4.0 International Licence, with attribution to the State of Queensland 2018.

Silver Heart Care has adapted the original guide by rebranding it for our organisation, updating it against legislative changes since the 2018 edition, replacing generic "client" language with our own "participant" terminology, and cross-referencing it to our internal training modules and compliance document hub.

> **LEGISLATION UPDATE SINCE 2018:** *The most significant WHS legal change in Queensland since this guide's 2018 edition is the Work Health and Safety (Psychosocial Risks) Amendment Regulation 2022 and the accompanying Managing the Risk of Psychosocial Hazards at Work Code of Practice 2022, both in force since 1 April 2023. These formalise a PCBU's existing duty to manage psychological, not just physical, risks to workers. See the Psychosocial Health section below.*

This guide should be read alongside the Silver Heart Care Employee Handbook, the Safe Environment Policy and Procedure, your NDIS Core Training and NDIS Safe Work Practices modules (delivered via our rostering/shift care software), and the compliance document hub.

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Introduction and Key Terms

This guide provides practical advice on how Silver Heart Care manages work health and safety for employees working in participants' homes. It outlines common hazards found in home and community support work and provides solutions based on the principles of risk management.

Everyone involved — Silver Heart Care, employees, participants, and their families or carers — shares responsibility for identifying WHS risks and agreeing on the best ways to manage them, in a way that respects each participant's rights, dignity, and choice and control, consistent with the UN Convention on the Rights of Persons with Disabilities.

Terms used in this guide

- Participant (client) — a person receiving a support service in their home.
- PCBU — a person conducting a business or undertaking. Silver Heart Care is the PCBU for its employees. Where a participant directly employs a worker or engages an independent contractor, the participant or their plan nominee holds PCBU-equivalent duties under the Work Health and Safety Act 2011 (Qld).
- Primary carer — a person who provides personal care or support to a participant and is not engaged as a paid or volunteer worker, often a family member or guardian.
- Worker — a person who carries out work for a PCBU. This includes Silver Heart Care employees, contractors, and agency staff providing personal care, support work, or other community services.
- Workplace — anywhere work is carried out, including a participant's home (or part of it, such as a kitchen or bathroom), a vehicle, or a community venue. A workplace where a service is carried out without the immediate support of others — because of location, time, or the nature of the work — is remote or isolated work.

Your Duty of Care

As the PCBU, Silver Heart Care has the primary duty of care and must do what is reasonably practicable to ensure the health and safety of its workers — including employees, subcontractors, and agency staff — and others at the workplace, such as participants.

Employees also have duties under the Work Health and Safety Act 2011 (Qld). You must:

- Take reasonable care for your own health and safety.
- Take reasonable care that you don't adversely affect the health and safety of others.
- Comply, so far as you're reasonably able, with WHS instructions and cooperate with Silver Heart Care's policies and procedures — including following the participant's care/service plan, only performing activities agreed to in the service agreement, and wearing and correctly using any PPE you've been provided and trained in.

Participants, their families, and others at the workplace also have duties to take reasonable care for their own health and safety, avoid adversely affecting others, and comply with reasonable instructions given by Silver Heart Care.

> **RELATED TRAINING (via your rostering software):** *NDIS Safe Work Practices — Module 1 (Introduction to WHS) and Module 2 (Risk Management). NDIS Core Training — Module 1 (UN Convention on the Rights of Persons with Disability).*

How Silver Heart Care Meets This Duty

Before any service begins, Silver Heart Care conducts a risk assessment of the participant's home to identify hazards and agree on appropriate controls, in collaboration with the participant, their family, and/or landlord where relevant. Identified controls become part of the participant's service or care plan.

Our risk management approach follows a continuous, four-step cycle, carried out in consultation with everyone involved:

- Step 1 — Identify hazards in the home, the tasks, and the working environment.
- Step 2 — Assess the risks: how likely is harm, and how serious could it be?
- Step 3 — Control the risks using the most effective measure reasonably practicable.
- Step 4 — Review the control measures regularly, and whenever something changes.

If an assessment shows a worker would be exposed to a significant risk, Silver Heart Care will decide whether the service needs to be modified or paused until the risk is adequately controlled. Silver Heart Care will:

- Gather relevant WHS information at referral and assessment stage.
- Clearly communicate and agree what services are to be provided.
- Regularly review current WHS risks and whether controls are still working.
- Provide adequate training and supervision so safe work methods are understood and followed.
- Assess any additional or changed services before they're performed.
- Document day-to-day monitoring of the service (for example in a communication book or via the rostering software), particularly where multiple workers support one participant.

Participants and/or primary carers are asked to help maintain a safe work environment — for example, repairing broken steps, restraining pets, providing adequate lighting, moving furniture to allow safe workspace, and telling you about any known hazards.

How to Respond to Changes

Changes can affect WHS risk and should trigger a review of the activity.

The participant

A participant's health status or needs may change over time. Monitor this regularly, negotiate any necessary changes with the participant and their family, report concerns early to your coordinator, and document what's been raised.

The home

A participant's home can change between visits — furniture may be repositioned, equipment may stop working, pets or visitors may be present, or access may be obstructed. Before starting duties, check the safety of the home as a workplace, and visually scan the home and any equipment on arrival and before use.

Service arrangements

Changes to the service required, a requested change of worker, or a change of provider should all be planned for in advance, with expectations explained to the participant up front. Where time doesn't allow for a full reassessment, complete a provisional assessment, make interim arrangements, and follow up with a longer-term plan.

> **RELATED TRAINING (via your rostering software):** *NDIS Core Training — Module 5 (Capacity Building), which supports balancing safety with participants' independence, choice, and control when responding to change.*

Reporting Incidents and Hazards

Incident reporting is a core part of a good WHS system. Report:

- Injuries to participants or workers.
- Emergency situations.
- Near-miss incidents — no injury occurred, but preventative action is needed.

Report hazards, injuries, near misses, or concerns as soon as they arise — this is part of your normal work duties. Coordinators and managers will document all concerns raised and complete an Incident Form (see the Misconduct and OWHS sections of the Employee Handbook).

Some incidents involving NDIS participants must also be notified to the NDIS Quality and Safeguards Commission as reportable incidents (for example, death, serious injury, abuse or neglect, unauthorised restrictive practices, or sexual misconduct). If you're unsure whether something meets this threshold, report it to your coordinator immediately and let them make that assessment — don't wait.

> **RELATED TRAINING (via your rostering software):** *NDIS Safe Work Practices — Module 7 (Hazards and Incidents) and Module 16 (Critical Incidents). NDIS Core Training — Module 6 (Reportable Incidents).*

Emergency and Disaster Preparedness

Queensland's climate means our workforce may need to respond to severe weather, flooding, bushfire, heatwave, or other emergencies while supporting participants in their homes or travelling between them. Each participant's plan should identify any specific vulnerabilities (for example, reliance on powered equipment) and a basic emergency contact and continuity plan.

- Know how to check for active warnings (Bureau of Meteorology, Queensland Fire Department) before and during shifts in affected areas.
- Know your participant's evacuation needs, and who to contact if a shift can't proceed or a participant needs urgent assistance.
- Report any disruption to a scheduled service caused by an emergency to your coordinator as soon as it's safe to do so.

> **RELATED TRAINING (via your rostering software):** *NDIS Core Training — Module 7 (Emergency and Disaster Management Plans).*

Hazardous Manual Tasks and Safe Handling

Manual tasks — including handling people — are a major part of community support work. Common examples include assisting with transfers, bathing and dressing, pushing wheelchairs, loading and unloading vehicles, moving furniture, and domestic or gardening tasks.

The risk of injury increases where a task involves repetitive or sustained force, high or sudden force, repetitive movement, sustained or awkward posture, or exposure to vibration.

Types of Injuries

- Gradual wear and tear — from frequent or prolonged muscular effort or static postures.
- Sudden damage — from intense activity or unexpected movement, such as a person you're assisting moving suddenly.

Most manual task injuries are from gradual wear and tear — an apparent "one-off" injury is often the last straw on already-strained tissue.

Identifying and Controlling Risk Factors

Home environments bring particular challenges: working alone without a second person for team handling, homes not designed for personal care (e.g. low beds), restricted spaces like small bathrooms, layouts suited to the participant's preferences rather than safe work, and a participant's condition changing between visits.

Key risk factors include forceful exertion, awkward or static working postures, and repetition or duration without a break — often made worse by furniture and layout, the participant's size, weight, condition, or communication and cognitive needs, and how work is organised (staffing levels, need for a second worker, shift length).

Possible controls include:

- Eliminating the task where possible (for example using accessible transport instead of loading a wheelchair into a car boot).
- Providing mechanical aids (hoists, slide sheets), smaller carry items, or dedicated trolleys.
- Modifying the workplace layout — grab rails, raised bed height, relocated furniture, clear access, and storing items between knee and shoulder height.
- Planning work to alternate heavy and light activities, with adequate work/rest schedules.
- Communicating relevant changes about a participant at handover or to your coordinator.

The Minimal Lift Approach

Silver Heart Care applies a minimal ("no-lift") lift policy: all people-handling tasks are assessed and controlled so that workers are not manually handling all or most of a participant's weight, unless mechanical support is unavailable. Employees receive manual handling and safe lifting training at induction and annually thereafter, and manual handling needs are assessed and documented on entry to the organisation.

> **RELATED TRAINING (via your rostering software):** *NDIS Safe Work Practices — Module 4 (Hazardous Manual Tasks, including control measures), Module 5 (Minimal Lift Principles), and Module 6 (Workplace Injuries — prevention and role).*

Work-Related Violence and Aggression

Work-related violence is any incident where a person is abused, threatened, or assaulted in circumstances related to their work — including biting, hitting, throwing objects, pushing, verbal threats, or assault with a weapon.

Workers may be exposed to this risk when supporting a participant with behaviours of concern related to a medical condition or intellectual impairment, when working alone or in isolation, or where other people at the home (family, friends, visitors) pose a risk.

Risk factors include limited knowledge of a participant's behavioural triggers, the frequency and severity of past incidents, the layout of the home (can you remove yourself if needed?), and whether you need to carry money or medication.

Controls include:

- Agreeing behavioural expectations with the participant up front, and understanding the consequences to service if these aren't met.
- Communicating relevant participant information at handover or to your coordinator.
- Reviewing the need to work alone and providing a second worker where required.
- Providing reliable communication devices and personal duress alarms, with training in their use.
- Avoiding the need to carry cash or valuables (e.g. direct debit for co-payments).
- Modifying or refusing a service until risk is eliminated or minimised — you are authorised to discontinue a service if you believe your personal safety is at risk, and must tell your coordinator as soon as possible.
- De-escalation and avoidance training, and understanding the participant's care/behaviour support plan.

> **RELATED TRAINING (via your rostering software):** *NDIS Safe Work Practices — Module 17 (Violence and Aggression in the Workplace).*

Psychosocial Health and Work-Related Stress

Work-related stress happens when a worker perceives that work demands exceed their ability or resources (time, help, support) to meet them. Left unmanaged, this can cause psychological and physical harm — the law treats this as seriously as a physical injury.

> **LEGISLATION UPDATE SINCE 2018:** *Since 1 April 2023, the Work Health and Safety Regulation 2011 (Qld) has included specific psychosocial hazard provisions, supported by the Managing the Risk of Psychosocial Hazards at Work Code of Practice 2022. This confirms that Silver Heart Care's duty of care extends explicitly to psychological, not only physical, health — this is the single biggest change to this guide since its original 2018 edition.*

Risk factors for occupational stress include high or excessive work demands, unclear roles, low control over how tasks are done, poor support from managers or peers, working alone, conflict, poorly managed change, and emotionally distressing situations — including forming an attachment to a participant who is terminally ill.

Silver Heart Care manages these risks by:

- Regularly reviewing staffing levels and skill mix.
- Providing clear job descriptions, policies, and procedures.
- Ensuring supervisors are equipped to support workers while managing performance.
- Having policies for managing conflict and workplace bullying.
- Providing training on managing workloads, resolving conflict, and maintaining appropriate boundaries with participants.
- Making counselling support available where needed.
- Modifying or refusing a service where the environment presents an unacceptably high psychosocial risk.

> **TRAINING GAP — RECOMMENDATION:** *None of the current NDIS Core Training or NDIS Safe Work Practices modules specifically cover psychosocial hazards or work-related stress. Given this is now a distinct legislative requirement, consider adding a dedicated module (e.g. "Psychosocial Hazards and Wellbeing at Work") to your training suite.*

Remote or Isolated Work

This is work carried out without the immediate assistance of other people, because of location, time, or the nature of the work — including rescue, medical help, or emergency services. A worker can be isolated even with people nearby (for example, an overnight carer working alone), or far from populated areas. Isolation may last minutes or hours.

Silver Heart Care must manage the risks of remote or isolated work, including maintaining effective communication with workers carrying it out.

> **RELATED TRAINING (via your rostering software):** *NDIS Safe Work Practices — Module 11 (Working Alone) and Module 12 (The Home as a Workplace).*

Biological Hazards and Infection Control

Good infection prevention and control protects both workers and participants from healthcare-associated infections. Some infectious diseases (such as rubella, cytomegalovirus, and chickenpox) carry additional risks for pregnant workers.

Workers may be exposed through personal care tasks, contact with blood or body substances, contaminated items, soiled laundry, clinical waste (including sharps), unsafe food handling, or contact with animals. Any infection to which work is a significant contributing factor must be notified to Workplace Health and Safety Queensland.

Controls include standard precautions for all participants (hand hygiene, correct PPE use, safe sharps handling and disposal, safe linen and waste handling), additional transmission-based precautions for known or suspected infections, protocols for managing exposure to blood or body substances, and Silver Heart Care's occupational immunisation program (see the Employee Handbook, Section 4 — Immunisations).

See also the Employee Handbook's Infection Control, Hand Washing, and PPE sections, which set out Silver Heart Care's standard hygiene and PPE-supply requirements.

Latex Allergy

Some workers and participants may be allergic to latex. Reactions range from irritant contact dermatitis (the most common, caused by moisture, incomplete drying, or prolonged glove use) to a more serious latex protein allergy, which can include a skin rash, hives, wheezing, or in rare cases anaphylaxis — a life-threatening emergency.

Controls include eliminating non-essential latex glove use, providing low-protein powder-free latex gloves or latex-free alternatives (vinyl or nitrile), washing hands after removing gloves, avoiding oil-based creams with latex gloves, and identifying participants with a known latex allergy so their care is delivered in a latex-safe way.

> **TRAINING GAP — RECOMMENDATION:** *No specific module currently covers latex allergy. It's a natural addition to your infection control / PPE training content, or could sit within a future Biological Hazards module.*

Hazardous Chemicals

Community support work uses chemicals for cleaning, laundry, and gardening. Health effects depend on frequency of use, quantity, concentration, how it's applied (spray vs paste), and ventilation. Disinfectants and cleaning products — particularly those containing bleach (sodium hypochlorite) or caustic soda (sodium hydroxide) — are a common cause of chemical injury and can cause burns at high concentration.

A hazardous chemical will display hazard information on its container and must have a Safety Data Sheet (SDS) available, unless it's a consumer product used in normal household quantities incidental to the work being done. If cleaning is a regular part of the role, an SDS must be available for any hazardous product used.

When assessing risk, consider the product's hazard information, how it can enter the body (inhalation, ingestion, skin contact), concentration, likely exposure frequency and duration, and safe storage, spill response, and first aid requirements.

Controls follow the standard hierarchy:

- Eliminate the chemical or task wherever possible.
- Substitute with a less hazardous, domestic-appropriate product, or apply it in a way that reduces exposure (pouring rather than fine aerosol spraying).
- Improve ventilation — use an exhaust fan or open windows.
- Provide safe work procedures, training, and appropriate PPE for any chemical task, plus first aid and emergency response guidance.

Never use an unlabelled chemical. Avoid decanting where possible; if unavoidable, label the new container and dispose of it once empty.

> **TRAINING GAP — RECOMMENDATION:** *No current module covers hazardous chemicals specifically. Worth considering for a future update to the Safe Work Practices suite, particularly for staff who regularly perform cleaning duties.*

Electrical Safety

The Electrical Safety Act 2002 (Qld) and Electrical Safety Regulation 2013 (Qld) remain current and set out duties for the safe use of electricity and electrical equipment. Silver Heart Care, as the employer, must ensure its business is conducted in an electrically safe way.

Certain "specified electrical equipment" — including extension leads, power boards, and portable equipment moved during use (e.g. vacuum cleaners, hairdryers) — must either be connected via a compliant safety switch, or inspected, tested, and tagged by a competent person at the intervals set out in AS/NZS 3760.

Where you need to use a participant's own electrical equipment or installation (which Silver Heart Care doesn't control), you should:

- Visually inspect the installation before use — check for damaged or missing parts, or burning/discolouration.
- Avoid using the participant's own electrical equipment where possible; if you must, visually inspect it first for damaged insulation, frayed leads, or exposed wiring.
- Use your own compliant portable safety switch if the home's circuits aren't fitted with one — most residential premises are, but there's no regulatory testing requirement for a safety switch in a private home.

Locate extension leads where they won't be damaged or create a trip hazard and avoid overstretching cords. Double adaptors and "piggyback" plugs are discouraged in favour of power boards.

Slips, Trips and Falls

Slips, trips, and falls cause a significant share of injuries in community support work, both inside and outside the home. Slips typically happen when a shoe loses grip on a wet or contaminated floor; trips happen when a foot catches an obstacle that isn't easily seen.

Common contributing factors include spills, slippery floors (bathrooms, laundries), uneven flooring, loose mats, electrical leads underfoot, and poor lighting.

Simple, effective controls include:

- Attending to spills immediately and avoiding walking on recently mopped floors until dry.
- Clearing moss, slime, and leaf litter from outdoor paths, and using anti-skid tape on external steps as an interim measure.
- Keeping floors, mats, and carpet edges in good repair, and highlighting any change in floor level.
- Ensuring adequate lighting, free of glare or shadowing.
- Keeping a hand free to hold a rail on steps and maintaining three points of contact on a ladder.
- Wearing enclosed, non-slip, well-maintained shoes suited to the task (see the Employee Handbook's Dress Attire policy).

> **RELATED TRAINING (via Shift Care):** *NDIS Safe Work Practices — Module 3 (Slips, Trips, and Falls).*

Driving Safety

Driving is a significant part of most support workers' days. Hazards include poor weather or road conditions, fatigue, time pressure, in-vehicle distractions, unfamiliar vehicles, managing a participant's behaviour while travelling, poorly maintained vehicles, and unrestrained equipment.

Controls include:

- Maintaining your vehicle, with regular servicing and daily checks (lights, tyres) — report any defect or incident immediately.
- Wearing seatbelts, avoiding mobile phone use while driving, and following a safe driving policy.
- Not driving when visibility or road conditions are poor and planning realistic travel time between participants.
- Being appropriately licensed, and telling your coordinator about any driving offence, medical condition, or medication that could affect your ability to drive safely.
- Securing all equipment for transport and having appropriate training and mechanical aids if transporting a wheelchair or awkward equipment.
- Having a reliable, non-personal phone means of contacting your coordinator or emergency services if needed.

> **COMPLIANCE DOCUMENT HUB:** *Keep your driver's licence, and your vehicle's registration and insurance (CTP and comprehensive, if used for work), current and uploaded to the compliance document hub.*

> **TRAINING GAP — RECOMMENDATION:** *There's no dedicated driving/fleet safety module in the current training suite, despite this being a mobile workforce. Worth adding given how central driving is to the role.*

Fatigue Management

Fatigue is mental or physical exhaustion that reduces your ability to work safely. It can build up from work and non-work causes combined — demanding work, long hours (including commuting), poor-quality or insufficient sleep (including being on call), regular night work, or rosters that reward working longer than is safe.

Silver Heart Care manages fatigue by arranging adequate cover for leave, planning overtime rather than relying on it, building rosters that allow adequate sleep across a 24-hour, 7-day period, and providing adequate rest breaks between shifts for travel, eating, sleeping, and social time.

> **RELATED TRAINING (via Shift Care):** *NDIS Safe Work Practices — Module 15 (Managing Fatigue).*

Training and Compliance Mapping

The table below maps each WHS topic in this guide to the related module in your rostering software's training suite, so you can quickly find (or be directed to) the right module.

WHS Topic	Related Module(s)
Introduction to WHS / Risk Management	Safe Work Practices — Modules 1, 2
Reporting hazards & incidents	Safe Work Practices — Modules 7, 16; Core Training — Module 6
Emergency & disaster preparedness	Core Training — Module 7
Hazardous manual tasks & minimal lift	Safe Work Practices — Modules 4, 5, 6
Violence and aggression	Safe Work Practices — Module 17
Psychosocial health / stress	No current module — recommended addition
Working alone / the home as a workplace	Safe Work Practices — Modules 11, 12
Biological hazards / latex allergy	No current module — see Employee Handbook infection control content
Hazardous chemicals	No current module — recommended addition
Electrical safety	No current module — recommended addition
Slips, trips and falls	Safe Work Practices — Module 3
Driving safety	No current module — recommended addition
Fatigue management	Safe Work Practices — Module 15
First aid	Safe Work Practices — Module 8
Smoke-free workplace	Safe Work Practices — Module 9
Drugs and alcohol	Safe Work Practices — Module 10
Food safety	Safe Work Practices — Module 13
Water and sun safety	Safe Work Practices — Module 14
Rights-based practice	Core Training — Module 1
Capacity building	Core Training — Module 5

> **TRAINING GAP — RECOMMENDATION:** *Five topics in this guide have no matching module in the two module lists provided: psychosocial health, biological hazards/latex allergy, hazardous chemicals, electrical safety, and driving safety. If these are covered elsewhere in your training suite, let me know and I'll update this table; otherwise they're worth prioritising as additions.*

The Compliance Document Hub

Silver Heart Care's document hub gives you one place to keep your compliance documents current and auditable. Keep the following up to date, and re-upload whenever a document is renewed:

- NDIS Worker Screening Check, Working with Children Check (WWCC), and National Police Check (see Employee Handbook, Section 4).
- Relevant professional qualifications and registrations (e.g. AHPRA, where applicable).
- Immunisation evidence.
- Relevant insurances.
- Driver's licence, and vehicle registration/insurance if you use your own vehicle for work.
- Completion certificates for your NDIS Core Training and NDIS Safe Work Practices modules, as you complete them via the rostering software.
- Any equipment test-and-tag records, where applicable to your role.

You're responsible for keeping your own documents current in the hub; your coordinator will periodically audit the hub to confirm everyone's compliance documents are up to date.

More Information and Contacts

- WorkSafe Queensland — worksafe.qld.gov.au or 1300 362 128.
- Electrical Safety Office — electricalsafety.qld.gov.au.
- NDIS Quality and Safeguards Commission — for reportable incidents and worker screening.
- Silver Heart Care WHS contact: [Liz Sanders 0408597196]

Document Control

This guide is adapted from Workplace Health and Safety Queensland's A Guide to Working Safely in People's Homes (Office of Industrial Relations, State of Queensland, first published 2001, updated 2011 and 2018, PN10797), used under a Creative Commons Attribution 4.0 International Licence, with attribution to the State of Queensland.

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- Approved by: Liz Sanders

Recommended review triggers: any change to the Work Health and Safety Act 2011 (Qld) or Regulation, the Electrical Safety Act 2002 (Qld) or Regulation, WorkSafe Queensland codes of practice, or Silver Heart Care's own training module suite.