# Community services Health and safety checklist for working in people’s homes

The following checklists are not exhaustive and can be modified accordingly.

The checklists should be completed in consultation with the workers involved and prior to initial visit. Use with the [Guide to working safely in people’s homes](https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0018/82503/community-working-safely-in-peoples-homes.pdf).

*Please indicate the appropriate response. A “No” answer means that the hazards should be assessed and control measures considered where the assessment indicates it is necessary.*

|  |  |
| --- | --- |
| Date of inspection: |  |
| Address of premises: |  |

## Accessibility and safety of premises

|  |  |  |
| --- | --- | --- |
| Accessibility and safety of premises | Yes/No | Nature of hazard identified/ Hazard report completed |
| **Outside the residence** |  |  |
| Is it safe to park the vehicle on the road? |  |  |
| Is the gate easy to open and close? |  |  |
| Is the pathway from vehicle to house safe (e.g. lighting, steps, ramps, rail, trip hazards and overgrown vegetation)? |  |  |
| Are pets restrained and/or non-threatening? |  |  |
| Is there a safety switch on the switchboard? |  |  |
| Are doorways clear, free from obstruction and easy to open and close? |  |  |
| Are there any hazards presented by pools, dams or other waterways? |  |  |
| **Inside the residence** |  |  |
| **General** – Are the following safe? |  |  |
| * Floor surface (level and smooth) |  |  |
| * Work areas and access ways (level and uncluttered) |  |  |
| * Power points/electrical cords |  |  |
| * Temperature/humidity |  |  |
| * Lighting |  |  |
| * Position and design of furniture |  |  |
| If there are tasks involving working at heights, is there a safe method of carrying out the work? |  |  |
| Are smoke detectors fitted and appropriately situated? |  |  |
| Are smoke detectors tested every three months? (Sight evidence) |  |  |
| Is the safety switch tested and recorded every three months |  |  |
| Is there a fire evacuation plan in place? |  |  |
| Is there appropriate domestic fire safety equipment (e.g. fire blanket, extinguisher)? |  |  |
| **Bathroom** – Are the following safe? |  |  |
| * Access to shower, bath, toilet |  |  |
| * Floor surface (level, smooth and non-slip) |  |  |
| * Electrical equipment (e.g. leads on floor or heaters in bathroom) |  |  |
| * Water temperature easy to control |  |  |
| * Ventilation |  |  |
| **Kitchen** – Are the following safe? |  |  |
| * Work heights including seating for meal assistance |  |  |
| **Laundry** – Are the following safe? |  |  |
| * Location of washing machine |  |  |
| * A table or trolley to reduce the need to bend or twist when loading and unloading the washing machine |  |  |
| * Provision for soiled items |  |  |
| **Bedroom** – Are the following safe? |  |  |
| * Space around the bed sufficient to perform tasks in comfortable posture |  |  |
| * Ventilation |  |  |
| **Client/other people in residence** |  |  |
| * Client willing to participate and assist in care? |  |  |
| * Client able to accept directions and instructions? |  |  |
| Are appropriate management methods in place to manage: |  |  |
| * history of aggression or violence? |  |  |
| * threats or aggression to staff in any way? |  |  |
| * situation that is particularly emotionally demanding? |  |  |
| * evidence of a risk of infectious disease? |  |  |

## Hazardous manual tasks

|  |  |  |
| --- | --- | --- |
| **For any manual task** | **Yes/No** | **Nature of hazard identified/ Hazard report completed** |
| Can you comfortably move without restriction around the work area to do the tasks? |  |  |
| Can you work without: |  |  |
| * using high or sudden force/effort? |  |  |
| * excessive bending, twisting or over reaching? |  |  |
| * holding part of your body still for long periods? |  |  |
| Have all the people handling tasks been assessed? |  |  |
| Are appropriate handling methods in place to handle clients who have: |  |  |
| * difficulty understanding instructions, are unco-operative or have other behavioural problems? |  |  |
| * difficulty with balance, are unstable or awkward to handle? |  |  |
| * attachments to devices/equipment? |  |  |
| Is there a safe method for transferring clients up or down stairs? |  |  |
| Have workers been trained in the safe handling of the client? |  |  |
| Does the vehicle design allow you to do the following without using an awkward posture: |  |  |
| * Transfer clients in/out of vehicles |  |  |
| * Secure clients inside of the vehicle |  |  |
| * Transfer equipment into/out of the vehicle |  |  |

## Equipment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Is the item suitable and in good order for the task? | Is the equipment easy to use? | Is the item easily accessible? | Is the item easily transported? | Comments/hazard report completed |
| Vacuum cleaner |  |  |  |  |  |
| Bucket/mop |  |  |  |  |  |
| Broom |  |  |  |  |  |
| Washing machine |  |  |  |  |  |
| Laundry trolley |  |  |  |  |  |
| Clothes dryer |  |  |  |  |  |
| Iron/ironing board |  |  |  |  |  |
| Step ladder |  |  |  |  |  |
| Food preparation facilities |  |  |  |  |  |
| Hot water system |  |  |  |  |  |
| Changing facilities/area |  |  |  |  |  |

## Personal equipment

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Date of last service | Are there any defects, signs of wear or other problems? | Is the item being used correctly? |
| Bed |  |  |  |
| Manual wheelchair |  |  |  |
| Power wheelchair |  |  |  |
| Shower chair/trolley |  |  |  |
| Transfer devices:   * Slide sheet * Grab rail/foot stool |  |  |  |
| Hoist:   * Standing * Ceiling * Hydraulic floor * Electrical floor * Other |  |  |  |

## Hazardous substances

Hazardous substances in the household may include chemicals such as methylated spirits, caustic soda, oven cleaners, general cleaning agents, pesticides, disinfectants, medicine (i.e. cytotoxic drugs) and others.

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Comments/hazard report completed |
| Is the worker aware of emergency procedures in case of an accident involving the substance? |  |  |
| Are containers clearly labelled? |  |  |
| Are substances in original containers? |  |  |
| Are substances stored appropriately (out of reach of children?) |  |  |
| Have workers been trained in safe procedures when working with the substance including personal protective equipment? |  |  |
| Does the worker experience any health effects from contact with the substance? |  |  |
| Does the worker have personal protective equipment for work with the substance? |  |  |
| Is there an exhaust fan or open window for adequate ventilation, when using the substance? |  |  |
| Can the use of the substance be eliminated or substituted for a less hazardous substance? |  |  |
| Is the SDS register for all substances identified and accessible to workers? |  |  |
| Has the risk assessment been completed and recorded for all hazardous substances? |  |  |

Outcomes

|  |  |  |  |
| --- | --- | --- | --- |
| Corrective actions required | Corrective actions undertaken | Date completed | Responsible person |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Client acknowledgment**

The need to conduct a workplace health and safety assessment of my home (located at the above address) has been explained to me and conducted with my permission.

Hazards identified during the assessment have been brought to my attention.

|  |  |  |  |
| --- | --- | --- | --- |
| Client/family  (please print) |  | Inspecting person  (please print) |  |
| Client/family signature |  | Inspecting person’s signature |  |
| Date |  | Date |  |