Practical Case Studies for Improving Workplace Safety in Aged Care

Case study: People-handling in residential aged care

*Note: The specific controls noted may not be practicable for every workplace. Always consult with workers and consider controls that are tailored to your specific work environment. Visit **safework.nsw.gov.au/your-industry/health-care-and-social-assistance/aged-care** for sector specific resources.*

Scenario context and work content	Hazards and risks	Example control measures	Review and improve
A residential aged care facility supports older residents with complex care needs, including bariatric care. The facility has specialised people-handling equipment, however, due to disorganised storage, it is often difficult to locate. As a result, workers are sometimes required to carry out hazardous manual tasks (HMTs) without the use of lifting aids. There is also a shortage of staff on shift, and many workers come from culturally and linguistically diverse (CALD) backgrounds with varying levels of knowledge and experience. Workers may also not raise concerns due to fears of losing their job.	**Physical and psychosocial risk factors can combine or interact to increase the risk of injuries such as musculoskeletal disorders.** **Workplace design:** There is a lack of allocated space to store the specialised people-handling equipment, making the equipment difficult to locate. Because of this, workers often end up lifting residents manually. **Hazardous manual tasks:** When workers are not using specialised people-handling equipment to lift, lower, support or carry residents, they could be exposed to: • Repetitive or sustained force • High or sudden force, and • Awkward or sustained postures. These hazards directly stress the body and can lead to an injury. **Poor support and role overload:** Due to staff shortages, lack of support and time constraints, or difficulty understanding or following policies and procedures due to language and cultural barriers, workers may feel they lack the time to locate the specialised equipment, leading them to engage in hazardous manual tasks.	Leaders use a risk management approach and consult with workers and Health and Safety Representatives (HSRs). They implement the following control measures: • Conduct assessments (e.g. risk and functional) as needed to identify residents' mobility needs. • Review and change the work layout to provide sufficient storage space for the specialised people-handling equipment. • Review and update residents' care plans to include information such as the type of specialised people-handling equipment required and their storage locations (e.g., storage room 1 on level 1). • Review and revise policies and procedures for: – Reporting of injuries, illnesses, near-misses and maintenance issues. – Servicing and maintenance of equipment as per manufacturer instructions. • Review worker training to include: – How to report a hazard and injury. – Assessment and management of risks associated with people-handling and the use of fit-for-purpose equipment. – Practical assessments to confirm workers can safely use equipment. – Onboarding and induction training for new workers. – Ongoing training and assessments for existing workers. • Provide translated materials, including policies, procedures and training information, for CALD workers. • Regularly review staffing levels and skill mixes to ensure both are adequate for the residents' needs. • Establish a mentoring program to offer on-the-job support for new or inexperienced workers.	**Scenario specific management actions:** • Develop a comprehensive training schedule to ensure that workers are appropriately trained for the tasks they undertake. • Meet with staff to discuss layout changes to identify if they have been successful or if further changes are needed. • Collect feedback from workers and patients to check that the changes are improving worker and patient experience. • Expand the available translated materials where possible for workers and patients. **Ongoing management actions:** • Prioritise work health and safety (WHS) at executive and senior leadership levels i.e. **due diligence**. • Consult workers and HSRs about WHS issues, including HMTs. • Review and complete all hazard and injury reports to identify areas for training and continuous improvement. • Undertake risk assessments with the relevant people. • Ensure policies and procedures are regularly updated to reflect changes and current workforce requirements. • Undertake incident investigations in a timely manner and provide feedback to all relevant parties.

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Practical Case Studies for Improving Workplace Safety in Aged Care

Case study: Work-related violence and aggression during personal care tasks in residential aged care

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Scenario context and work content	Hazards and risks	Example control measures	Review and improve
A personal care worker was assisting an aged care resident with dementia, to settle into bed during the evening shift. The resident, who is usually calm, became suddenly agitated and punched the worker in the face. Although workers had noticed increasing agitation at night, the resident's behaviour support plan had not been updated, and no incident briefing had been shared during shift handover. The worker felt unprepared and unsupported following the incident.	**Work-related violence and aggression:** Workers may be exposed to physical or psychological injury due to unpredictable resident behaviour. **High job demands:** Insufficient behaviour planning due to lack of time to undertake tasks and responsibilities, therefore resident-specific triggers and care recommendations are not consistently documented or communicated. **Lack of role clarity:** De-escalation training is not consistently completed for some workers therefore they are unfamiliar with management strategies for dementia-related behaviours.	Leaders use a risk management approach and consult with workers and Health and Safety Representatives (HSRs). They implement the following control measures: • Ensure all incidents of work-related violence and aggression are documented and reported. • Provide workers with time to review behaviour support plans, updates and changes for residents. • Develop a handover checklist to ensure all relevant resident information is covered at each handover. • Ensure workers have had adequate training in identifying early warning signs of escalation/ agitation and appropriate distraction techniques. • Provide workers with an appropriate pathway and process to escalate concerns related to patient behaviour. • Roster two staff members during evening care for residents with a history of agitation. • Engage a multidisciplinary team to review the resident's treatment plan. • Deliver appropriate de-escalation and dementia care training to all at risk workers, including regular refresher sessions.	**Scenario specific management actions:** • Track incidents of violence and aggression and adjust staffing levels or shift patterns accordingly, with post-incident debriefs and access to Employee Assistance Program for support. • Schedule regular case conferences and reviews with workers and the multidisciplinary team to ensure worker safety is considered. • Consider becoming a member of an aged care industry group to stay up to date on new information in managing WHS risks. • Seek volunteers to establish a peer support network across multiple PCBU sites. **Ongoing management actions:** • Prioritise work health and safety (WHS) at executive and senior leadership levels i.e. **due diligence**. • Consult workers and HSRs about WHS issues, including physical and psychosocial hazards. • Review and complete all hazard and injury reports to identify areas for training and continuous improvement. • Undertake risk assessments with the relevant people. • Ensure policies and procedures are regularly updated to reflect changes and current workforce requirements. • Undertake incident investigations in a timely manner and provide feedback to all relevant parties.

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Practical Case Studies for Improving Workplace Safety in Aged Care

Case study: Psychological harm from lack of support and repeated exposure to verbal aggression in residential aged care

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Scenario context and work content	Hazards and risks	Example control measures	Review and improve
A long-term worker in a high acuity residential aged care facility, supports residents with cognitive decline and behavioural conditions. They regularly experience verbal aggression during routine care tasks. Despite raising concerns about the patient's behaviour with their supervisor, and the negative impact it was having on the workers anxiety and sleep, they were told, 'That's just part of the job'. The organisation lacks a clear strategy to manage psychosocial risks.	**Exposure to verbal aggression:** Workers experience verbal abuse and aggression daily from residents. **Low job control and poor support from supervisors and managers:** Workers do not feel their work health and safety concerns are taken seriously, and they are not involved in decision making related to rostering or care planning. **High demands:** Working with verbally aggressive residents with complex care needs contribute to fatigue and burnout.	Leaders use a risk management approach and consult with workers and Health and Safety Representatives (HSRs). They implement the following control measures: • Deliver targeted training in relation to violence and aggression prevention and management and working with challenging behaviours. • Provide information to workers on how to report all hazards and incidents of aggression by residents. • Manage and review rosters to rotate workers through high and low-demand areas to reduce exposure to psychosocial hazards. • Implement safety huddles to discuss patient behaviour during staff handover. • Allocate peer mentors to high-risk shifts and encourage regular peer check-ins. • Introduce regular 1:1 meetings with managers and workers. • Implement manager training on managing psychosocial hazards and incident investigation. • Provide workers time during shifts to review and update behaviour support plans for residents.	**Scenario specific management actions:** • Develop a system for anonymous worker feedback for workers uncomfortable with raising work health and safety (WHS) concerns. • Use feedback from workers to adjust team structures, supervision styles and rostering. • Establish post-incident debriefing sessions, in consultation with workers and HSRs. • Create a safety culture chart outlining responsibilities for managing complaints. • Implement annual performance planning reviews and regular mentoring sessions for management. **Ongoing management actions:** • Prioritise work health and safety (WHS) at executive and senior leadership levels i.e. **due diligence**. • Consult workers and HSRs about WHS issues, including MSDs and/or HMTs. • Review and complete all hazard and injury reports to identify areas for training and continuous improvement. • Undertake risk assessments with the relevant people. • Ensure policies and procedures are regularly updated to reflect changes and current workforce requirements. • Undertake incident investigations in a timely manner and provide feedback to all relevant parties.

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Practical Case Studies for Improving Workplace Safety in Aged Care

Case study: Musculoskeletal disorder (MSD) risks in home-based aged care

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Scenario context and work content	Hazards and risks	Example control measures	Review and improve
A client receiving home-based aged care services has some mobility issues and requires specialised people-handling equipment to help with transfers to the bathroom. The client's bedroom is quite small and contains a thick floor rug along with furniture arranged to reflect the client's comfort and preferences. However, this setup restricts the worker's ability to safely use lifting aids due to limited space and uneven floor surfaces. The worker is unsure how to address the safety concerns with the client without upsetting them, so raises these issues with their manager.	**Physical and psychosocial risk factors can combine or interact to increase the risk of injuries such as musculoskeletal disorders.** **Work area design and layout:** There is a lack of space for the worker to use lifting aids safely. The thick floor rug also makes it difficult to move the lifting aid easily, as the wheels sometimes get caught. Because of this, workers often end up lifting or moving the client manually. **Hazardous manual tasks:** When workers are not using lifting aids to lift, lower, support or carry residents, they could be exposed to: • Repetitive or sustained force • High or sudden force, and • Awkward or sustained postures. These hazards directly stress the body and can lead to an injury. **Role conflict and unclear expectations:** The worker feels caught between respecting the client's preferences in their home and ensuring their own safety.	Leaders use a risk management approach and consult with workers, Health and Safety Representatives (HSRs), the client and their family. They implement the following control measures: • Remove the thick floor rug. • Re-arrange furniture to create more space. • Establish regular manager check-ins with worker. • Review and update safe work procedures (SWP) for care delivery in the client's home environment. • Train workers in the updated procedures including how to identify and report hazards and risks, how to use lifting aids safely and how to discuss safety concerns with the client. • Update the client service agreement to include shared work health and safety (WHS) responsibilities.	**Scenario specific management actions:** • Engage the relevant people to undertake risk assessments (see **SafeWork NSW website** for relevant resources) such as individual mobility assessments and home environment assessments. • Survey clients and workers to assess communication methods and safety outcomes. • Develop easy to understand WHS educational materials for clients and families about tasks that workers can and can't do safely. • Provide guidance to families and clients on how to raise concerns with the worker or manager. • Initiate regular meetings with workers to build their confidence in discussing and reporting issues. **Ongoing management actions:** • Prioritise work health and safety (WHS) at executive and senior leadership levels i.e. **due diligence**. • Consult workers and HSRs about WHS issues, including HMTs. • Review and complete all hazard and injury reports to identify areas for training and continuous improvement. • Undertake risk assessments with the relevant people. • Ensure policies and procedures are regularly updated to reflect changes and current workforce requirements. • Undertake incident investigations in a timely manner and provide feedback to all relevant parties.

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