

Health and Safety Guidelines for home care workers



Introduction

Home care workers can face considerable work related health and safety risks. Activities such as lifting and moving those receiving care, lone working as well as their exposure to infections, violence and abuse and more general hazards, such as slips and trips mean that it is essential that good health and safety practices are in place.

The overwhelming majority of home care workers are women, half of whom work part-time and play an essential role in improving the quality of life for thousands of people including the sick, elderly and disabled, those with learning difficulties and people suffering from mental ill-health. This work involves looking after adults and children in a wide variety of settings ranging from highly intensive residential establishments through to caring for clients in their own homes.

Health and safety risks can be reduced in many areas but this is only possible if employers' make sure that they address the health and safety hazards faced by this group of workers properly.

The aim of these guidelines is to provide good practice advice for UNISON safety representatives' and stewards working with members in the social care sector, such as home care and residential care service.



The scale of the problem

Home care workers are relied on to carry out a wide range of different duties for their clients, and may not recognise many of the potential dangers they face.

The duties of home care workers can include lifting and handling tasks, using a range of household chemicals, using electrical equipment such as vacuum cleaners, cookers, microwave ovens and heaters etc. They may also administer or assist clients with their medicines, shop for clients and do other domestic chores such as laundry.

As lone workers, home care workers can be particularly vulnerable as they are isolated from other workers and cannot easily liaise with colleagues. Some home care workers such as those in residential care are based in static workplaces, while others regularly work with different clients in their own homes. However, many of the health and safety concerns are the same.

Employers must ensure that policies and procedures are in place to protect home carers while they are at work by:

- Carrying out suitable risk assessments that take account of the real risks faced by home care workers
- Providing health and safety training and information as well as refresher training so that care workers are confident in carrying out their duties
- Ensuring that a reporting system is set up that encourages care workers to report and record incidents and accidents
- Monitoring, evaluating and reviewing practices and procedures on a regular basis.



Employers' legal duties

Under the Health and Safety at Work Act (HASAWA) 1974 and the Management of Health and Safety at Work Regulations (MHSW) 1999, employers have a legal duty to assess all risks to the health and safety of employees. If the risk assessment shows that it is not possible for the work to be done safely, then other arrangements must be put in place.

Risk assessments are the responsibility of the employer, but safety representatives have the legal right to be consulted on how they are carried out, what is included and any prevention measures that are put in place following the assessment. Employers are also under a duty to provide:

- Information and training on lifting and handling under the Manual Handling Operations Regulations 1992
- Suitable equipment and training in its use under the Provision and Use of Work Equipment Regulations 1998 and the Lifting Operations and Lifting Equipment Regulations 1998
- Information and training on any chemicals used under the Control of Substances Hazardous to Health Regulations (COSHH) 1999
- Training and information on fire risk assessments under the Fire Precautions (Workplace) Regulations 1997 (as amended in 1999) and the Management of Health and Safety at Work Regulations 1999
- Facilities for first aid under the Health and Safety (First Aid) Regulations 1981.

Employers must also report to the enforcing authorities certain accidents suffered by employees, including incidences of violence, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

This is separate from the duty on employers to record all accidents in the accident book.

The domiciliary care standards and regulations

Building on the Care Standards Act 2000, the National Minimum Standards for Domiciliary Care Agencies were introduced in April 2003 to form the basis on which the National Care Standards Commission determines whether agencies in England provide personal care to the required standard. The regulations outline 27 standards under five headings and apply to all providers of homecare, whether in

local authority voluntary/community sector or private agency settings.

Health and safety is covered in standards 11-15, and lists all the relevant health and safety legislation. The regulations specify that each agency has to have a comprehensive health and safety policy and written procedures for health and safety management. These should define individual and organisation responsibilities for health and safety matters and risk assessments, as well as reporting and investigating procedures.

Branches should ensure that they work with the employer on the implementation and monitoring of these procedures. In addition, a UNISON branch health and safety officer or safety representative should have a seat on the health and safety management committee that deals with home care. Detailed information on the content of the health and safety training is set out in a schedule to the standards.

Risk assessment—What your employer must do

Employers' main risk assessment duties under the 1999 Management of Health and Safety at Work Regulations are to:

- Make a suitable and sufficient assessment of the risk to the health and safety of their staff, and others who may be affected
- Identify the preventative and protective measures needed (as far as is reasonably practicable)
- Review the assessment if there is reason to believe that it is no longer valid
- Keep written records, where there are five or more employees, of the findings of the assessment and any groups of employees particularly at risk, for example, home care workers who work on their own
- Have arrangements for the effective planning, organisation, control, monitoring and review of the preventative and protective measures
- Provide any health surveillance required
- Appoint 'competent' people to assist them
- Establish procedures to be followed in the event of serious and imminent danger
- Provide health and safety information, instruction and training for all employees
- Consult with safety representatives.

The risk assessment must be wide ranging and should include all potential risks to care workers including:

- Travelling to and from the home of the service user, particularly at night, in isolated areas and/or on foot
- Manual handling
- The working environment including outside the home
- Control of hazardous substances
- Dealing with violent incidents or challenging behaviour
- Dealing with pets, pests and infestation
- The handling of cash
- Procedures for administering and assisting clients with their medication
- Procedures in place for reporting and recording accidents, incidents, new risks, faulty equipment or other concerns.

The risk assessment should also take account of risks associated with the use of beepers, pagers and mobile phones, and the carrying of medication, equipment or sums of money.

Branches should ensure that these issues are taken into account when risk assessments are carried out.

Health and safety training and information

Employers have legal duties to give health and safety information and training to all employees. Training should include all the risks that employees are exposed to and the precautions needed.

It is usual for all new staff to be given induction training on joining the home care service. The training should make clear the areas of activity home carers should and should not undertake and should also give guidance on appropriate footwear and clothing. Where the risk assessment identifies that such clothing is required to protect staff from hazards they should be provided and maintained at no cost to members.

Induction programmes must also include health and safety training and should cover:

- Manual handling
- Infection control
- Fire procedures
- First aid

- Basic hygiene
- Food preparation, storage and hygiene
- Dealing with emergency situations
- The use of protective clothing and/or equipment.

UNISON safety representatives have the right to be consulted on the type and level of health and safety training and information developed or offered to members.

In addition to the induction, training should be given to employees when:

- There is a transfer of job, a change in clients or changes in responsibility
- New equipment is used, or existing use changed
- There are changes in work methods.

Employers must also provide information for employees, that is easy to understand and which is relevant. Information for employees who have difficulty in understanding or reading English should also be considered.

Some common hazards

A few of the common issues which are of concern to UNISON home care workers are discussed below. There are many others and safety representatives and stewards should make sure that issues which are of particular concern to home care workers are taken into account when the risk assessments are carried out.

Passive smoking

A total ban on smoking in almost every enclosed public place and workplace in England will come into force in the summer of 2007. However, the exemptions include premises where a person has their home or is living permanently or temporarily which means that social care workers may continue to be exposed to passive smoking while they are in a client's home or other residential accommodation.

This is not easy to resolve due to the conflict of one individual's right to take part in a legal activity in their home and another's right not to be exposed to passive smoking. The situation may be all the more difficult to resolve where a client or patient is suffering from some form of psychological illness or dementia, and therefore less likely to reach a compromise. There is at present no HSE guidance on this point.

One solution proposed in the past was for the employer to try to match employees who smoke with

smoking clients, or to those parts of residential accommodation where the residents are entitled to smoke. However, whilst this may protect a non-smoker, it does still mean that an employer is exposing their staff who smoke to even higher levels of tobacco smoke.

A more satisfactory approach, which has been adopted by some employers is to ask the service user not to smoke for one hour before a visit, nor during the visit, and allowing the worker to ventilate the rooms they work in by opening the windows. It's not a perfect solution and there may still be some exposure from residual smoke, however it's a compromise which recognises that an individual should be allowed to take part in legal activity in their own home and respect the health of a visiting worker.

Manual handling

Manual handling is the most common cause of injury at work and the social care sector is one of the highest risk areas for back injuries. According to the Health and Safety Executive around 50% of all accidents reported in the sector relates to the helping of people whose mobility is reduced by disability or long-term illness.

In addition, a UNISON survey of homecare workers carried out in 2001 showed that incidents of back pain are 10% higher for homecare workers than the rest of the adult population. The survey also revealed that younger workers aged under 34 have broadly the same level of back pain as older workers.

Manual handling includes lifting, lowering, pushing, pulling and carrying loads. Care workers are particularly at risk because of their exposure to work that involves the physical handling of people receiving care.

Home care workers are expected to help clients;

- To get into and out of bed
- Into and out of the bath
- When using the toilet
- Managing the stairs
- Moving around the home.

Poor working environment, badly planned work methods and inadequate training increase the risk of injuries to workers.



Employers' duty

Employers are required by law to prevent manual handling injuries. The main law covering this is the Manual Handling Operations Regulations. These are covered in detail in UNISON's guide to the 'six pack' (see further information).

In brief, the regulations state that employers must do the following:

- Avoid the need for hazardous manual handling work as far as is reasonably practicable
- Where handling cannot be avoided, identify and assess the risks
- Remove or reduce the risk of injury using the risk assessment as the basis for action
- Ensure loads are marked
- Provide staff with training and information
- Review and monitor control measures.

Manual handling tasks are common in the home care setting. Where it is not possible to avoid these tasks, a suitable and sufficient risk assessment should be carried out. The risk assessment should be carried out before the care worker begins working with a client and should be reviewed on a regular basis especially if incidents relating to manual handling frequently occur. It should take account of the

premises, the clients' needs and the capabilities of the staff. It is useful and sensible to include the manual handling assessment in the care plan.

The Domiciliary Standards specify that two people fully trained in current safe handling techniques and the equipment to be used are always involved in the provision of care when the need is identified from the manual handling risk assessment.

The name and contact number of the organisation responsible for providing and maintaining any equipment under the Manual Handling Regulations and Lifting Operations and Lifting Equipment Regulations should also be recorded in the risk assessment.

In assessing manual handling risks to home care workers employers should consider:

- Whether floors are uneven or slippery and include steps
- Whether storage arrangements can be improved
- The size and layout of the clients home/ work area
- Type and size of equipment, materials and substances used
- Overalls, uniforms and other work clothing supplied e.g. can staff move easily when wearing them and is footwear suitable?

- The type of training provided. Training in proper lifting techniques is important, but must not be a substitute for employers reducing the risks in the first place
- Workers, who may be pregnant, have a disability or have a health problem.

Safety representatives can help to make the Manual Handling Regulations work by:

- Making sure employers assess all manual handling tasks carried out by home care workers
- Checking that the employers policy on manual handling includes home care workers
- Ensuring that the home care workers' task, load, work method and work area are covered in the assessment and care plan
- Reporting any omissions in writing to management
- Ensuring that home care workers record and report any health problems or injuries relating to lifting and/or manual handling hazards
- Making sure possible handling problems are considered in the care plan and before changes are made to work methods, the clients home or before new equipment are introduced
- Ensuring that manual handling training is provided. Training should include:
 - All manual handling situations likely to be faced by home care workers
 - Any particular hazards they may face and the precautions they should take
 - How to carry out on- the- spot evaluations
 - Who to contact for advice on specific manual handling problems.

Case Law

In 2003 the High Court gave judgment in a case involving lifting of people in care homes. This weighed up the responsibility of employers to protect staff from injury through manual handling and their duties to clients under the Disability Discrimination Act and Human Rights Act.

There has been some confusion over what the judgement actually means and as a result some UNISON members have been asked by management to lift an adult client alone. This is an incorrect interpretation of the High Court ruling. No member of

staff should ever be asked to take the full weight of another adult and to do so is to put that worker at serious risk of back injury.

The court action arose because a local authority used guidance issued by the Royal College of Nursing that stated 'Manual lifting of patients is eliminated in all but exceptional or life threatening situations'. This was interpreted as meaning that manual handling should never be done, even by a group of staff. The court instead suggested that the local authority should have followed the guidance of the Health and Safety Executive 'Handling Home Care: Achieving safe, efficient and positive outcomes for care workers and clients'.

UNISON has always taken the view that manual handling should be avoided where possible. In some cases it is necessary, because of the individual needs of the client, for manual assistance to be given. However, no one person should ever take the full weight of another adult person and manual lifting should only be done where:

- A suitable number of staff are available
- A risk assessment has been done
- Staff have been given proper training
- No other reasonable alternative is available.

In deciding what form of lifting should be carried out, the views of the client should also be taken into account.

This approach mirrors the view of the Health and Safety Executive in the guidance that was supported by the High Court decision. This guidance gives practical advice on how to ensure that workers are not put at risk and at the same time the rights of the client are protected. It gives helpful case studies to illustrate how this can be done safely.

UNISON has supported the use of the Health and Safety Executive guidance within the Home Care Service and branches with home care workers should ensure that their employer obtain a copy of the booklet. (See further information.)

Administering or assisting clients with medicines

In general, only qualified staff, e.g. GP's or community nurses, should administer medicines. However, the duties of home care workers have changed to encompass nursing duties that can include administering some medication.

UNISON is clear that this task should only be carried out when adequate training and proper systems are in place. There is no legal duty on non-medical staff to administer medicine and home care workers should be particularly wary of agreeing to do so where the timing is crucial to the health of the client and some technical or medical knowledge is needed.

The domiciliary standards agree. Standard 10, regulation 14 states that staff should only provide assistance with taking medication or administering medication, or other health related tasks when it is within their competence and they have received any necessary specialist training.

- This must be with the informed consent of the service user
- Clearly requested on the care plan by the assessor
- With the agreement of the care or support workers' line manager.



Infections

Care workers can be exposed to infections as a result of direct contact with someone under their care who is infected or by cleaning up infected body fluids (such as blood containing hepatitis). It is important that precautions are taken at all times to reduce the risk of exposure. When dealing with blood or other bodily fluids, strict procedures should be adopted to control the possibility of infection.

Home care workers should be given training and information on the risk and the necessary precautions that should be taken. These precautions may include:

- Immediately clearing up and disinfecting after any spillage
- The safe disposal or proper disinfection of equipment, clothing etc. contaminated with bodily fluids
- Coverage of any cuts, grazes and breaks in the skin with waterproof dressings
- Wearing protective clothing such as gloves, aprons, and eye and mouth protection where there is a risk of splashing.

Personal protective equipment

Home care workers may be issued with personal protective equipment (PPE) or clothing, eg gloves, overalls, non-slip shoes etc to protect them whilst at work.

The Personal Protective Equipment at Work Regulations say that protective clothing and equipment should be suitable for the risk and for the wearer, maintained and provided free of charge. The law also states that personal protective equipment is a last resort that should only be used after other solutions have been investigated and found inappropriate. If protective clothing is issued, home care workers should not be responsible for the cost of buying or cleaning it. This cost must be borne by the employer. In addition, staff must be trained in the use of any PPE issued. Training must include details of what to do if the PPE is not effective, dirty, damaged or poorly maintained.

Gloves

It is common for home care workers to be issued with disposable gloves to use when carrying out their duties. In practice gloves can be a very useful piece of safety equipment. Unfortunately, many gloves are

inappropriate for their purpose, and some introduce new hazards such as allergic contact dermatitis and/or asthma.

Branches will need to ensure that gloves are:

- Issued to home care workers only as a last resort after other control measures have been considered
- Suitable for their purpose
- The right size
- Avoided if they are powdered latex gloves or contain high levels of free protein to avoid the risk of contact dermatitis or asthma. UNISON advice on gloves is available in an information sheet. (See further information.)

Lone working

In general, home care workers regularly work alone as part of their normal day-to-day work. Working alone can put such workers in a vulnerable position particularly if they are perceived to be carrying money, drugs or other equipment perceived as valuable.

Other hazards that lone workers may face include:

- Accidents or emergencies arising out of their work
- Inadequate provision of rest, hygiene and welfare facilities
- Violence from clients or members of the public
- Manual handling incidences.



Employers' legal duties

There is no general legal ban on working alone. However, employers should include lone working in the risk assessments carried out under the Management of Health and Safety at Work Regulations 1999. If the risk assessment shows that it is not possible for the work to be done safely by a lone worker, then other arrangements must be put in place.

Safe system of work

A good example of how a safe system of work can be achieved when working alone is set out in the Health and Safety Commission's (HSC) guidance to community staff (see further information). It includes the following:

- Before staff commence work in a client's home, management should assess the premises, the client's needs, and the capabilities of staff assigned to the client
- Where necessary, management should install lifting and handling aids in clients' homes on a loan basis. Clients and their families should be given advice on equipment and modifications to premises
- If a client refuses a hoist, a manager should visit the client and explain why a hoist needs to be used. Continued refusal should result in nursing care or transportation involving lifting being withdrawn
- The assessment should include a review of staffing levels in the community where necessary. More than one staff member should be assigned to certain manual handling tasks
- Staff should be given information and training that is geared to the manual handling problems they face in the community, including how to make on the spot evaluations of the risks. They should be given advance warning of particular hazards and information on what precautions must be taken
- Staff should be told who to contact for help when a manual handling problem arises.

Although this guidance is aimed at patient and client handling, the general principles of carrying out risk assessments before work begins; providing mechanical aids; reviewing staffing levels; providing information and training including how to make instant evaluations and providing back up help, applies to all lone working situations.

Driving

Some members may have to spend long periods of the time driving alone as part of their work activities. The main risk for drivers working alone is the possibility of breaking down in an isolated area. Employers expecting staff to use their own vehicles could increase this risk. Low pay in the public sector could mean that some vehicles are poorly maintained, and this should be taken into account when risk assessments are carried out.

The Royal Society for the Prevention of Accidents (RoSPA) have published a useful guide to managing road risk, which includes a road risk assessment (see further information).

CASE STUDY

Jan is a home care worker based in Gloucestershire. She uses a car to visit clients. It is her own vehicle and is now over 10 years old. On two occasions in the last year the car has broken down on country roads.

It is quite common within the home care service for employees to have to use their own car for work purposes. Rarely is there any control over the condition of the car or whether it is fit and safe for the purpose. In fact, given the low pay of many home care workers, it is hardly surprising that a lot of the vehicles used are old and badly maintained.

Where the work involves travel outside urban areas, there is always the possibility that the vehicle could break down on a rural road with no access to breakdown services, possibly in bad weather or at night. This is particularly the case, where the employee covers a wide geographical area. However, the risk is not confined to rural areas. In urban areas the vehicle could break down in a place where there is the potential for violence.

The employer has a responsibility to ensure that the car used is suitable, even when the employees use their own car. They should ask to see the MOT, insurance and licence. They should do a risk assessment and, if necessary, provide mobile phones to allow employees to summon help if they breakdown. The employer could also consider obtaining cover with one of the breakdown organisations.

Violence

Violence at work is an increasing problem for many UNISON members. However as home care workers often work on their own they are potentially more vulnerable.

Employers should ensure that they assess the risk of violence and implement measures, which will prevent or reduce this risk. The risk of violence to home care workers who work alone should be no greater than for other workers, and alternative arrangements or additional staff to deal with high risk situations should be available.

In general, employers will need to look at all aspects of the work activities including working practices and systems of work, the area that home care workers are likely to travel to and from and work in, staffing levels, the information and training provided and reporting procedures.

They should also consider:

- Avoiding the need for lone working whenever possible
- Changing the way the job is carried out
- Improving information gathering and sharing about clients or their family with a history of violence
- Identifying visits which should not be carried out by a lone home care workers
- Ensuring that managers of home care workers have details of their itinerary at all times.

Employers should also ensure that written procedures on safe working practices are developed and implemented.

UNISON and the HSE have produced detailed guidance on work-related violence (see further information).

The following checklist was taken from the HSE's guidance for the health service on violence (see further information).

HOME VISITING: CHECKLIST FOR MANAGERS

Are your staff who visit:

- 1 Fully trained in strategies for the prevention of violence?
- 2 Briefed about the areas where they work?
- 3 Aware of attitudes, traits or mannerisms that may annoy clients, etc?
- 4 Given all available information about the client from all relevant agencies?

Have they:

- 5 Understood the importance of previewing cases?
- 6 Left an itinerary?
- 7 Made plans to keep in contact with colleagues?
- 8 The means to contact you – even when the switchboard may not be in use?
- 9 Got your home telephone number (and you theirs)?
- 10 A sound grasp of your organisations' preventive strategy?
- 11 Authority to arrange an accompanied visit, security escort or use of a taxi?

Do they:

- 12 Carry forms for reporting incidents?
- 13 Appreciate the need for this procedure?
- 14 Use them?
- 15 Know your attitude to premature termination of interviews?
- 16 Know how to control and defuse potentially violent situations?
- 17 Appreciate their responsibility for their own safety?
- 18 Understand your organisation's provisions for their support?

What else is needed?

Safety representative's role

Under the Safety Representatives and Safety Committees Regulations 1977 (1979 in Northern Ireland) (SRSC), UNISON's safety representatives have a legal right to consult with management over safety issues, represent members, inspect workplaces and investigate problems. They also have the right to receive all relevant information from management, including risk assessments related to the work of home care workers.

By using these rights, safety representatives can help to make the work of home care workers safer. They may also encourage home carers to become safety representatives.

Safety representatives can find out whether home care workers are experiencing problems by talking to members on their regular workplace inspections and by carrying out surveys. You will need to explain that UNISON is trying to gather information on the health and safety concerns of home care workers and are gathering evidence of these concerns to present to the employer. Surveys should be very simple and to the point, as home care workers often work to tight deadlines and may not feel able to spend large amounts of time responding.

Keeping in touch with members

Make sure that you keep in touch with members who are home carers.

Many home carers will work outside of the usual shift patterns and may work early mornings, evening shifts as well as throughout the day. Many may not attend branch meetings, visit the branch office regularly or at all. Special efforts may therefore be needed to ensure that contact is made and maintained. Always report back the results of any surveys and any action taken. Branches also have an important part to play in ensuring that home care workers know who to contact for advice or help and where to find them. Branch secretaries should also ensure that home care workers are notified of and invited to attend all branch meetings and events.

Further information on the role of a safety representative is available in the UNISON health and safety representatives' guide. (See further information.)

UNISON has also produced a leaflet encouraging members to take up the role of the safety representative and an A4 poster to help with recruiting safety representatives. (See further information.)

Further advice and information

The concerns dealt with in the previous pages are only some of the many hazards faced by home care workers. There are many others.

Whatever the issue, safety representatives will need to ensure that employers address the health and safety concerns of this group of workers. Safety representatives will also want to ensure that employers include home care workers whenever health and safety strategies or policies are discussed and developed. Focusing on the concerns of home care workers may encourage them to take on the role of safety representative, and may also help to attract potential members.

UNISON has produced a number of publications that safety representatives can use to tackle any health and safety problem faced by members. They are available free to UNISON members from the Communications Department at UNISON, 1 Mabledon Place, London WC1H 9AJ. Please quote the stock number when ordering.

Stock no.	Title
1351	Risk assessment guide (<i>A4 booklet</i>)
1660	The health and safety 'six pack'. A guide to the six pack set of health and safety regulations (<i>A4 booklet</i>)
1682	UNISON members need health and safety representatives (<i>A5 pamphlet</i>)
1683	UNISON health and safety representatives guide (<i>A5 booklet</i>)
1982	Women's Health and Safety (<i>A5 booklet</i>)
1793	Caring for cleaning staff. A guide for safety representative
1346	Violence at work. Guidelines for branches, stewards, and safety representatives (<i>A4 booklet</i>)
848	Stress at work. Guidance for safety representatives (<i>A5 booklet</i>)
1057	Repetitive strain injury. Guidance for safety representatives (<i>A5 booklet</i>)
1281	Bullying at work. Guidance for safety representatives (<i>A5 booklet</i>)

Additional health and safety information sheets and guidance, including information on temperature, asthma, RSI, and dermatitis can be found on the UNISON website at www.unison.org.uk

The Health and Safety Executive has produced a number of free information sheets aimed at employers of catering staff. These are available from HSE Books, PO Box 1999, Sudbury, Suffolk, CO10 6FS. Tel: 01787 881165 or from their website at www.hse.gov.uk/hsehome.htm

Advice

If you have any specific health and safety queries, your branch health and safety officer or branch secretary may be able to help. If they are unable to answer the query, they may pass the request to your regional office or to the Health and Safety Unit at head office.

The Health and Safety Unit is at:

UNISON
1 Mabledon Place
London WC1H 9AJ

Tel: 020 7551 1156

Fax: 020 7551 1766

email: healthandsafety@unison.co.uk

Your comments

UNISON welcomes comments on this booklet from branch health and safety officers and safety representatives. Either write to or email the Health and Safety Unit at the above address.

HSE publications

The following are available free from HSE Books, PO Box 1999, Sudbury, Suffolk, CO10 6FS. Tel: 01787 881165. Web site: www.hse.gov.uk/hsehome.htm

- Working alone in safety (INDG73) revised 1998.
- 5 Steps to Risk Assessment (IND163). A guide to risk assessment requirements.

A series of case studies on violence to lone workers, including one relating to home care workers can be found on the HSE website at:

www.hse.gov.uk/violence/loneworkers.htm

The publication below are also available from HSE Books, but they are priced items. You should try to get your employer to buy these, rather than using branch funds to do so.

- Handling Home Care (HSG225)

Other publications

- Managing Occupational Road Risk – The ROSPA guide.

Available from: ROSPA, Edgbaston Park, 353 Bristol Road, Birmingham, B5 7ST. Tel: 0121 248 2000.
Fax: 0121 248 2050. Priced: £20.00



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