Aged Care Safety

Business Name:		ABN:	
Business Address:			
Contact Person:	Phone:	Email:	

THIS RISK ASSESSMENT IS APPROVED BY THE PCBU OF THE PROJECT

Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (PCBU) is required to ensure that a RISK ASSESSMENT is prepared before the proposed work starts.

Full Name:			
Signature:		Title:	Date:

CLIENT OR PRINCIPAL CONTRACTOR DETAILS

Client:	SCOPE OF WORKS
Project Name:	
Project Address:	
Project Manager:	
Contact Phone:	
Date Risk Assessment supplied to Project Manager:	

SAMPLE

bluesafe.

RISK MATRIX

LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION	HIERARCHY OF CONTROLS
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE			
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCEED	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before work start	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Ensure control measures in place.	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	Monitor and keep records.	

Hierarchy of Controls pyramid:
- **Elimination** — Remove the hazard.
- **Substitution** — Replace the hazard.
- Isolation — Isolate People from the hazard
- **Engineering** — Isolate the hazard
- **Administrative** — Change
- PPE

Risk Rating & Required Action:

4A	Stop work. The risk is intolerable. Eliminate the hazard or redesign the activity before proceeding. A Safe Work Method Statement (SWMS) or higher-level authorisation is required.
3H	Review and approve additional controls before the task starts. Senior supervisor sign-off needed.
2M	Ensure all nominated controls are in place and effective. Proceed with caution; monitor conditions.
1L	Proceed, following standard operating procedures. Monitor and keep records.

Consequence Scale:

Consequence	People (injury/illness)	Project / Assets	Compliance / Reputation
Catastrophic	Fatality or permanent total disability	project shutdown	Significant regulator intervention; criminal prosecution
Major	Serious injury/illness (hospital > 5 days)	critical delay	Improvement notice; major media coverage
Moderate	Medical-treatment injury; lost-time > 1 day	moderate delay	Minor breach; adverse client comment
Minor	First-aid only, no lost time	negligible delay	Isolated non-conformance
Insignificant	No injury	no schedule impact	Deviation caught and corrected on site

Notes on Hierarchy of Controls:
Remember to apply controls in the preferred order shown by the coloured pyramid:
1. **Eliminate**
2. Substitute
3. Isolate
4. Engineering
5. Administrative
6. PPE

Always document **why** a lower-order control is accepted if elimination or substitution is not reasonably practicable.

aligned with Safe Work Australia's Managing the risk of fatigue at work *(2023) and ISO 45001:2018 clauses 6–8.*

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
1. Governance, WHS Duties and Safety Leadership	• Board and executives not fully aware of WHS Act 2011 primary duty of care and officer due diligence obligations • Lack of clear WHS strategic plan for aged care operations and community transport assistance • Inadequate integration of WHS with clinical governance and quality systems • Poor safety culture where staff accept risk as "part of the job" when assisting physically impaired members • No defined safety roles, responsibilities and accountabilities for managers, supervisors and workers • Insufficient consultation with workers, residents, families and wheelchair users on WHS matters	4A	• Establish a WHS governance framework aligned to WHS Act 2011, including a Board-approved WHS policy and annual WHS objectives specific to aged care and mobility assistance • Define, document and communicate WHS roles, responsibilities and due diligence expectations for officers, managers, clinical leaders and support staff • Integrate WHS risk management into existing clinical governance, quality and accreditation programs, with particular focus on mobility support and wheelchair transport • Implement structured consultation mechanisms (WHS committees, health and safety representatives, toolbox meetings, consumer forums, including representation from carers and wheelchair users • Provide targeted WHS due diligence training for officers and senior managers, including case law relevant to aged care and disability support • Monitor WHS performance through regular reporting to the Board (lag and lead indicators, incident trends, audit outcomes and improvement actions)	3H
2. WHS Risk Management System	• Absence of a formal, documented WHS risk management procedure • Inconsistent identification and assessment of risks related to mobility, lifting, transfers and wheelchair transport • Failure to consider vulnerable residents (cognitive decline, behaviours, bariatric, high falls risk) in risk profiling • Infrequent review of risk assessments for assistive equipment and platform lifts • No systematic approach to capture, review and act on near misses in mobility and transfer incidents • Risk registers not maintained, or not specific to each facility and community transport context	4A	• Develop and implement a WHS risk management procedure consistent with WHS Regulations and relevant Codes of Practice, covering all aged care activities and mobility support • Maintain site-specific and service-specific WHS risk registers that include hazards associated with assisting physically impaired members, wheelchair accessibility and platform lifts • Require formal risk assessments for resident manual handling plans, use of wheelchairs and walking aids, and operation of platform lifts, with scheduled review dates • Embed risk assessment into admission, care planning and change-of-condition processes for residents and transport clients • Implement a structured near-miss reporting and investigation system focused on slips, trips, falls, transfers, wheelchair incidents and lift malfunctions • Conduct periodic multidisciplinary risk review meetings (clinical, WHS, maintenance, transport coordinators) to monitor emerging risks and update controls	2M
3. Resident Mobility, Transfer and Manual Handling Management	• Inadequate assessment of resident mobility and transfer needs, including wheelchair dependence • Generic or outdated manual handling care plans that do not reflect current functional status	4A	• Implement a structured mobility and transfer assessment process upon admission and at set review intervals, led by qualified allied health professionals • Develop individualised manual handling and mobility care plans for each resident, clearly documenting required equipment, number of staff and use of wheelchairs or platform lifts	2M

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
	• Over-reliance on staff physical strength rather than engineered solutions (hoists, transfer aids, platform lifts) • Insufficient supervision when new or agency staff assist with complex transfers and wheelchair manoeuvres • Lack of standard procedures for escorting residents in wheelchairs through doorways, ramps and uneven surfaces • Failure to consider residents with challenging behaviours or cognitive impairment during transfers • Inadequate management of bariatric residents requiring specialised equipment		• Standardise procedures for wheelchair use, including brakes, footplates, lap belts (where clinically appropriate) and safe route selection within facilities • Prohibit ad hoc manual lifting by policy and mandate use of mechanical aids where assessed as required • Provide competency-based training and assessment for all staff in safe resident handling, wheelchair assistance and platform lift use, with regular refreshers • Implement a manual handling "buddy" system for high-risk residents to ensure minimum staffing levels and appropriate supervision • Ensure ready access to specialised equipment (bariatric hoists, wider wheelchairs, reinforced ramps and lifts) based on resident support needs	
4. Operation and Maintenance of Platform Lifts and Hoisting Equipment	• Platform lifts for wheelchair users not installed or certified in accordance with applicable Australian Standards • Lack of scheduled preventative maintenance and inspection regime for platform lifts and hoists • Bypassing of safety interlocks, gates or emergency stop devices on lifts • Inadequate pre-use checks by staff leading to use of faulty or poorly adjusted equipment • Uncontrolled use by untrained staff, family members or transport volunteers • Absence of emergency response procedures for lift failure, entrapment or power outage • Inadequate segregation of lift operating areas from other pedestrian and vehicle movements	4A		2M
5. Wheelchair Accessibility, Built Environment and Transport Interface	• Facility entrances, corridors, ramps and doorways not compliant with accessibility standards for wheelchair users	3H		1L

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES		RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS		RESIDUAL RISK
	• Inadequate design or maintenance of ramps, handrails, kerb cuts and thresholds creating trip, slip and tip hazards • Insufficient space for safe wheelchair turning and passing in corridors, lift lobbies and transport loading areas • Poor integration between facility access points and vehicles with lifts or ramps (uneven surfaces, steep gradients, limited lighting) • Lack of designated safe set-down and pick-up zones for vehicles transporting physically impaired members • Inadequate signage, line marking and wayfinding for wheelchair routes				
6. Workforce Competency, Training and Supervision	• Staff, volunteers and contractors not adequately trained in assisting physically impaired members and wheelchair users • Inconsistent induction processes for new starters, agency staff and transport drivers • Limited understanding of WHS responsibilities, safe systems of work and reporting requirements • Insufficient supervision of inexperienced staff during complex care, transfers and lift operation • No structured competency assessment for manual handling, mobility aids and platform lifts • Failure to account for language, literacy and cognitive barriers in training materials	3H			2M
7. Safe Staffing Levels, Fatigue and Workload Management	• Inadequate staffing ratios leading to rushed care, shortcuts and unsafe transfers • Reliance on single-worker assistance where two-person support is required for safe wheelchair transfers or lift use	3H			2M

bluesafe.

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
	• Excessive overtime and double shifts leading to fatigue-related errors • Poor rostering practices that fail to match staff skill mix to resident acuity and mobility needs • Insufficient break scheduling contributing to musculoskeletal strain and reduced attentiveness • Over-reliance on a small number of "go-to" staff for high-risk mobility support tasks			
8. Equipment Procurement, Maintenance and Asset Management	• Procurement of unsuitable or low-quality mobility equipment, wheelchairs, lifts and transfer aids • Lack of standardisation across equipment types, leading to confusion and misuse • Ineffective preventative maintenance and inspection systems for mobility and lifting equipment • Equipment not promptly removed from service when faulty, missing parts or beyond service life • Poor management of spare parts (brakes, tyres, footrests, batteries, wheelchairs and lifts) • Failure to consult end-users (staff and residents) when selecting equipment	H		1L
9. Medication, Cognitive Impairment and Behavioural Risk Interface	• Medication side effects (dizziness, hypotension, confusion) increasing falls and transfer risks • Cognitive impairment leading to unpredictable movements during transfers or while using wheelchairs • Behavioural disturbances or aggression impacting safe use of lifts and mobility equipment • Inadequate communication of behavioural risk factors to staff involved in transport and physical assistance	3H		2M

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
	• Lack of strategies to manage wandering or exit-seeking behaviour in proximity to ramps, stairs and vehicle zones			
10. Emergency Preparedness, Evacuation and Continuity of Care	• Lack of comprehensive emergency plans that account for immobile residents and wheelchair users • Insufficient evacuation aids (evacuation chairs, sleds, bariatric devices) for limited-mobility residents • Unclear roles and responsibilities during fire, lift failure or external emergencies affecting transport • Inadequate training and drills for staff on evacuating residents who rely on wheelchairs or platform lifts • Failure to plan for loss of power affecting lifts, hoists and powered mobility devices • Poor coordination with emergency services regarding site layout and resident mobility profiles	4A		2M
11. Incident Reporting, Investigation and Continuous Improvement	• Under-reporting of falls, near misses, lift incidents and wheelchair-related events • Superficial incident investigations that fail to identify root causes and system failures • Lack of feedback to staff on investigation outcomes and corrective actions • Poor integration between clinical incident management and WHS incident processes • Failure to track and trend incidents related to manual handling, lifts and accessibility • Delayed implementation or verification of corrective and preventive actions	3H		1L
12. Contractor, Volunteer and	• External transport providers not meeting organisation's WHS and	3H		2M

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES		RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS		RESIDUAL RISK
Transport Partner Management	accessibility standards for wheelchair users • Contractors and volunteers unaware of site-specific risks, emergency procedures and mobility support protocols • Inconsistent verification of licences, competencies and insurances for transport and lift service providers • Poor coordination between facility staff and external drivers when transferring residents to and from vehicles • Lack of clear expectations regarding use of wheelchair restraints, ramps and vehicle-mounted lifts				
13. Psychosocial Hazards, Violence, Aggression and Distress	• Exposure of staff to resident or visitor aggression during personal care, transfers or wheelchair assistance • Emotional distress for residents during lifting, transfers or use of platform lifts, particularly for those with trauma histories • Work-related stress from emotional demands, time pressure and repeated exposure to deteriorating health • Bullying or poor communication within teams impacting safe coordination during transfers • Lack of support and debriefing following serious incidents involving physically impaired members	3H			2M
14. Information Management, Communication and Documentation	• Inaccurate or outdated care plans and mobility profiles leading to inappropriate assistance or equipment use • Fragmented documentation systems between nursing, allied health, transport and maintenance services • Critical information about wheelchair requirements, lift restrictions or	3H			1L

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
	behavioural risks not communicated at shift handover • Reliance on undocumented "local knowledge" rather than formal records • Insufficient visibility of temporary changes in resident status (e.g. post-fall, post-surgery) affecting transfers			

EMERGENCY RESPONSE – CALL 000 FOR EMERGENCIES

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES ANY STATE THAT ARE NOT APPLICABLE

Queensland & Australian Capital Territory
Work Health and Safety Act 2011
Work Health and Safety Regulations 2011
Legislation QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws
Codes of Practice QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice
Legislation ACT: https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations
Codes of Practice ACT: https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice

New South Wales
Work Health and Safety Act 2011
Work Health and Safety Regulations 2025
Legislation NSW: https://www.safework.nsw.gov.au/legal-obligations/legislati...
Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis... odes-of-practi...

Northern Territory
Work Health and Safety (National Uniform Legislation) Act 2011
Work Health and Safety (National Uniform Legislation) Regulation 2011
Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/wo place-s ty-laws
Codes of Practice NT: https://worksafe.nt.gov.au/f d-resourc s/co s-of- ctice

South Australia
Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)
Legislation for SA: https://www.safework.sa.gov.au/resources/le lation
Codes of Practice for SA: https://www.safework.sa.gov.au/wor aces/codes-of-practice#COPs

Tasmania
Work Health and Safety Act 2012
Work Health and Safety (Transitional and Consequential Provisions) Act 2012
Work Health and Safety Regulations 2012
Work Health and Safety (Transitional) Regulations 2012
Legislation for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations
Codes of Practice for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice

Details of permits, licenses or access required by regulatory bodies (add or delete as required):

- Permits from local council
- Authorisation to commence work
- Any required documents.

Victoria
Occupational Health and Safety Act 04
Occupational Health and afety egulations 2017
Legislation VIC: https://ww rksafe.vic.gov.au/occupational-health-and-safety-act-and-gulati s
Codes of actice VIC https://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice

Western Australia
Work Health and Safety Act 2020
Work Health and Safety Regulations 2022
Legislation Western Australia: https://www.commerce.wa.gov.au/worksafe/legislation
Codes of Practice WA: https://www.commerce.wa.gov.au/worksafe/codes-practice

Safe Work Australia Links
Law and Regulation (All States): https://www.safeworkaustralia.gov.au/law-and-regulation
Model Codes of Practice: https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice

Model Codes of Practice

- Managing noise and preventing hearing loss at work
- Confined spaces
- Labelling of workplace hazardous chemicals
- Managing risks of hazardous chemicals in the workplace
- Welding processes
- First aid in the workplace
- Managing the risk of falls at workplaces
- Hazardous manual tasks
- Managing the risk of falls in housing construction
- Managing electrical risks in the workplace
- Demolition work
- Excavation work
- Work health and safety consultation, cooperation and coordination
- Managing the work environment and facilities
- How to manage work health and safety risks
- Managing risks of plant in the workplace
- Construction work