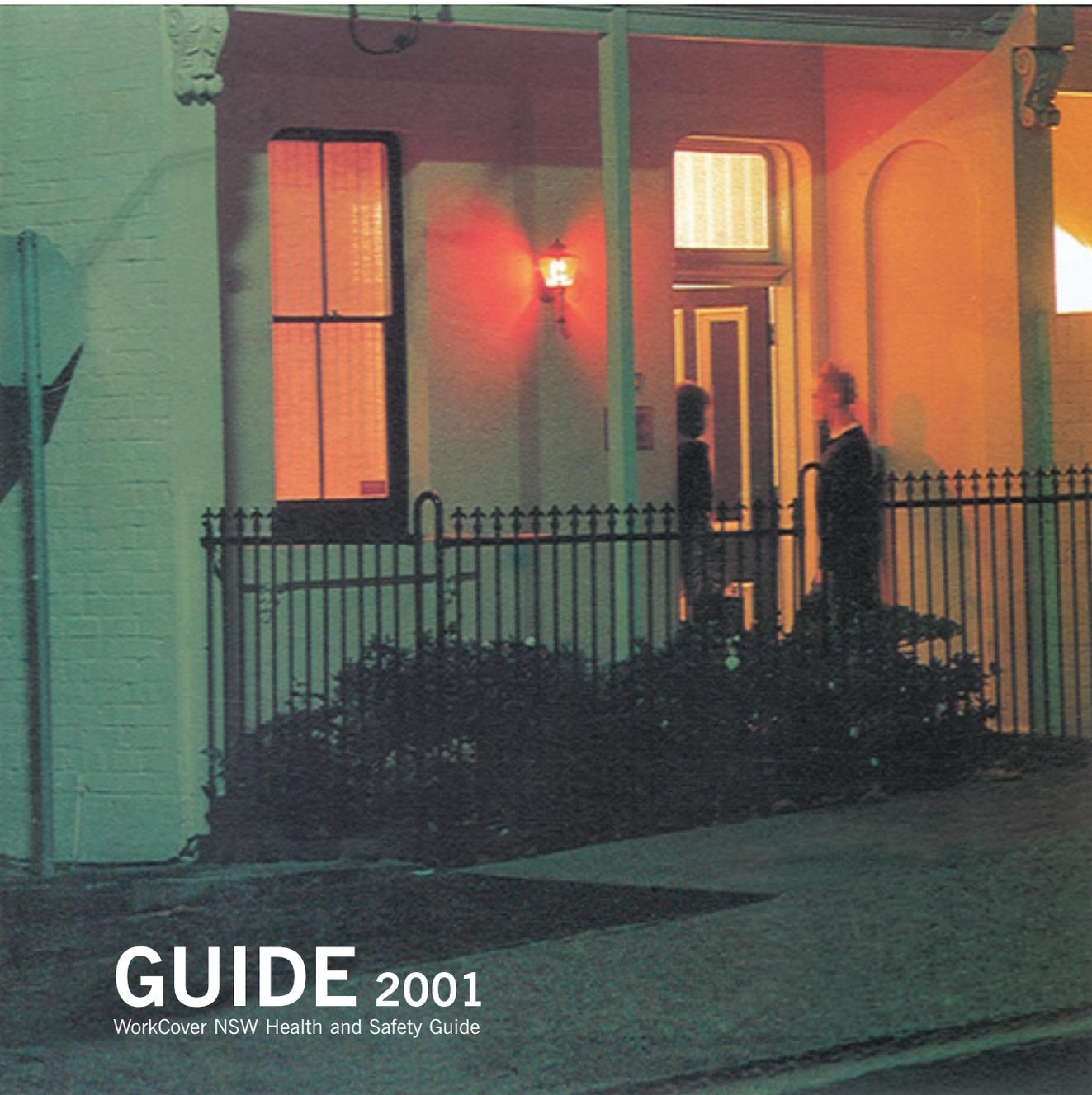


# HEALTH AND SAFETY GUIDELINES FOR **BROTHELS**



**GUIDE** 2001  
WorkCover NSW Health and Safety Guide

**Disclaimer**

This publication may contain occupational health and safety and workers compensation information. It may include some of your obligations under the various legislations that WorkCover NSW administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

Information on the latest laws can be checked by visiting the NSW legislation website ([www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)) or by contacting the free hotline service on 02 9321 3333.

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

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# 1. INTRODUCTION

These guidelines came about as a result of collaboration between NSW Health and WorkCover NSW. The Guidelines were first developed in 1997 in response to the changes at that time, which resulted from the introduction of The Disorderly Houses Amendment Act 1995. The changes meant that brothels could now operate legally within certain parameters.

The Disorderly Houses Amendment Act 1995 defines a brothel as “premises habitually used for the purposes of prostitution, or that have been used for that purpose and are likely to be used again for that purpose. Premises may constitute a brothel even though used by only one prostitute for the purposes of prostitution”.

With this legal arrangement come a number of key responsibilities for those involved in the sexual services industry. The responsibilities addressed in the guidelines relate specifically to workplace health and safety and public health.

Under NSW workplace health and safety legislation, brothel proprietors – i.e. owners and managers in: commercial brothels; massage parlours; bondage and discipline, sadism, masochism (BDSM) houses; escort agencies; and the principal sex worker in a home occupation setting, have certain duties with regard to employees, sub-contractors and other visitors in the workplace. Employees and contractors also have a range of rights and responsibilities under the law. The main rights and duties with regard to health and safety at work are explained in these guidelines.

These guidelines also provide brothel proprietors with minimum standards for maintenance of a safe and healthy environment for sex workers, other employees, clients and visitors, and details of legislative requirements as set out in the *Public Health Act 1991*.

## 2. WORKPLACE HEALTH AND SAFETY

These Guidelines describe the relative roles of NSW Health and WorkCover NSW with regard to public health and workplace health and safety issues respectively.

NSW Health has primary responsibility for dealing with complaints related to public health and for monitoring health standards as set out in these Guidelines. WorkCover NSW has responsibility for administering the legislation relating to the health, safety and welfare at work of all employees and other people at the workplace under the Occupational Health and Safety Act 2000, as well as the Workers Compensation Act 1987 and Workplace Injury Management and Workers Compensation Act 1998.

NSW Health and WorkCover NSW may periodically survey brothels to monitor compliance with these voluntary Guidelines.

### 2.1 Legal rights and duties

Health and safety at work is regulated by the Occupational Health and Safety (OHS) Act 2000. The OHS Act covers every place of work in NSW, including premises in the sexual services industry. Under the OHS Act employers must ensure the health, safety and welfare at work of all employees and any other person at the workplace, including clients and visitors. To do this they must:

- ***Provide for workplace consultation***

The employer must consult with their employees to enable those employees to contribute to the making of decisions affecting their health, safety and welfare at work.

- ***Provide or maintain equipment and systems of work that are safe and without risk to health.***

A *hazard* means anything (including work practices or procedures) that has the potential to harm the health or safety of a person. A *risk* is a chance or possibility of danger, loss, injury or other adverse consequences.

The employer (and persons in control of premises) must carry out a hazard identification and risk assessment process in consultation with employees to determine if persons are at risk. Safe work practices and procedures must then be put in place to eliminate or control the risk. This approach is known as “risk management”.

The process of risk management is made up of the following steps:

1. Identify the foreseeable hazards;
2. Assess the risks to people's health and safety arising from the hazards;
3. Use appropriate control measures to eliminate or reduce the risk;
4. Monitor and review the control measures to ensure continual safety.

In this context, this may mean, for example, providing reasonable length shifts with adequate rest breaks for workers. It may also include, for example, setting up adequate controls such as screening of clients on admission to the premises. In addition, employers may need to set up security systems (such as ‘panic buttons’) so that employees are not at risk of harm through violence from clients.

Employers should also ensure:

- Availability of good lighting for physical examination of clients to detect any visible evidence of sexually transmitted infections (STIs). Before any sexual encounter each client should be examined by the sex worker to detect any visible evidence of STIs. The examination of clients should not be seen as an alternative to, or as lessening the need for, observing safe sex practices. It is recommended that a 320 lux lighting level be used (Australian Standards – AS/NZ 1680.2.5:1997) and a rotating light or lamp head. The worker can refuse to engage in a sexual practice where the worker believes that they are at risk of acquiring an STI. Any client with evidence of an STI should be referred for medical consultation;
- Provision of safe equipment including beds, bondage equipment and apparatus;
- Risk assessments are conducted, eg, for assessment of manual handling problems with repetitive movements and actions over a period of time such as massage.
- ***Make arrangement for the safe use, handling, storage and transportation of equipment and substances.***

This would cover, for example, the safe and hygienic use of sex aids – including appropriate cleaning and storage after use. It might also be interpreted to cover the provision of safe methods for handling and using cleaning agents.

- ***Provide the information, instruction, training and supervision needed to ensure the health and safety of all employees.***

The provisions of the OHS legislation mean that the practice of safe sex must be the basis on which the workplace operates.

The proprietor must provide such information to sex workers as is necessary, to enable them to perform their work in a manner that is safe. Such information might address: safe sex; STIs including HIV infection and hepatitis A and B; blood borne infections including hepatitis C; cleaning of equipment; and first aid. The proprietor must take reasonable steps to ensure that such information provided at the workplace for the benefit of clients or sex workers is medically accurate.

Workers should also be provided reasonable access by staff from Sex Workers Outreach Project (SWOP), sexual health services or other relevant health services.

If a sex worker has difficulty communicating in the English language, the proprietor should provide, or arrange for the provision of, the information in a language with which the sex worker is familiar.

The proprietor must ensure that all new sex workers are well informed of the need and proper use of personal protective equipment such as condoms, dams and water based lubricants and that ongoing education regarding safe sex practices is provided.

The employer must provide appropriate induction and refresher training. One of the key topics to be covered here would be the prevention of HIV and STIs (SWOP literature and videos, and WorkCover's *Code of Practice: HIV and other blood-borne pathogens in the workplace* would be helpful).

- ***Maintain places of work under their control in a safe condition and provide and maintain safe entrances and exits to the workplace.***

Employers are legally responsible for ensuring that their premises meet the required standards of local and state fire laws. Following an initial fire safety assessment, employers should regularly monitor that:

- passageways, entrances and exits are kept clear and that exits are easily identified by clear signage;

- fire extinguishers, suitable for different types of fires, are provided, and that their location and means of operation is known to all employees;
- evacuation procedures are known to all employees and emergency drills carried out on a regular basis.

In addition, there must be adequate general maintenance of all work buildings and structures. This should cover, for example, electrical safety and maintenance of floors to avoid trip and slip hazards.

There must also be adequate provision of staff amenities (such as separate showers, toilets and drinking water). Also, premises should be heated or cooled to a comfortable temperature.

- ***Make available adequate information on research findings and relevant test results relating to substances used at the workplace.***

This includes the provision of material safety data information on substances such as cleansers, disinfection fluids and lubricants, if the substances are potentially harmful.

## **2.2 Working conditions**

Working conditions must be in accordance with Industrial Relations legislation, and take into consideration the hours and days worked, the provision of adequate breaks between shifts, and leave provisions.

There must be no coercion to work as a sex worker, or inducement to practice unsafe sex.

The workplace must allow entry to authorised persons from WorkCover NSW, Sex Workers Outreach Project (SWOP), NSW Health (for example from Public Health Units and Sexual Health Services) and local government so that they may ensure compliance with OHS, Workers Compensation, and Public Health legislation.

## **2.3 Personal protective equipment (PPE)**

The employer must provide an adequate supply of PPE and ensure it is adequately maintained, where appropriate. This includes condoms, dams, gloves, water-based lubricants and other personal protective equipment such as towels and linen free of charge to workers. Where a person is employed as a subcontractor and is registered as a proprietary limited company they should provide their own work equipment and PPE.

The employer should ensure that PPE is easily accessible to the worker at the time of meeting the client or be freely available in every room. Condom vending machines are not permitted as means of supply. A variety of condoms of different size and thickness should be provided for use on the premises. Only condoms and dams that comply with Australian Standards should be supplied.

To prevent premature deterioration, condoms and dams should be stored away from light and heat. All sex workers should wash their hands with soap and water after the disposal of condoms and dams. Condoms should be checked to ensure they have not passed their expiry (use by) date.

Equipment such as sex aids which have the potential for contact with another person's body fluids should be covered with a new condom for each partner. The condom must be removed and discarded after each use and the equipment cleaned according to the manufacturer's instructions.

Employers must also ensure that the PPE provided is used correctly and not used beyond their expiry date.

## 2.4 Health and safety of others

Employers and self-employed people in the sexual services industry must ensure the health and safety of people visiting their places of work who are not employees. This takes into account the following:

- **Hygiene controls**

Hygiene controls should include, for example, changing of bed linen and towels for each client. These items should be properly laundered after each use to prevent the spread of infection. Provision should also be made for the safe disposal of used condoms including liners, enclosed bins and appropriate waste management. Regular maintenance and cleaning (with a suitable cleaning agent) of spas, sex aids and bondage equipment should be in place.

**Monitoring of workers health to prevent sexually transmissible infections.**

Section 13(1) of the *Public Health Act 1991*, provides that a person who knows that he or she suffers from a sexually transmissible medical condition is guilty of an offence if he or she has sexual intercourse with another person unless, before the intercourse takes place, the person:

- a) has been informed of the risk of contracting a sexually transmissible medical condition from the person with whom intercourse is proposed; and
- b) has voluntarily agreed to accept the risk.

Section 13(2) of the *Public Health Act 1991*, provides that an owner or occupier of a building or a place who knowingly permits another person to:

- a) have sexual intercourse at the building or place for the purpose of prostitution; and
- b) in doing so, commits an offence under subsection (1), is guilty of an offence.

It is recommended that provision be made for regular staff health monitoring. Employees have a right to be consulted on the choice of doctors. The employer should pay for the medical check and for the employee's time while undergoing medical examination. Sex workers should attend a sexual health centre or private doctor for sexual health assessment, counselling and education appropriate to individual needs. Frequency of assessment is a matter for determination by the individual sex worker in consultation with his/her clinician.

Sex workers should be immunised against hepatitis B and in some cases hepatitis A following consultation with a medical practitioner or their local health service.

Evidence of attendance for sexual health tests should not be used as an alternative to safe sex practices. Sexual health certificates do not imply freedom from STIs nor should sexual health certificates be shown to clients.

As stated above, the proprietor should also provide written information at the workplace for clients about the transmission of STIs, including HIV infection and hepatitis A, B and C. This information should be provided in a variety of languages.

- **Cleaning of any equipment used**

The employer must provide adequate cleaning fluids and systems together with appropriate training for staff. Single usage items must be used wherever possible and discarded after each client. As stated above, any equipment which will be reused (such as sex aids) should be covered with a new condom for each client. Following use of equipment on a client, the equipment must be thoroughly cleaned according to the manufacturer's instructions before it is used for another client.

- **Provision and use of condoms or dams together with water-based lubricants**

See recommendations already outlined under Section 2.3.

## **2.5 Occupational Overuse Syndrome**

Occupational Overuse Syndrome (OOS) occurs when people work in fixed or constrained postures or perform rapid repetitive tasks. In the sex industry these can include back pain from unsuitable beds and wrist injury from constant massage.

The prevalence of OOS can be minimised through ensuring that: all beds support the back and allow for a variety of sexual services to be performed comfortably; massage tables are adjustable and not used for unsuitable sexual activities; and bondage and discipline equipment is adjustable and not too heavy.

## **2.6 Violence in the workplace**

Violence includes verbal and emotional threats, sexual harassment or stalking, and physical attack to an individual or their property by another individual or group. Violent or abusive situations may arise through working with clients, and in some cases, from co-workers and management. The level of fear an individual feels and the way they respond during and after a violent act relates to their own experiences, skills, and personality.

Violent acts include:

- Verbal abuse in person or over the phone
- Threats of a sexual nature
- Threats of violence
- “Ganging up” by a group over an individual
- Physical or sexual assault.

Employers, owners or managers are responsible for eliminating potentially abusive situations, violence or intimidation from their workplace regardless of the source.

To create a workplace environment where the risk of violence is minimised, management must:

1. Identify areas of the workplace and procedures which may contribute to the likelihood of violence;
2. Assess the likelihood or frequency of a violent incident occurring and the potential for injury and/or damage;
3. Develop strategies for controlling the risks.

This can be achieved by consultation with the staff, and providing training to all existing and new employees in safe procedures. Further assistance can be provided by WorkCover NSW and SWOP.

## **2.7 Drugs, alcohol and smoking in the workplace**

It is recommended that if employers establish a drug and alcohol policy, then it is based on harm reduction principles. This is an approach that minimises/alleviates the harmful effects of drug use by providing information or resources (eg sharps containers). Workcover NSW, NSW Health, SWOP and relevant unions are able to provide guidance on the preparation of such policies.

The policy should set out the rules with regard to the use of drugs and alcohol within the workplace. It should be a written document developed in consultation with employees, and provided to each employee outlining:

- when it is considered appropriate to consume alcohol;
- acceptable standard of work performance;
- appropriate use of prescribed drugs; and
- prohibition on being under the influence of illegal substances at work.

Passive smoking means breathing in environmental tobacco smoke (ETS) including the smoke of other people. A number of scientific findings have concluded that passive smoking is a significant health hazard. As a result, the majority of workplaces in NSW have now adopted smoke-free policies. Public places so designated and public places that are also workplaces have been subject to the provisions of the Smoke-free Environment Act 2000. This includes brothels, BDSM houses and other places where the public visits. Further information on the Smoke-free Environment Act 2000 can be obtained from the Department of Health, Tobacco and Health Unit ph: 02 9391-9111.

To control ETS, smoking should be eliminated from all indoor areas. To eliminate passive smoking from all indoor areas in the workplace employers should:

- Develop a written non-smoking policy in consultation with employees
- Designate the indoor areas as non-smoking
- Inform all staff through meetings, memos and notice boards
- Post signs using the standard symbols clearly indicating to staff and the public that the indoor areas are non-smoking.

## **2.8 Pregnancy**

Pregnant women should be afforded all possible protection to minimise harm to themselves and their foetus. The employer must apply a risk management approach to manage risks at the workplace. This could be achieved by developing a policy for pregnant staff including limits on shift work, allocation to non-smoking areas and exemption from certain duties such as heavy lifting.

## **2.9 First Aid**

Every workplace-from one to two person operations up to much larger businesses, must provide first aid facilities. In any workplace, the total number of workers on site at any given time determines the size of the first aid kit to be provided. First aid kits must be in a fully equipped state at all times, and stored in a central, accessible and convenient location known to all employees. A person must be appointed to be in charge of each first aid kit. However, if there are more than 25 persons working at a place of work, then the person appointed must be *trained first aid personnel*.

## **2.10 Employees' rights**

Employees also have a right to set up an Occupational Health and Safety Committee in any workplace with 20 or more employees, where the majority of employees request it or if directed by WorkCover NSW to do so. If requested by employees, an employer must arrange for the establishment of the Committee as soon as practicable.

Workplace health and safety committees provide a forum where management and employees can talk to each other and make policy recommendations to improve health and safety at work.

### **2.11 Employees' duties**

For their part, employees must co-operate with employers in meeting their OHS obligations. This means that if an employer provides work equipment, systems of work or personal protective equipment designed to protect employees and others in the workplace, then employees must use them. In this context, work systems might include requiring employees to follow a set procedure when cleaning sex aids or disposing of tissues or condoms. In addition, employees must take reasonable care of their own health and safety and that of others in the workplace.

### **2.12 Accident reporting**

Employers must notify WorkCover NSW if, as a result of an accident at their workplace, a person dies or is injured so that he or she cannot carry out their usual duties for at least 7 continuous days. WorkCover NSW must also be notified if there is a dangerous occurrence at work. For example, an uncontrolled explosion, fire or any occurrence involving imminent risk of death or serious injury to any person (eg electric shock, exposure to bodily fluids that present a risk of transmission of blood-borne diseases) or substantial damage to property.

Employers must also maintain a register of injuries in the workplace.

### **2.13 Workers compensation**

The *Workplace Injury Management and Workers Compensation Act 1998* emphasises the need for work injuries to be managed at the workplace. The roles and responsibilities of employers, workers and licensed workers compensation insurance companies strengthen this approach.

All employers are required to obtain and maintain a policy of workers compensation insurance covering all workers. Failure to do so may result in a maximum fine of \$55,000 or imprisonment for six months or both, and payment of double the premium avoided and the cost of any workers compensation claim paid during the uninsured period.

Employers must also keep a record of wages (including contractor payments) for at least seven years and maintain a register of injuries in which workers should write details of any work-related injury. A summary of the Workplace Injury Management and Workers Compensation Act 1998 must be displayed in the workplace. Both the summary of the Act and a register of injuries can be obtained from a licensed workers compensation insurance company or WorkCover NSW.

Employers must notify their licensed workers compensation insurance company within 48 hours if a worker sustains a significant injury, that is, an injury that causes the worker to be away from their normal work for seven days or more. All other injuries are to be notified within seven days. Employers should contact their insurance company for methods of notification – email, telephone, fax or written notice.

The paperwork associated with a claim for workers compensation, i.e., the claim form completed by the worker and the special WorkCover Medical Certificate, must be forwarded to the licensed insurance company within seven days of the employer receiving them.

Sex workers may claim workers compensation benefits if their work is a substantial contributing factor to the injury or illness claimed for. Entitlements to benefits depend on whether workers can show that the required employment relationship exists and that the injury or illness arose out of, or in the course of, that work.

Employers must provide the insurance company's name and address and employer's business name to a worker when requested.

## **2.14 Injury Management**

Insurance companies and employers must have written policies and procedures for describing how they will work together to assist an ill or injured worker to return to work as soon as possible.

The insurance company must have an injury management program and develop an individual injury management plan for each injured worker who has sustained a significant injury.

Large employers (ie. employers who pay a base workers compensation premium of greater than \$50,000 per year) must develop a workplace return-to-work program that is consistent with the insurance company's injury management program and that has been developed through consultation with the relevant unions) or worker representatives. In addition, employers must cooperate with the insurance company's development of an individual injury management plan and where it is "reasonable" to do so, must also provide suitable duties for that individual via a return to work plan.

Large employers must also display the program at places of work, and must appoint and train a return-to-work coordinator. This person is a member of staff appointed to oversee the management of ill or injured workers back to their jobs. They would usually work closely with the insurance company, the treating doctor and the injured worker, using the injury management plan as a guide for activities.

Employers who pay less than \$50,000 per year in workers compensation insurance must either display their return to-work program at the work-site or make it available to workers who ask for it and to workers who are injured. There is a standard return-to-work program available from WorkCover NSW.

Suitable duties based on medical advice should be assigned to workers returning after injury or illness. These duties must be meaningful work, useful to the employer's trade or business and the injured worker must be capable of doing them. In order to organise suitable duties, the employer will have to rearrange the way workers do their normal work tasks. Often the injured worker will work fewer hours per day, or they may be able to work full time, but do different work tasks.

Employers must notify their insurance company if they are unable to provide suitable employment either at all or immediately when requested by an injured worker. Penalties may apply if suitable duties are not provided for workers.

Injured workers have a responsibility to: nominate a treating doctor who is prepared to consult with the employer and the insurance company in injury management; co-operate with injury management; comply with the Injury Management Plan; and to return to work as soon as is medically indicated.

Assistance with any aspect of injury management can be accessed by contacting a licensed workers compensation insurance company or WorkCover NSW.

## **2.15 Information and resources**

For more information on Occupational Health and Safety, Injury Management and Workers Compensation phone the WorkCover Client Contact Centre on 13 10 50 or to order publications phone 1300 799 003. Appendix 1 contains details of publications available through WorkCover or the internet at [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au).

For more information on safe sex and STIs, contact SWOP on (02) 9319 4866, NSW Health Better Health Centre on (02) 9816 0452, or the Australian Federation of AIDS Organisations on (02) 9281 1999 where you can obtain *A Guide to Best Practice – Occupational Health and Safety in the Australian Sex Industry*.

# **3. HEALTH AND CLEANLINESS**

## **3.1 Cleanliness**

The premises should be kept in a clean condition at all times. Spot cleaning should be carried out by staff. Particular attention should be paid to the following areas:

### **3.1.1 Showers, baths and toilets**

Regular physical cleaning with water and detergents are generally required to control mould problems. The proprietor should ensure that baths and showers are cleaned regularly or more frequently if necessary, for example, immediately following blood or body substance spills.

### **3.1.2 Linen**

The proprietor should provide:

- clean bed linen or clean bed covers; and
- clean towels for the use of individual clients and staff.

All linen, including towelling, which comes into contact with clients, should be changed immediately after use.

## **3.2 Cleaning of linen and laundry facilities**

Although commercial laundering is recommended, the following steps will assist in minimising health risks associated with linen:

- linen should be washed as soon as practicable;
- at least two receptacles should be provided in the laundry for the separate storage of clean linen and used linen;
- wash linen by category in a hot water wash (that is a water temperature of 71° Celsius) using laundry detergent; and
- thoroughly dry all items of linen after washing.

Guidelines for both thermal and chemical washes can be obtained from Australian Standards (AS/NZS 4146:2000).

### **3.3 Sanitary facilities**

Hand washing facilities should be located in toilets and as close as possible to sexual activity areas for use by clients. Hand washing facilities should also be located in areas used by staff for cleaning.

Hand basins should be provided with:

- clean running water;
- liquid soap; and
- single use paper towels/air dryers.

### **3.4 Storage and handling of waste**

There should be provision for disposal of used condoms, dams, gloves, soiled tissues and the like in the rooms where sexual services are provided to clients. Preferably use bins with sliding lids to eliminate odours.

If contaminated sharps, eg needles are used in a brothel, then non-reusable sharps containers which comply with Australian Standard–AS 4031 should be provided for their disposal.

The *NSW Health Department Waste Management Guidelines 1998* provides advice on separating waste products for disposal.

Final disposal of waste must be in accordance with the requirements of the relevant local and NSW authorities.

### **3.5 Disinfection of swimming and spa pools**

Poorly maintained pools and spas (including jacuzzis) can put people at risk of infection.

It is recommended that swimming and spa pools comply with the NSW Health Department's *Public Swimming Pool and Spa Pool Guidelines 1996* and *Protocol for Minimising the Risk of Cryptosporidium Contamination in Public Swimming Pools and Spa Pools*.

The guidelines recommend that a spa (jacuzzi) or pool be equipped with effective water circulation systems, filter and continuous disinfectant systems. The water temperature must not exceed 38° Celsius and signs should be displayed restricting bathing to 20 minutes at this temperature.

It is also recommended that plastic drinking cups are used in spas and pools and that a towel or non-slip mat be placed at the base of the spa or pool.

### **3.6 Bars and food preparation areas**

All bars and food preparation areas must be constructed and operated in compliance with the *Food Act 1989* and the *Food Hygiene (General) Regulations 1992*.

The following precautions will minimise risks associated with food and drink related illness:

- Before handling food or drink utensils wash hands thoroughly.
- Make sure that all perishable food and drink items are refrigerated at 4° Celsius or below.
- Ensure that food and bar contact surfaces like counters and benches are cleaned regularly with hot water and an approved cleaner.

## **4.0 MANAGEMENT OF PUBLIC HEALTH COMPLAINTS**

The NSW Department of Health is responsible for investigating public health related complaints about sexual service premises.

### **4.1 Complaints related to STIs**

A hierarchical response which includes an Assessment Panel chaired by the Director, Sydney Sexual Health Centre (Phone: 02 9382 7440) will be used to manage people with STIs who risk infecting others. It is similar to the process that exists (as per *NSW Health Department Circular 97/98*) for the management of people with HIV infections who risk infecting others. The Assessment Panel has a statewide role.

The Area Medical Officer of Health should be the first point of contact for complaints related to STIs (usually located in the Public Health Unit – see Appendix 3).

### **4.2 Other public health risks**

Complaints that practices or the environment at a workplace are a risk to public health will also be investigated by NSW Health.

Complaints about workplace practices, for example, use of protective equipment or policies in relation to workers or clients infected with STIs, will be investigated in liaison with the Assessment Panel described in Circular 97/98. Complaints about workplace practices may be referred to the Assessment Panel directly or via the Public Health Unit Director.

Complaints about the workplace environment, for example, spas or food service facilities, should be investigated by Area Medical Officers of Health and/or the appropriate Public Health Unit Director.

# **APPENDIX 1 – OCCUPATIONAL HEALTH AND SAFETY, INJURY MANAGEMENT AND WORKERS COMPENSATION INFORMATION AND RESOURCES**

The publications listed below are available through the WorkCover publications hotline on 1800 658 134 or the internet at [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au).

- Occupational Health and Safety Act 2000
- Occupational Health and Safety Regulation 2001
- Code of practice: HIV and other blood-borne pathogens in the workplace
- Preventing violence
- Passive smoking-policy and control 2000
- A guide to workplace health and safety committees
- Floors, passageways and stairs
- Providing first aid at work: about the First Aid Regulation 1989
- Accident report form
- Register of injuries
- Drugs, alcohol and the workplace
- What managers can do – occupational health and safety and the multilingual workplace
- Hierarchy of hazard controls
- Workplace personal protective equipment (PPE) program
- Six steps to occupational health and safety: duty of care in OH&S
- Why bother?
- Standard return-to-work program for category 2 employers
- Guide to injury management and workers compensation
- Guidelines for employers' return-to-work programs
- WorkCover benefits guide
- Workplace Injury Management and Workers Compensation Act 1998

## APPENDIX 2 – NSW SEXUAL HEALTH SERVICES

Albury	(02) 6058 1831	Manly	(02) 9977 3288
Bourke	(02) 6872 2145	Marrickville	(02) 9560 3057
Broken Hill	(08) 8088 5800	Mt Druitt	(02) 9881 1733
Canterbury	(02) 9718 7655	Newcastle	(02) 4923 6909
Coffs Harbour	(02) 6659 1916	Nowra	(02) 4423 9353
Dareton	(03) 5021 7200	Orange	(02) 6361 9906
Dubbo	(02) 6885 1700	Parramatta	(02) 9843 3124
Forster	(02) 6555 6822	Penrith	(02) 4734 2507
Gosford	(02) 4320 2114	Port Kembla	(02) 4276 2399
Goulburn	(02) 4827 3913	Richmond	(02) 4578 1622
Katoomba	(02) 4784 6560	St Leonards	(02) 9926 7414
Kings Cross	(02) 9360 2766	Sydney City	(02) 9382 7440
Kogarah	(02) 9350 2742	Tamworth	(02) 6766 3095
Lightening Ridge	(02) 6829 1022	Taree	(02) 6592 9315
Lismore	(02) 6620 2980	Wagga Wagga	(02) 6938 6492
Liverpool	(02) 9827 8022	Wentworth	(03) 5021 7200

## APPENDIX 3 – PUBLIC HEALTH UNITS

Central Coast Public Health Unit – Ourimbah	(02) 4349 4845
Central Sydney Public Health Unit – Camperdown	(02) 9515 3180
Far West Public Health Unit – Broken Hill	(08) 8080 1499
Hunter Public Health Unit – Wallsend	(02) 4924 6477
Illawarra Public Health Unit – Warrawong	(02) 4275 4600
Macquarie Public Health Unit – Dubbo	(02) 6881 2216
Mid North Coast Public Health Unit – Port Macquarie	(02) 6588 2750
Mid Western Public Health Unit – Bathurst	(02) 6339 5500
New England Public Health Unit – Tamworth	(02) 6766 2288
Northern Rivers Public Health Unit – Lismore	(02) 6620 7500
Northern Sydney Public Health Unit – Hornsby	(02) 9477 9400
South Eastern Sydney Public Health Unit – Zetland	(02) 9382 8333
South West Public Health Unit – Albury	(02) 6021 4799
South Western Sydney Public Health Unit – Liverpool	(02) 9828 5944
Southern NSW Public Health Unit – Goulburn	(02) 4827 3428
Wentworth Public Health Unit – Kingswood	(02) 4734 2022
Western Sydney Public Health Unit – Nth Parramatta	(02) 9840 3603





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