Australian Capital Territory

**Work Health and Safety (Sex Work Code of Practice) Approval 2023**

**Notifiable instrument NI2023–631**

made under the

***Work Health and Safety Act 2011*, section 274 (Approved Codes of Practice)**

**1 Name of instrument**

This instrument is the *Work Health and Safety (Sex Work Code of Practice) Approval 2023.*

**2 Commencement**

This instrument commences on 5 February 2024.

**3 Code of Practice Approval**

Under section 274 of the *Work Health and Safety Act 2011* (the Act) and being satisfied that this code of practice was developed by a process described in s274 (2) of the Act, I approve the attached Sex Work Code of Practice.

**4 Revocation**

This instrument revokes the *Work Health and Safety (Sexual Services Industry) Code of Practice) Approval 2011* [NI2011-762].

Mick Gentleman

Minister for Industrial Relations and Workplace Safety

06/10/2023





Sex Work

Code of Practice

October 2023

**Copyright information**



© Australian Capital Territory, August 2022. You are free to re‑use the work under that licence, on the condition that you credit the Australian Capital Territory Government as author, indicate if changes were made and comply with the other licence terms. This work is licensed under a Creative Commons Attribution 4.0 licence. For more information, visit: <https://www.cmtedd.act.gov.au/legal/copyright>.

Contents

[Foreword 4](#_Toc141352561)

[1. Introduction 5](#_Toc141352562)

[1.1 What is sex work? 5](#_Toc141352563)

[1.2 Legislative framework 5](#_Toc141352564)

[1.3 Who has duties in relation to sex work and working in the sexual services industry? 6](#_Toc141352565)

[1.4 What is involved in managing the risks associated with working in the sexual services industry? 7](#_Toc141352566)

[1.5 Information, training, instruction and induction 8](#_Toc141352567)

[1.6 Consultation with workers 9](#_Toc141352568)

[2. The risk management process 11](#_Toc141352569)

[2.1 Identifying the hazards 11](#_Toc141352570)

[2.2 Assessing the risks 11](#_Toc141352571)

[2.3 Controlling the risks 12](#_Toc141352572)

[2.4 Maintaining and reviewing control measures 12](#_Toc141352573)

[3. Specific hazards and control measures 14](#_Toc141352574)

[3.1 Sexually transmitted infections (STIs) and other infections 14](#_Toc141352575)

[3.2 Personal protective equipment (PPE) 15](#_Toc141352576)

[3.3 Blood and other bodily spills 15](#_Toc141352577)

[3.4 Remote or isolated work 16](#_Toc141352578)

[3.5 Work-related violence 16](#_Toc141352579)

[Appendix A: Glossary 18](#_Toc141352580)

[Appendix B: Work-Related Violence Checklist 21](#_Toc141352581)

[Appendix C: Useful Contact Numbers 25](#_Toc141352582)

Foreword

This code of practice provides guidance to workers and businesses on how to manage the risks associated with the Sexual Services/Sex Work Industry and is an approved code of practice under section 274 of the *Work Health and Safety Act 2011* (WHS Act).[[1]](#footnote-1)

An approved code of practice provides practical guidance on how to achieve the standards of work health and safety required under the WHS Act and the *Work Health and Safety Regulation 2011* (the WHS Regulations) and effective ways to identify and manage risks.

A code of practice can assist anyone who has a duty of care in the circumstances described in the code of practice. Following an approved code of practice will assist the duty holder to achieve compliance with the health and safety duties in the WHS Act and WHS Regulations, in relation to the subject matter of the code of practice. Like regulations, codes of practice deal with particular issues and may not cover all relevant hazards or risks. The health and safety duties require duty holders to consider all risks associated with work, not only those for which regulations and codes of practice exist.

Codes of practice are admissible in court proceedings under the WHS Act and WHS Regulations. Courts may regard a code of practice as evidence of what is known about a hazard, risk, risk assessment or risk control and may rely on the code in determining what is reasonably practicable in the circumstances to which the code of practice relates. For further information see the Safe Work Australia [Interpretive Guideline: *The meaning of ‘reasonably* *practicable’*](https://www.safeworkaustralia.gov.au/doc/interpretive-guideline-model-work-health-and-safety-act-meaning-reasonably-practicable).

Compliance with the WHS Act and WHS Regulations may be achieved by following another method if it provides an equivalent or higher standard of work health and safety than the code.

An inspector may refer to an approved code of practice when issuing an improvement or prohibition notice.

**Purpose**

The purpose of this code of practice (Code) is to provide practical guidance on how to manage health and safety risks associated with sex work in the ACT. The Code is intended be read by:

* persons conducting a business or undertaking (PCBU), including owners, operators and sole traders in the sexual services industry
* sex workers, and
* other workers in the sexual services industry in the ACT.

**Scope and application**

This Code provides practical guidance to PCBUs and sex workers on how to manage health and safety risks associated with sexual services in their workplace. The Code aims to foster a culture of safe work practices and promote the welfare and occupational safety of sex workers in the Territory. It is recognised that sex workers can be exposed to hazards in the workplace that other workers may not be exposed to, so this code aims to provide practical guidance on how to control these identified hazards and promote a safe environment for both sex workers and clients.

This code of practice applies to all workplaces where sex work is carried out.

**How to use this Code of Practice**

This code of practice includes references to the legal requirements under the WHS Act and WHS Regulations. These are included for convenience only and should not be relied on in place of the full text of the WHS Act or WHS Regulations. The words ‘must’, ‘requires’ or ‘mandatory’ indicate a legal requirement exists that must be complied with.

The word ‘should’ is used in this code of practice to indicate a recommended course of action, while ‘may’ is used to indicate an optional course of action.

1. Introduction
	1. What is sex work?

Sex work is the provision of a sexual service for a commercial benefit. A sex worker is a worker who provides sexual services for monetary or material reward, irrespective of whether the reward is, or is to be, paid or given to the sex worker or another person.

Sex workers are deemed workers for the purposes of the *Workers Compensation Act 1951*and have the same rights under the Work Health and Safety framework as all other workers in the Territory. Persons conducting a business or undertaking (PCBUs) in the sexual services industry have specific obligations to workers under the *Work Health and Safety Act 2011* (the WHS Act) and *Work Health and Safety Regulation 2011* (the WHS Regulation) to ensure the workplace and working conditions do not expose workers to risks to their health and safety.

* 1. Legislative framework

The sexual services industry in the ACT is supported by a number of different legislative pieces which serve to promote the welfare and work health and safety of sex workers and safeguard public health.

|  |  |
| --- | --- |
| **Legislation** |  |
| ***Crimes Act 1900*** | Section 50 of the *Crimes Act 1900* defines sexual intercourse.Section 67 of the *Crimes Act 1900* describes when a person does not consent to an act, this includes the intentional misrepresentation by another person about the use of a condom (otherwise known as *stealthing*).  |
| ***Labour Hire Licensing Act 2020*** | The *Labour Hire Licensing Act 2020* establishes a licensing scheme to regulate the provision of labour hire services. Labour hire services include the provision of a person to do work for another person. PCBUs have a responsibility to ensure compliance with all relevant legislation, including the Labour Hire Licensing Act if applicable. |
| ***Public Health Act 1997*** | The *Public Health Act 1997* establishes arrangements for the protection of the public from public health risks and includes a number of sexually transmissible infections. |
| ***Sex Work Act 1992*** | It is an offence under the provisions of the *Crimes Act 1900* and the *Sex Work Act 1992* to cause a person to provide commercial sexual service (commercial or otherwise) against their will.It is an offence under the *Sex Work Act 1992* to provide or receive commercial sex services that involve vaginal, oral, or anal penetration by any means unless a prophylactic is used. |
| ***Work Health and Safety Act 2011******Work Health and Safety Regulation 2011*** | The WHS Act and WHS Regulation emphasises the development of safe work practices and provides the means of developing, administering, and enforcing workplace safety in the ACT. Compliance with the WHS Act and WHS Regulation may be achieved by following another method, if it provides an equivalent or higher standard of work health and safety than the code.From 9 June 2023 PCBUs must formally notify WorkSafe ACT as soon as they become aware of a sexual assault incident in their workplace, under part 4 of the [*Workplace Legislation Amendment Act 2022*](https://www.legislation.act.gov.au/a/2022-23/).For information on notifying WorkSafe ACT visit their [website](https://www.worksafe.act.gov.au/health-and-safety-portal/notify-worksafe).  |
| ***Workers Compensation Act 1951*** | Under the *Workers Compensation Act 1951* a PCBU has a responsibility to fulfil their work health and safety obligations including holding a current workers’ compensation policy. |

* 1. Who has duties in relation to sex work and working in the sexual services industry?

Owners and managers of sex work premises such as brothels, massage parlours, and escort agencies are considered PCBUs and have certain duties with regard to workers, sub-contractors, customers, suppliers and others in the workplace.

If a PCBU has sex workers on their premises or at a sex work premises, they have specific duties under the work health and safety legislation to ensure the workplace and working conditions do not expose workers to risks to their health and safety.

Duty holders who have a role in managing the risks in the sexual services industry include:

* PCBUs, including:
	+ Operators of a commercial brothel and/or escort agency;
	+ Sole operators;
	+ Sole operator brothels or sole operator escort agencies;
* sex workers; and
* other workers in the sexual services industry in the ACT.

**WHS Act section 19**

Primary duty of care

**PERSONS CONDUCTING A BUSINESS OR UNDERTAKING (PCBU)**Under the WHS Act PCBUs must ensure, as far as is reasonably practicable, that the health and safety of workers and other persons is not put at risk from work carried out as part of the conduct of the business or undertaking.

A PCBU must eliminate risks arising from work in the sexual services industry, or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable. For example, PCBUs should undertake a thorough security check of the premises and can provide drivers to undertake security checks.

A self-employed person is also a PCBU for the purpose of section 19 of the WHS Act.

Under the WHS Act, a *person with management or control of a workplace* means a person conducting a business or undertaking to the extent that the business or undertaking involves the management or control, in whole or in part, of the workplace.

**Officers**

Under the WHS Act, an *office*r means a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of a business or undertaking. An officer must exercise due diligence to ensure that the business or undertaking complies with the WHS Act and Regulations. This includes taking reasonable steps to:

* gain an understanding of the hazards and risks associated with the operations of the business or undertaking; and
* ensure that the business or undertaking has and uses the appropriate resources and processes to eliminate or minimise risks to health and safety.

**WORKERS**Workers have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of other persons. Workers must comply with reasonable instructions, as far as they are reasonably able, and cooperate with reasonable health and safety policies or procedures that have been notified to workers, including information, instructions and training. For example, this could include instructions relating to remote or isolated work. If personal protective equipment (PPE) is provided, the worker must so far as they are reasonably able, use or wear it in accordance with the information, instructions and training provided.

Workers are also required to follow safety procedures and instructions and participate in safety training. They must use the safety equipment provided by a PCBU and take all reasonably practicable steps to report any action that creates a workplace hazard or leads to a serious event, to the persons in control or management.

**OTHER PERSONS AT THE WORKPLACE**

The WHS Act also provides protections for other persons at the workplace. Other persons at the workplace, like clients, must take reasonable care for their own health and safety and must take care not to adversely affect other people’s health and safety. They must comply, so far as they are reasonable able, with reasonable instructions given by the PCBU to allow that person to comply with the WHS Act.

* 1. What is involved in managing the risks associated with working in the sexual services industry?

**WHS Regulation Part 3.1 sections 32-38**

Managing Risks to Health and Safety

There are specific hazards that exist within the sex work industry that may require specific control measures. There are also general hazards that exist within the sex work industry that are prevalent in any workplace and require the use of controls to eliminate or minimise the risk of harm.

This Code provides guidance on how to manage risks associated in the sex work industry and uses the following systematic process:

* **Identify hazards** and find out what could cause harm;
* **Assess risks** and understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening;
* **Eliminate risks** so far as is reasonably practicable;
* **Control risks** if it is not reasonably practicable to eliminate the risk, implement the most effective control measures that are reasonably practicable in the circumstances in accordance with the hierarchy of control measures, and ensure they remain effective over time (an example of a control is the use of prophylactics); and
* **Review** control measures to ensure they are working as planned.

Further guidance on the risk management process is available in the [Code of Practice: *How to manage work health and safety risks.*](https://legislation.act.gov.au/ni/2020-547/)

* 1. Information, training, instruction and induction

**WHS Act section 19**

Primary Duty of Care

**WHS Regulation 39**

Provision of information, training and instruction

**INFORMATION AND TRAINING**

PCBUs have duties under the WHS Act to ensure, as far as is reasonably practicable, the provision of any information, training and instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking.

PCBUs must provide information and training to their workers and clients that is current, accurate and easy to understand. This includes information about work health and safety, safe sex, sexually transmissible infections (STIs), blood-borne viruses, and first aid.

PCBUs must ensure that information, training or instructions provided to a worker are suitable and adequate having regard to:

* the nature of the work carried out by the worker;
* the nature of the risks associated with the work at the time of the information, training or instruction; and
* the control measures implemented.

PCBUs must also ensure, so far as is reasonably practicable, that the information, training and instruction are provided in a way that is readily understandable for the workers to whom it is provided.

Workers must be trained and have the appropriate skills to carry out a particular task safely. Training should be provided to workers by a competent person with sex work experience. No sexual activity should be provided or required in training.

Information, training, instruction provided to sex workers should include:

* client STI examinations;
* safer sex practice;
* the proper use, wearing, storage and maintenance of personal protective equipment (PPE);
* safe use, cleaning and maintenance of all equipment;
* correct technique for BDSM work (if applicable);
* correct massage techniques (if applicable);
* strategies to avoid hazardous manual tasks;
* where to access information from peer-led sex worker organisations such as Scarlet Alliance or the sex worker outreach program (SWOP);
* how to work safely in hazardous environments, such as isolated environments;
* how to properly use a duress alarm;
* controls in place to manage aggressive behaviour in the workplace;
* first aid and emergency procedures;
* how to react to blood and body substance exposure incidents; and
* information on STIs and blood-borne viruses (for example hepatitis B and C, and HIV), vaccinations and counselling.

At commencement of employment, PCBUs should provide written information to all sex workers in the workplace about the prevention and transmission of sexually transmissible infections and blood-borne viruses as is necessary to enable them to perform their work in a safe manner. This information should cover safe sex practices, cleaning and disinfection of equipment, and immunisation. The persons conducting the business or undertaking should ensure that all new sex workers are fully informed of the need to use PPE such as condoms, dams, gloves and water-based lubricants as well as the sex worker’s legal obligation to use PPE.

* 1. Consultation with workers

**WHS Act section 47**

Duty to consult workers

**WHS Act section 48**

Nature of consultation

**WHS Act section 49**

When consultation is required

**CONSULTING WITH WORKERS**

Consultation with workers and their health and safety representatives is a critical part of managing work health and safety risks.

PCBUs must consult workers who are involved in carrying out work in the workplace during the process of identifying hazards, assessing risks and implementing control measures.

If the workers are represented by a health and safety representative, the consultation must involve that representative.

A PCBU must consult, so far as is reasonably practicable, with contractors and subcontractors and their workers, on-hire workers, outworkers, and other people who are working for the PCBU and who are, or are likely to be, directly affected by a health and safety matter.

Workers are entitled to take part in consultations and to be represented in consultations by a health and safety representative who has been elected to represent their work group. Sex workers have the right to speak up about any WHS issue they are concerned about and refuse to do something that’s unsafe, without facing any ramifications such as losing their job or having their shifts decreased.

Further information can be found in the [*Work Health and Safety Consultation Cooperation and Coordination Code of Practice.*](https://legislation.act.gov.au/ni/2022-355/)

**consulting, cooperating and coordinating activities with other duty holders**

**WHS Act section 14**

Duties are not transferrable

**WHS Act section 16**

More than 1 person can have a duty

**WHS Act section 272**

No contracting out

More than one person can have the same WHS duty at the same time. The WHS Act requires that where more than one person has a duty for the same matter, each person retains responsibility to meet their duty in relation to the matter and must do so to the extent to which they can influence and control the matter.

Duty holders cannot transfer their duty to another person or contract out their health and safety duties. Duty holders can make arrangements or agreements with other duty holders to assist with meeting their duties.

**WHS Act section 46**

Duty to consult with other duty holders

Duty holders must consult, cooperate and coordinate activities with all other persons who have a WHS duty in relation to the same matter, so far as is reasonably practicable. Where you share a duty (e.g. you share a workplace or are involved in the same activity), each duty holder should:

* exchange information; and
* find out who is doing what about their respective WHS obligations and work together in a cooperative and coordinated way so risks are eliminated or minimised.

Consulting, cooperating and coordinating with other duty holders can help you more easily and effectively control risks, and assist each of you to comply with your duty.

1. The risk management process

A risk assessment involves considering what could happen if someone is exposed to a hazard and the likelihood of it happening.

Risk assessments help to:

* Identify which workers are at risk;
* determine what sources and processes are causing the risks;
* identify if and what kind of control measures should be implemented; and
* check the effectiveness of existing control measures.

	1. Identifying the hazards

The first step in the risk management process is to identify all hazards associated with sex work. This involves finding things and situations which could potentially cause harm to people.

Hazards generally arise from the following aspects of work and their interaction:

* + Physical work environment;
	+ equipment, materials and substances used;
	+ work tasks and how they are performed; and
	+ work design and management.

Hazards may be identified by looking at the workplace and how work is carried out. PCBUs must eliminate risks to health and safety so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks then risks must be minimised by implementing suitable control measures to mitigate the risk. Specific hazards exist in the sexual services industry such as exposure to sexually transmitted infection (STI). Some sex workers may also be at risk of exposure to violence and aggression in the workplace. It is important for PCBUs to consult with workers on relevant hazards in the workplace and include workers in changes to work health and safety practices.

Potential hazards may be identified by conducting a walk-through assessment of the workplace, with particular attention to placement of entry and egress points, and by talking to workers about how their work is carried out.

* 1. Assessing the risks

A risk assessment involves considering what could happen if someone is exposed to a hazard and the likelihood of it happening. A risk assessment can help PCBUs determine:

* The severity of the risk;
* whether any existing control measures are effective;
* what action you should take to control the risk; and
* how urgently the action needs to be taken.

Hazards can cause varying amounts of harm, ranging from minor discomfort to a serious injury or death.

Some hazards and their associated risks are well known and have established and accepted control measures. Ensure that you are checking the effectiveness of existing controls and assessing the risks in your workplace.

There are specific control measures that must be used when providing or receiving certain sexual services. The *Sex Work Act 1992* requires sex workers and clients to take reasonable care not to transmit a transmissible condition when engaging in sex work. This means that a person must not, at a brothel or elsewhere, provide or receive a commercial sexual service that involves vaginal, oral, or anal penetration by any means unless a prophylactic is used.

Different working environments may also influence the risk. For example, the risk of violence or aggressive behaviour from a client may be heightened when the sex worker is working alone or in a space without an available and accessible entry and egress point. The following questions may help to assess the risk:

* In the event of exposure to aggressive or violent behaviour, will the sex worker be able to remove themselves from the situation or seek assistance if needed?
* What control measures could be implemented to eliminate or minimise the risk of exposure to violence or aggression in the workplace?
	1. Controlling the risks

**WHS Regulation section 36**

Hierarchy of control measures

The WHS Regulations require duty holders to work through the hierarchy of control measures when managing risks. The hierarchy ranks control measures from the highest level of protection and reliability to the lowest. Further guidance on the risk management process and the hierarchy of control measures is available in the [Code of Practice: *How to manage work health and safety risks*.](https://legislation.act.gov.au/ni/2020-547/)

A PCBU must **eliminate** risks in the workplace, so far as is reasonably practicable.

If eliminating the hazards and associated risks is not reasonably practicable, PCBUs must minimise the risk by one or more of the following types of control measure:

* **Substitution:** substitution controls involve replacing the hazard with something safer. For example, PCBUs might consider risks of allergens present in certain types of prophylactics and provide alternatives.
* **Isolation:** an isolation control is used to physically separate the source of harm from people by distance. For example, providing safe rooms for sex workers to retreat away from environments where there is a risk of assault.
* **Engineering controls:** an engineering control is a control measure that is physical in nature. For example, using guardrails around exposed edges and on stairways.
* If risk remains, it must be minimised by implementing **administrative controls**. For example, a brothel may implement a policy around service of alcohol and dealing with aggressive or violent clients.

Administrative control measures and PPE are the least effective control measures as they do not control the hazard at the source. They rely on human behaviour and correct usage to be effective in minimising risks.

* 1. Maintaining and reviewing control measures

Control measures must be maintained so they remain:

* Fit for purpose;
* suitable for the nature and duration of work; and
* installed, set up and used correctly.

The control measures put in place to protect health and safety should be regularly reviewed to ensure they are effective.

PCBUs must review and as necessary revise control measures to maintain a work environment that is without risks to health and safety so far as is reasonably practicable. A review is required:

* when the control measure is not effective in controlling the risk;
* before a change at the workplace that is likely to give rise to a new or different risk to health and safety that the measure may not effectively control;
* if a new or relevant hazard or risk that is identified;
* if the results of consultation indicate a review is necessary; or
* if a health and safety representative requests a review.

Common review methods include workplace inspection and consultation with workers.

PCBUs can use the same methods as in the initial hazard identification step to check control measures and must also consult workers and their health and safety representatives.

If problems are found, go back through the risk management steps, review your information and make further decisions about controlling the risks.

1. Specific hazards and control measures

* 1. Sexually transmitted infections (STIs) and other infections

**Public Health Regulation section 21**

People with transmissible notifiable conditions

Good sexual health is an important aspect to controlling the risk of STIs. A sex worker should maintain good sexual health by regularly visiting a doctor, health care centre or sexual health clinic of their choice for sexual health assessments appropriate to their needs. Sexual health assessments can include medical tests, counselling and education.

Medical health assessments are a matter to be determined by the sex worker and their doctor. A sex worker is under no obligation to provide copies of medical records or results of medical health assessments to a PCBU.

The Sex Work Act does not preclude a worker or client from providing or receiving a sexual service if they have a sexually transmitted infection. However, under section 21 of the *Public Health Regulation 2000* it is an offence for any individual to fail to take reasonable precautions against transmitting a transmissible notifiable condition. ‘Transmissible notifiable condition’ is defined in the *Public Health Act 1997* as a disease or medical condition determined by the Minister to be a transmissible notifiable condition. The *Public Health (Notifiable Conditions) Determination 2022 (No 2)* includes a number of STIs, including HIV.

Sex workers are encouraged to conduct visual health checks of clients prior to providing a sexual service as part of undertaking reasonable care for their own health and safety. Visual health checks are precautionary and are not intended to be relied upon to rule out the presence of an STI. A visual health check is not an alternative to practicing safe sex and PPE must always be used when providing a sexual service.

Common signs of infection which may be detected in this way include:

* + - any sores, ulcers, lumps, warts or blisters on the genitals or surrounding area;
		- any evidence of genital and/or anal discharges;
		- pubic lice or eggs;
		- any signs of itching or rashes in the genital or anal area;
		- cold sores on the mouth; and
		- jaundice.

**WHS Act section 84**

Right of worker to cease unsafe work

A sex worker may cease, or refuse to carry out, work if the worker has a reasonable concern that to carry out the work would expose them to a serious risk to health or safety – this may include the refusal to provide a sexual service to a client at any time.

Due to the nature of the work, sex workers may also be more at risk of non-sexually transmitted infections.

PCBUs must have steps in place to manage sexually transmitted and communicable infection and other infections at the workplace. This must include any applicable ACT Public Health Directions. When managing the risks of non-sexually transmitted infection, PCBUs should consider things like:

* Safe systems of work;
* COVID-19 safety plans;
* Risk assessments; and
* Implementing control measures.

While physical distancing in the workplace may not be practicable, consider the use of other control measures, including encouraging good hand hygiene, disinfecting surfaces and undertaking regular cleaning of the workplace.

* 1. Personal protective equipment (PPE)

A PCBU must provide personal protective equipment (PPE) to workers to minimise the risk of a hazard. For sex work this can include condoms, dams, gloves, and water-based lubricants. PPE provided to workers must be in reasonable quantities and a range of sizes and type. For example, condoms and dams must be available in latex and non-latex and comply with Australian Standards.

The PCBU is responsible for storing PPE so that they are accessible to workers, prevented from premature deterioration – away from moisture, light and heat, and in a secure, tamper-proof location not accessible to clients.

PCBUs must provide workers with information, training and instruction in the proper use of PPE.

* 1. Blood and other bodily spills

Care should be taken when dealing with bodily fluids (including blood, vomit, semen, vaginal fluids, urine, faeces, saliva) to avoid transmission.

If a visible spillage of blood or bodily fluids occurs:

* disposable gloves and protective clothing should be worn;
* broken glass or any other sharp object included in the spill should not be picked up by hand;
* blood and/or bodily fluids should be wiped up with paper towels or tissues which should then be put immediately in a plastic bag which is tied up and discarded;
* surfaces should be cleaned with detergent and warm water using disposable wipes or paper towels; and
* surfaces should be rinsed and dried (carpeted areas should be shampooed).

After exposure to blood or other bodily fluids the following action should be taken as soon as is safe to do so:

* wash the area thoroughly with liquid soap and water for a period of at least 30 seconds;
* if eyes are contaminated rinse them while they are open, gently but thoroughly with water or normal saline;
* if blood or other bodily fluids get in the mouth, spit it out then rinse the mouth with water several times;
* if clothing is contaminated, remove clothing and shower if necessary; and
* notify an appropriate person to ensure that necessary further action is undertaken.

* 1. Remote or isolated work

**WHS Act section 19**

Primary Duty of Care

**WHS Regulation section 48**

Remote or Isolated Work

A PCBU must manage risks to health and safety associated with remote or isolated work, including ensuring effective communication with the worker carrying out remote or isolated work.

Some sex workers undertake remote work, and most sex workers will work in isolation at some point during their shift. Remote or isolated work means work that is isolated from the assistance of other persons because of the location, time or nature of the work.

PCBUs should implement policies around remote and isolated work, with processes implemented for workers to seek assistance, should they require it. Some things to consider are access to duress alarms and ensuring adequate and unobstructed exit points in rooms.

* 1. Work-related violence

A PCBU must, so far as is reasonably practicable, provide and maintain a safe and healthy work environment for all their workers. This includes providing and maintaining systems of work that are, as far as is reasonably practicable, safe and without risks to health and consulting with workers about health and safety issues that may directly affect them. This includes controlling the risk of work-related violence.

Work-related violence or aggression can be any incident where a person is abused, threatened or assaulted at the workplace or while they are carrying out work. Violence can harm both the person it is directed at and anyone witnessing it. This can have significant economic and social costs for workers, their families, and the wider community. Whilst workplace violence and aggression can happen in any industry, it is more common in industries where people work with the public or external clients, and workers in the sexual services industry may be at high risk of exposure.

Work related violence can include:

* Physical assault such as biting, scratching, hitting, kicking, pushing, grabbing, throwing objects;
* sexual assault or any other form of indecent physical contact that has not been agreed and consented to, including sexual intercourse without consent (rape); and
* harassment or aggressive behaviour that creates a fear of violence, such as stalking, sexual harassment, verbal threats and abuse, yelling and swearing.

PCBUs must consult with their workers when:

* identifying and assessing hazards or risks in the workplace;
* making decisions about measures to be taken to prevent and manage work-related violence risks;
* making decisions about information and training on work-related violence; and
* proposing changes that may affect the health and safety of workers.

Some typical hazards that give rise to work-related violence include:

* handling cash, drugs or valuables;
* working alone, working in isolation, working at night; and
* providing services to distressed or angry people.

When identifying work-related violence hazards and assessing the risk of violence at work it is important to recognise that it is known to be under-reported, particularly in occupations where incidents occur on a regular basis. Additional factors can deter workers from reporting incidents, such as:

* reporting is time-consuming and complicated;
* once it’s over, the worker just wants to forget about it;
* it is considered ‘just part of the job’;
* assumptions that nothing will happen if a report is made;
* workers believe they will be blamed for the incident; and
* incidents are so common that only serious ones are reported.

Reasonably practicable steps for managing work-related violence can include a workplace violence prevention program which forms part of a PCBUs overall health and safety program and should include the following components:

* a written policy to eliminate or minimise risk;
* regular risk assessments;
* prevention procedures;
* worker and supervisor training;
* procedures for reporting and investigating incidents;
* incident follow-up;
* program review;
* designing service delivery solutions (if required);
* emergency and evacuation plans;
* reporting procedures and incident investigation;
* guidelines on when to call the police;
* guidelines on when to call ambulance services; and
* testing and maintenance of communication and duress equipment.

There are some practical policies that PCBUs can implement to reduce the risk of work-related violence and aggression in the sexual services industry, such as establishing no-alcohol policies in the workplace, displaying a sign reminding patrons of the right to be refused entry and services if they are intoxicated or aggressive, and implementing policies around working in isolation, installing duress alarms for workers and ensuring exit points are unobstructed.

Responses to work-related violence will vary depending on the nature and severity of the incident. Systems should be in place that document what to do at the time of, and immediately after, an incident.

All incidents of physical assault, sexual assault and threats to harm someone should be referred to ACT police immediately.

Further guidance on work-related violence and other psychosocial hazards is available in the [*Code of Practice: Managing Psychosocial Hazards at Work*](https://www.legislation.act.gov.au/ni/2023-482/).

Appendix A: Glossary[[2]](#footnote-2)

|  |  |
| --- | --- |
| **Key Term** | **Meaning** |
| **blood borne virus** | means any infection (e.g. HIV, hepatitis C, hepatitis B) in which the principal way of being transmitted from person to person is by blood to blood contact such as: *in utero*, blood transfusion, contaminated injecting or tattooing equipment. |
| **brothel** | means premises used or to be used for the purpose of sex work but does not include premises where accommodation is normally provided on a commercial basis if the sex work occurs under an arrangement initiated elsewhere. |
| **BDSM** | means bondage and discipline, sadism and masochism. |
| **client** | means a person who gives monetary or material reward in exchange for sexual services. |
| **commercial sexual services** | means sexual services provided for monetary consideration or any other form of consideration or material reward (regardless of whether the consideration or reward is, or is to be, paid or given to the person providing the sexual services or another person). |
| **escort agency** | means a business of arranging sex work being a business carried on at premises other than a brothel. |
| **HIV** | means Human Immunodeficiency Virus. HIV attacks the body’s immune system and can be transmitted through contact with infected blood, semen or vaginal fluids. HIV is a serious condition, which, if left untreated, can lead to AIDS (acquired immunodeficiency syndrome).  |
| **Officer** | means a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of a business or undertaking**.**  |
| **operator** | of a brothel or escort agency, includes a person in day‑to‑day control of the brothel or escort agency. |
| **person conducting a business or undertaking** | means a person or entity that is conducting a business or undertaking. This includes, but is not limited to, employers, self-employed persons, corporations, sub-contractors and franchisors. |
| **personal protective equipment (PPE)** | means anything used or worn by a person to minimise risk to the person’s health and safety. In relation to sex work, it can include dental dams, latex gloves, water-based lubricants, and sponges.  |
| **premises** | includes a structure, building, vehicle, a place whether enclosed or built on or not; and part of a premises. |
| **prophylactic** | means a condom or other device that is adequate to prevent the transmission of a sexually transmissible infection. |
| **sex work premises** | means all types of premises and environments where commercial sexual services are provided. |
| **sex work** | means the provision of commercial sexual services by an adult. |
| **sex** **worker** | means a worker who provides commercial sexual services. |
| **sole** **operator** | means a sex worker who solely owns and operates the business of a sole operator brothel or sole operator escort agency. |
| **sole** **operator** **brothel** or **sole** **operator** **escort agency** | means a brothel or escort agency where the premises are used, owned and operated by a single sex worker. |
| **sexual services** | means:* an act of sexual intercourse as defined in the Crimes Act 1990, section 50, or
* the masturbation of one person by another; or
* any activity that involves the use of one person by another for his or her sexual gratification.
 |
| **sexually transmissible infection** | means:* chancroid, chlamydial infection, donovanosis, gonorrhoea, HIV/AIDS, lymphogranuloma venereum or syphilis; or
* an infection prescribed by regulation.
 |
| **worker** | A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking. |
| **workplace** | A workplace is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. |
| **workplace policy** | means a document, which includes:* a statement of intent; and/or
* clear operating procedures to give effect to the statement and provision for monitoring compliance with the statement of intent and operating procedures.
 |

Appendix B: Work-Related Violence Checklist

Use this checklist as a guide to assist in identifying potentially violent situations and to review and improve safety procedures. Tick the appropriate response.

Responses should guide persons in control to determine what hazards require a risk assessment and control measures.

**Hazard Identification Checklist**

**1. The Work Environment**

|  |  |  |
| --- | --- | --- |
| Are money/valuables/drugs kept at the workplace? | Yes | No |
| Does the workplace provide a customer or client service?  | Yes | No |
| Do staff work alone or at night? | Yes | No |
| Are violent incidents common in your industry or area? | Yes | No |
| Is it easy to enter the workplace unnoticed? | Yes | No |
| Does the workplace have: |  |  |
| Low lighting or dark areas? | Yes | No |
| Irritating or high noise levels? | Yes | No |
| Inadequate space for staff and clients/customers? | Yes | No |
| Inadequate barriers between staff and clients? | Yes | No |
| Furnishings or equipment that could be used as weapons? | Yes | No |

**2. Clients/Customers**

|  |  |  |
| --- | --- | --- |
| Are customers or clients likely to become angry or disgruntled? | Yes | No |
| Are clients likely to be affected by drugs or alcohol? | Yes | No |
| Are clients/patients likely to suffer from mental illness? | Yes | No |
| Do inexperienced workers deal with potentially difficult clients? | Yes | No |
| Are procedures available for referring clients to other services for psychiatric, drug, alcohol and behavioural reasons? | Yes | No |
| Are clients made aware of what is expected of them regarding their conduct at the workplace? | Yes | No |

**3. Workers**

|  |  |  |
| --- | --- | --- |
| Are staff relationships frequently tense? | Yes | No |
| Are certain workers likely to become violent? | Yes | No |
| Are certain workers likely to use abusive language? | Yes | No |
| Are workers stressed, unhappy or bored at work? | Yes | No |
| Are personal difficulties becoming a problem at work? | Yes | No |
| Is prejudice or intolerance displayed at the workplace? | Yes | No |
| Are initiation ceremonies or bullying accepted practice among workers? | Yes | No |

**4. Training**

|  |  |  |
| --- | --- | --- |
| Have workers who may be exposed to workplace violence received the following training: |  |  |
| Legal responsibilities? | Yes | No |
| How to recognise potentially violent behaviour? | Yes | No |
| Causes and types of violence? | Yes | No |
| Client service skills? | Yes | No |
| Negotiation skills? | Yes | No |
| Communication skills? | Yes | No |
| Security procedures? | Yes | No |
| Basic self-defence? | Yes | No |
| Incident reporting and recording? | Yes | No |
| Emergency and response procedures? | Yes | No |
| Workers assistance programs? | Yes | No |

**5. Procedures**

|  |  |  |
| --- | --- | --- |
| Is there an agreed response plan for violent situations? | Yes | No |
| Are there written procedures for the following:  | Yes | No |
| Cash handling? | Yes | No |
| Securing the premises? | Yes | No |
| Safe storage of personal property? | Yes | No |
| Handling disputes involving clients? | Yes | No |
| Responding to alarms? | Yes | No |
| Reporting violent incidents? | Yes | No |

**6. Communication**

|  |  |  |
| --- | --- | --- |
| Can workers communicate effectively with clients/customers to diffuse potentially violent situations? | Yes | No |
| Are field workers or persons working alone able to call for help quickly in an emergency? | Yes | No |
| Are mobile phones, intercoms, duress alarms and beepers available and in good working order? | Yes | No |
| Are emergency telephone numbers prominently displayed or on automatic dial? | Yes | No |

**7. Security**

|  |  |  |
| --- | --- | --- |
| PCBUs should undertake a thorough security check and can provide drivers to undertake security checks. Does the premises have:  |  |  |
| Duress alarms at counter areas and in interview rooms? | Yes | No |
| Monitoring and surveillance systems? | Yes | No |
| Fire alarms and sprinkler systems? | Yes | No |
| Firefighting equipment meeting current regulations? | Yes | No |
| Security screens and doors? | Yes | No |
| Master key locking systems? | Yes | No |
| Outdoor security lights triggered to operate after dark? | Yes | No |
| Hidden safes? | Yes | No |
| Interview rooms with two exits? | Yes | No |
| Staff only exits from office areas? | Yes | No |
| Parking facilities which are close by, well-lit and with minimal shrubbery? | Yes | No |

**Post Incident Checklist**

|  |  |  |
| --- | --- | --- |
| Did the procedure for reporting the violent incident include a description of: |  |  |
| The type of incident (for example verbal, physical, sexual, armed hold-up, bomb or death threat)? | Yes | No |
| Nature and extent of injuries, if any? | Yes | No |
| Time and location, including whether it was on call-out? | Yes | No |
| Who was involved (for example client and staff member)? | Yes | No |
| Was the immediate response procedure correctly followed? | Yes | No |
| Were police/other emergency services promptly called? | Yes | No |
| Was first aid immediately available if required? | Yes | No |
| Was the incident discussed with workers afterwards? | Yes | No |
| Was an employee assistance/counselling service provided if needed? | Yes | No |
| Were workers able to return to normal duties soon afterthe incident? | Yes | No |
| Was there a review to see if procedures could be improved? | Yes | No |

**Personal Safety Measures in Brothels and in Escort Services**

The following is provided as guidance only.

All working rooms should have anaccessible personal safety alarm and an established procedure for their use as well as follow-up action. No locking mechanisms should be fitted on working room doors.

Sex workers have the right to refuse clients, or kinds of work.

Workers should not be left alone in a brothel that is open to the public.

A client who is behaving unacceptably, or who has a history of inappropriate behaviour, can be refused entry, or asked to leave.

Any sex worker has the right to refuse to participate in any work activity where they have reason to believe that to do so may place them at risk.

Sex workers engaged in escort work should carry mobile phones or personal alarms with them. In ensuring that the workplace is without risk to health and safety PCBUs should undertake a thorough security check of the premises to ensure the client is alone and that there are no video/internet/web cameras. For example, PCBUs may provide drivers to undertake security checks.

Appendix C: Useful Contact Numbers

**ACT Human Rights Commission**

* For investigation & conciliation of complaints of discrimination or sexual harassment - 02 6205 2222
* Victim Support ACT - 1800 8222 72 or (02) 6205 2066

**Fair work Ombudsman** - 13 13 94

**Directions Health Services for alcohol, drugs and other addictions** - 02 6132 4800

**Meridian** – 02 6257 2855

**Australian Federal Police**

* Request for police attendance – 131 444

**Domestic Violence Crisis Service** – 02 6280 0900

**Emergency - Police, Ambulance and Fire Brigade** – 000

**Hepatitis ACT** – 02 6230 6344

**Needle and Syringe Program** –02 5124 9977

**NSW Poisons Information Centre** – 131 126

**Providers of First Aid Training and Resources**

* Red Cross – 02 5116 1430 (City)/02 6282 9978 (Woden)
* St John’s Ambulance – 02 6282 2399

**Rape Crisis Centre, Crisis Line** – 02 6247 2525

**Sexual Health Services**

* Canberra Sexual Health Centre – 02 5124 2184
* Forensic and Medical Sexual Assault Care – 02 5124 2185
* Sexual Health and Family Planning ACT (SHFPACT) – 02 6247 3077

**SWOP- Sex Worker Outreach Program**

* Offers education and outreach services for sex workers – 02 6257 2855

**Sharps (needles, syringes) Hotline** – 13 22 81

**WorkSafe ACT**

Report a workplace concern or issue – 13 22 81

1. It should be noted that the sexual services industry is regulated under the *Sex Work Act 1992* [↑](#footnote-ref-1)
2. It is noted that this Code of Practice applies to all PCBUs including commercial brothels and commercial escort agencies which are brothels or escort agencies other than sole operators. [↑](#footnote-ref-2)