

A handbook for community
service organisations

Volunteer health and safety

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Introduction

The community services sector covers a wide range of not-for-profit non-government organisations that rely on many volunteers to provide a broad range of community services.

Community service organisations range from small informal community groups to large incorporated organisations. Recognising the vital role volunteers have in community service organisations helps maintain motivation and enthusiasm.

Part of this recognition should include protecting their health and safety. An active, systematic approach that involves all team members will help promote health and safety in the workplace.

Audience and scope

This handbook includes general health and safety information for people who manage volunteers in community service organisations. It may also be of use to volunteers themselves.

It is not intended for emergency services although it may provide helpful advice.

As well as reading this handbook, organisations need to identify and deal with specific health and safety hazards and risks associated with the type of work they undertake.

This handbook provides guidance in relation to your health and safety obligations under the *Occupational Health and Safety Act 2004* only. You should seek advice about other legal duties that may apply to your organisation. For further information on legal duties, contact WorkSafe Advisory Service (1800 136 089), your insurance agent or the Law Institute of Victoria (03 9607 9311).

Protecting volunteer health and safety

All community service organisations with employees have obligations to protect the health and safety of both employees and volunteers under the *Occupational Health and Safety Act 2004* (OHS Act). Other community service organisations that have no obligation under the OHS Act should also meet the same standards to protect their volunteers from harm.

Both employees and volunteers are legally entitled to a healthy and safe working environment. The best way to manage the health and safety of volunteers is to treat volunteers as paid employees, for example, by providing volunteers with the same risk and safety assessments as paid employees.

Managing health and safety as part of the day-to-day operations will make sure your organisation meets its legal obligations without the cost and effort of establishing additional systems. It also demonstrates to your volunteers you value their help and commitment and are serious about their health and safety. This can contribute to higher satisfaction and volunteer retention.

If your organisation doesn't manage the health and safety of its volunteers, it risks damage to its reputation and legal action.

You should designate a person with health and safety knowledge and skills to be responsible for the management of volunteers and their health and safety.

Make sure your insurance cover protects volunteers

You should also make sure your insurance covers your employees and volunteers in case of a work-related injury, illness or death. If you engage employees or contractors and you pay, or expect to pay, more than \$7500 in rateable remuneration (ie wages and other benefits), you must take out a WorkSafe Injury Insurance policy. If your employee has a work-related injury or illness and you do not have WorkSafe Injury Insurance, the benefits payable to the injured employee are guaranteed by WorkSafe. However, you may face penalties for failing to hold a policy and may be liable for the full cost of any claims incurred while you were uninsured.

Volunteers are not usually treated as employees for WorkSafe purposes so you should take out separate insurance cover for them¹. Failure to provide adequate insurance cover could lead to serious financial and reputational consequences for the organisation.

¹ Under particular legislation, volunteers assisting government agencies are entitled to compensation in accordance with the Accident Compensation Act 1985 if injured while carrying out specified duties. These government agencies include the State Emergency Services and the Country Fire Authority.

Consulting your volunteers

Being committed to a high standard of health and safety practices means ensuring everyone is involved in safety planning and decisions.

Your volunteers have valuable knowledge and experience they can contribute to the management of health and safety. You should make sure they have a reasonable opportunity to contribute to the improvement of health and safety at your organisation. This is a legal duty under the OHS Act in relation to your paid employees. While it's not a legal duty under the OHS Act in relation to volunteers, it's good practice and will help you manage health and safety better.

Consultation includes actively seeking the views of your volunteers about health and safety matters and taking those views into account when making decisions. Encouraging volunteers to raise health and safety issues prevents illness and injuries.

You could involve your volunteers by:

- holding regular meetings that focus on health and safety
- making health and safety a standing item at staff meetings
- including health and safety information in regular newsletters.

Taking a systematic approach

Similar to managing other aspects of your operations, if you deal with health and safety systematically, you are more likely to be protecting your volunteers and meeting your legal obligations.

You should identify the actions you need to take to remove or control the health and safety risks associated with the organisation's work. This process is called **risk assessment and control** and should be done in consultation with your volunteers and employees (see figure below for a five-step process).

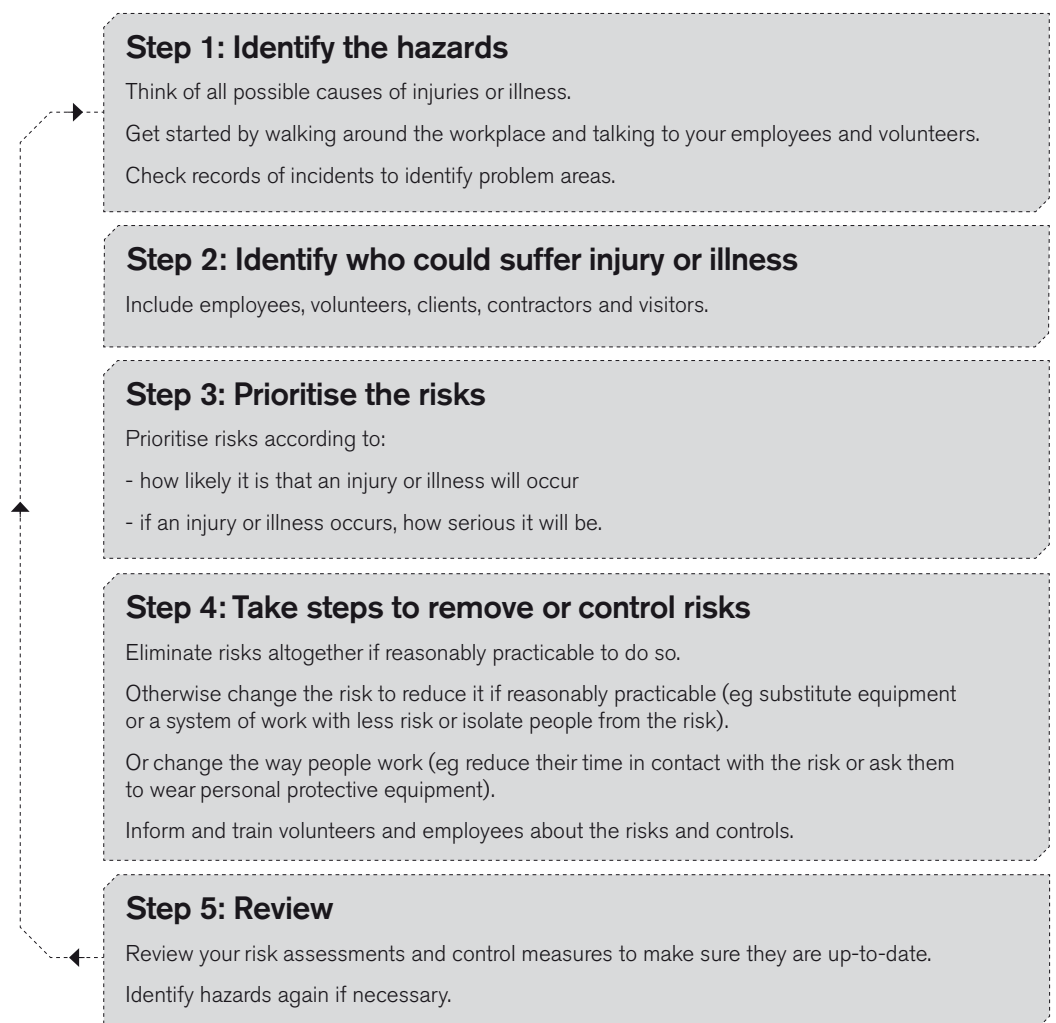


Figure 1: Health and safety risk assessment and control process

Thinking about the risks

It's imperative to think about all hazards and risks when doing risk assessments. Talk to your volunteers and employees about the hazards and risks they know about and take action to eliminate or reduce the risk of injury and illness, so far as reasonably practicable (see definitions on page 18).

The table starting on page 9 provides examples of injuries and illnesses that can occur through common activities in community services. This is a good starting point for your own risk-assessment process. You should be open to exploring new ideas and ways of doing things (eg transporting clients in specially designed taxis rather than using volunteers' vehicles) to make sure your risk assessments are comprehensive.

Consider whether volunteers have different risks or higher levels of risk to your employees. For example, different risks may arise from the age or language profile of your volunteers.

When recruiting volunteers, make sure they are matched with roles consistent with their current skills and experience. Otherwise other volunteers, employees and clients may be put at risk.

Information, instruction, training and supervision

Volunteers, like employees, need to have the experience to do their volunteer role safely or they need to be supervised by an experienced person.

You should provide volunteers with information, instruction and training on the safe use of any object, substance, equipment or machinery you require them to use. This will help lessen the risk of volunteers hurting themselves, other volunteers, employees, clients or others who may be affected by their actions or omissions.

You should think about health and safety issues when you are introducing new volunteers to their duties. For example, volunteers may be using equipment, tools and ways of working that are new to them or different to what they are used to.

Before volunteers start their role at your organisation, you should outline:

- health and safety procedures (eg instructions for equipment they will be using or security arrangements if they are away from the organisation)
- emergency procedures, location of emergency exits and where equipment is kept
- tasks and boundaries of their role
- existing and potential risks they may face
- who to talk to if they have any health and safety concerns and how to report any health and safety incidents and hazards
- what situations they should remove themselves from
- arrangements for debriefing or counselling after an incident or other traumatic circumstance
- results of any safety tests or monitoring you are aware of.

You should also give volunteers a written statement setting out their role and responsibilities. Remember to think about the language, culture and literacy needs of your volunteers.

Emergency and first aid arrangements

Your organisation needs to have a plan to deal with emergencies that may occur. The plan should include measures to be taken to eliminate or reduce the risk of emergencies occurring and information on the workplace including:

- plans showing the location of high-risk areas
- fire escape routes and exits
- who is responsible for carrying out emergency procedures
- how to protect service users from external threats (eg a 'lock down' plan in childcare services).

The plan should also have procedures for:

- training volunteers on emergency arrangements and keeping training records
- emergency evacuation, including procedures for evacuating people with limited mobility, clients, contractors and other people who may be in the premises
- fire equipment maintenance (eg ensuring equipment is regularly tested).

Providing first aid facilities is necessary to meet the health and safety needs of volunteers if they are injured or become ill. The facilities required depend on the nature of the workplace and the activities being performed. As a minimum, you should provide first aid kits (including in vehicles). You may also need to have first aid officers (trained) and first aid rooms.

Supporting injured volunteers return to work

If a volunteer is injured or ill because of their volunteer role, it is essential to their recovery that you keep in touch and encourage and support their return. Showing support and interest in their progress demonstrates your commitment to their wellbeing.

For the volunteer, a speedy return can restore self-confidence and help them get back into the social and community networks they enjoy. Your organisation also benefits by retaining the volunteer's skills and experience and avoiding the costs of recruiting and training a new volunteer.

All contact with injured or ill volunteers however should be made with sensitivity and not in a way that makes them feel pressured to return to their role when they might not be ready.

Legal responsibilities

If you employ paid staff, you have legal responsibilities to return an employee with a work-related injury or illness to work as soon as possible and prevent a recurrence of the injury. This includes preparing an occupational rehabilitation program, individual return to work plan and risk-management plan.

You should take the same steps to help volunteers return as soon as it is safe if they choose to do so, although it isn't a legal requirement.

Common injuries and illnesses in community services

The following table lists injuries and illnesses that can result from common activities that volunteers undertake for community service organisations, and their possible causes.

Activity	Injuries and illnesses that may result	Possible causes
Driving a vehicle	Death or injury in a road accident due to:	
	the driver	<ul style="list-style-type: none"> ▪ lack of medical fitness ▪ fatigue ▪ use of medication ▪ lack of experience or training for the vehicle ▪ inappropriate licence for the vehicle ▪ use of mobile phone while driving.
	passengers	<ul style="list-style-type: none"> ▪ not using seatbelts or restraints ▪ excessive numbers ▪ challenging behaviour ▪ presence of equipment such as oxygen cylinders, wheelchairs, walking frames or guide dogs ▪ dehydration on hot days.
	vehicle	<ul style="list-style-type: none"> ▪ not roadworthy ▪ not checked for faults before the journey ▪ no reverse warning signal ▪ volunteer's own vehicle not suitable for the task.
	driving conditions	<ul style="list-style-type: none"> ▪ low visibility due to rain, fog or poor lighting ▪ slippery roads ▪ traffic congestion.
	Lack of rescue plan if the vehicle breaks down	

Common injuries and illnesses in community services

Activity	Injuries and illnesses that may result	Possible causes
Fundraising	Death or injury in a road accident	<ul style="list-style-type: none"> ▪ lack of high-visibility clothing and suitable footwear ▪ lack of training and instruction ▪ lack of supervision.
	Cancer from exposure to sun	<ul style="list-style-type: none"> ▪ roadside collection between 11 am and 3pm (ie warmest part of the day) ▪ long periods of exposure ▪ lack of sun hats and other clothing to prevent or reduce exposure.
	Injury from violence while doorknocking	<ul style="list-style-type: none"> ▪ doorknocking alone ▪ lack of training and instruction ▪ carrying large quantities of cash.
Working alone in a private home	Injury caused by risks within the home	<ul style="list-style-type: none"> ▪ no information gathered about the home before the first visit ▪ volunteer using hazardous or unfamiliar equipment ▪ lack of training and instruction in hazard identification.
	Injury following aggression or verbal abuse by someone within the home	<ul style="list-style-type: none"> ▪ no information gathered about the client before the first visit ▪ no contact arrangements and organisation unaware of the worker's schedule ▪ other people present in the home whose behaviour is aggressive and/or who are substance affected ▪ volunteer still wants to deliver a service despite unease with circumstances in the home ▪ lack of instruction to withdraw if uncomfortable ▪ visits made in the evening or when other people are unlikely to be around ▪ carrying cash or valuables.
	Injury caused by an animal	<ul style="list-style-type: none"> ▪ volunteer still wants to deliver a service despite danger ▪ lack of instruction to withdraw or ask the owner to restrain the animal.

Common injuries and illnesses in community services

Activity	Injuries and illnesses that may result	Possible causes
Running a charity shop	Death or injury because emergency exit is obstructed	<ul style="list-style-type: none"> congested aisles loose items on the floor.
	Injury caused by slips, trips and falls	<ul style="list-style-type: none"> wet flooring loose items on floor.
	Injury from fire	<ul style="list-style-type: none"> old wiring heaters near clothing old fire extinguishers.
	Stress or injury following aggression or verbal abuse from clients or others	<ul style="list-style-type: none"> difficult customers easy access to money in the cash register.
	Back injury	<ul style="list-style-type: none"> moving and handling heavy bags and boxes lack of working space leading to poor working postures bending or twisting while sorting goods.
	Cuts or wounds with possibility of infection	<ul style="list-style-type: none"> sharp objects in donated goods being sorted (eg needlesticks, broken glass) use of equipment such as steamers, irons and price tag guns.
	Injury caused by falling objects	<ul style="list-style-type: none"> items stored at high level.
	Dermatitis and other occupational diseases	<ul style="list-style-type: none"> use of cleaning substances.
	Deterioration in general health	<ul style="list-style-type: none"> poor lighting poor ventilation poor temperature control.
Children being injured	<ul style="list-style-type: none"> access to sharp objects or chemicals on low shelves. 	
Running a sausage sizzle	Back or shoulder injury	<ul style="list-style-type: none"> heavy or unwieldy BBQ equipment. equipment transported in an unsuitable vehicle (difficult to get out of vehicle or put back into vehicle).
	Burns resulting from contact with hotplate or from fire	<ul style="list-style-type: none"> equipment inadequately maintained equipment used by people without appropriate training and experience lack of training in fire procedures.

Common injuries and illnesses in community services

Activity	Injuries and illnesses that may result	Possible causes
General activities	Psychological injury and illness (eg stress, depression)	<ul style="list-style-type: none"> ▪ demanding workload and work environment ▪ lack of control over how the work is done ▪ lack of encouragement, training and access to support services ▪ unresolved conflict ▪ challenging client behaviour ▪ lack of role clarity ▪ poor management of organisational change.
	Injury or illness caused by work equipment	<ul style="list-style-type: none"> ▪ electrocution or electric shock ▪ contact with moving parts ▪ contact with hot or cold parts ▪ sharp surfaces or blades ▪ noise and vibration ▪ fire (eg old equipment, faulty wiring, poorly maintained gas equipment) ▪ entrapment or entanglement ▪ tasks requiring work at height (eg from a ladder) ▪ heavy/awkward equipment (eg vacuum cleaner or wheelchair) ▪ inappropriate choice of equipment for activity.
	Illness caused by contact with hazardous substances	<ul style="list-style-type: none"> ▪ lack of information about the health effects of substances used in the work (eg material safety data sheets) ▪ substances not labelled ▪ volunteers and clients who may come into contact with substances that are not labelled ▪ use of hazardous substances not eliminated, or replaced with use of less hazardous substances ▪ lack of training about health effects and use of substances.
	Injury or illness caused by a poor working environment	<ul style="list-style-type: none"> ▪ working in an unsafe structure or a hazardous outdoor environment ▪ exposure to asbestos ▪ unsafe entrances, exits, steps, stairs and ramps ▪ slippery and uneven floors ▪ cramped work spaces ▪ uncomfortable temperatures ▪ poor ventilation ▪ excessive noise ▪ insufficient lighting ▪ obstructions and trip hazards ▪ non-ergonomic work stations ▪ insufficient and/or non-hygienic toilets and hand basins.

Case studies

These case studies are intended only as a guide to what control measures could be put in place to deal with health and safety risks in particular work situations. They are not a substitute for carrying out a risk assessment and determining the most appropriate control measures for your organisation in consultation with volunteers and employees.

Case study 1 – Volunteer drivers

Volunteer drivers from an organisation used their own vehicles to transport patients to and from a medical centre. Some of the patients had complex medical needs or behaviours that required the attention of the driver during the journey. Occasionally oxygen cylinders had to be carried in the vehicle.

In consultation with the drivers, the organisation carried out a risk assessment of the task. The following risks were identified:

- manual handling injuries from loading and unloading equipment and assisting patients
- injuries from road traffic accidents (eg due to distraction of the driver or driver fatigue)
- medical emergencies during the journey
- fire as a result of inadequately restrained oxygen cylinders.

It was agreed that in the medium term, the use of private vehicles for this task should be discontinued. Wherever possible, the organisation provided or arranged for suitable vehicles for patients' needs. It applied for funding for the purchase of a suitable vehicle which would be fitted with safe and secure means of carrying equipment such as oxygen cylinders and wheelchairs. The organisation also implemented the following risk control measures:

- drivers carried out routine vehicle checks each day using a checklist
- drivers and their supervisors agreed on the route to be taken for each journey and discussed the needs of patients to be collected and equipment to be carried. The discussion covered when drivers were to take breaks to ensure they didn't become fatigued
- where the patient was assessed as needing medical assistance or having needs which might distract the driver, the organisation arranged for a suitable escort such as a first aider or professional nurse
- a procedure was developed for vehicle breakdowns, including arrangements for patients to complete their journey by a back-up vehicle
- a procedure was developed for managing a medical emergency (eg an emergency pack was carried in each vehicle and each driver was provided with contact numbers and a mobile phone). Note: The procedure didn't permit use of the mobile phone while driving the vehicle
- where lifting heavy items into the vehicle couldn't be avoided, drivers were trained in safe lifting techniques.

It was agreed that all procedures would be reviewed every 12 months and progress on implementing the control measures would be reviewed every six months.

Case study 2 – Volunteers at an animal shelter

An animal shelter enlisted the help of volunteers to clean out cages, feed and water animals and receive unwanted domestic animals being dropped off at the shelter for new owners to be found. There was little supervision of the volunteers because it was recognised they were all animal lovers committed to the mission of the shelter. Sometimes the volunteers cleaned out the cages wearing unsuitable or no footwear. Volunteers receiving animals were sometimes subjected to abuse from owners who didn't expect they would have to pay a fee for leaving their animal at the shelter. Some volunteers felt intimidated.

Following the departure of a number of volunteers, the shelter decided to seek the assistance of a consultant to carry out a risk assessment. As part of the assessment, the consultant held meetings with volunteers and employees. The following risks were identified:

- diseases from handling animals without suitable precautions and clothing
- back and shoulder injuries from twisting and straining while lifting animals in and out of cages and cleaning out the cages
- injury and stress from violence by animal owners
- stress resulting from euthanasia of unwanted animals.

The consultant's report recommended a number of risk-control measures. The key measures included:

- volunteers to be supervised by employees at all times
- volunteers to be provided with training in animal hygiene
- a procedure (in which volunteers were trained in) to be developed for cleaning out cages
- the animal house and equipment to be redesigned as soon as reasonably practicable so volunteers wouldn't have to stretch and twist to move animals
- at least two people to be present at all times when receiving animals and an alarm system installed so other staff could be summoned immediately if needed
- a process to be initiated for volunteers, employees and the management jointly to identify causes of stress at the shelter and to identify measures to address them
- new volunteers to be provided with induction training, including training on the shelter's health and safety procedures.

It was agreed that all procedures would be reviewed every 12 months and progress would be reviewed jointly by volunteers, employees and management every six months.

Case study 3 – Volunteers collecting donations at the roadside

A large charity involves volunteers twice a year to collect roadside donations. The volunteers report to local centres early in the morning of the collection day to pick up their bright t-shirts and collection boxes. They are despatched in small groups to major intersections in the local area with instructions to approach as many vehicle drivers as possible to collect donations. They are asked to return to the local centre at about 4pm with their collection boxes.

The charity is concerned after hearing a volunteer of another charity was struck by a vehicle while doing a roadside collection. The charity's reputation was apparently damaged through articles in the local papers. The CEO has called for the organisation to carry out a risk assessment. As part of the process, a group of last year's volunteers are invited to participate in a focus group to identify hazards and risks involved in roadside collections.

The organisation's employees and volunteer focus group identified the following risks:

- injuries from being struck by a vehicle
- injuries from slipping or tripping on the road (eg because of unsuitable footwear)
- injuries as a result of a hold-up of an isolated volunteer
- skin cancer through prolonged exposure to the sun during summer collections.

Following further discussion with paid staff and volunteers, the charity developed a procedure for roadside collections. The procedure included:

- all volunteers to be briefed centrally the day before the collection day about the safety procedures, including wearing appropriate footwear
- an employee to be allocated as team leader at each intersection – they are issued with a mobile phone to ensure immediate contact with the emergency services when required
- an employee (in a vehicle) to visit each intersection every couple of hours to check there are no problems, take the full collection tins and provide new ones
- sun hats and skin lotion to be issued to all volunteers and for t-shirts to be replaced with long-sleeved sun-resistant shirts and lightweight high visibility vests (also ask volunteers to wear jeans or other sun-protective clothing)
- after each collection day, the organisation to invite the team leaders from each intersection to a half-day workshop to debrief on the collection day and review the health and safety procedures.

It was agreed that all procedures would be reviewed every 12 months and progress would be reviewed jointly by volunteers, employees and charity management every six months.

Case study 4 – Volunteers providing home help services

A church agency in a large rural area involves volunteers to provide home help services to aged people or clients with disabilities who live alone and need assistance with day-to-day living. While the volunteers generally visit the same clients every week, sometimes there are variations – such as when another volunteer is not available or the agency accepts a new client. Generally the clients are welcoming and keen for a chat but occasionally the home help volunteer has to deal with clients (or other people in the client's home) who have been drinking and/or are threatening. One or two clients also have dogs which behave in a threatening manner when the volunteer enters the client's home.

The volunteers generally use equipment provided by the client to carry out cleaning and other tasks.

The agency's health and safety officer, based in Melbourne, has visited the rural centre and requested risk assessments be done in relation to all the agency services. Centrally a generic risk assessment has been prepared, but the rural centre decides to use it as a starting point and to seek input from the volunteers themselves.

For the type of issues that might be covered in relation to driving to the clients' homes, see case study 1.

Combining the information from the generic risk assessment and the input from the local volunteers, the agency identified the following risks:

- physical injuries caused by faulty, heavy or awkward equipment provided by the client and constrained working areas
- physical injuries caused by a violent client or animals
- electrical problems from aged electrical circuits in private homes
- stress as a result of uncertain or hostile working environment.

Case study 4 – Volunteers providing home help services (cont)

Following discussions (between the health and safety officer, the agency's local management and a group of volunteers), the agency agreed to implement the following control measures:

- provide standard equipment for volunteers, wherever reasonably practicable, to reduce the risks of back and shoulder injuries
- give volunteers information to help them avoid illnesses (such as dermatitis) arising from frequent use of household cleaning agents and provide a list of permitted cleaning products
- make it a requirement that clients ensure any electrical equipment used by volunteers is inspected and tagged by a suitably qualified person at least every two years
- issue volunteers with a portable safety switch that must be plugged into an electrical socket before any appliance is attached
- collect information that sets out any risks that might be present in each home to be visited. Information to be gathered by a trained supervisor and shared on a confidential basis with each volunteer (eg other people present, presence of animals, emergency exits, history of violence)
- develop procedures for delivery of the service. The procedures will emphasise the volunteer's right to withdraw from a client's home at any time and require domestic animals be restrained if necessary. All volunteers will be trained in the procedures
- provide volunteers with a mobile phone to contact the agency in case of emergency. A contact arrangement system or buddy system will be introduced so each volunteer's whereabouts are known and action can be taken if necessary.

It was agreed that procedures would be reviewed every 12 months at the Melbourne office and more often at a local level until management and volunteers were satisfied they were settled and working effectively.

Definitions

Community sector organisation (CSO)

Not-for-profit non-government organisation that generally relies on high levels of volunteers to provide a welfare service. Community sector organisations (CSOs) range from small informal community groups to large incorporated organisations. Services may include:

- childcare
- children and family support
- disability
- domestic violence
- drug and alcohol
- emergency relief (including financial counselling and gambling)
- education (eg neighbourhood houses)
- housing and homelessness support
- information and support
- mental health
- multicultural services (including migrant resource centres)
- youth.

Employee

A person employed under a contract of employment or contract of training.

Hazard

A potential source of harm or injury.

Definitions

Reasonably practicable

All of the following things must be taken into account when deciding whether it is reasonably practicable to control a risk:

- the likelihood of harm occurring
- the type of consequences of the harm, if the harm occurs
- what the employer knows (or ought to know) about the hazard or risk and ways of controlling it
- the availability and suitability of ways to control the hazard or risk
- the cost of controlling the hazard or risk.

Also see the WorkSafe Position on *How WorkSafe applies the law in relation to reasonably practicable*.

Risk

The likelihood of a hazard occurring and the severity of the harm if it does occur.

Volunteer

An activity that takes place through not-for-profit organisations or projects that is:

- to be of benefit to the community and the volunteer
- of the volunteer's own free will and without coercion
- for no financial payment
- in designated volunteer positions only.

Definition courtesy of *Volunteering Australia*.

More information

WorkSafe ([worksafe.vic.gov.au](https://www.worksafe.vic.gov.au))

Stresswise: preventing work-related stress – A guide for employers in the public sector

Working safely in community services

Volunteering Australia ([volunteeringaustralia.org](https://www.volunteeringaustralia.org))

Running the risk? Risk management tool for volunteer involving organisations

Useful further reading

Health and Safety Executive, UK ([hse.gov.uk](https://www.hse.gov.uk))

Charity and volunteer workers: A guide to health and safety at work

New Zealand Department of Labour ([workinfo.govt.nz](https://www.workinfo.govt.nz))

Working safely for your community: health and safety guidelines for community and volunteer organisations

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