

A GUIDE TO BEST PRACTICE

OCCUPATIONAL HEALTH AND SAFETY IN THE AUSTRALIAN SEX INDUSTRY

Compiled by David Edler

Forward

What is Occupational Health and Safety (OHS) and what does it have to do with sex work in Australia?

OHS is a broad term used to refer to any issue, task or condition in the place where work is carried out that may have either a positive or negative impact on the health of the people who are working there.

In Australia all workers, no matter what industry they work in, have the right not to have their health put at risk through carrying out the normal requirements of their work. This basic right also applies to those working in the sex industry, even though due to its variable legal status across Australia, the industry has not historically been covered by legislative requirements of occupational health and safety.

OHS doesn't just mean paying attention to cleanliness, fire extinguishers, repairing faulty electrical equipment. It is also about being aware of working conditions, which over time will have an impact on a person's health and well-being. OHS is also about:

- ∞ making sure that beds are in good repair and give proper support;
- ∞ ensuring that outfits worn by workers when seeing clients are comfortable, and don't restrict circulation or affect posture if worn for long periods without regular breaks, for example high heels;
- ∞ supplying lubricants and massage oils which are non-allergenic;
- ∞ ensuring that workers have adequate breaks between clients and between shifts, to avoid stress and fatigue.

It makes good business sense!

Aside from basic concern for sex worker's health, and in some cases legislative requirements, there are many good reasons for sex industry workers, owners and managers to consider OHS issues in their workplaces. Such reasons include:

- ∞ when workers are being exposed to unhealthy conditions the chances of them needing time off work through illness or injury are greatly increased. This results in loss of income for the individual and reduced business profit;
- ∞ a work environment that is free from unsafe or unhealthy conditions is more attractive to clients and will result in increased business.

Displaying a commitment to recognised legitimate business practices and systems strengthens the sex industry's image as a well managed, legitimate section of the business community. It also assists in gaining recognition from existing legislative bodies such as the Workers Compensation Tribunal or Occupational Health and Safety Authorities. This is particularly important in jurisdictions where decriminalisation is yet to occur.

This document has been developed to assist everyone in the Australian sex industry to achieve maximum satisfaction and wellbeing in their chosen workplace.

Members of the Scarlet Alliance/AFAO OHS Working Group

Sue Metzenrath, Sera Pinwill, Jenni Gamble, Maggie Moylan, Cheryl Mathews, Penelope Saunders, Gabby Skelsey, Felicity Lewis, Fiona Moran, Geoffrey Fysh

The Scarlet Alliance is a National Forum for Sex Worker Rights Organizations, which provides support, information and solidarity on issues of local and national significance. It is composed of autonomous member organizations from each state and territory of Australia. (see fact sheet 1)

AFAO, the Australian Federation of AIDS Organizations is the peak non - government organization representing the Australian community based response to HIV/AIDS.

Contents

FORWARD.....	1
WHAT IS OCCUPATIONAL HEALTH AND SAFETY (OHS) AND WHAT DOES IT HAVE TO DO WITH SEX WORK IN AUSTRALIA?.....	1
IT MAKES GOOD BUSINESS SENSE!	2
MEMBERS OF THE SCARLET ALLIANCE/AFAO OHS WORKING GROUP	2
GLOSSARY OF TERMS	6
ACKNOWLEDGMENTS.....	7
1. INTRODUCTION TO THIS DOCUMENT.....	9
2. BACKGROUND TO OCCUPATIONAL HEALTH AND SAFETY AND THE AUSTRALIAN SEX INDUSTRY.....	10
2.1 WHO IS AN EMPLOYEE IN THE SEX INDUSTRY?	10
3. ROLES AND RESPONSIBILITIES	11
3.1. EMPLOYEES.....	11
3.2. EMPLOYERS.....	12
3.3. SEX WORKER ORGANISATIONS.....	12
3.4. OCCUPATIONAL HEALTH AND SAFETY AUTHORITIES.....	13
3.5. UNIONS.....	13
3.6. HEALTH DEPARTMENTS.....	14
3.7. LOCAL GOVERNMENT	14
4. LEGAL REGULATION.....	14
5. WORKERS COMPENSATION.....	14
6. ACCIDENT REPORTING.....	15
7. REHABILITATION.....	15
8. PUBLIC HEALTH LAWS	16
9. SEXUAL HEALTH EDUCATION FOR SEX WORKERS, THEIR CLIENTS AND MANAGEMENT	16
10. SEXUAL HEALTH ASSESSMENT FOR EMPLOYEES IN THE SEX INDUSTRY.....	17
10.1 CONDOM BREAKAGE OR SLIPPAGE	17
10.2 POST-EXPOSURE PROPHYLAXIS (PEP) FOR HIV INFECTION.....	19
10.3. SEX WORK AND LIFETIME SEXUALLY TRANSMISSIBLE CONDITIONS.....	21
11. PERSONAL PROTECTIVE EQUIPMENT (PPE).....	21
11.1. STORAGE & HANDLING OF PPE, SEX TOYS AND OTHER EQUIPMENT	21
11.2. DISINFECTING EQUIPMENT	22
11.3. STORAGE AND HANDLING OF WASTE INCLUDING USED PPE.....	23
12. REPRODUCTIVE HEALTH.....	23
12.1 PREGNANT WORKERS.....	23
12.2 UNWANTED PREGNANCY	23
13. OCCUPATIONAL OVERUSE.....	24
14. SECURITY AND SAFETY FROM VIOLENCE.....	25

14.1 VIOLENCE IN THE WORKPLACE IS NEVER ACCEPTABLE.....	25
14.2 RESPONSIBILITIES OF EMPLOYER.....	25
15. DRUGS AND ALCOHOL.....	27
16. SMOKING IN THE WORKPLACE.....	27
17. FIRST AID.....	28
18. FIRE SAFETY.....	29
19. CLEANLINESS.....	29
19.1. SHOWERS, BATHS AND TOILETS.....	29
19.2. LINEN.....	30
19.3. LAUNDRY FACILITIES AND CLEANING LINEN.....	30
19.4. CLEANING OF BODY FLUID SPILLS.....	30
19.5. SANITARY FACILITIES.....	31
19.6. DISINFECTION OF SWIMMING AND SPA POOLS.....	31
19.7. BARS AND FOOD PREPARATION AREAS.....	31
20. HEATING AND COOLING.....	32
21. LIGHTING.....	32
22. COMPLAINTS.....	33
22.1. COMPLAINTS RELATED TO STIS.....	33
22.2. COMPLAINTS ABOUT OTHER PUBLIC HEALTH RISKS.....	33
23. WORKPLACE DOCUMENTS.....	33
24. CONCLUSION.....	34
FACT SHEET 1: HEALTH RELATED SEX WORKER ORGANISATIONS IN AUSTRALIA.....	34
FACT SHEET 2: OCCUPATIONAL HEALTH AND SAFETY AUTHORITIES.....	36
FACT SHEET 3: STATE AND TERRITORY HEALTH DEPARTMENTS.....	37
FACT SHEET 4: SAMPLE SEX INDUSTRY WORKPLACE DRUG AND ALCOHOL POLICY.....	38
GOALS.....	39
PREVENTION.....	39
POLICY: WORKERS DANGEROUSLY AFFECTED BY ALCOHOL AND OTHER DRUGS.....	39
<i>THE ROLE OF THE EMPLOYER/OPERATOR.....</i>	<i>39</i>
<i>CONCLUSION.....</i>	<i>40</i>
FACT SHEET 5: EXAMINATION OF CLIENTS PRIOR TO PROVISION OF SERVICE.....	41
FACT SHEET 6: ACTION TO BE TAKEN IN THE EVENT OF CONDOM BREAKAGE AND SLIPPAGE.....	43
DURING VAGINAL OR ANAL SEX.....	43
IF A CONDOM BREAKS OR SLIPS DURING ORAL SEX.....	44
TRICK SEX.....	44
PREVENTING PREGNANCY AFTER CONDOM BREAKAGE OR SLIPPAGE.....	45
FACT SHEET 7: AIDS COUNCILS.....	46
FACT SHEET 8: SAFETY AND SECURITY GUIDELINES FOR ESCORT WORKERS.....	47
INTRODUCTION.....	51

BOOKINGS.....	51
GETTING TO THE JOB.....	51
DOING THE JOB.....	52
EMPLOYERS' RESPONSIBILITIES FOR ESCORT WORKERS' SAFETY.....	52
FACTSHEET 9: ERGONOMICS.....	53

Glossary of Terms

Antiviral is a term describing a type of drug which blocks the replication of particular viruses

B&D stands for bondage and discipline

Dams, originally used for dental clinic procedures, were a thick Latex square. Later modified, at the instigation of WISE, to a very thin, rectangular latex barrier dams are utilised during oral/vaginal and oral/anal sex to prevent transmission of STIs.

Employee in this document refers to any worker working in or from an establishment owned and /or operated by another, who financially benefits from the worker's labour.

The 1987 Workers Compensation Act defines worker as any person who works under a contract of service or apprenticeship with an employer whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, or is oral or in writing. This is essentially the legal definition of an 'employee'

Employer in this document refers to any person who owns or operates a business, from which workers provide a service to clients, the payment for which in some part profits the owner or operator.

Ergonomics refers to the relationship between a worker and their working environment, particularly the physical or mechanical aspects of it.

Harm minimisation is an approach to illegal or potentially harmful behaviour (such as illicit drug use) characterised by the acknowledgment that people engage in such behaviour, and provision of information, resources or support to eliminate as much as possible negative or harmful affects or outcomes of the behaviour.

HIV stands for Human Immunodeficiency Virus. Infection with this virus may result over time in a person having **AIDS**, which stands for acquired immune deficiency syndrome.

The insertive partner during sex places their penis or a sex toy into the mouth, vagina, neo vagina or anus of the other person.

Neo vagina is the name used for a constructed vagina, which replaces the male genitalia, removed during a surgical process undertaken by some male to female transgender people.

Personal protective equipment (PPE) in this document refers to items such as condoms, dams, water-based lubricants, and latex gloves as well as items required for proper maintenance of equipment and facilities such as disinfection agents.

Post Exposure Prophylaxis (PEP) Prophylaxis literally means prevention of an event. Post exposure prophylaxis refers to the possible prevention of infection with HIV, through the administration of anti HIV drugs after a person's body has already been exposed to the virus but as yet has not become infected.

The receptive partner during sex has their mouth, vagina, neo vagina or anus

entered by the other partner using their penis or a sex toy.

S&M stands for sadism & masochism

Taping, tucking or strapping refers to the practice of securing the male genitals up between the legs using surgical tape or tight undergarments.

Seroconversion describes a process where a change occurs in a person's body after they have become infected by a virus. After infection the immune system begins to respond to a virus by producing antibodies to fight the infection. These antibodies are detectable through blood tests for some viruses. In the case of HIV, when these antibodies are found to be present in the blood, the person is said to be antibody positive or seropositive to HIV. Some viral infections can result in a person being very sick throughout the period of seroconversion.

STI stands for sexually transmitted infection.

Sub Contractor means someone who contracts his or her services to another. They usually work for themselves and a result are liable for taking out their own worker's compensation coverage.

Workplace in this document refers to the place where work is carried out. In the case of escort work, this would include a client's home or hotel, as well as the premises from which a business is operated.

Acknowledgments

This document was compiled by David Edler, with thanks to Chris Ward & Tim Leach

Sections of this document have been adapted from or informed by:

Occupational Health and Safety in the South Australian Sex Industry: Current Issues, Sex Industry Network discussion paper, April 1997.

WorkCover Authority (NSW) Personal Services Industry Project, Carla Mooney & Colleen Kelly, January 1993.

Health & safety guidelines for brothels in NSW, WorkCover NSW & NSW Health, October 1997

Occupational Health & Safety ACT 1989, Code of practice for the ACT Sex Industry, ACT WorkCover with the Sex Industry Consultative Group

Condom breakage and slippage policy and guidelines for sex workers, Geoffrey Fysh Australian Federation of AIDS Organizations, 1995. Reviewed & amended by David Edler 1999

HIV/AIDS Resource Manual, Kirsty Machon and Darryl O'Donnell, Australian Federation of AIDS Organizations and Australian National Council on AIDS and Related Diseases, 1998.

STD Handbook a reference guide for sex workers to sexually transmissible diseases edited by Jocelyn Snow. funded by DSHS. 1998

Fact Sheet 8 Safety and Security Guidelines for Escort Work was adapted from articles previously published in

WISENEWS, RESPECT, The
Professional and SIN magazines.

1. Introduction to this document

Most industries have moved towards developing a set of OHS guidelines that outline what is necessary to ensure the safety and health of workers involved in that industry.

The sex industry had no documented OHS standards until recently. OHS standards have now been developed in several jurisdictions. In the ACT, standards were developed by the Sex Industry Consultative Group (an advisory body to the ACT Attorney General, which includes a sex worker's representative.) In NSW, standards were developed by an inter-departmental working group with representatives from WorkCover, the NSW Health Department and the Sex Workers' Outreach Project. Victoria also has OHS standards for the sex industry.

This document has been developed to build on the positive work already undertaken, and to promote best practice in sex industry OHS throughout Australia.

The information in this document is intended for sex industry employers and employees, regardless of their gender identification or legal status, to assist them in developing best practice OHS standards in their own workplaces. Local councils may also use them to inform their policies for assessing sex industry development applications.

This document covers a broad range of topics and is relevant to all sex workers in the country, regardless of their geographic location or mode of work. The document reflects frameworks of best practice and natural justice. The standards it proposes are not necessarily legally enforceable. Enforcement by bodies outside of the sex industry itself will depend on the legal status of sex work in various states and territories.

Many of the guidelines refer to employer and employee and have relevance to sex work carried out in a brothel, parlour, house or, in the case of escort work, outside of the business premises. OHS is defined by employer and employee responsibilities, and the information in this document follows this pattern. The word "workplace" is used to refer to the place where work is carried out. In the case of escort work, this would include a client's home or hotel, as well as the premises from which the business is operated, and vehicles used for transport to and from a client.

Concerns of self employed street based sex workers, in-house private workers, solo operators and independent escorts who are self employed, will not be specifically addressed by this document however the document and accompanying fact sheets are useful to independent workers in formulating their own health and safety practices.

In states and territories where sex work has been decriminalised/legalised, the standards in this document are designed to complement guidelines developed by the state, territory or local government. In states and territories where sex work is still illegal, the standards are intended to assist both owners and workers in the sex

industry to maximise their well being and satisfaction, as well as being a useful lobbying tool in working towards decriminalisation.

Politicians, lobbyists, health practitioners and sex worker organizations involved in formulating and changing laws and legislation pertaining to the sex industry in Australia will find this document useful.

2. Background to Occupational Health and Safety and the Australian sex industry

The employment relationship and the definition of employer and employee are at the heart of the Australian industrial system. The employment relationship forms the basis for:

- ∞ participation in the conciliation and arbitration process;
- ∞ entitlement to join a union;
- ∞ rights and obligations under statute law, such as worker's compensation;
- ∞ annual leave, sick leave and long service leave;
- ∞ industry-based superannuation schemes;
- ∞ occupational health and safety legislation.

Sex workers have not generally been afforded employee status. However in states and territories where sex industry laws have been reformed, processes are in train to bring the sex industry into line with other industries in this respect

Legal frameworks greatly influence the way in which sex work occurs, as well as the standards of health and safety in sex industry workplaces. Each state and territory has its own laws in relation to the sex industry, and consequently working conditions in one jurisdiction may be completely different to those of another.

2.1 *Who is an employee in the sex industry?*

Due to the illegality of sex work in some jurisdictions and the lack of legal testing of the work status of sex workers, it has been difficult to determine a clear status either way, as to whether sex workers are employees or sub-contractors.

The difficulty is further exacerbated by the benefits to owners and operators of treating workers as independent contractors or contract workers, rather than employees, regardless of the reality of the working relationship.

In many cases, owners and operators deem sex workers to be contract workers rather than employees. Defining sex workers as contract workers is a means of owners and operators ignoring their obligations to employees. In many workplaces, the reality is that sex workers are employees, with employee rights and obligations, rather than contract workers.

The term "**employee**", as defined in the Victorian OHS Act 1985, and similarly in legislation in other states and territories, means a person employed under a contract of employment, or under a contract of training.

Case law has demonstrated that in some instances, even where workers and employers have both described the worker as an independent contractor, the courts have ruled that the worker is in fact an employee. This does not limit a worker to the status of employee only. There are situations in the sex industry in Australia where "contract worker" aptly describes the worker's position.

In this document, "employee" will refer to any worker working in or from an establishment owned and/or operated by another, who financially benefits from the worker's labour.

3. Roles and responsibilities

Under OHS laws, employers and their representatives have certain responsibilities towards their employees and to other people visiting the workplace. In the case of the sex industry, an employer may be a brothel owner or manager, the principle sex worker in a home occupation setting, an escort agency proprietor or manager, or a massage agency owner or manager. Employees also have a range of rights as well as certain responsibilities under the law.

3.1. Employees

Employees have a duty to act responsibly, and to perform their work in accordance with safety standards applied by their employer. Employees are expected to take reasonable care to protect the health and safety of themselves and others.

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 disinfecting sex aids, or in the case of escort work, when visiting a client.

The employer should consult employees on any workplace health and safety measures the employer proposes to introduce. Employees should have access to relevant information and training on all measures introduced.

Employees should also be encouraged to set up an occupational health and safety committee to monitor health and safety in their workplace.

Workplace health and safety committees provide a forum where management and employees can talk to each other and make policy decisions to improve health and safety in their workplace and monitor OHS conditions and issues.

3.2. Employers

"Employer", according to the Victorian OHS Act 1985, means a person who employs one or more persons under contracts of employment, or under contracts of training. OHS laws in other states and territories define "employer" in a similar way.

In this document, "employer" refers to any person who owns or operates a business, from which workers provide a service to clients, the payment for which in some part profits the owner or operator.

Employers should take all steps to protect the health, safety and welfare of their employees at work. This includes providing a workplace that is safe for employees and free from health risks.

Under OHS Acts, employers must ensure the health, safety and welfare at work of all income earners and any other person at the workplace, including clients and visitors, persons making deliveries, trades people, cleaners etc. Self-employed workers in their own premises also have this responsibility to others.

For employers to fulfil their responsibilities they must:

- ∞ **Provide and maintain work related equipment, at no cost to the employee, as well as systems of work that are safe and without risk to health.**
- ∞ **Make arrangements for the safe use, handling, storage and transportation of equipment and substances.**
- ∞ **Provide the information, instruction, training and supervision needed to ensure the health and safety of all employees.**
- ∞ **Maintain places of work under their control in a safe condition and provide and maintain safe entrances and exits to the workplace.**
- ∞ **Make available adequate information about research on practices and equipment and substances used in the workplace.**

3.3. Sex worker organisations

Sex worker organisations exist in all states and territories of Australia. These organizations formed in response to unfair criminalisation of sex work throughout the country, the continuing stigma associated with sex work in Australian society, and the

threat to sex workers of diseases such as HIV. This has resulted in sex worker organisations in this country having a strong health and advocacy focus.

Sex worker organisations, while primarily existing for the benefit of sex workers, also represent and advocate for employers in the industry, particularly in the area of law reform.

Sex worker organisations are not the appropriate organisations to undertake first line mediation, or represent sex workers or business operators in OHS matters. There is general consensus among sex worker organisations that representation of sex workers, both individuals and groups, on OHS issues is best undertaken by a union (see section 3.5) or some other representative organisation.

Employees should be encouraged and supported by employers to form a strong relationship with their local sex worker organization. The sex worker organization will provide them with information, education, advocacy and support that will benefit the employees, their employers and the industry in general. In order to support this relationship representatives of sex worker organizations should be given access to employees in the workplace, and employees should be given reasonable assistance in contacting sex worker organizations.

3.4. Occupational Health and Safety Authorities

All states and territories have a local authority that monitors and regulates occupational health and safety in that state or territory. The sex industry should be viewed as being no different to other industries by these authorities when considering the health and safety of employees in that workforce.

OHS authorities have responsibility for administering legislation relating to the health, safety and welfare at work of all employees and other people at the workplace under occupational health and safety law, including workers in the sex industry.

In keeping with OHS best practice, all sex workers in a workplace should be considered employees.

OHS authorities legally have the power to enter workplaces to inspect and monitor working conditions.

3.5. Unions

At the time of writing, negotiations are being undertaken with a number of unions to provide coverage to sex workers. Previous support for the industry by the Miscellaneous Workers Union has been withdrawn.

3.6. Health Departments

Health departments have primary responsibility for health related complaints and monitoring health standards within a workplace.

Health departments may periodically survey brothels to monitor health and safety conditions where they relate to issues of public health. Please refer to the health department listings (Fact sheet 3) for your local contacts.

Legally health departments have the power to enter workplaces to inspect and monitor conditions.

3.7. Local government

Under legislation in some states and territories, local government is responsible for regulating some elements of the sex industry, mainly in the areas of planning and health standards. This places local government in an important position in terms of OHS.

The South Sydney Council was one of the first councils to develop its own sex industry policy. This policy provides guidelines for the application of state planning laws by South Sydney Council, including the matters the council will consider when assessing a development application for a brothel. The policy also covers when and where development applications will be required, and some of the operating conditions that council may place on an approval.

Councils are encouraged to liaise with their state or territory sex worker organization, and to develop their own sex industry policies, which are based on fairness, equity and amenity. Ideally they should reflect these guidelines.

4. Legal regulation

Occupational health and safety, workers compensation, prostitution and public health laws in each state and territory regulate health and safety at work. These laws cover most workplaces in the country, including sex industry establishments in states and territories where sex work is legal.

5. Workers compensation

All states and territories have Workers Compensation legislation which requires employers to obtain and maintain workers compensation insurance. There are penalties on employers for failing to do so. These penalties vary from state to state.

The employer may also be liable to pay compensation to any worker injured while employed by them.

Sex workers and allied employees may claim workers compensation benefits provided they sustain the relevant injury or illness through work and fulfil the criteria to make a claim. Entitlements to benefits depend on whether workers can show that the required employment relationship existed at the time of the injury or illness, and that it arose out of or in the course of that work. Note that travel to and from work is covered within these laws.

In some states insurers have developed workers compensation policies and income protection schemes specifically designed for the sex industry.

The employer must forward all claims for compensation by employees to the insurer within seven days. Employers must also maintain a register of injuries in the workplace.

Sub-Contractors must take out their own worker's compensation coverage

6. Accident reporting

An employer must notify the local OHS authority if, through work, a person dies or is injured and unable to carry out their usual duties for at least seven consecutive days. The employer must also notify the local OHS authority if there is a dangerous occurrence at work, such as an assault or a fire. Employers are responsible for establishing and maintaining an accident register that is available to OHS authorities. This register, which must be a written report of any accidents or dangerous incidents occurring in the workplace, will assist employers to identify situations or conditions to be addressed to prevent further accidents or threats to health and safety.

7. Rehabilitation

Under OHS law, employers must establish a rehabilitation program for injured workers. Depending on the number of employees working in an establishment, there may be a requirement to appoint a member of staff to oversee the rehabilitation of ill or injured employees. Employers will need to check with their state or territory OHS authority as to whether a rehabilitation coordinator needs to be appointed.

Suitable duties, based on medical advice, should be assigned to workers returning after injury or illness. In addition, these workers may need to work for shorter periods during their first few weeks back on the job.

After gaining the employee's permission, the rehabilitation coordinator (where there is one) should liaise with the employee's doctor and organise details of the return to work. Depending on the ill or injured worker's capabilities, a phased return to work may need to be arranged.

In some states and territories, there is a legal requirement on the employer to familiarise employees with a summary of the relevant workers compensation laws. This can be checked with the workplace insurer or the local OHS authority. Employers must also display details of the workplace rehabilitation program or notify employees of its content.

8. Public health laws

In NSW, public health laws make it an offence to sell or buy sex when you are aware you have a sexually transmissible medical condition. It is also an offence for a person who has a sexually transmissible condition to have sex without revealing the fact to their potential partner. SWOP the local sex worker organization will be able to provide more detailed information on legislation in NSW.

In other states and territories these offences fall under prostitution laws and other areas of the criminal code.

Some state and territory laws provide for penalties against an employer who allows an employee to work with a sexually transmissible medical condition.

9. Sexual health education for sex workers, their clients and management

The practice of safe sex must be the basis on which workplaces operate.

Employers should provide information to employees in the workplace regarding safe sex; sexually transmissible infections (STIs) - including HIV and hepatitis A and B and cleaning and disinfection of equipment as is necessary for safe work. This information can be obtained from the sex worker organization or AIDS Council in each state or territory (please see fact sheets at the back of this document).

Workers from the local sex worker organization, sexual health service, or other relevant health service, should have reasonable access to sex worker employees. This will assist in ensuring that all workers have a good understanding of the above health issues (please see Roles and Responsibilities section 3.3).

Employers should provide written information for clients at the workplace about the transmission of STIs, including HIV and hepatitis A, B and C. and notification that only services that conform to safe sex guidelines will be provided. This information should be provided in an appropriate fashion and in a variety of common community languages for clients.

If an employee has difficulty communicating in or understanding spoken and /or written English the employer should provide, or arrange for the provision of, the information in a language the employee is familiar with. The local sex worker organization may be able to assist in locating an appropriate interpreter or printed information in the necessary language.

Employers should ensure that all employees are well informed of the need to use condoms, dams and water based lubricants, and that ongoing access to information and training regarding safe sex practice is provided. Accurate and current information is available from local sex worker organizations, AIDS councils and sexual health services.

10. Sexual health assessment for employees in the sex industry

Sex workers should attend a sexual health centre, Family Planning Association clinic or private doctor for regular sexual health assessment, counselling and education appropriate to the individual's needs. Sexual health screening should adhere to the guidelines for sexual health of sex workers developed by the National Venereology Council of Australia. Frequency of assessment is a matter for determination by the individual sex worker in consultation with his/her clinician and must be voluntary.

Sexual health certificates do not guarantee freedom from sexually transmitted infections (STIs), and must not be presented to clients as such. Nor can they be used as an alternative to strict adherence to safe sex practices.

Employers should encourage employees to monitor their own sexual health. They may request that employees present a certificate which indicates attendance for regular sexual health assessment but which does not disclose results of this assessment. These certificates are the property of the employee and must not be displayed anywhere in the sex industry establishment

It is recommended that sex workers be immunised against Hepatitis B and in areas of high prevalence Hepatitis A, following consultation with their medical practitioner or sexual health service.

Examination of all clients for visible signs of STIs before service should be enforced as standard practice (see fact sheet 5). Local sex worker organizations can recommend information in printed and video format to assist in training employees on carrying out client examinations.

10.1 Condom breakage or slippage

Employers should not only require condom use, but should also identify condom use and other safe sex practices clearly to employees and clients as the standard, expected practice of the establishment (see section 11).

Most sex workers are skilled at using condoms, which have been proven to be a very effective barrier to pregnancy and the transmission of HIV and other STIs. However condom breakage or slippage will still occur from time to time.

Unfortunately, incidents occur where workers are forced by clients to have sex without a condom against their will (i.e. rape). Sex without a condom can result where the client removes or breaks the condom during the service without the worker's knowledge.

In these situations the employee must have information and support on taking appropriate action, such as post exposure prophylaxis (see fact sheet 6).

Condom breakage is most likely to occur for the following reasons:

- ∞ The condom is of inferior standard. Only condoms with indication on the packaging that they meet Australian Standards should be used.
- ∞ The condom has passed its expiry date, or has been stored incorrectly (See section 11.1) If a bulk supply of condoms is kept where service is being provided ensure that condoms at the bottom of the supply are rotated to the top of the pile when stocks are replenished.
- ∞ The condom is torn or damaged by a fingernail or jewellery during application or use.
- ∞ Insufficient lubricant has been used (particularly in anal sex or just after menstruation when the vagina can be drier than usual).
- ∞ Oil based lubricant has been used, resulting in a breakdown of the Latex the condom is made from. Only water-based lubricant should be used with condoms and dams.
- ∞ If the sexual act is of particularly long duration.

Condom slippage may occur:

- ∞ If the insertive partner does not have the condom rolled on all the way to the base of his penis.
- ∞ If the insertive partner fails to hold on to the end of the condom at the base of his penis while withdrawing.
- ∞ If the insertive partner's penis is only semi erect or flaccid.
- ∞ If the insertive partner's penis is small and/or thin, or flared.
- ∞ During sexual acts of particularly long duration.

To avoid condom breakage and slippage the employee should:

- ∞ regularly check the condom when the service has been occurring for more than 5-10 minutes. Relubrication is a good excuse to use to stop the service and check/change the condom;
- ∞ become familiar with what a condom breaking and a broken condom feels like, possibly by discussing it with other workers who have experienced it;
- ∞ before starting a service ensure that condoms and water based lubricant are close at hand;
- ∞ alert the employer and other workers to any client who attempts to break or remove a condom during a service.

The employer should:

- ∞ ensure that condoms in a variety of shapes and sizes are always available for employees to use in their work;
- ∞ ensure that condoms supplied meet Australian standards, are not passed their expiry date and have been stored in a cool, dry place;
- ∞ provide adequate supplies of water based lubricant;
- ∞ support an employee's right not to provide service to a client who refuses to use a condom, or who attempts to break or remove the condom during service.

Please refer to fact sheet 6 for action to be taken in the event of condom breakage or slippage.

10.2 Post-Exposure Prophylaxis (PEP) for HIV infection

Post Exposure Prophylaxis (PEP) is the term used to describe giving HIV antiviral treatments (drugs normally prescribed to treat people who have HIV/AIDS) to a person following an incident, which has resulted in high-risk potential exposure to HIV infection.

Examples include a needle stick injury in a health care setting or in the case of the sex industry, where a condom has broken during penetrative sex with a client or where a worker has been forced to have vaginal or anal sex with a client without a condom.

Until recently, PEP had been available without cost only to health care workers. Officially this is still the case in all states and territories with the exception of NSW. This is not to say that PEP is unavailable in other states and territories to sex workers and others who may have been at high risk of HIV infection. It does mean however

that the drugs prescribed for PEP will not be covered by the Pharmaceutical Benefits Scheme, and their cost must be borne by the person for whom they are prescribed.

Trials are still being carried out to determine PEP's effectiveness in preventing HIV infection through sexual transmission. Current research indicates that to be effective, PEP must be commenced within 24-36 hours after possible exposure. However the US Centres for Disease Control guidelines suggest that in the case of very high-risk exposures, consideration should be given to commencing PEP up to two weeks after the exposure has occurred.

There is no guarantee that PEP will be effective in preventing HIV seroconversion. Even under circumstances where PEP is commenced immediately after exposure, some seroconversions have been reported.

Deciding whether to access PEP

Because of the difficulties associated with accessing PEP, and with maintaining the necessary treatment program, as well as the uncertainty regarding its effectiveness, choosing to commence PEP is a difficult decision to make.

A number of factors need to be considered in making this decision:

- ∞ Unlike the "morning after pill" to prevent pregnancy, PEP is a complex course of drug therapy taken over weeks or months.
- ∞ The highly toxic drugs involved often have serious and debilitating side effects.
- ∞ It can be difficult to locate a doctor quickly who will prescribe PEP.
- ∞ The anti-HIV drugs used in PEP are not currently approved for this purpose under the Pharmaceutical Benefits Scheme, so in the event of a doctor prescribing these expensive drugs for PEP they will have to be paid for by the individual receiving them.

Ultimately, the choice to obtain PEP lies with the person who has been exposed to a risk of infection. Discussing all relevant factors with an experienced HIV/AIDS counsellor or doctor, will prove of invaluable assistance in making this difficult decision. The sex worker organization or AIDS Council in your state or territory can put you in touch with an appropriate counsellor or doctor.

**PEP IS NOT AND SHOULD NEVER BE CONSIDERED A SUBSTITUTE FOR
SAFE SEX.**

10.3. Sex work and lifetime sexually transmissible conditions

Some sex workers (and indeed their clients) have lifelong conditions such as HIV infection, Hepatitis and Herpes. There is no reason for excluding sex workers with these conditions from working in the sex industry. Workplace health and safety should emphasise maintaining the health and well being of the person with a lifelong condition in the workplace, as well as undertaking all necessary measures to avoid transmitting the condition to others. Further information about these conditions can be obtained from sex worker organizations and sexual health clinics in each state and territory. See section 8 regarding public health laws concerning sex work and sexually transmissible medical conditions.

11. Personal protective equipment (PPE)

Sex industry employers should provide and maintain adequate supplies of personal protective equipment (PPE) free of charge to employees. This includes items such as condoms, dams, water-based lubricants, latex gloves, and other items required to properly maintain equipment and facilities, such as disinfectant. In the case of escort workers, PPE should include items such as personal alarms and mobile phones.

PPE should be easily accessible to the employee at all times during the course of their time at work.

A variety of condoms of different sizes and thicknesses should be provided for use. Only condoms, gloves and dams, which comply with Australian Standards, should be supplied (see section 10.1).

Employers should not require employees to pay for anything done or provided to meet specific requirements under OHS legislation. For example, the installation of condom vending machines might require employees to pay for their own PPE, and would therefore be regarded as contravening the relevant OHS laws. Shifts fees that cover the cost of PPE would also be construed as requiring employees to pay to meet OHS requirements.

Where employees can demonstrate allergy to latex products (usually through a medical certificate), the employer should supply alternative means of protection, such as sheaths made out of plastic or polyurethane condoms when approved.

11.1. Storage & handling of PPE, sex toys and other equipment

- ∞ To prevent premature deterioration, condoms and dams must be stored away from light and heat. Store equipment including condoms, dams and lube in a dry, cool and dark storage area, where the temperature does not exceed 22 degrees Celsius.

- ∞ All sex workers should wash their hands with soap and water after the disposal of condoms and dams or handling other equipment, which has been used.
- ∞ Equipment such as sex toys, which have the potential for contact with another person's body fluids, must be covered with a new condom for each partner. The condom must be removed and discarded after each use, and the equipment cleaned and then disinfected.
- ∞ In situations where more than one worker is providing service to a client (threesomes etc.) it is necessary to ensure that vibrators, dildos etc are not used by one person and then another without being cleaned, disinfected and having a new condom put on first. Ideally each worker should have his or her own toys and equipment, which are not used by other workers. In addition each worker may choose to use a condom of a different colour in order to identify who has used the dildo last.
- ∞ Sex toys can also be used to provide stimulation without penetration. Again it is stressed that sex toys be cleaned and disinfected after use with each client.
- ∞ When as part of their regular work employees are to operate equipment, such as that used in B&D fantasies it is imperative for the safety of both employees and clients that the employer provides comprehensive training on safe use of the equipment for the employee.

11.2. Disinfecting equipment

- ∞ Cleaning equipment is achieved by using detergent, water and scrubbing or wiping all surfaces of the equipment.
- ∞ To disinfect after cleaning, equipment must be rinsed and immersed for 10 minutes in a solution of one part bleach to two parts water. After immersion the equipment must be rinsed and dried prior to use.
- ∞ Equipment which will not tolerate immersion (for example, vibrators) must be cleaned by wiping with detergent and water and then disinfected by wiping with either a solution of one part bleach to two parts water or 70% alcohol, then rinsed and allowed to dry prior to use.
- ∞ In order to avoid transmission of Hepatitis C, HIV and other blood borne infections, disposable razors and razor blades must be disposed of after being used once. 'Cutthroat' razors, scalpels and piercing tools must be cleaned and disinfected after use with each client.

The employer must provide adequate disinfection fluids and systems together with appropriate training for staff. All equipment used, sex aids, restraints etc. and surfaces such as bench tops, massage tables etc. must be disinfected after each use.

11.3. Storage and handling of waste including used PPE.

PPE such as condoms, dams and gloves must **never** be reused. There should be provision for disposal of used condoms, dams, gloves, soiled tissues Etc. in the workrooms. Escorts should carry plastic bags in which to dispose of used PPE.

All workplaces should provide non-reusable sharps containers.

ANY object that cuts, punctures or otherwise breaks the skin should be disposed of after use in a sharps container. Any object, which has come into contact with a client's blood or has broken the skin should only be handled for disposal by the client himself or herself, or by an employee wearing gloves. Such objects include syringes, needles, razors, and scalpels.

Sealable sharps containers are available from needle exchange services and may be returned to these services for disposal. Small sharps containers are available for escorts to carry with them on calls.

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

12. Reproductive health

Damage to reproductive health can be caused by factors in the work environment. The sex industry is no different from other industries in this respect. Any occupational health and safety hazard that damages the fertility of people working in the sex industry must be removed from the workplace.

12.1 Pregnant workers

Pregnant women working in the sex industry should be afforded all possible protection to minimise harm to themselves and the foetus they are carrying.

Sex industry workplaces should develop operational policies for members of staff who are pregnant. This may include a limitation placed on the amount of shift work pregnant workers engage in, longer breaks between clients, and exemption from performing certain duties such as heavy lifting.

The employer should be aware of any possible risks for pregnant employees in the workplace, and eliminate those risks.

The pregnant employee should seek medical advice regarding any particular risks to herself or her foetus, which may arise from her normal work practices.

12.2 Unwanted pregnancy

The sex industry stands apart from other industries in that it is the only industry where unwanted pregnancy could be an occupational hazard. There are guidelines specific to possible unwanted pregnancy in the Condom Breakage and Slippage fact sheet 6, which is attached to this document.

13. Occupational overuse

Occupational overuse is the term used to describe a range of conditions including discomfort, sprains, strains and dysfunction. Occupational overuse once used to be referred to as Repetitive Strain Injury, or RSI. This condition can affect all parts of the body.

These overuse conditions occur particularly among people who work in fixed or constrained postures, or who perform rapid repetitive tasks, or use forceful movements. Many sex workers work with these conditions daily. An overuse condition can be difficult to diagnose.

Measures that can be undertaken to eliminate occupational overuse are:

- ∞ The employer carrying out regular health and safety audits of the workplace.
- ∞ Ensuring that all beds and other workstations support the back and allow for a variety of services to be performed without strain or discomfort. Where possible, beds, massage tables etc. should be adjustable, allowing for a variety of employees to use them safely and without strain.
- ∞ Examination of work tool design. For example, if a vibrator's handle is ill shaped and requires the user to grip it firmly for extended periods it could easily lead to or exacerbate an overuse injury. Any health and safety audit should include examination of tools and equipment used in the workplace.
- ∞ Providing comprehensive training in the safe use of all equipment particularly, that used in B&D and S&M fantasy work, as well as training in correct massage techniques.

In the sex industry, like other industries, some repetitive activities cannot be avoided. It should be possible though for sex workers to alternate between repetitive and non-repetitive activities. For example, full body massage and hand relief (repetitive), which could cause overuse injury to the hands, arm and back, could be alternated with stripping (non repetitive).

Employers should supply employees with appropriate information on how to rotate their work duties to avoid overuse. Identifying potential overuse injury situations, developing strategies and providing training to employees on how to avoid these situations are a positive means of reducing overuse injury in the workplace.

14. Security and safety from violence

14.1 Violence in the workplace is never acceptable.

Violence can take many forms. It can be abusive communication, intimidation or bullying, as well as physical abuse, sexual harassment or stalking. Abusive or violent situations may arise through working with clients, and in some cases from co-workers or management.

Being on the receiving end of any form of abuse can affect different people in different ways. Physical and emotional reactions to violence or abuse may appear some time after the actual event. Additionally, other employees may be adversely affected by the abuse of one of their co-workers.

Employees performing escort work have particular issues in relation to security and safety from violence (see fact sheet 8 for security and safety guidelines for escort workers and their employers).

14.2 Responsibilities of employer

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

Employers carry out this responsibility by:

- ∞ identifying tasks or circumstances where employees may possibly be exposed to some form of abuse or violence;
- ∞ communication skills training as part of employee induction;
- ∞ working with employees to develop strategies to eliminate risks;
- ∞ developing and documenting procedures to be followed at times when potentially dangerous situations arise. (see example below of steps to include in development of a procedure);
- ∞ ensuring all existing and new employees are made aware of these procedures;
- ∞ organising training for employees on how to identify potentially dangerous situations and how to protect themselves;
- ∞ installing safety devices such as accessible alarm buttons in all rooms, and ensuring that everyone is aware of the procedure to follow if the alarm sounds;
- ∞ enforcing a strict policy of ejecting and not readmitting clients who are behaving unacceptably, for example clients who are verbally or physically threatening or abusive;

- ∞ providing appropriate training and procedures for employees taking bookings, staffing phones or reception areas;
- ∞ supporting and encouraging employees to report all incidents of violence to the employer and/or the police; this may be done with the assistance of the local sex worker organization.
- ∞ ensuring an employee who has experienced a violent or abusive work situation receives any medical, legal, support and counselling services that they require;
- ∞ acknowledging that employees have the right to refuse particular clients on the basis of prior violent, abusive or threatening behaviour by that client.
- ∞ provide secure lockable facilities in which employees may leave their clothes, valuables etc while they are working.

Example

A procedure to follow when an employee is with a client, and the client begins to threaten the employee, should include:

- a. How the employee should extricate himself or herself safely from the client's presence.**
- b. What measures to take to alert others to the situation.**
- c. Instructions as to how the receptionist is expected to act in the situation.**
- d. Advice as to how other staff should respond.**
- e. Advice on the circumstances in which the police must be called.**
- f. What follow up needs to be done to ensure that the client is not admitted or booked again.**
- g. Ensuring the local sex worker organization is given information about the client for inclusion in their "ugly mug" publication.**
- h. Identifying what support mechanisms are provided for the worker.**

In some states and territories, particularly where law reform has yet to occur, contacting the police, who in many cases may have previously prosecuted sex work businesses and harassed sex work employees, may not be a useful thing to do.

Some state and territory police forces, both in places where law reform has occurred and where it has not, have appointed sex worker liaison officers to assist sex workers

in accessing the protection of the law, and in prosecuting those who commit crimes against sex workers.

Your local sex worker organization can advise you about any contact you may have, or consider having, with the police.

15. Drugs and alcohol

Some sex industry businesses have alcohol on their premises while others do not. In certain states and territories there is legislation prohibiting the provision or consumption of alcohol on sex industry premises. Likewise there are some sex workers who use recreational drugs and others who do not. In most instances the possession and use of these recreational drugs is illegal.

It is strongly recommended that if employers wish to establish a drug and alcohol policy, they contact their local sex worker organization for information on implementing effective harm minimisation measures around drug and alcohol use.

A drug and alcohol policy should set out the rules regarding the use of drugs and alcohol within the workplace. It should be developed in consultation with employees, and provided to each new and existing employee outlining:

- ∞ when it is considered appropriate to consume alcohol;
- ∞ acceptable standards of work performance;
- ∞ appropriate use of prescribed and non prescription drugs;
- ∞ prohibition on being intoxicated in the workplace.

A best practice example of a drug and alcohol policy developed by a sex worker organization can be found in factsheet 4.

16. Smoking in the workplace

Passive smoking or breathing in tobacco smoke from another's cigarette, cigar or pipe may result in an increased risk of lung cancer or heart disease, cause irritation to the sinuses and upper respiratory tract, as well as aggravating a number of other conditions such as asthma and emphysema.

In some states and territories an employer has an obligation under health and safety legislation to protect non-smoking employees from the negative impact on their health of exposure to environmental tobacco smoke in the workplace.

There have been a number of court cases where non-smoking employees, who have experienced health problems as a result of environmental tobacco smoke, have successfully sued their employer for damages.

There are several things employers can do to meet their obligations in relation to smoking in the workplace:

- ∞ create designated areas where smoking is permitted. These areas must be enclosed (unless outside), have good ventilation to the outside of the building, and should not be an area that non smoking employees need to access, such as the kitchen, waiting rooms, or cars;
- ∞ ensuring that non smoking areas include any spaces in which non smoking employees have to operate, such as the reception area, client waiting rooms, bedrooms, and vehicles used by employees working as escorts;
- ∞ make the workplace a completely non-smoking environment, including vehicles used by escort workers; non-smoking requirements must extend to clients as well as employees.
- ∞ give practical support to employees wishing to give up smoking.

Development of a smoking in the workplace policy should be done in consultation with employees.

17. First Aid

All workplaces, from one to two person operations up to much larger businesses, should have at least one First Aid kit on the premises. In the case of premises with more than one level, a kit should be located on each floor of the building.

It is the Employer's legal responsibility to provide all First Aid equipment. The St John's Ambulance Service, amongst others, sells a range of fully equipped First Aid kits to meet different requirements.

First Aid kits should be:

- ∞ in a convenient, central and accessible location;
- ∞ maintained in a fully equipped state at all times. Identifying whose responsibility it is to regularly check the kit/s and replace used supplies is essential in ensuring the First Aid kit/s are ready for use in an emergency.
- ∞ shown and explained to new employees as part of their initial introduction to the workplace.

Having someone on site with the knowledge to administer First Aid in the event of an accident (see section 6 Accident Reporting) or sudden medical emergency can save a

life or avert serious health complications. First Aid training for one or more people who are usually on site in the workplace is recommended. Training is available through the Saint John's Ambulance Service.

Signs indicating the location of the nearest First Aid kit and identifying which staff are trained in administering First Aid should be displayed on each floor.

18. Fire safety

Employers are legally responsible for ensuring that their premises meet the required standards of local and state/territory fire ordinances.

After an initial fire safety evaluation is carried out, employers should regularly monitor that:

- ∞ entrances, exits and passageways are kept clear and are, in the case of exits, indicated by clear signage;
- ∞ fire extinguishers suitable for different types of fires are provided, and their location and means of operation is known to all employees;
- ∞ employees are given training in how to react to a fire or other emergency situation.

19. Cleanliness

The premises should be kept in a clean condition at all times. The employer should ensure that all employees understand who is responsible for general, spot and maintenance cleaning. A designated person should regularly monitor cleanliness.

Cleaning is not necessarily part of a sex worker's role and should be negotiated at the time of initiation of employment.

Employees performing escort work must have the right to terminate a booking if the client's residence does not meet an acceptable level of cleanliness.

Particular attention should be paid to the areas listed below.

19.1. Showers, baths and toilets

Regular cleaning with detergents and hospital grade disinfectants is required to control mould and fungus. The employer should ensure that baths and showers are cleaned and disinfected after each use, preferably with bleach. Broken or chipped tiles need to

be replaced as soon as possible, as they provide a receptive environment for bacteria and other infectious agents.

Liquid soap and single use towels should be provided at all hand basins in the premises.

19.2. Linen

Employers should provide:

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

All linen, including towelling, which comes into contact with clients or workers should be changed immediately after each session.

19.3. Laundry facilities and cleaning linen

The following steps will assist in minimising health risks associated with linen:

- ∞ at least two receptacles should be provided in the laundry for the separate storage of clean and used linen;
- ∞ wash linen in warm water using laundry detergent;
- ∞ thoroughly dry all items of linen after washing.

19.4. Cleaning of body fluid spills

Body fluids such as blood, vomit, urine, faeces, saliva and semen may contain infectious organisms. Special care must be taken in cleaning up spills of these fluids to avoid transmission of viruses such as Hepatitis A, B or C, HIV and others.

All employees, not only cleaning staff, should be required to take the following precautions:

- ∞ Protective gloves must always be worn when dealing with these body fluids.
- ∞ Should any of these fluids come in contact with a person's skin, they should wash the area with warm water and soap. The person should not touch themselves, or anyone else, where they have a break in their skin (cuts, grazes dermatitis etc) or touch any body openings (mouth, genitals, eyes etc) until they have washed their

hands. Employees performing escort services are advised to carry soap and disposable gloves with them on calls.

- ∞ Breaks in the skin (for example cuts, grazes, rashes, recent injection sites, recent piercings or tattoos) should be kept covered by a dressing whilst working.
- ∞ Disposable paper towels or tissues should be used to clean up the bulk of the spilled fluid. Used paper towels should then be placed in a plastic bag, which is sealed and disposed of in a manner, which will not require it to be handled again directly by anyone.
- ∞ Hard surfaces should then be mopped or sponged over with cold water and soap or detergent.
- ∞ Carpets and rugs should be sponged thoroughly with cold water and soap, rinsed and air-dried.
- ∞ Remove as much soiled matter (vomit, faeces, blood etc) as possible from bedding using paper towels, and then machine wash bedding separately in warm water and regular laundry detergent, then dry thoroughly.

19.5. Sanitary facilities

Sanitary facilities (including toilets and hand basins) must be provided in accordance with local/territory government requirements.

All hand basins must be provided with an adequate supply of drinkable cold water and hot running water suitable for hand washing.

Disposable towelling and liquid soap should be supplied at all hand basins.

Private showers, toilets and changing facilities, separate from those used by clients, should be provided for employees.

19.6. Disinfection of swimming and spa pools

Guidelines for disinfecting swimming and spa pools can be obtained from the local OHS authority (see fact sheet 1) or contact your state or territory Health Department (see fact sheet 2).

19.7. Bars and food preparation areas

If food is provided to employees or clients in a sex industry establishment, then all requirements of State/Territory industrial legislation covering food preparation must be met. This legislation can be obtained from a government bookshop, or from your local Occupational Health and Safety Authority.

The potential to contaminate food, and hence cause illness, is always present in any area where food is prepared or stored. The following precautions will minimise any risks associated with food borne illness:

- ∞ before handling any food or food utensils, make sure you wash your hands thoroughly particularly after using the toilet, seeing a client or handling PPE;
- ∞ make sure all perishable items like dairy products and meat are refrigerated at four degrees Celsius or below;
- ∞ ensure that all food storage spaces such as cupboards and refrigerators are routinely cleaned and disinfected;
- ∞ make sure all food utensils are thoroughly cleaned in warm soapy water, rinsed in hot water and allowed to air dry;
- ∞ make sure that food contact surfaces like counters and benches are regularly cleaned using hot water and soap.

20. Heating and cooling

Like other workplaces, sex industry workplaces need temperature regulation. Workrooms and employee spaces should be maintained at 25 degrees Celsius or at a temperature that is comfortable to the majority of workers. Some rooms, such as those where employees are expected to spend extended periods of time with little or no clothing, may be maintained at a temperature higher than 25 degrees Celsius, suitable to the individual employee.

21. Lighting

Internal and external lighting must be in line with the local safety regulations. While some smaller wattage lighting may be required within work rooms and other areas of the workplace for effect, it is very important that stairs, passage ways, entrances, exits and common areas are well lit.

Each work area should be fitted with a flexible 100-watt lamp for employees to perform thorough examinations of their clients for signs of STIs (see fact sheet 5). In the case of outcalls, an employee should carry a small torch with them to be used in the event of unsatisfactory lighting for an examination in the client's home, hotel, car etc.

22. Complaints

The state/territory Department of Health is responsible for investigating public health related complaints about sex industry establishments (see roles and responsibilities section 3).

22.1. Complaints related to STIs

The Area Medical Officer or the Chief Medical Officer of the department of Health should be the first point of contact for complaints related to STIs (usually located in the Public Health Unit).

22.2. Complaints about other public health risks

Complaints regarding practices or environmental factors in a workplace that pose a risk to public health will be investigated by the Department of Health.

The health department in liaison with the local OHS authority will investigate complaints about workplace practices, for example the use of protective equipment, or policies in relation to workers or clients infected with STIs. Complaints about workplace practices may be referred to a specialised assessment panel direct, or via the relevant Area Medical Officer of Health or a public health unit director.

Area Medical Officers of the Dept. of Health and/or the appropriate public health unit should investigate complaints about the workplace environment, for example, spas or food service facilities.

23. Workplace Documents

All sex industry establishments, be they brothels, strip clubs or escort agencies, should develop written workplace documents for staff and management. These documents should contain rules, requirements and guidelines about various issues and activities in the workplace, including:

- ∞ Safe sex practice;
- ∞ Rules relating to drug and alcohol usage (see fact sheet 4);
- ∞ Condom breakage and slippage policy (see fact sheet 6);
- ∞ Trauma in the workplace;
- ∞ Procedures for handling difficult or potentially dangerous clients;
- ∞ Safety procedures for escort workers (see fact sheet 8).

These documents are useful in developing an understanding between employees and employers about the conditions they work in. For other examples of best practice workplace documents, contact the sex worker organization in your state or territory.

Where employees do not understand spoken or written English employers must arrange for an interpreter service, and make these documents available in appropriate languages.

24. Conclusion

Attention to the health and safety of all people working in the sex industry not only enhances the quality of life of employees, it also improves the services offered to clients and the profitability of businesses in the sex industry overall. Seeking industrial and legal recognition for all those involved in the sex industry is another step in attaining justice and validity for the profession, and will assist the sex industry to establish for itself the same legitimacy, rights and responsibilities as other industries.

**SQWISI
BRISBANE**

404 Montague Road
South Brisbane
PO Box 5689
West End Qld 4101
PH: (07) 3844 4565
FAX: (07) 3846 4629

E: l.host@hum.gu.edu.au

WISE

Suite 1, 29 Lonsdale Street
Braddon.
PO Box 67
Braddon ACT 2601
PH: (02) 6247 3443
FAX: (02) 6247 3446

E: sera@spirit.com.au

TAS-WISE

2/297 Wellington Street
Launceston Tas 7250
PH: (03) 6343 4061
PO Box 205
Prospect Tas 7250

PHOENIX

162 Aberdeen St
Northbridge WA
PO Box 8054
PBC 6849
Perth WA
Ph; 08 9328 1387
Fax: 08 9227 9606
(phone first before faxing)

**SQWISI
GOLD COAST**

Level 2, Trust House
3070 Gold Coast Hwy.,
Surfers Paradise
PO Box 578
Surfers Paradise Qld 4217
PH: (07) 55317 833
FAX: (07) 55316 671
E: sqwisigc@fan.net.au

SA SIN

PO Box 7072
Hutt St
Adelaide SA
PH: (08) 8362 5775
FAX: (08) 8363 1046

PCV

10 Inkerman St
St Kilda Vic 3182
PH: (03) 9534 8166
FAX: (03) 9525 4492
E: pcv@paradigm4.com.au

Scarlet Alliance

(national peak body)
PO Box 76
Red Hill ACT 2603
Ph: (02) 6239 6098
Fax: (02) 6239 7871

E:scarlet@dynamite.com.au

**SQWISI
CAIRNS**

Suite 32, Andrejic Arcade
55 Lake Street
Cairns
PO Box 6041
Cairns Qld 4870
PH: (07) 4031 3522
FAX: (07) 4031 0996

SWOP

PO Box 1453
Darlinghurst NSW 2010
PH: (02) 319 4866
FAX: (02) 310 4262
E: swop@rainbow.net.au

SIANT

C/- NTAC
Ph: (08) 8941 7711
041 4417711
FAX: (08) 8941 2590
E: siant@topend.com.au

SWOP (NT)

PO Box 2826
Darwin NT 0801
Ph: (08) 8941 7711
Fax: (08) 8941 2590

FACT SHEET 2: OCCUPATIONAL HEALTH AND SAFETY AUTHORITIES

WorkCover NSW

HEAD OFFICE
Office Hours 8:30am - 5:00pm Monday to Friday
400 Kent Street, SYDNEY NSW 2000 Australia
PH: (02) 9370 5000
Fax: (02) 9370 5999
<http://www.workcover.nsw.gov.au>
Postal Address
Locked Bag 10, Clarence Street Post Office,
SYDNEY NSW 2000
Australia

WorkCover Authority Victoria

Head Office
GPO Box 414
Melbourne 3005
PH: (03)9628 8115
Fax: (03) 9628 8199

Tasmanian Workplace Standards Authority

30 Gordons Hill Rd,
Rosny Park 7018
PH: 1300 366 322
info@wsa.tas.gov.au.

ACT WorkCover

197 London Circuit
FAI House
3rd Floor
ACT 2608
PH: (02) 6205 0200
Fax: (02) 6205 0200

Northern Territory Work Health Authority

GPO Box 2010, Darwin, NT 0801, Australia
Minerals House, 66 The Esplanade, Darwin, NT
Australia
PH: (08) 8999-5010 International: + 61 8 8999-5010
Fax: (08) 8999-5141 International: + 61 8 8999-5141

WorkCover Queensland

Head Office
280 Adelaide Street
GPO Box 2459, Brisbane Q 4001
PH (07) 3235 9500
Fax (07) 3235 9640

WorkCover Western Australia

2 Bedbrook Place Shenton Park WA 6008
Telephone: (08) 9388 5555
Toll free: 1800 670 055
Fax: (08) 9388 5550
Email : postmaster@workcover.wa.gov.au
TTY (for the hearing impaired): (09) 388 5537

WorkCover Corporation

South Australia
100 Waymouth St.
Adelaide SA 5000
PH: (08) 8233 2222
Fax (08) 8233 2466

FACT SHEET 3: STATE AND TERRITORY HEALTH DEPARTMENTS

New South Wales

NSW Health Department
Locked Mail Bag 961
North Sydney NSW 2059
Australia
PH: (02) 9391 9000
Fax: (02) 9391 9101

Western Australia

Health Department of
Western Australia
PO Box 8172
Stirling Street
Perth WA 6849
Australia
PH: (08) 9222 4222
Fax (08) 9222 4046

Victoria

Department of Human
Services (Health)
555 Collins St
GPO Box 4057
Melbourne 3000
PH: (03) 9616 7777
Fax (03) 9616 8329

South Australia

South Australian Health
Commission
9th Floor, Citicentre
91-97 Grenfell Street
Adelaide SA 5001
PH: (08) 8226 6000
Fax: (08) 8226 6440

Queensland

Department of Health
Queensland
GPO Box 48 Brisbane
Qld 4001
PH: (07) 3234 1182
Fax (07) 3229 4478

Tasmania

Department of Community
and Health Services
35 Davey St.
Hobart Tas 7000
PH: (03) 6233 3185
Fax: (03) 6231 0735

Australian Capital Territory

Department of Health and
Community Care
GPO Box 825
Canberra City ACT 2601
PH: (02) 6205 5111
Fax (02) 6205 0830

Northern Territory

Northern Territory Health
Services
PO Box 40596
Casuarina NT 0811
PH: (08) 8922 7713
Fax: (08) 8922 7880

FACT SHEET 4: SAMPLE SEX INDUSTRY WORKPLACE DRUG AND ALCOHOL POLICY

Developed by WISE in the ACT

The cost in human terms of alcohol and drug dependency has rarely, if ever, been addressed appropriately by any industry. The sex industry is in an ideal position to implement sensible, safe policies that will protect both the worker and the operator, as well as setting precedents for other marginalised industries to ensure the safety of their workers.

Whilst most brothel operators claim to have a total ban on drug use and drug users in their workplace, the reality is that all brothels, at one time or another, have employed users of alcohol and other drugs. Drugs are a fact of life for our society, and the sex industry is made up of people from all sections of society; some who use alcohol and other drugs, and some who do not.

Whether or not a worker uses alcohol and/or other drugs in their personal life is of no concern to an employer/operator, so long as the use of such drugs does not impinge on their capacity to work, or threaten the security of the workplace. If a worker is coming to work dangerously intoxicated, then she/he makes her/himself and co-workers vulnerable to violent or exploitative clients.

Bringing illegal drugs on or around the premises of the workplace, stealing from co-workers, clients or management threatens the security of the workplace, and is grounds for instant dismissal. The dismissal of a worker because of alcohol or drug induced behaviour may remove an obvious problem, but it contributes nothing toward:-

- ∞ assisting the worker to become rehabilitated;
- ∞ overcoming the negative aspects of peer pressure at the workplace in the drug and alcohol cycle;
- ∞ developing a workplace culture in which peer pressure could discourage dangerous alcohol and other drug use;
- ∞ developing and maintaining an atmosphere in which both alcohol and other drug users and non-users feel supported by management.

Furthermore, the dismissal of a worker on the grounds of intoxication is often open to challenge, firstly, on the basis of degree of intoxication; and, secondly, on the emotional principle of "giving a person a fair go".

The focus of this policy is on prevention, support and shared responsibility, which are powerful forces in developing a positive workplace culture.

GOALS

- ∞ To create a safe working environment.
- ∞ Reduce harm which many follow dangerous use of alcohol or other drugs.
- ∞ aiding workers in getting assistance for alcohol or other drug problems.
- ∞ Consultation between operators and workers on policy decisions regarding drugs and alcohol.
- ∞ To create a working environment which facilitates workers and operators communicating clearly, ensuring optimum conditions for increased productivity
- ∞ Ensure that names of workers going for treatment are kept confidential
- ∞ Involve health practitioners for advice on latest information.

PREVENTION

So that:

- ∞ All workers are safe.
- ∞ Workers keep their jobs.
- ∞ Workers cannot be unduly blamed for accidents whether they are injured or not
- ∞ Workers are not pushed into dangerous use of alcohol or other drugs.
- ∞ More accurate and updated information is available about the safe and unsafe use of alcohol and other drugs and the consequences of drug use.
- ∞ The sex industry workplace maintains a healthy and positive atmosphere.
- ∞ Productivity is maintained at optimum levels.

POLICY: WORKERS DANGEROUSLY AFFECTED BY ALCOHOL AND OTHER DRUGS

A worker who is having alcohol and/or other drugs, but who is willing to get help, will not be sacked because of that problem. A worker who is dangerously affected by alcohol and/or any other drug will not be allowed to work until she/he has an acceptable level of sobriety, i.e. deemed fit to do the job.

If a worker who is dangerously affected by alcohol and/or any other drug is sent home more than three times, the worker will attend a meeting between her/himself, the operator or receptionist from the workplace and a person nominated by the worker to be a support person for the worker. If the worker then agrees to get help, she/he will be given one chance to prove her/himself. If the worker is found to be dangerously intoxicated after this warning, she/he may be dismissed.

A worker who is having problems with alcohol and/or other drugs must stick with a program to keep up the protection from being sacked. If a worker refuses, she/he may be dismissed the next time she/he is dangerously affected.

THE ROLE OF THE EMPLOYER/OPERATOR

Any employer/operator who agrees to implement this policy will provide the following:

- ∞ The employer/operator is expected to support the policy and its warning procedures, as well as adopting job protection for the worker who co-operates with the program.
- ∞ "Job Protection" means that a co-operating worker will not be dismissed for reasons of drug use problems.
- ∞ A "co-operating worker" is one who recognises her/his alcohol or drug intoxication, agrees to cease work when advised by the receptionist and seek professional help.

Should the receptionist or operator be compelled to intervene with an intoxicated worker, the terms "addict", "junkie", or "alcoholic", are inconsistent with the aims of the policy and should not be used. Further, the following approach is recommended:

- ∞ Avoid using judgemental terms like "You're too stoned / drunk to work".
- ∞ Confrontation should be avoided.
- ∞ Be brief, firm and calm, and do not be provoked into a debate with the affected worker.
- ∞ Continue to focus on the safety factor and risks to the worker and her/his co-workers.
- ∞ Make suitable arrangements to ensure the worker gets home safely.
- ∞ Sharps disposal bins should be placed in all brothels, preferably in the toilets or staff room, with no penalties for using them.
- ∞ Educational material to be provided by operators on harm reduction, safe use of alcohol and other drugs, to be available in the staff room.

CONCLUSION

Endorsement and support for this policy will result in the following benefits:

- ∞ A more productive workforce;
- ∞ an atmosphere of mutual support between management and workers;
- ∞ improved health and interpersonal relations for those rehabilitated;
- ∞ an environment which discourages alcohol and drug abuse; and
- ∞ a message of warning to those who wish to promote the use of alcohol or other avoidable drugs.

Further information on this policy and issues arising from it may be obtained by contacting Go-coordinator of Workers In Sex Employment in the ACT Inc. at PO Box 67, Braddon ACT 2601, phone: (02) 6247-3443 fax: (02)6247-3446,

FACT SHEET 5: EXAMINATION OF CLIENTS PRIOR TO PROVISION OF SERVICE

Regardless of the service to be provided all clients should first be examined to detect any visible signs of Sexually Transmitted Infections (STIs)

As a client may have an STI and not be displaying any visible signs checking of clients should not be seen as an alternative to or lessening the need for workers to undergo regular Sexual Health monitoring and maintenance of safe sex practice.

Ideally the client should be checked before he has a shower/wash or urinates as this can remove discharge from the penis that would indicate an STI.

Before providing any service the worker should, using a strong direct light source, such as a lamp with a 100-watt globe, examine the client for

- ∞ any sores, ulcers, lumps, warts or blisters on the genitals or surrounding area.
- ∞ pubic lice (crabs) or their eggs in the pubic hair
- ∞ any signs of itching or rashes in the genital or anal area
- ∞ cold sores on the mouth
- ∞ any discharges from the genital or anal area
- ∞ unpleasant odours

After visually inspecting the client gently squeeze along the shaft of the client's penis to see if a discharge emerges. A thick discharge yellow or grey in colour, which may have an odour, is a sign of a possible STI. A clear sticky discharge would be pre-cum and nothing to be concerned about. If unsure about a possible STI ask another experienced worker to have a look.

Workers doing outcalls should carry a small torch to be used in the event of there being unsatisfactory lighting for a thorough examination of a client in the clients home, hotel room, car etc.

The sex worker has the right to refuse to engage in any sexual practice with a client

- ∞ whom the worker suspects of having an STI
- ∞ who will not allow an examination
- ∞ who will not agree to safe sexual practice

Any client who displays signs of a possible STI should be referred for medical consultation at a Sexual Health clinic or private General Practitioner.

For further information or advice on checking clients for STIs contact the sex worker organization in your state or territory.

FACT SHEET 6: ACTION TO BE TAKEN IN THE EVENT OF CONDOM BREAKAGE AND SLIPPAGE

In the event of a condom breaking or slipping, regardless of whether the male has ejaculated, there is the potential for the exchange of body fluids, in either direction, between the 2 partners.

If the worker or the client realises that the condom has broken the worker should ensure the following steps are carried out

DURING VAGINAL OR ANAL SEX

Stop the service immediately.

The insertive partner should withdraw holding the condom on at the base of the penis, he should then urinate to clear the urethra and wash the genital area thoroughly, particularly under the foreskin if present

The receptive partner should remove excess semen:

- ∞ **from the vagina** by squatting and squeezing it out using vaginal muscle exertion, fingers can be used to scoop out any excess semen that remains, however care must be taken to avoid scratching the lining of the vagina with nails or jewellery. It is not necessary to urinate.
- ∞ **from the neo vagina** by urinating, fingers may be used to remove excess semen with care being taken not to scratch the lining of the neo vagina with the fingernails.
- ∞ **from the anus** by sitting down on the toilet and bearing down, fingers should not be used in the anus

Spermicides and Douching

Spermicidal foams and creams are designed to prevent pregnancy occurring by destroying the sperm with which they come in contact. Claims have also been made that nonoxynol -9 a major ingredient in many spermicides and pessaries will prevent transmission of STIs such as Chlamydia, gonorrhoea and herpes by killing sperm and infectious cells in the vaginal tract. While it has killed HIV in the test tube, there has been no proof of this occurring in the body. Some brands of condoms are coated with nonoxynol -9 although this is regarded as not being a large enough quantity to be effective in destroying HIV.

Over the last 10 years there has been a growing body of evidence to suggest that frequent and regular use of nonoxynol 9 may lead to genital irritation, vaginal and cervical ulcers and recurring yeast infections. These conditions were they to occur would result in a greater risk of STI taking place .

While conclusive findings on this subject have not been made there would seem to be enough evidence to recommend that spermicides and pessaries containing nonoxynol -9 should not be used on a regular basis by sex industry employees.

However sex workers may choose to use them as a one off measure in the event of a condom breakage or slippage, primarily to prevent pregnancy occurring.

If spermicide is used the worker should monitor to ascertain whether any irritation is occurring.

Regular douching is a common practice amongst sex workers. However it has been proven that frequent douching of the vagina, neo-vagina and anus may have a detrimental impact. Douching can lead to the destruction of the bodies' natural defences against infection in these areas as well as, particularly in the case of the anus, being responsible for creating small tears in the delicate mucus membrane. Thus opening an opportunity for infections to easily enter the bloodstream.

Douching the vagina is only recommended if the receptive partner is using a diaphragm. Without a diaphragm the effect of douching can be to push semen up into the cervix. Douching and using spermicides and pessaries should only be used in the situation where a condom has broken or slipped. **Regular douching will have a detrimental effect on the vagina.**

Using an applicator, insert 1/2 to a full applicator of spermicide well into the vagina spreading it all over with the fingers, being careful not to scratch the lining of the vagina with nails or jewellery.

Douching the neo-vagina is not recommended, follow the same procedure as for the vagina when a diaphragm is not being used.

Douching of the anus is not advised as it can cause tears in the sensitive lining of the anus, possibly enabling the transmission of STIs including HIV.

Spermicide may be applied inside the anus, however irritation may occur.

IF A CONDOM BREAKS OR SLIPS DURING ORAL SEX

The receptive partner should spit out any semen, and rinse their mouth with a Chlorhexidine based mouthwash, a diluted tea tree oil mixture or Betadine. They should not brush, floss their teeth or eat for at least an hour after.

The insertive partner should urinate and wash their penis thoroughly, particularly under the foreskin.

TRICK SEX

Trick sex is having intercourse between the thighs, under the armpits or in a cupped hand held in the genital area. If a worker has shaved or waxed their body or pubic hair they need to be careful of cuts and scrapes. Any cuts, abrasions, rashes or grazes should be covered to prevent possible contact with body fluids.

If a sex worker is taping, strapping or tucking, it could create a warm, moist area which may lead to skin disorders, chaffing or dermatitis, removal of tape can also cause breaks in the skin. Protecting these breaks from contact with another person's body fluids is vital.

IF A CONDOM BREAKS OR SLIPS DURING TRICK SEX

The insertive partner should wash the genital area thoroughly, particularly under the foreskin if present.

The receptive partner should wash the area with a mild antiseptic like chlorhexidine-based preparations or a solution such as Betadine.

PREVENTING PREGNANCY AFTER CONDOM BREAKAGE OR SLIPPAGE

Unless certain they are not in a fertile period of their menstrual cycle, using another form of contraception, or know they are unable to get pregnant, female workers may also require emergency contraception.

The worker should attend a sexual health or family planning clinic or visit their GP within 72 hours of the breakage or spillage where they can obtain the "morning after" pill to prevent pregnancy.

Medical follow up

Sex workers and their clients are advised to attend their clinic or sexual health practitioner within two to three days of the condom breakage or slippage for screening for gonorrhoea. Repeat screening for other STIs is advised two weeks following the breakage and again in three months time.

FACT SHEET 7: AIDS COUNCILS

AIDS Action Council of the ACT (AAACT) GPO Box 229 Canberra ACT 2601 16 Gordon St. Acton ACT 2601	ph. 02 6257 2855 fax 02 6257 4 838
AIDS Council of NSW (ACON) PO Box 350 Darlinghurst NSW 2010 9 Commonwealth St Surry Hills NSW 2010	ph 02 9206 2000 fax 02 9206 2069
Queensland AIDS Council (QUAC) South Brisbane QLD 4101 32 Peel St South Brisbane Qld. 4101	ph 07 3844 1990 fax 07 3844 4206
Victorian AIDS Council/ Gay Men's Health Centre (VAC/GMHC) 6 Claremont St. South Yarra Vic. 3141	ph 03 9865 6700 fax 03 9826 2700
Western Australian AIDS Council (WAAC) PO Box 1510 West Perth WA 6872	ph 08 9429 9900 fax 08 9429 9901
AIDS Council of SA (ACSA) PO Box 907 Kent Town SA 5071 64 Fullarton Rd. Norwood SA 5067	ph 08 8362 1611 fax 08 8363 1046
Tasmanian Council on AIDS & Related Diseases (TasCARD) GPO Box 595F Hobart Tas. 7001 2 Brooks St Hobart Tas 7000	ph 03 6224 1034 fax 03 6224 1038
Northern Territory AIDS Council (NTAC) GPO Box 2826 Darwin NT 0800 6 Manton St Darwin NT 0800	ph 08 89412590 fax 08 8941 2590

FACT SHEET 8:

SAFETY AND SECURITY GUIDELINES FOR ESCORT WORKERS

INTRODUCTION:

Sex Industry workers performing escort work have issues of safety and security particular to this form of sex work. Employers in an escort service also have added responsibilities to ensure the safety of their employees whilst working.

Having an established Escort Work Safety Procedure is essential; as is adhering to it. The following guidelines are designed to assist escort workers maximise their health, safety and wellbeing.

BOOKINGS:

Whoever is taking bookings for escort work, either the receptionist or the escort themselves should follow the following steps:

- ∞ When a client calls, take their name, address and phone number and tell the client you will call them back to take the booking. Call (013) and verify the name matches the name and address given.
- ∞ Keep the Ugly Mug Reports from your local sex worker organization on hand to check the client is not on record.
- ∞ When calling the client back, the caller should ascertain whether the client is alone. The caller should explain that the escort will not stay if the client has misrepresented how many people are there
- ∞ Establish clearly with the client that the escort will only provide services that conform to safer sex practices.
- ∞ Receptionists should keep all potentially necessary emergency phone numbers up to date and close to the phone.

GETTING TO THE JOB:

- ∞ Drivers must be provided with training in their role by the employer and be clear as to their responsibilities.
- ∞ On arrival, the escort should note whether the house is well lit and listen as (s)he approaches the front door for voices that may indicate more than one person. If the client is not alone, then the escort may require the driver to accompany her inside. The escort should try and ascertain whether the client is too intoxicated. If the escort feels uncomfortable or endangered at any stage, (s)he should leave immediately.
- ∞ The escort should always get the payment first. (S)he should give it to the driver or put it straight into a discreet pocket or bag. **The money/bag should be kept within sight at all times, even when the escort goes to the bathroom.**

- ∞ The escort should phone in on arrival. Repeating the address, the booking in and out time and having a pre-arranged code word or phrase that represents a dangerous situation is strongly advised.
- ∞ If the escort is working alone, (s)he should still make the phone call to a friend. Even calling his/her own number is better than nothing, so that the client believes that someone is aware of her/his location at all times.

DOING THE JOB:

- ∞ The escort should always carry a 'work kit' containing condoms, lubricant, dams, gloves and any other tools of the trade with them at all times.
- ∞ Checking the client for visible signs of sexually transmitted infections is strongly advised. A lamp with a 100watt globe or a strong pocket torch should be used for the check.

EMPLOYERS' RESPONSIBILITY FOR ESCORT WORKERS' SAFETY:

- ∞ Employers must ensure that escorts are aware of, understand and follow any safety guidelines and policies.
- ∞ Escort service employers should provide employees with a mobile phone and personal alarm while working, at no cost to the escort.
- ∞ Employers provide training in procedures and responsibilities to all employees carrying out escort work, reception staff and drivers.
- ∞ Employers must ensure that drivers have adequate driving skills, do not indulge in intoxicating substances whilst working and interact with escorts in a respectful and supportive manner.
- ∞ Employers must provide training to new employees on all aspects of escort work including safer sex practices. Local sex work organizations can assist with training provision.
- ∞ Employers must provide secure lockable facilities for use by escorts to store clothing, valuables etc.

FACT SHEET 9:

ERGONOMICS