SA Health

Guideline

Remote or Isolated Work

Version 3.0

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Government
of South Australia

SA Health

Contents

1. Name of guideline

Remote or Isolated Work Guideline

2. Relationship to parent policy

The Remote or Isolated Work Policy is the parent policy to this guideline.

3. Guideline statement

SA Health and its workers are critical for providing health services to all South Australians, including within areas that may be remote, isolated or a combination of both. This Guideline outlines best-practice approaches that are to be met by SA Health workplaces to minimise the risks of remote or isolated work, to ensure the health, safety and wellbeing of our workforce, consumers and the community, and support implementing the operational requirements of the Remote or Isolated Work Policy and the *Health Practitioner Regulation National Law (South Australia) Act 2017*, commonly known as 'Gayle's Law'.

3.1 Context for SA Health

In accordance with the *Remote or Isolated Work Policy*, this Guideline provides details to support SA Health workplaces in ensuring the safety of workers whilst conducting work duties in remote or isolated areas, across our organisation.

SA Health workplaces, that is Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS) are to develop and implement local systems that meet or exceed the details and process within this Guideline, as illustrated in Figure 1, and that meets their specific workplace safety and operational needs.

Figure 1: Safe remote or isolated work model

3.2 When is a worker undertaking remote or isolated work?

A worker is typically considered as undertaking remote or isolated work when assistance from other persons cannot be obtained due to the location, time or nature of the work being done (including for difficult or dangerous situations, emergencies, or managing task-related hazards).

Examples of remote or isolated work across SA Health may include workers who:

> Are out for all or part of the normal work-day due to work-related travel, home and/or community visits, including for regional country and remote areas, field trips or working from a vehicle.

> Work alone, as a person rostered working after or out of hours, or on an on-call roster (e.g., a single responder to emergencies), or when working from home.

> Provide health services via a one-to-one consultation in a room or worksite where the door is closed.

> Provide services to consumers in their homes, undertaking Outreach Services, responding to medical emergencies in the community or off-site.

> Undertake after hours or unscheduled callouts for health services in a remote area of South Australia, as prescribed by Gayle's Law.

> Undertake work with hazardous chemicals or substances where other workers are not available to render first aid or assistance in an emergency (e.g., chemical spill, gas leak, dusts, or vapours etc.).

> Perform maintenance work (e.g., plant maintenance, working in a roof space, confined space or working at heights) where other workers are not available to render first aid or assistance in an emergency (e.g., electric shock, manual tasks injury etc.).

4. Applicability

This guideline applies to all employees and contractors of SA Health; that is all employees and contractors of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

5. Guideline details

SA Health workplaces are to adequately identify workplace hazards and manage risks to proactively minimise the risk of injury and illness in accordance with the SA Health Hazard Identification and Risk Management Policy.

5.1 Identifying hazards associated with remote or isolated work

Undertaking remote or isolated work may increase the likelihood and/or severity of an additional hazard or risk within the workplace. Some examples of hazards which could be impacted by the risks of remote or isolated work include:

> General emergency (e.g., fire, power failure).

> Vehicle travel risks such as road accidents and breakdown.

> Worker fatigue, including from psychosocial, manual handling and/or ergonomic hazards.

> Driving long-distances for long periods of time, including at night, or in unfamiliar locations.

> Complex and responsive behaviour, violence or aggression from consumers and members of the public.

> Exposure to biological and chemical hazards (e.g., sharps, bloody and body fluid exposure).

> Psychosocial, mental stress or decrease in employee satisfaction and wellbeing due to prolonged exposure to working in isolation.

> Environmental hazards (e.g., inclement weather, heat, UV exposure, bushfires, poor terrain, floods, animals, insects, and uneven surfaces).

> Medical emergency (e.g., asthma attack, anaphylactic reactions, snake and spider bites, other critical situations requiring immediate medical or emergency treatment).

Hazards associated with remote or isolated work are to be identified prior to workers commencing the service/activity/trip and can be done through local processes, reviewing existing Safe Work Procedures or as part of completing the Remote or Isolated Work Off-Site Checklist and Risk Assessment Template.

5.2 Risk management process

While there is always a degree of uncertainty and potential risk in any work-related activity, identification of hazards and implementation of risk control measures are particularly crucial components of risk management for remote or isolated work.

A risk assessment is to be completed or reviewed prior to workers undertaking remote or isolated work. In accordance with the Remote or Isolated Work Policy, SA Health workplaces will have local procedures which include:

> Discussing with relevant parties to assess the need to work in isolated or remote areas. For example, this can include identifying if the situation is an emergency, or if not, whether the service or activity should be conducted in the workplace or provided at a hospital/health clinic and/or scheduled during normal business hours.

> Consulting other relevant sources to assist in the assessment of potential safety risks and determine whether it is safe to undertake the activity or to provide the service based on all available information.

  o For example, if a callout is required, then using the most recent information available (e.g., from the consumer, family, referrer, community leaders) and any history documented by other members of the service is recommended (e.g., clinical risk and staff safety risk, review of case notes and relevant internal/external agency correspondence).

  o Discussing with workers who regularly conduct remote or isolated work on identified hazards to ensure adequate controls are implemented, effective and regularly reviewed.

Appendix 1: Remote or Isolated Work Quick Reference Guide can be used to assist in determining what risk management process needs to be undertaken and when and provides a quick checklist for workers to use prior to travelling to a remote or isolated area.

The Remote or Isolated Work Off-site Checklist and Risk Assessment template or similar suitable local risk assessment process is to be used to determine if a more detailed risk assessment is required.

5.2.1   Documenting the risks

Local risk registers are to document identified remote and isolated work risks that may be part of normal business operations (e.g., regularly occurring travel to remote area or working in isolation etc.). Recording risks on local risk registers and incorporating into regular governance processes for long-term monitoring will assist with determining when a more detailed risk assessment or review is needed – refer to the Hazard Identification and Risk Management Policy for further details.

Prior to any remote or isolated work commencing, the hazards, risks and controls documented in either a risk assessment, risk register or other documented process (e.g., SWP) are to be reviewed by workers required to undertake the work together with the manager to ensure suitability and effectiveness of the controls in place, or to modify as required.

> **For out-of-hours or unscheduled callouts** complete the rapid risk assessment tool (accessible in the Gayle's Law quick reference guide) to allow prompt review of the hazards and risks and document a Remote or Isolated Work Travel Plan to ensure safety in accordance with Gayle's Law requirements.

5.2.2   Controlling the risks

Where a hazard has not been able to be eliminated, where reasonably practicable controls are required to be determined and implemented according to the level of risk. Table 1: *Recommended controls for remote or isolated work* details some controls SA Health workplaces should incorporate into local processes to minimise the risks of remote or isolated work.

The Remote or Isolated Work Safety Guide also provides a comprehensive overview of work practices according to a 'traffic light' coding system and can be used by SA Health workplaces to identify areas of improvement for work activities associated with remote or isolated work.

Refer to Appendix 2: Recommended controls for remote or isolated work to support risk mitigation strategies.

5.2.3   Driving vehicles and related tasks

Where SA Health workers are required to drive for work-related purposes, including through the use of government fleet vehicles or personal vehicles, additional considerations are required prior to undertaking the driving task. For more information, refer to the Driving Safe Policy.

5.2.4   Overnight, interstate, and international travel

Where applicable, SA Health workplaces should ensure local processes for workers who are participating in a drive-in-drive-out (DIDO) or fly-in-fly-out (FIFO) programs. This includes ensuring effective journey management and rostering practices to mitigate risks of fatigue.

Where SA Health workers are required to travel interstate or internationally (and/or stay overnight in accommodation), additional approvals from an authorised delegate are required. For more information see the Domestic Travel Policy or the Overseas Travel Policy.

5.3   Considerations for local procedures

SA Health workplaces design local processes and procedures based on business risks and are to incorporate the practices within this Guideline. This may include local Safe Work Procedures to provide practical guidance for workers to safely perform their work tasks and minimise the risks of remote or isolated work.

Considerations should include, where appropriate:

> Home and community visits either in rural or remote locations.

> After-hours or unscheduled callouts for health services in remote areas of South Australia, as prescribed by Gayle's Law. See the Remote or Isolated Work Policy for further information.

> Safe systems of work for DIDO or FIFO programs.

> Communication and security systems and protocols that contain information for contacting second responders, medical assistance, and related travel requirements.

> Responding to emergencies and unforeseen circumstances.

> Bushfire, inclement weather and/or travel on a catastrophic fire danger rating day if needing to provide non-emergency healthcare services.

  o Ensuring the level of risk of travel is ascertained, and the controls in effect have been documented, and as necessary executive sign-off where services need to be maintained.

  o Consider including approval or escalation processes for non-emergency level remote travel.

> Manual handling or handling chemicals in remote or isolated areas (e.g., patient transfers, mobilising, plant, and devices or equipment).

> Required equipment for the travel, including a first aid kit relevant to the type of travel (i.e., remote first aid kit), fire extinguisher, supplies such as bushfire survival kit (during Fire Danger Season), additional fuel, water, food, sunscreen etc.

  o Remote first aid kits typically required additional supplies to a normal workplace first aid kit due to increased risk of exposure to snake bites and burns.

SA Health workplaces can use the *Gayle's Law Policy and Procedure Checklist Tool* to review local documents and ensure they comply with the requirements of *Gayle's Law*.

5.4   Planning, consultation, and communication

SA Health workplaces are to appropriately plan, consult and communicate information relating to work occurring in remote or isolated areas. This will ensure both the workers conducting work in remote or isolated areas, and managers/primary workplace contacts are aware of travel plans, work from home agreements and/or relevant information as part of a safe system of work to mitigate identified hazards.

5.4.1 Remote or Isolated Work Travel Plan

A Remote or Isolated Work Travel Plan, or a local equivalent document, is to be completed prior to commencing a trip to a remote or isolated area. This document should detail travel information (e.g., location, purpose, persons travelling, vehicle details, contact persons, accommodation details as required), known hazards identified through the risk assessment process and incorporate a pre-travel checklist to help ensure controls are in place.

The Remote or Isolated Work Travel Plan template, in lieu of a local equivalent, can be used by local SA Health workplaces for both ad-hoc trips and frequently occurring trips. Where regularly travelling to remote or isolated areas, this template can be completed and reviewed on a six-monthly basis or when significant changes are made, or new hazards are identified.

5.4.2 Regular check-ins

For any work occurring in remote or isolated areas, planned regular check-ins is to occur. This can take the form of a phone call upon arrival of the planned itinerary, or to provide updates if unexpected delays have occurred. Where a worker may be regularly working from an isolated area (i.e., working from home or within an isolated/secure environment), regular check-ins are also to occur to assist with monitoring potential psychosocial hazards that may arise from prolonged exposure to isolation.

Travel, to, within and from remote or isolated work areas tend to have higher risks and longer travel times; conducting frequent check-ins including at mid-way points of the travel, before or after a site/home visit will ensure the worker's safety is consistently monitored.

SA Health local workplace processes and procedures are to detail check-in, escalation protocols and notification if a planned check-in has not occurred.

5.5 Competency and training

As part of the planning process, SA Health workplaces are to ensure workers are trained effectively to manage the hazards associated with the trip. Understanding procedures, strategies for consumer engagement, and emergency response procedures are critical for a safe trip to, from and within remote or isolated areas.

Areas to consider training workers in include:

> The requirements of Gayle's Law and engaging second responders.
> Local processes, procedures and strategies relating to check-ins and risk assessment.
> Prevention and management of complex and responsive behaviour, including systems for documenting and reporting other safety risks which may arise when visiting homes or communities.
> First aid training (where identified as per the risk assessment, remote first aid training may be recommended).
> Emergency procedures (e.g., calls for assistance, suspicion or threat, car breakdowns, firearms in the consumer's home, bushfire survival, inclement weather).
> Managing psychosocial hazards that may arise when undertaking remote or isolated work.

> Hazards associated with driving in remote/rural areas, and where identified, undertaking defensive driving training.
> Hazards associated with visiting consumer homes or other non-SA Health sites, including manual tasks and safe postures for the activity (i.e., transporting people or equipment).
> Infection control procedures including for exposure to sharps and body fluids, or hand hygiene (if soap and water is unavailable use an antiseptic wipe, alcohol-based rub, or skin cleanser, until soap and running water can be accessed).
> Understanding security monitoring procedures or equipment, including escalation procedures for threatening behaviour.
> Cultural awareness and engaging with Aboriginal communities effectively (detailed below).

5.5.1 Cultural awareness and engaging with remote Aboriginal communities

Before travelling remotely, it is recommended to research the Aboriginal community you are proposing to visit. It is important to seek permission and organise an appropriate time to visit from the appropriate community leaders, this could be the Traditional Owners. It is critical that you engage early with community leaders as some communities have cultural training and cultural leaders who can provide assistance.

> There may be specific permits required for your visit into Aboriginal communities, particularly if entering Anangu Pitjantjatjara Yankunytjatjara (APY) lands to provide a healthcare service or conduct work on behalf of SA Health. For more information visit *APY Permit Requirements and Information*.
>
> Other communities like Yalata and Oak Valley also have permit and visitor requirements.

Building good relationships in and with Aboriginal communities is an important part of understanding the landscape in which the work is being conducting. Be mindful of where you are driving and/or visiting as some areas may be closed for cultural business or have significant cultural meaning to the community that mean you can't enter the area or may require an escort.

These skills can be learned and understood through a variety of mechanisms, including face-to-face training or consulting with local Aboriginal Liaison Units within SA Health and community leaders.

Examples include:

> Completing the SA Health Aboriginal Cultural Learning Framework prior to visiting any Aboriginal Community.

> Consulting with SA Health Aboriginal Health for strategic advice on Aboriginal health and wellbeing matters.

> Consulting with SA Health Aboriginal Workforce on increasing cultural capability within your team.

> Accessing the Register of Cultural Awareness Training Providers (Attorney General's Department) or other face-to-face cultural awareness training (e.g., Cultural Diversity and Awareness for Public Sector).

For more information about engaging Aboriginal people in a culturally respective way visit the SA Health Guide for Engaging with Aboriginal People.

5.6 Debrief or feedback session post Remote or Isolated Work

It is important managers speak with workers to understand their experiences of working remotely or in isolated conditions. Workers in remote healthcare settings may also be faced with unique challenges impacting their ongoing or future successful planning and implementation of health services and the processes described above.

In addition, if a significant incident occurs during remote or isolated work, then conducting a debrief and the provision of additional support services is required.

Conducting a debrief or feedback session will:

> Create consistency among worker expectations and process requirements.

> Assist everyone to learn from challenges and successes.

> Enable continuous improvement, to plan to make positive changes.

> Support risk management and mitigate incidents more effectively.

Ideally, these are planned for and held as soon as possible post the remote or isolated work activity. They can be as simple as a follow-up during one-on-one discussions or an agenda item at a team meeting or can be a formal set meeting with consideration given to ensuring support personnel are in attendance where appropriate.

All conclusions and agreed actions are to be recorded. Local plans or Safe Work Procedures to be reviewed and re-assessed as required in consultation with other workers (and HSRs). Results and adjustments should be noted and circulated shortly after. Any training or information sessions should be updated accordingly.

6. Supporting information

Remote or Isolated Work supporting information:

> Remote or Isolated Work Policy
> Remote or Isolated Work Risk Assessment Template
> Remote or Isolated Work Safety Guide
> Remote or Isolated Work Travel Plan and Checklist
> Remote or Isolated Work Communications Systems Fact Sheet

SA Health supporting information:

> Aboriginal Health Care Framework 2023 – 2031
> Domestic Travel Policy Directive
> Driving Safe Policy
> Hazard Identification and Risk Management Policy
> Gayle's Law Policy and Procedure Checklist Tool
> Overseas Travel Policy
> Travel and Fringe Benefits Tax Policy Directive
> WHS Policy

7. Definitions

> **Hazard:** a situation in the workplace that has the potential to harm the health and safety of people or to damage plant and equipment. This situation could involve a task, chemical or an item of plant or equipment.

> **Isolated work:** work that is isolated from the assistance of other people – including rescue, medical assistance, and emergency services – because of the location, time or nature of the work being done.

> **Out of hours callout:** a request for attendance of a health practitioner between 5.00pm and 8.00am, or anytime on a Saturday, Sunday, or public holiday.

> **Remote work:** work that may involve activities undertaken at a location removed from a metropolitan environment and/or are few people present where communications and travel are difficult.

> **Risk:** the possibility that harm (death, injury or illness) might occur when people are exposed to a hazard.

> **Statewide services:** means Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

> **Second responder:** a trusted community member who will accompany a health practitioner who is providing an out of hours or unscheduled callout.

> **Unscheduled callout**: a request for the attendance of a health practitioner within 24 hours of the request and the place for attendance is in a remote area.

> **Worker(s):** refers to employees, contractors or subcontractors, students, and volunteers undertaking work on behalf of SA Health; that is the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

8. Document ownership

Document owner: Domain Custodian for the Employment, Work Health and Safety Policy Domain

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9. Document history

Version	Date approved	Approved by	Amendment notes
1.0	26/09/2014	Portfolio Executive	Original PE approved version.
2.0	17/04/2020	Deputy Chief Executive, Corporate & System Support Services	Formally reviewed in line with 4-year scheduled timeline for review. Amended to include risk management framework. Amended to include reference to Health Practitioner Regulation National Law (SA) (Remote Area Attendance) Amendment Act 2018 (Gayle's Law').
3.0	19/12/2024	Chief Executive, DHW	Amended guideline to align with latest best-practice as part of SA Health WHSIM System review and Policy Framework requirements.

10. Appendices

1. Recommended controls for remote or isolated work

2. Recommended controls for remote or isolated work

For more information

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Government
of South Australia

SA Health

Appendix 1: Remote or Isolated Work Quick Reference Guide

Remote or Isolated Work – Gayle's Law Quick Reference Guide

Managing hazards and risks of remote or isolated work

Use the below flowchart to assist in determining what risk management process needs to be undertaken and when.

Identify & assess
- For all remote or isolated work activities complete a **Remote or Isolated Work Off-Site Checklist and Risk Assessment** or review a local risk register or Safe Work Procedure.

Systems
- If travelling to, from, or within a remote or isolated worksite, complete a **Remote or Isolated Work Travel Plan and Checklist**.

Response
- If an out-of-hours or unscheduled callout occurs use the **Rapid Risk Assessment Tool** to review and update existing Travel Plans.
- If no Travel Plan is in place complete **Remote or Isolated Work Travel Plan and Checklist**.

Rapid Risk Assessment Tool

Use this tool if any out-of-hours or unscheduled callout occurs prior to travelling to a remote or isolated area to comply with Gayle's Law.

Criteria	Yes	No
You know the location you are being asked to attend.	☐	☐
Your vehicle is adequately prepared for travel (fuel, jack, spare tyre, GPS/map, drinking water, first aid kit, vehicle can be easily secured/released, and anything else required is checked).	☐	☐
People on-site are expected to be cooperative and not pose a danger to you (i.e., known to not be substance affected, confused or violent).	☐	☐
Your access is not impeded (i.e., unrestrained dog, door blocked).	☐	☐
A second responder is available to attend with you <u>or</u> is not required in accordance with Gayle's Law.	☐	☐
All relevant safety requirements, planning and procedures are being followed.	☐	☐
A reliable person knows where you are going and when you are expected back. They will initiate further contact or a search if needed.	☐	☐
Potential risks to you arriving to or leaving the home/clinic to access your vehicle have been identified, assessed and controlled.	☐	☐
Reflection: significant safety concerns have been resolved with identified risks assessed and adequately controlled.	☐	☐

If you answer **YES to all** these statements it is most likely safe for you to respond.

If you answer **NO to any** of these statements, there are safety issues that require resolution before attendance and a **risk assessment** is to be completed.

Appendix 2: Recommended controls for remote or isolated work

Recommended controls for remote or isolated work	
Communication processes and systems	> Reliable and robust communication systems (e.g., access to a mobile phone with programmed emergency numbers, use of a satellite phone or similar where phone reception is unreliable, a personal duress alarm if available and coverage is present). > Establishing a communication contact person or buddy tracking system with an escalation process if communication is not maintained during remote or isolated travel. > Establishing regular lines of communication (i.e., phone calls, weekly one-on-one meetings as required) with workers who may work remotely or in isolation (including working from home) as a key component of their role to assist with monitoring worker wellbeing. > Visiting schedules, trip itineraries, or work rosters for drive-in-drive-out or fly-in-fly-out programs (including providing copies to contact person detailing schedule order, times of visits and estimated time of return). > Local procedures detailing check-in times on arrival and departure, including for overnight accommodations. > Communications with the consumer contact to offer or arrange the offsite/home visit, using department/service guidelines. > Read the *Remote or Isolated Work Communications Systems Fact Sheet* for more information.
Planning and scheduling	> Development of a Remote or Isolated Work Travel Plan or local equivalent (as detailed further below). > Identification of consumers who could pose a known threat to the safety of workers using existing systems (e.g., SA Ambulance Service 'Special Situation' (SS), Safety Learning System, EMR etc.). > As far as is reasonably practicable, ensure workers who are undertake remote or isolated work (including from a vehicle) do not have a medical condition which may compromise their welfare, health or safety. Where required, seek further advice from local WHS teams and/or a health professional where required. > Planning for rest breaks (every two hours to prevent fatigue), meal and amenity stops whilst travelling long distances. > Where the schedule includes more than one visit to a site, the worker should notify the workplace (i.e., health clinic) at the completion of each visit. > If the schedule for multiple visits changes, either the order of the visits or the duration of the visit (by more than 30 minutes), the worker should notify the changes to the workplace contact. > Conducting debriefs with workers who have returned from travel to discuss learnings and review effectiveness of controls.
Response procedures	> Coordinated, accessible and timely emergency and rescue, medical assistance, and security (e.g., SA Police escort for high-risk mandatory visits) procedures and services. > Detailed escalation processes or procedures if a worker fails to maintain the agreed communication strategy (i.e., within 30-minutes of agreed check-in time). > Second responders accompanying a worker when attending an out-of-hours or unscheduled callout as prescribed by Gayle's Law. Second responders should be advised of the general nature of the callout, including the location and an estimate time and place. > For more information on Gayle's Law requirements see the Remote or Isolated Work Policy Appendix 2: Gayle's Law Mandatory Instruction. > Adequate remote first aid facilities are available onsite and/or in the vehicle. > Bushfire Plans and response procedures are incorporated into the Remote or Isolated Work Travel Plan, where assessed as needed.
Security and Environmental Design	> Ensure external entry points to the work area are secure to prevent unauthorised access to the work area (including perimeter doors, windows – excluding emergency exits). > Ensure internal doors are locked where consumers may be left unsupervised in waiting areas > Confirming identities of consumers before allowing access (i.e., ensuring doorbells, intercom systems, digital door viewing, cameras, door peepholes available for consumer use). > Regularly reviewing and discussing emergency egress to ensure worker awareness of escape route options in the event of an intrusion. > Scheduling known aggressive/violent/challenging consumers during working hours when a worker is not required to work alone in isolation or remotely, and gaining assistance when transfer is required.
Vehicle selection	> Government fleet vehicles are used by workers undertaking offsite visits unless prior arrangements have been authorised. Where private vehicles are used workers must have Chief Executive or relevant delegate approval. > All required safety features of the vehicle are in place, including sufficient fuel, relevant first kit and fire safety equipment, where assessed as needed.