Policy No.: G0141

Remote or Isolated Work Safety (WHS) Policy Guideline

Version No.: 2.0
Approval date: 17/04/2020

Government of South Australia
SA Health

Contents

1. Policy Statement

Department of Health and Wellbeing (DHW)/Local Health Networks (LHN)/SA Ambulance Service (SAAS)/Health Services (HS)/Business Units (BU)/Attached Offices (AO) and workplaces will take reasonably practicable steps to ensure the work health and safety of all persons working in remote or isolated work conditions through the identification and implementation of effective risk control measures.

This policy guideline is to be read and administered in conjunction with **Policy Directive – Remote or Isolated Work Safety (WHS)** and provides information and resources to ensure the safety of all persons working in remote or isolated working environments, including:

- Working alone on site, in isolation or remotely
- Working alone off site, in isolation or remotely
- Working from a vehicle
- Working alone after hours/out of hours callout or unscheduled callout.

This policy guideline outlines the risk management process to be used by LHN/SAAS/HS/BU/AO and workplaces to identify, assess and control hazards and risks associated with remote or isolated working conditions.

Workers working alone, in isolation or remotely do not have access to normal safety arrangements that exist whilst on site. As such, identification and application of special provision/precautions may be made available to them to ensure that work health and safety obligations are met and identified risks addressed.

This policy guideline assists health services to implement the operational requirements of the *Health Practitioner Regulation National Law (SA) Act 2010 (Remote Area Attendance) Amendment Act* 2017 (more commonly known as Gayle's Law).

This policy guideline also provides guidance on effective communication systems to ensure that they are:

- provided and maintained where identified as required
- implemented to ensure safety of persons working in remote or isolated work conditions.

2. Roles and Responsibilities

This policy guideline applies to all SA Health entities and workers, including employees, volunteers, contractors, labour hire workers, agency workers, students, carers and other persons conducting business or undertakings (PCBU) registered under the *Health Practitioner Regulation National Law* or providing a health service on behalf of SA Health.

The following roles and responsibilities are specific to this policy guideline and should be read in conjunction with the roles and responsibilities found within **SA Health Policy Directive – Remote or Isolated Work Safety (WHS)**:

2.1 Managers

Will take reasonable care to:

- Ensure workers are provided with appropriate communication systems
- Ensure workers are aware of safe work procedures developed for identified areas of risk

- Ensure workers perform a risk assessment prior to all remote or isolated work
- Ensure health practitioners undertake a risk assessment prior to attending an out of hours or unscheduled callout in remote areas of South Australia
- Ensure workers are accompanied by a second responder when transporting clients in remote areas of Australia, as prescribed by Gayle's Law.

2.2 Workers

Will take reasonable care to:

- Conduct a risk assessment prior to all remote or isolated work
- Conduct a risk assessment prior to attending an out of hours or unscheduled callout in remote areas of South Australia
- Not attend an out of hours or unscheduled callout without a second responder except under the prescribed circumstances set out in section 3.6.2 of this policy guideline
- Ensure they are familiar with the process for contacting second responders when required
- Utilise appropriate communication systems
- Provide information to the health service on potential risks to the provision of health services to a client or in a location.

3. Policy Requirements

A worker is defined as working alone, in isolation or remotely when assistance from others persons cannot be obtained due to the location, time or nature of the work being undertaken. Examples of working alone, in isolation or remotely may include:

- Workers that are out for all or part of the normal work day due to meetings, seminars, home and community visits or lunch breaks
- Workers providing a service to patients/clients on SA Health sites, via a one to one consultation in a room or worksite where the door is closed for confidentiality
- Workers providing a service to patients/clients in their homes, undertaking Outreach Services, responding to medical emergencies in the community or off-site
- After hours or unscheduled callouts for health services in remote areas of the South Australia, as prescribed by Gayle's Law.
- Working alone, as a person rostered working after hours or out of hours, or on call roster
- Out of hours scheduling of appointments to meet client needs and travelling to and from the off-site location
- Country travel, field trips and working from vehicle
- Working as a single responder to an emergency situation (e.g. paramedic/emergency management)
- Remote or isolated SAAS station locations
- Contractor maintenance work performed alone or in isolation (e.g. plant maintenance, working in a roof space, confined space or working at heights)
- Working with hazardous chemicals alone or in isolation where other workers are not available to render first aid or assistance in an emergency (e.g. chemical spill).

3.1 Hazard and Risk Identification

Working alone, in isolation or remotely may increase the likelihood of a hazard or risk and possibly the severity of that risk.

The most common examples include:

- Challenging behaviours/violence and aggression from clients and members of the public

- Medical emergency (e.g. asthma attack, anaphylactic reactions, other critical situations requiring immediate medical treatment)
- General emergency (e.g. fire, power failure)
- Vehicle travel, road accidents and breakdowns (e.g. collision, fuel availability)
- Environmental hazards (e.g. inclement weather, heat, UV exposure, poor terrain and uneven surfaces)
- Exposure to biological and chemical hazards (e.g. sharps, blood and body fluid exposure)
- Fatigue
- Animals and insects
- Manual handling and ergonomics
- Other physical and psychological health related illnesses.

The **Hazard and Risk Identification Checklist** is a tool to assist workers intending to work alone, in isolation or remotely to identify hazards prior to performing the service.

3.2 Minimum Risk Control Measures

Risk control measures and treatments may be assigned and implemented using the hierarchy of risk controls and relevant legislation. Where applicable, the following minimum risk treatments are recommended to be implemented:

- Reliable and robust communication systems (e.g. establishing a buddy system; access to a mobile phone with programmed emergency numbers; a personal duress alarm if available and coverage is present)
- Communications with the client contact to offer or arrange the offsite/home visit, using department/service guidelines
- Coordinated, accessible and timely rescue procedures and services
- Coordinated, accessible and timely emergency procedures and services
- Coordinated, accessible and timely medical assistance and services
- Coordinated, accessible and timely security systems and services (e.g. SA Police escort and protection for the duration of service/high risk mandatory visits)
- Health practitioners in remote areas of South Australia, as prescribed by Gayle's Law, must be accompanied by a second responder when attending an out of hours or unscheduled callout
- If the visit schedule includes more than one visit, the worker is recommended to notify the health clinic at the completion of each visit to indicate that the visit has been completed safely. If the visiting schedule changes, either the order of the visits or the duration/time of the visits by more than 30 minutes, it is recommended that the communication contact person be informed of the changes
- As far as is reasonably practicable, ensure workers intending to work alone in isolation or remotely (including from a vehicle) do not have a medical condition which may compromise their welfare, health or safety in such a setting and seek the advice of both a health professional and/or a WHS professional as required.
- Routine work and foreseeable emergency plans as well as contingency plans for unforeseeable emergencies that may impose additional physical and psychological burden on the worker
- Adequate First Aid facilities are available
- Planning for rest breaks (every two hours to prevent fatigue), meal and amenity stops whilst travelling long distances
- Identification of clients which pose a known threat to the safety of workers using existing systems (e.g. SA Ambulance Service 'Special Situation' (SS), Safety Learning System, EMR)
- Government fleet vehicles are used by workers undertaking offsite visits, unless prior arrangements have been authorised. Where private vehicles are used workers must

adhere to the SA Government Safe Driving Policy and 'Use of Private Vehicles for Official Purposes'
- All required safety features of the vehicle are in place, including sufficient fuel, relevant first aid kit and fire safety equipment
- Security and environmental design risk control measures (see section 3.8 of this policy guideline)
- Implementation of all safe work procedures specific to the service (see section 3.4 of this policy guideline)
- All assigned risk control measures are monitored and reviewed for effectiveness.

Authorisation must be given by the delegated authority for workers to undertake work visits alone in isolation or remotely as part of their role (including working from home arrangements). Where services do not have safe work procedures to guide worker decision making and actions, prior approval and contingency plan approval must be sought from the line manager (i.e. emergency home visits). When enacting approval, both the line manager and worker must ensure that the worker is not placed into a situation of potential risk.

3.3 Risk Assessment

While there is always a degree of uncertainty and potential risk in any client interaction, identification of hazards and implementation of risk control measures are crucial components of risk management for working alone, in isolation or remotely.

When the risk assessment process determines it to be unsafe to perform the service, or the worker considers the risk posed to be unacceptable, the service must not proceed and exploration of other options for service delivery is recommended (e.g. providing a health service centre based appointment).

Workers intending or preparing to work alone, in isolation or remotely must:
- Assess and establish the need to work alone, in isolation or remotely, including discussion with relevant parties to determine whether the situation is an emergency, or if not, whether the service should be provided during normal business hours or at a hospital/health clinic
- Conduct a risk assessment prior to working alone, in isolation or remotely and the provision of the required service
- Consult other relevant sources to assist in the assessment of potential safety risks and whether it is safe to provide the service based on all the available information.

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

The **Rapid Risk Assessment Tool – Remote Health** is a dynamic tool to prepare workers for remote practice. The tool is to be used to assess safety issues in the workplace, in the community, and when on-call.

The **Hazard and Risk Identification Checklist** and **Risk Assessment Template** are tools to assist workers intending to work alone, in isolation or remotely to assess the risks of identified hazards and establish effective risk controls measures to be implemented prior to performing the service.

3.4 Safe Systems of Work

The development of safe work procedures is an integral part of the overall work, health and safety system as they provide practical guidance for workers to safely perform their work tasks in a systematic manner that addresses inherent hazards and risks.

Consideration of remote or isolated work safety risk control measures is recommended when developing safe work procedures for:

- Home and community visits
- Rural and remote home visits
- After hours or unscheduled callouts for health services in remote areas of the South Australia, as prescribed by Gayle's Law
- Communication and security systems and protocols (e.g. contacting second responders, medical assistance, travel)
- Responding to emergencies and unforeseen circumstances
- Vehicle operation including breakdown and emergency maintenance
- Manual handling related tasks (e.g. patient transfers, mobilizing, plant and equipment)
- Other work processes and tasks that may pose a risk to the health and wellbeing of workers (e.g. operating plant and equipment, handling chemicals).

It is recommended that workers are trained to effectively implement safe work procedures and are aware of the risks of working alone, in isolation or remotely.

The **SA Health Remote or Isolated Work Safety Self-Assessment Guide** is a tool to enable LHN/SAAS/HS/BU/AO to review their management programs and safety systems, and ensure that remote or isolated work is appropriately recognised, represented and included as a risk, and actions are taken to prevent incidents. The traffic light approach will support LHN/SAAS/HS/BU/AO from a situation with high risk factors to the lower risk scenarios and assists to identify areas of improvement.

3.5 Effective Communication Systems

It is recommended that the LHN/SAAS/HS/BU/AO ensures communication systems are robust and effective, and that documented communication strategies are in place.

Documented communication strategies may consider the following:

- visiting schedules:
  - client's name
  - address
  - contact phone number
  - schedule order and times of visits
  - estimated time of return.

- Communication contact person:
  - buddy tracking system
  - schedule for communication
  - escalation process if communication is not maintained
  - telephone call to home base on arrival and departure at the worksite
  - development and approval of trip itineraries for extended trips and adherence to the itinerary
  - pre-trip agreement on departure/arrival times and accommodation arrangements.

- Escalation process when a worker fails to maintain the agreed communication strategy (i.e. within a 30 minute time period):
  - calling the worker on their mobile phone, followed by other contact numbers recorded by the worker

- escalation to the line manager or other senior worker
- escalation by the line manager to SAPOL on 131444. If the situation warrants an emergency response, the line manager/senior manager should call 000
- contact next of kin.

For information on considering appropriate communication systems whilst working alone or remotely, guidance is provided in **Factsheet – Communication Systems for Remote or Isolated Work (WHS)**.

3.6 Gayle's Law

Part 5A of the Health Practitioner Regulation National Law (South Australia) Act 2010 (referred to in this policy as "Gayle's Law") requires health practitioners providing health services in the remote area of South Australia to be accompanied by a second responder when attending an out of hours or unscheduled callout except in certain circumstances.

If a decision is made to attend the call-out a seconder responder must accompany the health practitioner (unless it is one of circumstances otherwise provided for in section 3.6.2 of this policy guideline).

3.6.1 Engagement of Second Responders

LHN/SAAS/HS/BU/AO will have a pool of second responders that a health practitioner can contact to accompany them for an out of hours or unscheduled callout. The second responder is engaged to accompany the health practitioner to ensure the risk of injury is reduced.

The second responder is a trusted community member and may be a member from the local community, another Government employee or another member of the LHN/SAAS/Health Service.

A second responder must hold a current driver's licence and been subject of a working with children check within the preceding 5 years and not have been prohibited from working with children.

However, these requirements do not apply to a person being engaged as a second responder for a particular callout under the following circumstances:

- if the health practitioner has taken all reasonable steps but been unable to engage a second responder who meets the requirements; and
- the risk to the health of the person requiring the service is high (treatment is not able to be delayed until the normal operating hours of an available clinic or health facility commence, or for a period of more than 24 hours); and
- the second responder is known to the health practitioner and is considered by them to be a suitable person to be engaged.

The second responder should be advised of the general nature of the callout, including the location and an estimate of the time required for the callout, and a designated time and place to meet for the callout. The health practitioner and second responder should travel to the callout together. Upon the second responder advising that they are available for the callout the second responder is considered to be engaged. The second responder is to be physically present with the health practitioner at a callout at all times unless the health practitioner determines otherwise (giving regard to the health service provided and the privacy of the patient). The second responder's time of engagement is completed when they arrive at their place of residence or other nominated location.

3.6.2 When a second responder is not required

The Gayle's Law Regulations provide for instances when a second responder is not required to accompany a health practitioner on an out of hours or unscheduled callout.

There are only two situations where a second responder is not required:

a) where the callout is to a police station where at least one police officer or special constable is present for the duration of the callout
b) where the callout is to an emergency where at least one other emergency services worker is present for the duration of the callout.

3.7 Training and Orientation

LHN/SAAS/HS/BU/AO is responsible for the training of all employees, including safe work procedures for working alone, in isolation or remotely. Training provisions may include but are not limited to the following examples which may be mandated in other SA Health policies and documentation:

- The requirements of Gayle's Law
- Driver safety: using government or other vehicles, including driving in isolated or remote/rural areas, defensive driver training
- Occupational hazards and risks associated with home visiting
- Emergency procedures (e.g. calls for assistance; suspicion or threat; car breakdowns; firearms in the client's home, bush fire survival)
- Security monitoring procedures (e.g. communication strategies)
- First aid management (e.g. CPR training)
- Infection control standard precautions/transmission based precautions (e.g. exposure to sharps and body fluids; hand hygiene)
- Manual tasks (e.g. safe work postures)
- Prevention and management of challenging behavior, including systems for documenting challenging behaviour and other safety risks that may arise when home visiting particular clients
- How to respect client attitudes, property and needs (e.g. cultural awareness)
- How to obtain useful risk related information from clients by telephone prior to home visiting
- How to continuously assess risks throughout the home visit
- Specific local, program procedures or protocols that may apply.

3.8 Security and Environmental Design

When work is to be undertaken alone, in isolation or remotely consideration should be given to security and environmental design. The following risk control measures may be considered:

- Check that external entry points to the work area are secure to prevent unauthorised access to the work area (perimeter doors, windows) *Note: Do not lock/bypass emergency exits*
- Where clients/patients are admitted and may be left unsupervised in waiting areas, check that internal doors are locked (to prevent unauthorised access to
- 'Staff Only' areas of the premises
- In a client setting work with the front door closed, opening only to allow clients to enter and leave, person seeking entrance should be identified prior to opening the door (door bells may be utilised by clients for attention, intercom systems for identification/digital door viewing/camera system/door viewing peepholes)
- Know your escape route options in the event of an intrusion or other emergency

- Schedule known aggressive/violent/challenging clients during normal working hours when not working alone in isolation or remotely and do not transfer these clients via vehicle without assistance
- Introduce effective barriers to control access to areas
- Consider consultation room environment designs and location/type of furniture (avoid items that can be easily lifted and moved).

4. Implementation and Monitoring

In addition to the evaluation criteria contained within Policy Directive - Remote or Isolated Work Health and Safety (WHS), implementation of this policy guideline will be monitored via the DHW/LHN/SAAS WHS Internal Audit Program against the following criteria:

- Demonstrate documentation and implementation of communication systems supporting the management of working alone on site in isolation and/or remotely
- Demonstrate documentation including risk registers supporting the management of working alone on site in isolation and/or remotely.

5. National Safety and Quality Health Service Standards

							
National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
☒	☐	☐	☐	☐	☐	☐	☐

6. Definitions

Reference may be made to the **SA Health Work Health Safety Injury Management System – Glossary and Terms** for clarification of any general terms used throughout this policy directive.

health practitioner means:

a) any person registered under the *Health Practitioner Regulation National Law* (i.e. a practitioner in the following health professions: Aboriginal and Torres Strait Islander health practice; Chinese medicine; chiropractic; dental; medical; medical radiation practice; nursing; midwifery; occupational therapy; optometry; osteopathy; paramedicine; pharmacy; physiotherapy; podiatry and psychology), and

b) any other person providing a *health service* within the meaning of the *Health Practitioner Regulation National Law* (i.e. hospital services, mental health services, pharmaceutical services, ambulance services, community health services, health education services, welfare services to implement any of the above services, pathology services and services provided by dietitians, masseurs, naturopaths, social workers, speech pathologists, audiologists and audiometrists).

isolated work means: work that is undertaken without the possibility of assistance of other persons because of the time or nature of the work. This includes but is not limited to home and community visits, working after hours and working alone on or off-site.

out of hours callout means: request for attendance of a health practitioner between 5:00pm and 8:00am, or anytime on a Saturday, Sunday or public holiday.

reasonably practicable means: in relation to a duty to ensure health and safety, 'reasonably practicable' means that which is, or was at a particular time, reasonably able to be done in relation to health and safety, taking into account and weighing up all relevant matters including the likelihood of the risk occurring and the degree of harm that might result.

remote area means: Gayle's Law will apply to any out of hours callout or unscheduled callout if it is within the part of South Australia that covers:

a) an area not covered by a local council under the *Local Government Act 1999*
b) the lands within the meaning of the *Anangu Pitjantjatjara Yankunytjatjara Land Rights Act 1981*
c) the lands within the meaning of the *Maralinga Tjarutja Land Rights Act 1984*
d) the District Council of Coober Pedy
e) the Municipal Council of Roxby Downs.

second responder means: a trusted community member who will accompany a health practitioner who is providing an out of hours or unscheduled callout. A *second responder* must hold a current driver's licence and been the subject of a working with children check within the preceding 5 years and not have been prohibited from working with children.
N.B. a second responder is not required for a callout when the callout is to a police station, or an emergency where at least one other emergency services worker is present, in accordance with Gayle's Law Regulations.

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

7. Associated Policy Directives/Policy Guidelines & Resources

Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)
Return to Work Act 2014 (SA)
Health Practitioner Regulation National Law (SA) 2010 (Remote Area Attendance) Amendment Act 2017 ('Gayle's Law')
Health Practitioner Regulation National Law (SA) (Remote Area Attendance) (No 2) Variation Regulations 2019

Policy Directive - Hazard Identification and Risk Management (WHS)
Policy Directive – Management of Work Related Injury/Illness (WHSIM)
Policy Directive – Performance Review and Continuous Improvement
Policy Directive - Remote or Isolated Work Health and Safety (WHS)
Policy Directive - Roles, Responsibilities and Governance (WHS)
Policy Directive – Work Health, Safety and Injury Management (WHSIM)
Policy Directive – Work Health and Safety Reporting and Investigation
Fact Sheet – Communication Systems for Remote or Isolated Work (WHS)
Fact Sheet – Gayle's Law FAQs

CRANAplus, 2017, Safety and Security Guidelines for Remote and Isolated Health

8. Document Ownership & History

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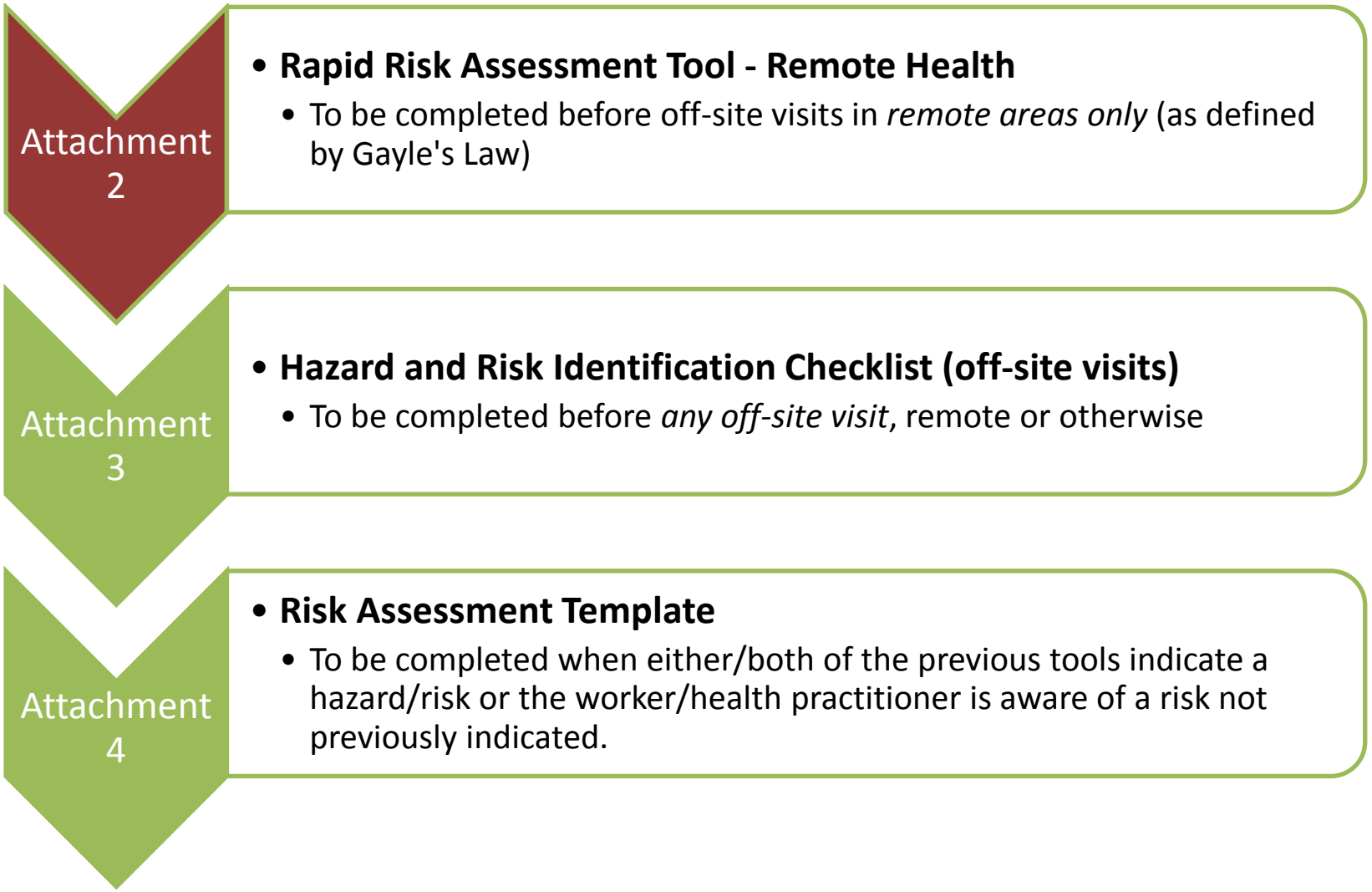
17/04/2020	V2.0	Deputy Chief Executive, Corporate & System Support Services	Formally reviewed in line with 4 year scheduled timeline for review. Amended to include risk management framework. Amended to include reference to *Health Practitioner Regulation National Law (SA) (Remote Area Attendance) Amendment Act 2017* ('Gayle's Law')
26/09/2014	V1.0	Portfolio Executive	Original PE approved version.

Appendix 1

Risk Management Flow Chart for remote or isolated off-site visits (including out-of-hours and unscheduled callouts)



Attachment 1

Rapid Risk Assessment Tool – Remote Health

This tool should be used to assess safety issues when working remotely in the community or responding to an out-of-hours or unscheduled callout in remote areas. It may be necessary to re-assess safety at any time if new risks are identified.

Respond to the following statements to the best of your knowledge:

1. You know the location you are being asked to attend. ☐Yes ☐No
2. Your health vehicle is adequately prepared for travel (fuel, jack, spare tyre, GPS/map, drinking water, first aid kit and anything else required have all been checked). ☐Yes ☐No
3. People on-site are cooperative and do not pose a danger to you (i.e. known to not be substance affected, confused or violent). ☐Yes ☐No
4. Your access to the patient is not impeded (i.e. unrestrained dog, door blocked). ☐Yes ☐No
5. A second responder is available to attend with you or is not required (for out-of-hours or unscheduled callouts) – refer to 3.6.2 Policy Guideline ☐Yes ☐No
6. All relevant safety policies are being followed. ☐Yes ☐No
7. A reliable person knows where you are going and when you are expected back. They will initiate a search if needed. ☐Yes ☐No
8. There are no risks to you in leaving your home/clinic to access your vehicle. ☐Yes ☐No
9. Reflection: significant safety concerns have been resolved. ☐Yes ☐No

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 need to be resolved **before attendance** and you should complete a **risk assessment** using Appendix A: Risk Assessment Template

Attachment 2

Hazard and Risk Identification Checklist (off-site visits)

This tool should be used to assist in the identification of hazards and risks prior to conducting an off-site visit and should be based on all the information you have available to you at the time.

Communication (refer to SA Health Fact Sheet – Communication Systems for Remote or Isolated Work (WHS))	Yes	No
Is a communication system available?		
Is the communication system appropriate for the area being visited?		
Is a contact person assigned?		
Is a communication schedule documented?		
Is a communication code word in place for a threatening situation?		
Is a process in place for if communication fails?		
Accommodation	**Yes**	**No**
Accommodation type: ☐ Flat/Unit ☐ House ☐ Apartment ☐ Community Facility ☐ Supported Residential Care ☐ Other (Please specify):_____		
Is the accommodation easily accessible (including lift/stair access)?		
Is the accommodation visible from the street?		
Is the accommodation remote?		
Is a key for access available or is someone able to open the door for access?		
Is there external lighting?		
Persons Present		
Who is likely to be present during the visit? ☐Spouse/Partner ☐Dependants ☐Carer ☐Parents/Guardian ☐Other (please specify): _____		
Client Information	**Yes**	**No**
Has the client/carer consented to the visit?		
Does the client have language/cultural requirements? ☐Non – English speaking ☐Aboriginal/Torres Strait Islander ☐Other (Please specify)		
Are there any behavioural issues (consider client and any other person who may be present at time of visit)?		
Is there a history of challenging behaviours, violence or aggression?		
Have there been any recent issues? (i.e. family member intoxicated at time of visit)		
Has relevant medical history been communicated, including potential risk situations?		
Is there a history of alcohol or substance abuse?		
Is there a risk of the client or others at the premises using a weapon (i.e. are any weapons in the house)?		
Is the client or anyone else present a smoker?		
Are there any known manual task hazards and risks?		
Are there any known biological hazards / infection control risks (e.g. lice, fleas, mice)?		

Does the client have any pets? If yes, will they be securely locked away during the visit?		
Are there any known tripping hazards?		
Are work areas well ventilated?		
Are work areas a suitable temperature?		
Are RCDs provided for workers to use if using electrical equipment off-site?		
Are chemicals transported correctly, stored in their original containers, labelled, with SDS and used as intended?		
Other Information	**Yes**	**No**
Is the off-site visit to be conducted outside of normal working hours?		
Are there any other known hazards? (e.g. demolition works with risk of exposure to asbestos or other injury)		
Are there any risks to you in leaving your home/clinic to access your vehicle?		

Based on this checklist, are there any hazards or risks to conducting this off-site visit?

If **YES**, complete the risk assessment in Appendix A.

Appendix A

Risk Assessment Template

If you answered **NO** to any of the questions in the Rapid Risk Assessment, or identified any issues through the Hazard and Risk Identification Checklist, you should use this risk assessment template to determine what the safety issues are and how they can be resolved to enable you to provide a clinical response.

Administration				
LHN/SAAS/HS/BU	**Team/Ward**	**Date of assessment**	**Conducted by**	**Approved by**

Hazard Identification			Risk Evaluation		Risk Control			
Work Activity	**Identified Hazard**	**Associated Risks** There may be several risks associated with each hazard.	**Current controls** Activities and processes currently in place to reduce the risk.	**Assessment of risks** Consider current controls. Include consequence, likelihood and risk rating for each risk (see Attachment 5).	**Additional Controls** Key activities that can be performed now to reduce the risk.	**Assessment of risks** Consider additional controls. Include consequence, likelihood and risk rating for each risk.	**Treatments** Key future actions planned to further reduce the risk	**How will this be monitored and reviewed?** Record review date
i.e. Attending callout at patient's house	*i.e. multiple tripping hazards around entry to patient's house*	*1. Injury to attending clinician*	*No controls currently in place*	*C: 2 L: 4 RR: Moderate*	*Determine if there is a safer entry Ask family / friends to remove hazards before attending*	*C:1 L:2 RR: Low*	*Upon callout, request that all obstructions to access be removed or alternate entry arranged.*	
		2. Injury to bystanders	*No controls currently in place*	*C: 2 L: 3 RR: Low*	*Request bystanders remain outside*	*C:1 L:2 RR: Low*	*Upon callout, request that as few people as possible are present in the room with the patient.*	

	i.e. attending unscheduled callout in unknown area	*1. Getting lost while driving*	*GPS, Satellite phone with spare battery*	*C: 2* *L: 3* *RR: Low*	*Carry an up-to-date map of the area*	*C: 2* *L: 2* *RR: Low*	*Map to be added to list of items to always be carried in car.*	
	i.e. patient has a known history of violence against clinicians	*1. Injury to attending clinician*	*No controls currently in place*	*C: 4* *L: 4* *RR: High*	*Request that carer or family member who can calm patient is present at all times during the visit, or attend with another clinician or security personnel.*	*C: 2* *L: 3* *RR: Moderate*	*Document a patient management plan for future attendance at the home of this patient.*	

Appendix B – SA Health Risk Assessment Matrix

Use this Tool to determine an appropriate risk rating for identified operational risks, based on the consequences and likelihood of that risk occurring. The matrix reflects the risk appetite of SA Health.

When determining the risk rating, consider the effectiveness of any current risk controls, which may already contribute to reducing the risk.

Follow steps 1 – 4 for guidance in assessing the risk rating priority and action required.

Strategic and Operational Risk Assessment Matrix

Step 1: CONSEQUENCE (Impact) RATING GUIDE. Determine the outcome category.

Level	Category	Clinical	Financial	Our People	Legal, Policy and Regulatory	Organisation / Consumer	Corporate Reputation and Image
1	**Insignificant**	Negligible clinical event resolved without impact on Consumer or organisation	Financial loss of either less than $250,000 or 0.05% of budget	Negligible staff injury or near miss accident. Insignificant industrial grievance i.e. **Near miss, no or negligible injury**. No medical assessment/review required.	Immaterial legal, regulatory or internal policy failure without penalty implication	Event with negligible impact on delivery of services to Consumers. Internal inconvenience only	One off negative media coverage only and no reputation impact
2	**Minor**	Clinical event resolved with minimal short-term impact on Consumer or organisation	Financial loss of either between $250,000 to $1 million or between 0.05% to 0.2% of budget	Staff lost time injury. Local temporary poor engagement. Industrial grievance resolved internally I.e. **First aid treatment** only with minimal lost time, or restricted duties.	One-off minor legal, regulatory or internal policy failure resolved without penalty	Event with short term impact on delivery of services. Some impact on Consumers or Partners	Isolated adverse media exposure. Temporary minor negative impact on reputation
3	**Medium**	Clinical event resulting in temporary injury or impact with considerable effect on Consumer or organisation. Internal investigation required. May require external mediation	Financial loss of either between $1 to $5 million or between 0.2% to 1% of budget	**Moderate** instead of **Medium** Temporary injury to staff. Ongoing widespread engagement issues. Industrial disputation mediated with no major penalty i.e. **Medical expenses, lost time**, or restricted duties or injury/illness for 1 or 2 staff, or temporary injury with full recovery	Repeated legal, regulatory or internal policy failure with penalty implications requiring internal investigation	Event requiring considerable remedial action with moderate impact on Consumers or Partners. Temporary loss of important information	Repeated isolated negative reporting in media. Temporary breakdown in key relationship. Short term reputation damage
4	**Major**	Clinical event resulting in serious permanent injury, requiring internal and medico legal investigation, external mediation, major penalties or compensation	Financial loss of either between $5 to $10 million or between 1% to 2% of budget	Serious permanent injury to staff. Entrenched engagement problems. Inability to recruit staff with necessary skills in key areas. Staff walkout and Industrial stoppages i.e. **Permanent injury**	Systemic legal, regulatory or internal policy failure with major penalty requiring extensive internal inquiry and external review	Event with major impact on delivery of services. Major impact on Consumers or Partners. Temporary loss of critical information	Widespread negative reporting in media leading to high-level independent investigation with adverse findings and longer-term reputation damage. Premier or Ministerial involvement / intervention

Strategic and Operational Risk Assessment Matrix

Step 1: CONSEQUENCE (Impact) RATING GUIDE. Determine the outcome category.

Level	Category	Clinical	Financial	Our People	Legal, Policy and Regulatory	Organisation / Consumer	Corporate Reputation and Image
		payments		involving loss of function, or hospitalisation of 1 or 2 staff or 3 or more staff experiencing lost time or restricted duty or illness.			by Cabinet. Breakdown in key relationship(s)
5	**Critical**	Failure in clinical governance processes/ systems resulting in fatality requiring extensive internal and medico legal investigation, coroner's notification, significant penalties or compensation payments	Financial loss of either greater than $10 million or 2% of budget	Staff fatality. Simultaneous loss of a number of critical staff (e.g. Executive) i.e. **Death** of one staff, or hospitalisation of 3 or more staff	Substantial failure in internal governance and control structures resulting in Royal Commission and significant penalty	Event with significant impact on delivery of services across SA Health for an extended period. Significant impact on Consumers or Partners. Permanent loss of critical information	Sustained adverse media exposure. Total loss of confidence within community and with the Government. Parliamentary enquiry. Serious long-term impact on reputation

NB: Financial impact is assessed in the context of your Unit/Division/Department/Region

Strategic and Operational Risk Assessment Matrix

Step 2: LIKELIHOOD RATING GUIDE

Determine the likelihood of the risk identified. *(Consider historical factors, such as whether the risk has happened before in the past and how frequently it has occurred)*

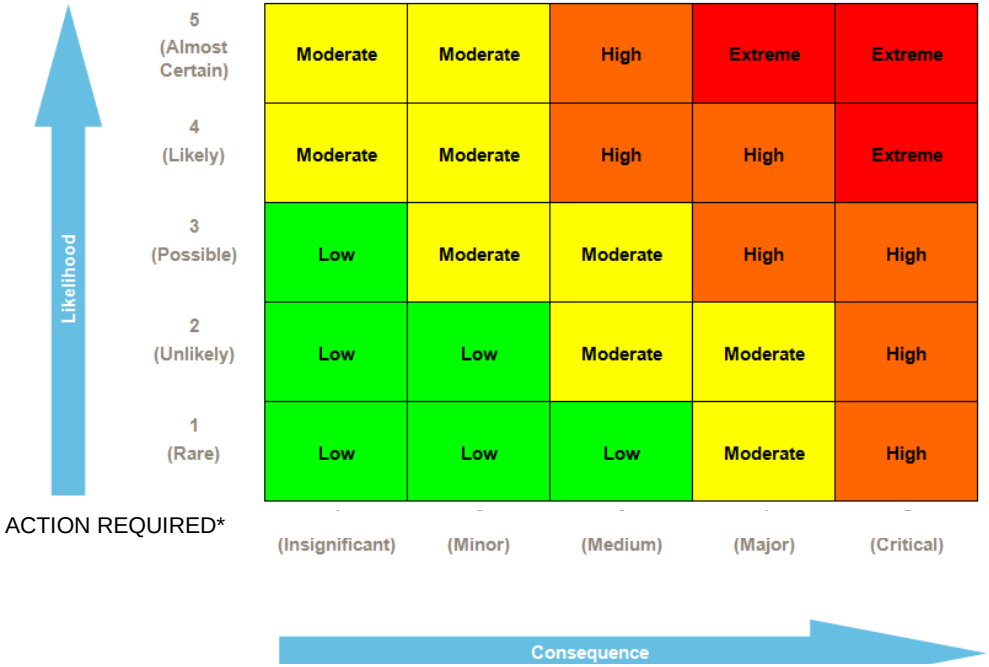
Level	Category	Probability Description
1	**Rare**	Once in 10 YEARS < 1% probability of occurrence Event may only occur in exceptional circumstances in the long-term future
2	**Unlikely**	Once in 5 YEARS 1% - 20% probability of occurrence Event could occur but not anticipated in the foreseeable future
3	**Possible**	Once a YEAR 20% - 50% probability of occurrence Event could occur within short-term timeframe
4	**Likely**	Once a MONTH 50% - 99% probability of occurrence Event could occur in most circumstances
5	**Almost Certain**	Once a WEEK or DAILY >99% probability of occurrence Event is expected to occur in most circumstances, risk is occurring now

Refer SA Health Risk Management Framework for details

Step 3: RISK RATING - RISK ANALYSIS MATRIX (indicating priority and action)

Use the selected consequence and likelihood rating to determine the intersection of the relevant ro and column; this will determine your risk rating.

RISK ASSESSMENT MATRIX (indicating priority and action)



Step 4: RISK EVALUATION Risk rating priority related to hazard management.

Controlled Level of Risk (Current Risk)	Action Description
Extreme	Immediate action required and commitment of executive, Treatment Plan prepared and documented in < 2 weeks (if applicable), escalate to SA Health Chief Executive via Health Network or Service Chief Executive Officer / Department Executive if unable to be mitigated to a lower level and not already reported, active monitoring of controls
High	Executive attention required Treatment Plan documented in < 1 month, monitoring of controls at least quarterly
Moderate	Management responsibility must be specified & accountability defined, Treatment Plan optional based on benefit to business, periodic ongoing monitoring of controls
Low	Responsibility must be specified, Treatment Plan optional based on benefit to business (NB: requires control evaluation to be completed), monitoring by Management, consider excess or redundant controls

The hierarchy of risk control must be used when identifying the treatments to be used for work health and safety risk identified.

Best	**Elimination**	Complete removal of hazard, or risk of exposure to the hazard e.g. remove the problem / process
	Substitution	Replace hazardous plant, equipment, chemical/substance or work process with a less hazardous one
	Isolation	Physically separate the source of harm from workers by distance or using barriers e.g. install guard rails, store chemicals in a fume cabinet.
	Engineering Controls	May include: redesigning / re-engineering the workplace or maintenance, using a patient lifter, fixing guards
	Administration Controls	May include: introducing new work practices, placing signs, training in safe work procedures / safe work method statements.
Least	**Personal Protective Equipment**	Use safety shoes, goggles, splash glasses, gloves etc. The least effective method of control but may be required to protect workers from hazards in the workplace, in conjunction with other controls.

Attachment 3

Remote or Isolated Work Safety Self-Assessment Guide

This describes a systematic risk management model which may be adopted to assist with the identification of any hazard or risk associated with working alone off site in isolation and/or remotely. It covers general work health and safety management and challenging behaviour. This process may be followed prior to undertaking any off-site visit or working in isolation and/or remotely, however workers are still able to make decisions about their personal safety. Any staff concerns should be appropriately reported at all times, regardless of this self-assessment.

Specific tasks and risk control measures

The following table explores a variety of tasks undertaken by health service workers, as well as identifying a variety of risk control measures for the following work tasks:

- Off-site visit preparation
- Working alone
- Working with clients (and their carers and/or family members)
- Travelling to and from visits
- Working at night
- Handling drugs, cash and valuable equipment

The **high risk** **reduced risk** **low risk** 'traffic light' coding system has been adopted to help identify work practices which involve increased risk, followed by examples of safer work practices. In some situations, a combination of work practices may assist in reducing the risk to a greater degree than by using the solutions from one section in isolation. DHW / LHN / SAAS / HS / BU / AO should focus on eliminating the risk so far as is reasonably practicable, or if this is not possible then aim to reduce the risk so far as is reasonably practicable.

WORK ACTIVITY	HIGH RISK These work practices are high risk and may breach WHS legislation. It is recommended that the measures described in the reduced risk and low risk columns be implemented and regularly monitored.	REDUCED RISK These practices reduce risk, but are less effective in reducing the risk than those in the low risk column.	LOW RISK These practices are the most effective at reducing risk and should be regarded as the minimum benchmark for all workplaces.
Off-site visit preparation	➢ No processes in place for assessment and dealing with aggressive or threatening persons ➢ No handover provided to workers regarding risk of challenging behaviours involving client or others at premises ➢ No training provided to workers regarding relevant procedures / safe work procedures ➢ No assessment of risk prior to service delivery ➢ No procedures / safe work procedures in place for delivery of service off-site ➢ No requirement for workers to provide information to a designated person regarding location of visit or arrival and departure times	➢ Limited process in place for assessment and dealing with aggressive or threatening persons ➢ Limited handover provided to workers regarding risk of challenging behaviours involving client or others at a premises ➢ Limited training provided to workers regarding relevant procedures / safe work procedures for delivery of services off site.	➢ Assessment of client's suitability for provision of home services conducted prior to visit ➢ Assessment conducted in a controlled environment ➢ No visits conducted until risk assessment completed ➢ Procedures / safe work procedures for delivery of services off site in place ➢ System in place for collecting data from staff prior to visit

Travelling to and from visits	➢ No initial assessment conducted, or initial assessment does not identify suitable parking areas or access and egress points ➢ No adequate communications equipment ➢ No procedures in place for travelling to and from visits ➢ No training provided to workers regarding safe work procedures including what to do in the event of a vehicle breakdown ➢ Workers use personal vehicle.	➢ Workers are provided with some communications equipment ➢ Limited procedures / safe work procedures in place for travelling to and from visits ➢ Limited training provided to workers and what to do in the event of a vehicle breakdown.	➢ Initial assessment identifies suitable (e.g. well lit) areas to park vehicles and suitable access / egress points from the property to be visited ➢ Workers park in an accessible position on the street (e.g. not in the driveway) where they can easily directly drive out in an emergency ➢ Workers keep car keys on them at all times ➢ Mobile phones are provided with adequate coverage, emergency numbers programmed into phones (including automotive breakdown assistance), and personal duress alarms provided if appropriate ➢ Workers do not enter enclosed properties with a dog in the front yard, until pet is secured by owner ➢ Workers listen for any conflict that may be occurring at a premises before entering ➢ Workers are able to cancel visit if high risk exists ➢ Training provided to workers on what to do in the event of a vehicle breakdown ➢ Government vehicles used.
Working alone (including at night)	➢ Working alone without adequate communications equipment ➢ Reliance on workers or clients communication equipment (e.g. client's mobile phone) ➢ Workers conduct visits alone at night or after hours ➢ No persons available to respond in emergency situations (e.g. office not staffed after hours) ➢ No or limited training provided to workers regarding risk assessment or safe work procedures. ➢ No procedures / safe work procedures in place to track worker locations.	➢ Procedures / safe work procedures in place to ensure workers advise a designated person of the clients' address and their expected arrival and return times. Training provided. ➢ Supervisors contact workers performing visits within 30 minutes of them arriving at a client's home, using 'yes / no questions to determine if any issues exist ➢ Code words established to alert the designated person if worker is in a threatening situation or under duress ➢ Person available (e.g. designated person) to respond appropriately if the worker does not return to make contact at the end of their visit ➢ No visits conducted after a set time (e.g. 4.30 pm)	➢ Workers do not deliver services alone. Visits conducted with 2 persons or a security officer or police officer if visit is essential, or other reduced risk solution strategies are adopted. ➢ Visits not conducted at night or after hours

		➢ Duress alarms provided, with the appropriate coverage and appropriate response system in place ➢ Mobile phones with appropriate coverage and programmed with emergency numbers provided, and taken on visits ➢ Workers authorised to contact emergency services directly if required ➢ Workers are trained to conduct a situational risk assessment and end visit if they consider a risk of occupational violence exists ➢ Visits conducted with two persons, or with security officer, or one person with telephone backup, based on risk assessment ➢ Torch and batteries provided.	
Working with clients and their carers and/or family members	➢ Limited assessment of risk of occupational violence from client ➢ Visits conducted when client behaviour assessed as high risk and no or ineffective controls are implemented ➢ Workers conduct visits alone ➢ No processes in place to deal with aggressive or threatening people ➢ No consequences for or reassessment of people who threaten or act violently toward workers ➢ Reliance on workers or clients communication equipment (e.g. personal mobile phones or home telephones) ➢ Visits conducted at locations where people are under the influence of drugs or alcohol ➢ Treatment and rehabilitation procedures that may cause client to become distressed and agitated are performed on visits ➢ Workers are not informed of specific client triggers or actions taken to manage specific clinical	➢ Visits still conducted if client's behaviour assessed as high risk, but with controls implemented to reduce the risk ➢ Visits conducted with two appropriately trained workers or a security officer if client has a history of violence or aggression ➢ Procedures in place for dealing with aggressive or threatening people ➢ Code words established to alert manager / supervisor if workers are in a threatening situation or under duress ➢ Duress alarms with appropriate geographic coverage provided ➢ Mobile phones with appropriate geographic coverage provided and to be taken on visits with emergency numbers programmed into them ➢ Workers authorised to contact emergency services directly if required ➢ Workers able to conduct situational risk assessment and end visit if they consider a risk of occupational violence exists	➢ Visits not conducted if behaviour assessed as being high risk (e.g. adversely affected by drugs or alcohol) ➢ A framework to manage challenging behaviour is implemented and appropriate actions taken following situations involving occupational violence ➢ Appropriateness of service and client symptom management are reviewed, which may result in withdrawal of visiting service and treatment being provided elsewhere (e.g. at hospital for clients who have a history of aggression or threatening behaviour) ➢ Treatment / rehabilitation services are provided at a more suitable location to minimise the client's distress or agitation.

	behaviours ➢ No or limited training provided to workers regarding the assessment of risk, identification of early warning signs and techniques for defusing a situation before it escalates ➢ Visiting workers wear items of clothing that may present a strangulation hazard (e.g. neckties, identification cards on lanyards around neck).	➢ Workers informed of specific client triggers & actions taken to manage specific clinical behaviours which are documented in treatment plan ➢ Training provided to workers regarding the assessment of risk, identification of early warning signs and techniques for defusing a situation before it escalates ➢ Visiting workers wear items of clothing that may present a strangulation hazard (e.g. neckties, identification card on quick release lanyards).	
Handling Drugs, Cash and Valuable Equipment	➢ Large quantities of drugs are carried by workers during visits, and contents of drug containers are easily identified by others ➢ Valuables, equipment and personal belongings left in view inside vehicles ➢ Workers take personal valuables on visits (e.g. prominent or excessive amounts of jewelry worn) ➢ Workers collect payment from clients during visits for delivery treatment and rehabilitation services ➢ No procedures / safe work procedures in place regarding handling drugs of valuables ➢ Workers not trained in procedures / safe work procedures for handling drugs and valuable equipment.	➢ During visits drugs, cash and valuable equipment are transported in containers that do not identify their contents ➢ Procedures are in place regarding handling of drugs and valuable equipment ➢ Workers trained in these procedures ➢ Workers wear minimal jewelry during visits.	➢ Drugs and other valuables are not carried on visits ➢ Valuables are not left in view inside vehicles ➢ All accounts paid centrally. Workers do not collect payment for treatment or rehabilitation services during visits ➢ Workers wear no jewelry during visits.

Communication Systems for Remote or Isolated Work (WHS)

SA Health will ensure that communication systems are provided and maintained, and that they are robust and effective in maintaining contact and accountability for all remote or isolated workers when normal telecommunication systems need to be enhanced due to telephone systems having limited access.

What is Working Alone in Isolation or Remotely?

A worker is considered to be working alone in isolation or remotely when they are isolated from assistance of other persons because of the location, time or nature of the work being undertaken.

Examples include:

- Remote Ambulance Station locations
- Out of hours scheduling of appointments to meet client needs, and travelling to and from the off-site location

Factors to consider when deciding on a communication system

In remote or isolated work environments, situations may arise where telephone coverage is unavailable or unreliable. In these instances, alternative communication methods must be considered.

The communication system must allow a worker working alone to call for assistance at any time, such as for:

- Vehicle breakdown
- Road accident
- Medical assistance/emergency
- Security

When choosing a communication system, consider the following:

- Environment the worker will be located in
- Distance from the home work base
- Geography of the environment they will be travelling
- Road conditions (i.e. dirt tracks, rugged)
- Local knowledge and/or expert advice

What options are available for communication?

A communication system may include any of the following and/or a combination dependant on circumstances:

- Mobile phone
- Personal security system
- Radio communication system
- Satellite communication system
- Emergency beacons

What should be considered when evaluating these options?

Mobile Phones

- Exercise caution when considering a mobile phone as the sole means of communication. Coverage should be confirmed before work commences.
- Mobile phones cannot be relied upon as an effective means of communication in many locations, and should gaps in coverage be likely to emerge, other methods of communication should be considered.
- If using a mobile phone, ensure the battery is kept charged and a phone charger is available in the vehicle.

Personal Security Systems

- These wireless and portable communication systems are suitable for people moving around or checking otherwise deserted workplaces (e.g. personal duress alarm)
- Some personal security systems include a non-movement sensor that will automatically activate an alarm transmission if the transceiver has not moved within a certain time

Radio Communication Systems

- Two-way radio systems have different levels of complexity and capabilities dependent on factors such as frequency, power and distance between broadcasters
- Equipment can be used for mobile or fixed use, be portable or mounted in a vehicle, and communication may be between any of these.

Satellite Communication Systems

- Satellite phones are most suitable for rural and remote regions allowing voice transmission during transit.
- Care in storage and use should be considered as their operation is affected by damage to aerials, failure of vehicle power supplies or vehicle damage.
- External advice should be sought to confirm suitability for locations being travelled.

Emergency Beacons

- The carriage of an emergency beacon is strongly encouraged where life-threatening emergencies can occur
- Emergency beacons are not dependent on local base stations, or affected by damage as satellite phones and radios can be, and are monitored by emergency services.
- The beacon must be registered prior to use, and relevant information maintained.

Version control and change history

Version	Date from	Date to	Amendment
1.0	Aug 2019	August 2022	Original

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