SESLHD PROCEDURE
COVER SHEET

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TYPE OF DOCUMENT	Procedure
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, People and Culture
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FUNCTIONAL GROUP(S)	Workplace Health and Safety
KEY TERMS	WHS Risk Management; Working in isolation; Working Alone, Psychosocial hazards at work,
SUMMARY	This procedure is to assist managers and staff in identifying and managing risks to people safety when working alone and in isolation, either onsite or offsite.

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1.   BACKGROUND

This procedure has been developed to promote safety, health and wellbeing of all workers and to minimise safety and wellbeing risks when the following working arrangements are required:

- Working onsite – either in isolation or alone; or
- Working offsite or travelling between locations – either alone or in groups.

2.   PURPOSE

Workers may experience various types of health, safety or wellbeing risks that require assistance or support, when required to work onsite in isolated areas or alone, during or outside their usual rostered working hours; or offsite alone or in groups.

This procedure assists managers, in consultation with their workers, to identify potential risks and implement controls to minimise / manager the risk associated with these types of working arrangements. Workers conducting visits in the community may also be potentially exposed to certain risks including, but not limited to:

- transportation to and from the service delivery location
- working in unfamiliar environments
- working in isolation and/or alone
- delayed response / support services
- working with mental health patients
- length of time the person may be working alone or in isolation
- the time of day when a person may be working alone or in isolation
- accessibility and communication with workers
- the location of the work
- the nature of the work, including the skills and capabilities of the worker and any medical considerations
- psychosocial hazards and risk
- human factors related risk

This procedure provides general information due to the broad range of services and locations that workers operate within across SESLHD, that may require working alone or in isolation, and focuses risk awareness, identification and control / management.

3.   DEFINITIONS

Refer to Appendix 1 – Definitions.

4.   RESPONSIBILITIES

SESLHD and its workers have work health and safety legal obligations to:

1. identify hazards in the workplace
2. assess the risk associated with these hazards, and
3. eliminate or minimise these risks to as low as reasonably practicable (ALARP).

4.1. **Chief Executive will:** ensure Health Safety and Wellbeing policies and procedures are in place to achieve our Health Safety and Wellbeing objectives; and that there are effective systems and processes in place for identifying and managing safety risks to ALARP.

4.2. **Facility / Service Managers will:** assist their managers in the implementation of local business risk management plans to effectively implement and manage the processes related to Health Safety and Wellbeing policies and procedures.

4.3. **Managers will:** implement and comply with Health Safety and Wellbeing policies and procedures, including consultation and development of local business risk management plans for their staff associated with this procedure. Report any health safety or wellbeing incident, injury, illness, hazard, risk or concern to their managers, and to the health and safety partner and/or in the IMS+ safety reporting system.

4.4. **Site Managers:** will be responsible for implementing their facility's / service's risk management systems for monitoring and managing staff working alone or in isolation. Report any health safety or wellbeing incident, injury, illness, hazard, risk or concern to their managers, and to the health and safety partner and/or in the iMS+ safety reporting system.

4.5. **Workers will:** provide participate in and follow the safety requirements outlined within their local business risk management plans and arrangements for working alone or in isolation. Report any health safety or wellbeing incident, injury, illness, hazard, risk or concern to their managers, and to the health and safety partner and/or in the IMS+ safety reporting system.

4.6. **Contact Person:** is an identified point of contact to take emergency or distress calls, initiate contact with staff who are overdue with reporting in, initiate emergency response and notify the Manager/Team Leader of overdue staff within a set timeframe. Report any health safety or wellbeing incident, injury, illness, hazard, risk or concern to their managers, and to the health and safety partner and/or in the IMS+ safety reporting system.

4.7. **Contractors**: will comply with SESLHDPR/333 Contractor Management Procedure and SESLHDHB/021 Contractor Safety Handbook. Report any health, safety or wellbeing incident, injury, illness, hazard, risk or concern to their managers, and to the health and safety partner and/or in the IMS+ safety reporting system.

5. PROCEDURE

To enable workers in undertaking their duties and providing services, their manager is to apply the following risk management principles in the workplace, where workers are required to work alone or in isolation, onsite or offsite.

1. Identify the department's high risk working alone and in isolation tasks through consultation with workers, which may also include advice from, Health and Safety Committees, Health and Safety Partners, Human Factors Assurance Consultant, professional experts, industrial organisations and/ or regulatory authorities regarding appropriate risk controls that can be implemented.

2. At all times during the working in isolation or alone, period workers should remain vigilant and alert to any possible safety risks. Although workers make the best efforts to assess the risks and implement controls prior to any task, this effort is only as good as the honesty and reliability of those consulted.

3. At times workers may have concern for their own personal safety and make the decision that it would be safest to withdraw their service or cut their service short. This may arise due to an identified safety issue or before a situation escalates to a dangerous point.

4. Use this procedure, in consultation with workers for the specific task outlining the risk controls and action to be taken by workers should an incident or safety issue occur.

5. Risk action plan to be developed for the implementation of outstanding controls.

6. Outstanding tasks from risk action plans are to be added to the department WHS and Wellbeing Hazard Register or ERMS risk management reporting system for long term strategies.

7. Monitoring and evaluation on the effectiveness of Safe Work Procedures (SWP) and risk controls.

8. Develop local business risk management plans / rules / protocols, for emergency communication including in and outside of business hours arrangements.

5.1. Other Offsite Activities

Approval from their manager is required for a worker to conduct or attend offsite activities such as community meetings. Part of the approval process will include an environmental and safety risk assessment using Risk Assessment along with abiding by this procedure while working in isolation.

When transporting patients and working in isolation, refer to SESLHDPR/229 – Transporting of Patients - Risk Management.

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COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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5.2. Risk Assessment

Where a high or critical risk task has been identified which involves working in isolation, a risk assessment is to be conducted. The Safety Risk Assessment Template, SESLHDPR/212 – Safety Risk Management Procedure and Working Offsite Safety Checklist is used for working onsite and/or offsite.

The risk assessment will assist to identify specific risks which may be applicable to workers outside normal working hours, e.g. low light conditions, availability of campus security support. The risk assessment can be adjusted to meet the requirements of the task at hand. The risk assessment is to be reviewed at a minimum of every three years or when any changes to the task / services occur (whichever is first).

5.3. Risk Controls

All risks must be controlled to as low as is reasonably practicable. All controls must be implemented to make the task as safe as possible.

5.4. Local Business Rules

Consultation with the Site Manager will help identify if the facility or service already have procedures in place for monitoring of workers working in isolation, on or offsite. These procedures may have been developed for tasks such as after-hours site access, and should be incorporated into the local Safe Work Procedures (SWP) and Local Business Rule (LBR).

If the site does not have current procedures in place for monitoring of workers working alone in isolation, you will need to develop specific SWP's for your department or service.

Site Manager and Managers of other workers that may be required to respond and assist are to be included in the consultation process.

Content of Local Business Rule

LBRs are to include:

- Contact details for the nominated contact person (both either in or outside the department's normal business hours if applicable).
- The system used to monitor staff working alone
- Communication methods and relevant contact phone numbers
- A process for notifying the contact person if the staff member has had to make early withdrawal of services
- Local emergency escalation plan that is to be implemented if attempts to contact the staff member have been unsuccessful (may include steps such as alerts to senior management, security personnel or NSW Police)
- How the person in the role of contact person or point, is to be orientated and training in the procedures regarding their roles and responsibilities

Where a department does not already have a system in place to monitor staff working alone, they should use the Risk Assessment and complete for the task.

5.5. Emergency Escalation Plan

Incident response procedures must be in place in the event of an emergency where the contact person or contact point is notified of a distressed worker or when communication with the worker is not maintained as per agreed procedure.

The local emergency escalation plan will need to have defined points of escalation and accountabilities need to be signed off by all respective stakeholders e.g. Switch Board, Security Staff, Site Executive and or Senior Nurse Manager After Hours) and be routinely tested to ensure consistency and reliability of processes.

Consideration should be given to including a specific coded safety word that a staff member can use to indicate being kidnapped or detained against their will to the contact person or point.

5.6. Testing of Emergency Procedures, Systems and Equipment

All emergency response and communication equipment (i.e. - two way radios, mobile phones, pagers, and duress alarm points) must be tested in the location it is intended to be used. This is to ensure they work in the location and that there are no communication black spots.

Equipment that is provided for workers to use while working alone in isolation must be tested on a regular basis in line with sites' testing schedule. Where applicable testing should be added to the local Workplace Inspection Checklist.

5.7. Consultation and Escalation

The manager in consultation with affected workers must ensure that the risk control measures are implemented in a timely manner. Where the preferred measures cannot be implemented within a suitable timeframe (considering the level of risk), interim measures must be put in place to control the risk until the preferred risk controls can be implemented.

Where the manager and/or workers are not satisfied that the mitigation strategies will be effective in controlling the risks, this will require escalation in a timely manner to the appropriate senior manager for actioning as per SESLHDPR/212 – Safety Risk Management Procedure.

5.8. Education and Training

All managers must ensure that workers who work alone in isolation have information, instruction and training with regards to the risks and SWP. This education and any necessary training must be incorporated into the induction process and formal performance review for new and existing workers.

Training records are to be kept and maintained by the Manager in a register, and regular testing of emergency procedures should be incorporated in to routine audit procedures for all local departments Workplace Inspection Checklist.

5.9. General WHS Reporting and Support Procedures

Incidents related to a patient/ client/ location visit are documented in their file and the Risk Assessment is updated appropriately and in iMS+ for the manager to address. This shall also happen with identified safety issues that have been bought to the attention of the manager, or an incident has occurred and been registered.

5.10. Consultation and Agreement

Where safety risks are identified, there must be a local procedure in place where workers and managers consult regarding the appropriate risk controls to be implemented for specific clients and risks.

The local procedure must include escalation within local governance if there is no agreement between the workers and manager, this could include a senior manager or stream manager.

When agreement on the appropriate risk controls is reached these are to be documented on the Risk Assessment template and the workers member and Manager need to sign the Risk Assessment.

It would be appropriate for managers and workers to discuss identified risks and controls with other workers that may be involved in managing the client during their period of care. This could be done through workers meetings, handovers or other methods. It should be remembered that this information is being shared on a need to know basis and is because of identified safety risks.

5.11. Medication and Medical Records

Medication and medical records must be stored correctly and the policies adhered to.

5.12. Motor Vehicles

Ensure all workers have read and adhere to SESLHDPD/285 - Motor Vehicle Policy.

5.13. Medical Emergency

In situations where a medical emergency/incident has occurred, you are not expected to provide basic first aid and CPR unless you are trained, equipped, and feel comfortable assisting. Your priority is to maintain personal safety and seek assistance from emergency services.

5.14. Personal Threat

In situations where workers personal safety is being threatened or is potentially under threat due to an incident that has occurred in the area you are visiting. Your priority is to comply with the aggressor, evacuate the area when safe and seek assistance from emergency services. Be mindful that your personal safety take priority over the safety of others and by assisting the client/others, you may be placing yourself in un-necessary harm or danger.

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5.15. Exposure to Chemicals/Hazardous substances

During offsite visits, some workers may be more likely to be exposed to chemicals and or hazardous substances due to the location, environment or work performed by people being visited. Should a workers member be exposed to chemicals and or hazardous substances, your priority is to seek assistance from emergency services.

6. PSYCHOSOCIAL HAZARDS

Working alone or remotely increases the risks to physical and psychological health in any job. Exposure to violence and poor access to emergency assistance are among the common hazards associated with remote or isolated work.

Actions depend on the conditions and context of the work, but may include:
- relocate the work
- provide vehicles, equipment, tools and communication equipment suitable for use in the terrain
- have at least two workers in remote locations
- ensure workers are physically and mentally fit to perform the work
- provide appropriate training about working in remote or isolated environments
- avoid times of the day which may lead to a potential risk, such as excessive heat, cold, storms and when the circadian rhythm wants the body to sleep
- ensure adequate facilities for workers including toilets, drinking water, eating facilities and personal storage
- provide accommodation
- have a check-in process where workers must contact 'home base' at a nominated time
- have an emergency response plan if workers fail to report in at allotted times.

For more information on the risks and treatment, see:
- Safe Work Australia - Remote or isolated work
- SafeWork Australia – Code of Practice: Managing Psychosocial Hazards in the Workplace

7. AUDIT

To achievement an effective working in isolation procedure:
- The procedure will be accessed via WHS audit program conducted every two years

8. REFERENCES

External

NSW Health Policy Directive PD2012_067 Emergency Management Arrangements for NSW Health

NSW Health Policy Directive PD2015_001 Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach
Protecting People and Property: NSW Health Policy and Standards for Security Risk Management
SafeWork Australia - Remote or Isolated Work
Work Health and Safety Act 2011 No 10
Work Health and Safety Regulation 2017

Internal

Safety Risk Assessment Template
SESLHDPD/285 - Motor Vehicle Policy
SESLHDHB/021 - Contractor Safety Handbook Safety Handbook.
SESLHDPR/212 - Safety Risk Management Procedure
SESLHDPR/271 - Work Health Safety and Wellbeing Policy and Statement of Commitment
SESLHDPR/333 - Contractor Management Procedure
SESLHDPR/342 - Development of Safe Work Practices Procedure
SESLHD Form F004 - Other Offsite Activity Safety Checklist
SESLHD Form F002 - Daily Visit Schedule (Individual)
SESLHD Form F003 - Daily Visit Schedule (Team)
WHS Hazard Register
Working in Isolation Register
Workplace Inspections Checklist

9. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
February 2014	2	Revised by Peter Kuszelyk, WHS Officer Work, Health, Safety & Wellbeing
August 2017	3	Desktop Revision and Links Update - John Parkinson, WHS Consultant
October 2017	4	Updates endorsed by Executive Sponsor
August 2021	5	Major review and amalgamation with SESLHDPR/230, SESLHDHB/016– Natasha Tonkin Safety Culture and Wellbeing Coordinator
December 2021	6	Addition of Psychosocial Hazards within the procedure – Ian Beard Health and Safety
March 2022	6	Approved by Executive Sponsor and SESLHD Executive Council.

Appendix 1 – Definitions

| Key Term	Definition
Contact Person	Refers to the nominated contact person/position that is the contact for emergencies relating to the staff member's safety while working alone or in isolation.
Duress Alarm	Fixed or pendant (portable) style device to signal for assistance sent by a person(s) who is threatened by the situation they face.
High Risk tasks	When working alone, may include but are not limited to, working with: • Electrical systems • Mental health and aged care patients • Public reception areas • Handling moneys, drugs, chemicals, bio hazards etc. • Confined spaces or difficult to reach areas • Work at Heights • Heavy machinery • Manual Handling
Manager	Refers to the supervisor in a Service i.e. In-charge person, Team Leader, Nursing Unit Manager, Department Manager, persons acting in a supervisors role.
Offsite Period	Refers to the period between departure and the arrival back to a premises owned or controlled by SESLHD (usually regarded as the workers place of work) or conclusion of last visit if not returning to work site.
Offsite Service Provision	Refers to the delivery of health services outside of the health care setting. This could be seeing a patient/ client in their own home but may also refer to providing a service to people in another residential or community setting e.g. hostel, neighbour's home, child care centre, pre-school or school.
Security Staff	Security Officers or Health and Security Assistant
Workers	For the purpose of this document any person working or directed to work offsite in the capacity of SESLHD may include, but not limited to, paid worker, volunteers or students.
Working Alone (onsite)	Working anywhere onsite/premise/campus under control of the LHD where a person is unable to get immediate assistance from colleagues or other people. This includes working in isolated areas onsite either during or outside normal working hours.
Working offsite	For staff working offsite can refer to any place that is not the usual place of work.

APPENDIX 2 – Transport Assessment Tool to be used in conjunction with Safety Risk Assessment

Note - Risk assessment tool and colouring system has been developed in accordance with NSW Health Risk Management Matrix

How to use: Step 1 - Identify the most serious Consideration (either from the list or from other sources) Step 2 - Use Assessment section to determine the level of seriousness for the consideration. Step: 3 – Based on the seriousness you can determine the Risk Level and Safety Actions.	Impact on Service/ Department : **Serious** - Unable to put appropriate controls in place to provide service. **Significant** – Requires complex planning of controls to provide service **Potential** – Requires minimal controls to provide service

Considerations should include (but not limited to):

Medication and Medical Condition	Patient behaviour (level of supervision)	Other persons (such as spouse, children)	Infections
Child Protection Arrangements	Patients mobility level and Aide's required	Suitable restraints (baby capsules, booster seats.)	Cultural considerations
Service dogs and pets as therapy animals	Environmental (weather, location, access etc.)	Transportation of equipment (Aide's etc.)	Continence
Length of Trip	Driver fatigue management		

2. Assessment	Risk level	3. Safety Actions
A **serious safety issue exists** in workers providing transportation. *For example the patient/client:* bariatric lifting equipment not available, physical aggression against an individual or persons including LHD workers, very difficult access to location, Additional other workers required for Child Protection reasons, lack of additional appropriately trained workers being available.	**HIGH = Orange**	Service provision is to be provided by third party. LHD workers will assist with making arrangements and provide staff assistance where possible.
A **significant safety issue exists** in workers providing transportation. *For example the patient/client :* has 4 or more significant others that have to be transported at the same time, child restraints are not available and need to be arranged/hired, assistance required from additional staff due to patient needs *i.e.* - manual handling, behaviour or mobility issues	**MEDIUM = Yellow**	Transport can be provided by LHD workers once additional controls are in place. I.e. use of alternate vehicle or multiple vehicles, fitting of new restraints, additional staff for assistance (i.e. mobility).
No safety issue or potential safety issue exists in providing transportation. *For example the patient/client:* will have difficulty in accessing the normal vehicle used by the department/service, alternate vehicle used to safety transport patient and their mobility aides, child restraints required.	**LOW = Green**	Transport can be provided by LHD workers once minimal controls are in place. I.e. use of alternate vehicle, fitting of existing restraints, pick up from alternate location.

APPENDIX 3 - Offsite Visit Flowchart
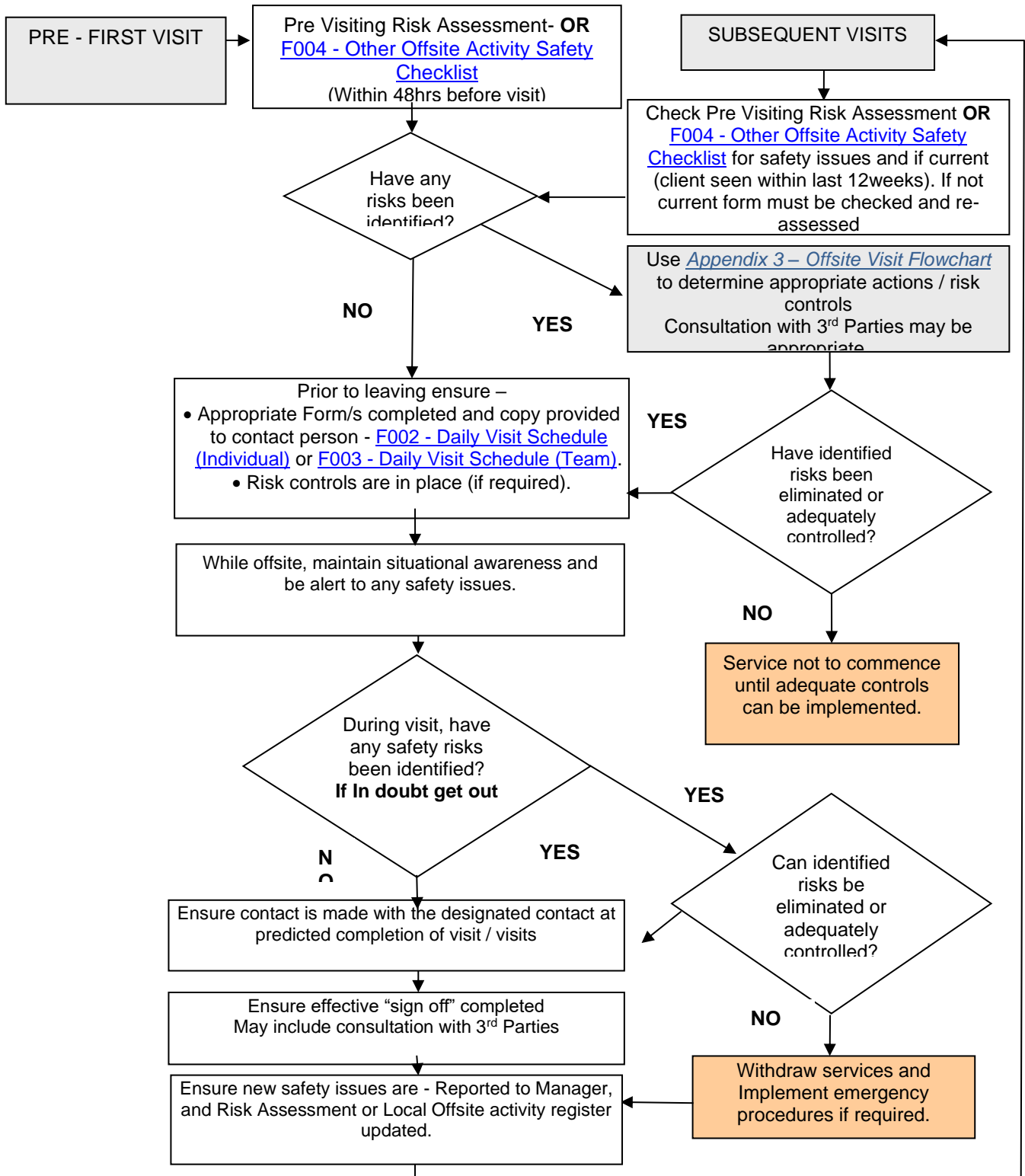
APPENDIX 4 – Offsite Risk Assessment Tool

Note - Risk assessment tool and colouring system has been developed in accordance with NSW Health Risk Management Matrix

OFFSITE RISK ASSESSMENT TOOL

Assessment	Risk level	Safety Actions
A serious safety issue exists in providing service. For example the patient/client or significant other has initiated physical aggression against an individual or persons including SESLHD worker and has been identified as a threat to continuance of safe service delivery, or very difficult access, or know aggressive/uncontrolled pets, or very unsafe location, or handbook handling issue	**Red**	Service provision is to be provided in a hospital or clinic with security, appropriate equipment etc. present. The service team must have identified roles for team s and verified safe options and or service cessation plans should the need arise. *Note: • An emergency plan must be in place before client interaction takes place. • If the person has been banned from receiving SESLHD services – follow the PD2015_001 Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach protocols*
A significant safety issue exists in providing service. For example the patient/client or significant other has threatened an individual and/or persons including SESLHD worker with personal and or physical harm, or very difficult access, or known aggressive/uncontrolled pets, or very unsafe location, or handbook handling issue …………….	**Orange**	Service delivery in clinic by two persons with an identified process, assessed to achieve safe service provision and maintain patient /client and worker wellbeing.
A potential safety issue exists in providing service. For example the patient/client or significant other has intimidated and or been verbally aggressive to other and/or SESLHD worker, or difficulty in access, or unsafe location, or handbook handling issue………………	**Yellow**	Ensure appropriate controls are in place before providing service due to previously assessed risks. Review clients file and identify risks and controls - if any doubt exists as to the level of safety in providing the service ask client to attend a clinic for service.
No potential safety issues relating to –Behaviour, handbook handling, infection, locality, access (or other) have been identified. Providing service to this Patient / Client represents very low/minimum known risk potential to all persons.	**Green**	Initiate interaction and or service provision normally. Follow standard service provision protocols.