ACT Health

Isolated or Remote Work Guideline for ACT Health Services

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Contents

Introduction

Guideline statement

The purpose of this document is to:

- provide the guidelines for ACT Public Health Workers (Workers) and Services to Work Health and Safety (WHS) risk management of isolated and remote work; and

- should be read in conjunction with:

  o the Challenging Behaviour Guidelines for Health Services (ACT Health), and

  o agency specific work health and safety management system (WHSMS) policies, guidelines and procedures for risk management and remote and isolated work.

    ▪ [ACT Health Directorate WHSMS,](#) ACT HealthHQ

    ▪ [Canberra Health Services WHSMS](#), Canberra Health Services HealthHub

    ▪ [Calvary Public Hospital Bruce WHSMS](#), Calvary Connect

Background

The [ACT Public Sector Work Health Safety and Wellbeing Policy Statement](#) details the commitment to:

- apply risk management strategies and procedures to prevent or minimise health and safety risks (for both physical and psychological health) and promote improved health and safety, and
- comply with the requirement of the *Work Health and Safety Act 2011* (ACT)

In 2016, the Australian Nursing and Midwifery Federation (ANMF), ACT Branch, advocated for a broad reaching, in-depth review of workplace safety, including a review of Occupational Violence (OV), challenging occupational behaviours and safe workplace practices such as working alone to improve the safety of Nurses and Midwives in the ACT. The ACT Government made a commitment to develop a safety strategy for nurses and midwives which resulted in the launch of the *Nurses and Midwives: Towards a Safer Culture (NM TASC) Strategy* in December 2018.

The Nurses and Midwives: Towards a Safer Culture – The First Step – Strategy (the Strategy) provides the foundation for positive cultural change in ACT public health settings, and a strategic approach to reduce harm to staff, patients, visitors, contractors and others. This guideline forms one outcome against priority actions identified in the Strategy.

Objective

This guideline provides risk management guidance and strategies for health services to ensure safe, healthy and productive services are maintained, and a safe environment is provided for all workers.

This document provides advice for ACT health services implementation and support of actions to prevent and/or safely respond to risks associated with isolated or remote work.

Scope

All workers (including students and volunteers) in ACT public health services including:

- ACT Health Directorate;
- Canberra Health Services, and
- Calvary Public Hospital Bruce.

The principles described in this guideline, and its relevant referenced resources applies to, and places an obligation on organisations and all workers to:

- support a positive and safe working and care environment;
- support a culture of safety and respect for all workers, consumers, carers and other persons during health service provision;
- contribute and/or provide quality and consistent care, with positive outcomes during the provision of service, and/or interaction with workers who provide the service.

Definition

Term	Definition
ACT Public Health Worker	Means a worker in the ACT public health system who provides health services to health consumers, contacts and members of the public including: - clinicians; and - non-clinical workers who provide support to health workers, health consumers and members of the public.
Isolated or remote work	In relation to a worker, means work that is isolated from the assistance of other persons because of location, time or the nature of the work (*Work Health and Safety Regulation, 2011, Part 3.2, Section 48*).

Principles

Effective prevention, response and follow up of risks associated with isolated or remote work must be integrated, comprehensive and territory wide.

The principles that support this guideline are that:

1. Workers are entitled to be treated with equality, respect and recognition of their right to a safe and healthy workplace.
2. Health services must be delivered in a way that minimises the risk of physical or psychological harm to health workers.
3. Occupational Violence against workers is unacceptable.
4. Workers are supported by an education strategy and workflow processes to prepare them with the knowledge and tools to effectively identify, prevent and respond to risks associated with isolated or remote work.
5. Protocols for reporting, monitoring and addressing incidents in the course of isolated or remote work are promoted and accessible to all workers.
6. The ACT public health system demonstrates a commitment to fostering a consistent proactive approach to managing isolated or remote work, with a focus on preventing, eliminating and mitigating risk.

Person-centred care

Work that presents risk for isolated or remote workers may similarly affect consumer or contact safety and should be considered in risk management using a person-centred approach (eg. musculoskeletal injuries from falls in the isolated environment or attending a vulnerable neighbourhood create safety risks for both workers and consumers or contacts) (Stevenson, McRae & Mughal, 2008).

All health services in scope for this guideline are committed to delivering person-centred care which can be defined as a way of thinking and doing things that sees health service users as equal partners in planning, delivering and monitoring the improvement of safe, quality care that meets their needs. Person-centred care means putting people and their families at the centre of decisions and seeing them as experts, working alongside health workers to achieve the best outcomes.

Person-centred care is important in all populations, but even more so in populations who are vulnerable or disadvantaged. These may include people who have limited literacy, communication difficulty, have a disability, have a mental illness, are from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples. For some people communication with health services can be difficult and the unfamiliar environment may cause anxiety, their experience may benefit from the involvement of family, carers, patient advocates, spiritual advisors and other support roles.

It is acknowledged despite the best efforts of workers to provide person centred care, other factors contribute to the risks of isolated or remote work.

Context in which isolated or remote work may occur

Isolated or remote work may occur in any setting across the health service or community. Workers are considered to be working in isolation when they are working alone or in a pair and are isolated from accessing immediate assistance. Delivery of health services behind closed doors as part of providing service, in the community or in a remote area are instances of working in isolation. Working in a remote area relates to ACT public health service workers who are engaged in work that requires travel and service provision to a geographically isolated place.

All ACT public health services detail their WHS commitments in their polices, guidelines and procedures and will apply effective risk management strategies for work that involves remote or isolated work. The Work Health and Safety (Managing the Work Environment and Facilities) Code of Practice Approval 2020, at section 4.2, provides information about managing the risk of remote and isolated work. The WHSMS in each public health agency explains the procedures for identifying, assessing hazards and implementing risk controls.

Risks associated with isolated or remote work

The broader literature associates increased risks with isolated or remote work conducted in health settings, these are not limited to clinician-specific risks, but describe any situation where a person is working in isolation or remotely. Isolated or remote workers experience increased risks due to:

- work environment;
- workload;
- equipment;
- vehicles and travel;
- communication;
- physical and psychological stressors;
- conflict;
- emergency situations; and
- professional isolation.

Mechanisms for responding to isolated or remote work

This guideline introduces a practical risk management approach to assist in the identification of hazards and risks (strategic and operational) associated with the prevention, recognition, response to, and management of isolated or remote work risks.

Interventions or strategies to prevent and respond to risks associated with isolated or remote work are guided by evidence and expert opinion across many diverse fields, such as work health and safety, organisational development professionals, security services and wards persons, emergency medicine, and customer service.

A planned and systematic process is an effective risk management approach to identify hazards and risk factors that have the potential to lead to incidents. This approach enables health services to develop risk control strategies to suit their specific health settings and circumstances. A summary of the risk management risk management process can be found in Attachment 1 and details will be found in the WHSMS of every public health service agency.

Section 1 – Planning

Hazard identification and risk assessment

Health services will take a proactive approach to hazard identification and risk assessment to identify situations in which a person will become an isolated or remote worker and establish appropriate controls to limit risk (ACT Government, WHS Code of Practice, 2020). At an organisation level, risk assessments should be conducted, and governance established to support services to identify potential dangers for isolated or remote workers.

Hazard identification and risk assessment conducted on an ongoing basis across an organisation is a beneficial process to identify isolated or remote work and initiate steps to eliminate or mitigate risk (Comcare, 2013). Risk assessment approaches include cross-organisation identification of hazards or risks to ensure isolated or remote workers are safe when transfer occurs between services (eg. a consumer moving from the acute environment to the community environment or a health worker moving between sites) (Stevenson, McRae & Mughal, 2008).

Recommendations for risk controls for isolated and remote work should include:

- policy with a clear direction for workers to leave the workplace if there is a serious or imminent threat to their health or safety;
- policy, procedures, and protocols with clearly defined controls that, as far as reasonably practicable, limit the work that can be carried out while working in isolation or remotely;
- procedures are in place that are relevant to the role workers are to perform in isolation or remotely including operation of any specific equipment and tools;
- principles of fatigue management;
- principles of cultural awareness;
- clearly outlined safety protocols for working in isolation or remotely that include liaising with local police and emergency services personnel;
- a policy for zero alcohol and drugs;
- documented communication procedures from the worker to a manager or contact that includes:
  - contact schedules (eg. hourly phone calls, a check in/out system);
  - the designated contact person with the number to call;
  - action to be taken if the call is not received;
  - clearly identified steps to escalate an emergency (e.g. alerting relevant authorities);
- Any worker engaged in this type of work need to ensure they are physically and psychologically fit and supported by wellbeing programs; and

- an evaluation process for governance to regularly test the efficacy of arrangements in maintaining isolated or remote worker safety.

Emergency plans

Written emergency procedures must be in place for workers undertaking remote or isolated work. Emergency procedures should be:

- developed in consultation with workers and their representatives; and
- regularly tested for their effectiveness.

Systems to monitor conditions

A system for monitoring conditions includes use of registers, electronic records or alert management systems. This provides an assessment of hazards and risks on an ongoing basis for organisations, managers and workers (Safe Work Australia, 2018).

- be accessible; and
- facilitate inter-agency collaboration.

Monitoring of conditions in a system includes, but is not limited to:

- high-risk criminal activity (areas of vulnerability, history of violence, and unique perpetrators);
- environmental conditions (bushfire, heat exposure, inclement weather);
- known safety hazards in high-risk housing (hoarding, animals, unknown residents of the house); and
- hazardous substances (chemicals or materials).

Security and environmental design

Isolated or remote workers are at increased risk and additional security/design considerations specific to isolated or remote work assist in protecting workers from unsafe situations. This includes additional measures in buildings and workflows to protect people that are alone, isolated or in a remote area. Examples of security measures include:

- access control to health services;
- use of closed-circuit television (CCTV);
- security patrols of isolated or remote work areas;
- clear signage and defining 'staff only' areas; and
- internal and external lighting appropriate for isolated or remote workers to access buildings and carparks (including when workers are starting or leaving a shift).

Environmental design needs to be considered for isolated or remote workers. Architecture, furniture, and placement of vital resources can affect isolated or remote workers or the need for someone to enter an isolated situation, such as collecting equipment across a hospital campus out of hours.

Information, training, and supervision

Isolated or remote workers benefit from receiving timely information regarding their role and the risks to working in isolated or remote situations. Regular communication between workers and managers ensures workers can maintain a safe environment including use of equipment, updates to service delivery and to reduce being further isolated from their team. Training for all new workers in how to safely work in isolated or remote places should occur and refresher training provided on a regular basis. At a minimum isolated or remote workers benefit from a comprehensive orientation program with regular refresher opportunities. Examples of training provision for isolated or remote work include:

- Respective organisation specific policy, procedure and protocols for isolated or remote work.
- Vehicles and travel.
- Occupational Violence (OV) prevention training.
- Emotional intelligence training as a foundation for managing own emotions and emotions of others in the isolated or remote work environment.
- Maintaining personal safety during isolated or remote work, including situational awareness.
- Location and function of alarm systems (both fixed and mobile duress systems).
- Violence prevention and management training.
- Cultural awareness.
- Equipment used for isolated or remote work.
- Training for managers to enable a safe environment for the isolated or remote worker.

Simulated learning and supervision time increase worker confidence in carrying out their role and reduces professional isolation that can lead to stress, burnout, and absenteeism (Khan & Rizwan Bashir Kiani, 2020). Supervision may include clinical supervision, regular debriefing, or increased opportunities for teams to meet to engage in a community of practice (Dunlop & Maunder, 2019).

Consultation

Organisation specific isolated or remote worker consultation on changes to a service or an update to an aspect of a service (eg. equipment, protocols or alarms) will ensure that workers safety remains effective. Consultation with isolated or remote workers and their representatives enables opportunities for workers to provide feedback about the circumstances of isolated or remote work and whether proposed changes will be appropriate for the safety of the isolated or remote worker (Work Health Safety ACT).

Physical and psychological fitness and wellbeing programs

Where there is a risk a worker may suffer a medical emergency while in an isolated situation a clear medical emergency plan should be in place for the worker, for example asthma or anaphylaxis management plan, and this is communicated with their manager.

Due to the increased psychological harm of emergency situations when working in isolation or remotely it is important staff are psychologically fit to return to work following an emergent incident. Refer to the ACT Government Work Rehabilitation Policy (2020).

Organisation wellbeing programs are encouraged to proactively support workers conducting isolated or remote work (Fitzpatrick et al, 2020). Wellbeing programs assist in reducing emotional exhaustion leading to burnout, feelings of isolation and support retention of staff. Organisation wellbeing programs that assist isolated or remote workers have:

- tailored programs to meet the needs of isolated or remote workers;
- wellbeing measures including sustainable employability measures;
- promote supportive environments; and
- promote areas of rest and relaxation.

Section 2 – Risk management

Risk assessment and management

Risk assessment should be conducted prior to the isolated or remote worker entering the isolated or remote situation. Risk assessment and management should be supported by a system to monitor conditions and document alerts for future risk assessment and management. In clinical situations the risk assessment would commence during the referral process and the Manager and the worker will follow up the risk assessment prior to providing a service and immediately before entering the isolated or remote work. Isolated or remote workers are placed at risk when they do not have all the information and are reliant on an initial risk assessment during the first provision of service (Stevenson, McRae & Mughal, 2008). Best practice recommendations for a risk assessment prior to isolated or remote work include, but are not limited to:

- screening for weapons such as firearm possession;
- animals that present a danger to isolated or remote workers such as domestic pets or wild animal populations;
- other residents or members of the public in the area known to present a danger to workers;
- general WHS hazards e.g. steep/unlevel/slippery pathways, trip hazards, emergency egress issues etc.;
- screening for the presence of biological or chemical hazards such as those in medications provided in the isolated or remote environment and others such as contact with smoking or illicit substances;
- accessing reports or alerts from other workers and agencies regarding dangers in the isolated or remote environment.

Manager

An initial risk assessment conducted by the manager (or nominated appropriately skilled proxy) regarding the safety of the situation the isolated or remote worker may be entering ensures effective oversight and opportunity to eliminate or mitigate risks. Services should only progress where the Manager and worker agree with the risk management arrangements. Should the risk change or the identified risk controls cannot be limited, service provision may need to be limited or alternate plans for service provision required. Alternative service provision may include relocating work to a building with other workers (eg. health clinic), sending additional workers to avoid lone working situations or documenting a risk management plan that includes security and emergency personnel. Withdrawal of service should occur in the instance the risk is too high for isolated or remote work to continue. Attachment 2 outlines a tiered behaviour management approach when repeated challenging behaviour occurs as per the ACT Health Directorate *Challenging Behaviour Guideline* (2020). Refer to the *Challenging Behaviour Guideline* (2020) for best practice principles regarding the prevention and management of challenging behaviours.

Worker

A risk assessment conducted directly prior to entering an isolated or remote situation (eg. at the health service prior to changing work environment) is recommended to ensure circumstances are confirmed as being safe prior to being isolated. The risk assessment conducted prior to entering isolated or remote work includes contacting the patient, carer or contact point to confirm details and provide additional information about the nature of the work.

Consistent with their WHS duties a worker must:

- take reasonable care for their own health and safety and the health and safety of other persons, and
- follow respective organisations WHS procedures

Communication

A communication plan will be used in all services where a person may become an isolated or remote worker (Comcare, 2013). Workers provided with the means to keep continued communication through a communication device (such as a mobile or radio) with a designated contact person ensures workers are not further isolated and escalation can occur in emergent situations. Workers require a duress system or process to escalate unsafe situations, to contact colleagues in the event further assistance is required and seek the support of additional services if an emergency occurs. Communication system selection occurs following risk assessment to ensure distance, infrastructure and environmental factors are considered. "Expert advice and local knowledge may be needed to assist with the selection of an effective communication system" (*Work Health and Safety (Managing the Work Environment and Facilities) Code of Practice 2015, Section 4.2)*.

Detailed lists of work environments and estimated times for work completion provides a system of work that is trackable in the case of an emergency. Check-in/check-out communication plans or contact schedules between a worker and a manager for each change in work environment ensures workers can be located more effectively. This is in the event escalation needs to occur in the case of a missed check-out communication. An appropriate timeframe set between the contact person and

the worker based on an approved itinerary to communicate at the end of a service is recommended to ensure follow-up and escalation in the event no contact is made.

Buddy systems

Where isolated or remote work is unavoidable a buddy system provides support to workers that have similar work arrangements. The buddy system may be utilised as part of a communication plan during after-hours situations in services such as the acute hospital environment (eg. after-hours hospital manager, Medical Emergency Team or Ward Support Services etc.) or community environment (eg. public health officers, Walk-In Centre staff etc.).

Workload management

Risks to isolated or remote workers can be mitigated through workload management to prevent a worker entering an unsafe situation.

Principles of workload management for isolated or remote workers include:

- avoid undertaking isolated or remote work for the first time at night or on weekends;
- where there is doubt about the safety of a situation outside business hours discussion occurs to undertake the work at a suitable time and where appropriate at a community health centre;
- allows for seasonal changes (winter-summer work scheduling);
- communicates with referrers regarding new work directly prior to a weekend/public holiday to ensure other support services and equipment are available or referral is postponed to a safer period of time eg. on return to business hours; and
- Roster patterns reflect appropriate management of fatigue in isolated or remote worker shift patterns (with consideration of travel and type of work being conducted).

Documentation

It is recommended isolated or remote workers develop, receive, or have access to documentation that outlines the work they will be completing and who they will be interacting with while working in isolation or remotely (NSW Health, 2018). Effective documentation for isolated or remote workers includes:

- A documented and approved itinerary used by services and workers when conducting isolated or remote work, including any extended travel arrangements.
- Risk assessment and alerts from systems that monitors conditions and interservice communication systems.
- Situations deemed 'At Risk' on initial risk assessment or known to the service as being unsafe have a documented flow chart for escalation and decision-making specific to the circumstances.
- Prior to entering isolated or remote work, information about the location (eg. high crime area, geographically isolated or status of access to emergency services) should be provided to staff.
- Detailed, site-specific information, including:

- o security arrangements (access, visitors on the premises);
- o environmental factors (lighting, stairs, state of the premises);
- o phone coverage;
- o work profile (point of referral, relevant client records);
- o key contacts (local General Practitioners, immediate police stations); and
- o any other known dangers regarding the work site reported by staff or other agencies.

Consistent documentation, referral or health care record forms aid the isolated or remote worker to conduct work when multiple services are involved or there is a transfer between services.

Vehicle and travel

It is recommended vehicles used for isolated or remote work are maintained as per the manufacturer's recommendations by the organisation (Comcare, 2013). Use of private vehicles is not recommended, where private vehicles are approved for use by the head of the organisation separate governance arrangements must ensure the safety of the vehicle is maintained while being used as part of a work role. Safety considerations for use of private vehicles includes the small nature of the Australian Capital Territory and the safety of workers who may be recognised outside of working conditions when using their private vehicles. Members of the Australian Capital Territory Public Service (ACTPS) must comply with the *Public Sector Management Standards 2006, Section 7.2* "Non-executive vehicles".

Directly prior to engaging in isolated or remote work, safety features should be checked to ensure the worker has sufficient fuel, a relevant first aid kit and emergency safety equipment. Any equipment should be maintained in a secure place, out-of-sight in a space in the vehicle when not in use and easily accessible in an emergency. In unpredictable weather conditions (e.g. extreme heat, bushfires, icy conditions etc.), an assessment of vehicle suitability may be required to ensure workers are safe when travelling.

Driving a vehicle presents risk to the isolated or remote worker including breakdowns, collisions, and fatigue (Jackson et al, 2019). Providing support to workers to ensure their driving skills are appropriate for the type of work being conducted, adequate breaks are taken while travelling and the worker will not be placed in an unsafe situation as far as reasonably practicable. Appropriate driving skills are assessed through class of driver licence for the vehicle being operated and assessment of driver confidence working in inclement weather conditions. Following hazard identification and risk assessment of the service being provided further training for drivers may be required to ensure skills are appropriate for the work being conducted.

For safety purposes parking permits to allow closer parking arrangements assist workers to access isolated or remote work sites and mitigate risks to the worker while moving between the vehicle to the work site.

Equipment

All equipment specific to isolated or remote work should be maintained as per the manufacturer's recommendation. The amount of equipment taken into isolated or remote work needs to be monitored to ensure workers are not lifting or carrying heavy items that will cause injury while walking with the equipment for extended periods or during its use in isolated or remote work.

Providing isolated or remote workers with access to safety equipment such as navigation and a torch assists workers to remain safe in unfamiliar areas, particularly in after-hours situations. Appropriate equipment for the isolated or remote worker should be determined during the risk hazard identification and risk assessment process.

Security systems and services

Strategies to mitigate risk during periods of isolation or remote work include security systems and support services. Isolated or remote work in small teams still presents risks to isolated or remote workers, following risk assessment being accompanied by a security officer or delivering a service with the assistance of the police are strategies that are recommended to increase safety of workers. A documented management plan for unsafe situations provides information and direction for care to go ahead safely with appropriate supports. Lone working is not recommended when the situation is suspected to be unsafe (RCN, 2016)

Working alone or in isolation in a health service building it is important to use access control, keep doors and windows locked, where appropriate, to prevent unauthorised access. Staff should be made aware of security arrangements, duress/escalation processes appropriate to the environment and police contacts prior to working alone or in isolation to prevent and manage risks.

Consumer, carer and contact information

Consumers, carers or contacts may not be aware when engaging isolated or remote worker services that their place of residence or service contact is a work environment for the worker. Where possible information provision is recommended at the commencement or referral stage of a service (e.g. in the acute environment prior to community transfer when the initial risk assessment is completed). Consumers, carers or contacts may need information clarified (or initial information provided) prior to an isolated or remote worker attending to understand how to maintain a safe environment. Information provided that meets the needs of the consumer, carer or contact will assist in the transfer and comprehension of information about isolated or remote worker services. An appropriate system of communication with the consumer, carer or contact is recommended to support workflow processes and in the event services need to be changed or withheld (eg. interpreter services). Communication with the contact must clearly outline breaches, consequences of unacceptable behaviour and reiterate steps of the escalation process.

Cultural awareness

Prior to entering isolated or remote work, workers should have a good understanding of cultural practices to ensure they are providing culturally appropriate care to promote their safety and others (Comcare, 2013). Where possible the assistance of a liaison officer from the organisation should be engaged to maintain privacy and confidentiality during the process of gaining access to a community

or to enter a person's home. Workers may need to seek assistance from a member of the community to enter a person's home or the community itself to provide effective culturally aware services.

Section 3 – Incident management

Personal safety

To manage risks of working in isolated or remote situations it is recommended workers undertake a continual dynamic risk assessment approach. At any time, workers are supported to remove themselves from the situation if they believe a situation has moved from being safe to unsafe while isolated. If withdrawal is required to maintain the safety of workers, it is encouraged wherever safe and possible that the worker provide alternative support for the person (eg. returning the person to a safe position to prevent a fall or assisting the person to leave the unsafe environment), however the worker should not place themselves in a situation where they will become unsafe by assisting. A dynamic risk assessment starting at the beginning of the isolated or remote work includes, but is not limited to:

- situational awareness throughout isolated or remote work;
- travelling to the work environment including driving and safe parking locations;
- at the premises prior to entering a building or residence;
- monitoring entry and exit points of the premises;
- methods of communication at the location (e.g. mobile coverage);
- inside the premises to ensure a quick exit;
- body language of patient, other residents or public in close proximity; and
- compliance of the patient, other residents, or public to reasonable direction (e.g. ceasing cigarette use during provision of healthcare, ceasing illicit drug use during provision of healthcare, appropriate disposal of sharps, removal of clutter and appropriate hygiene)
- signs of unrestrained animals, weapons or other hazards in the work environment.

If the worker believes the situation has become unsafe the worker should withdraw from the service and escalate to the designated contact person.

Alarm systems

Workers need to have access to a means of raising the alarm when situations become unsafe while isolated or working in remote situations (Perkins et al, 2017). Alarm systems may include either a fixed or mobile duress alarm and should be easily accessible in an emergency. In health centres or buildings used to provide health services, workers in isolated or remote situations are required to be trained in the location and function of fixed alarms provided in areas close to where they work and where they are likely to retreat (Loomis et al, 2001). The workers knowledge of the location and function of fixed alarms will assist them if they are required to retreat to a safe space during an emergency situation, ensuring they have access to alarms to escalate the situation.

Mobile duress alarms are recommended for isolated or remote workers with no fixed work location and should be purchased with functions for the situation they will be used.

To manage the safety of isolated or remote workers the following functions of a mobile duress alarm are recommended:

- easily carried by the isolated or remote worker on their person, not physically attached to a vehicle;
- location services supported by workflow processes that will accurately pinpoint where the isolated or remote work is taking place or where an incident has occurred;
- activation is simple in the emergent situation; and
- alarms can be monitored from a central contact that can then escalate the situation as needed.

Consultation with workers is paramount when an alarm system is proposed to ensure the features of the alarm system are appropriate for the service and will be used for the intended purpose. Workers requiring alarm systems to maintain safety in isolated or remote work should each have access to a means of raising the alarm even when working in pairs. An appropriate testing regime of alarm systems ensures the alarms systems remain effective, workers have an open channel of communication to raise issues and alarms are replaced when not working.

De-escalation

Effective de-escalation of an impending incident may be required in isolated or remote work. A proactive de-escalation approach assists isolated or remote workers to calm situations and move to neutral areas of discussion or withdraw to manage the safety of the worker. It is acknowledged that emergent situations are challenging for isolated or remote workers the worker will benefit from de-escalation training that includes:

- monitoring body language of the person prior to addressing a sensitive discussion;
- monitoring own body language during service provision;
- reflexively assessing own emotion during service provision;
- attending to tone of voice during service provision; and
- active listening.

Assistance from another person may assist in de-escalating a potentially unsafe situation, however isolated or remote workers should remain cautious if members of the residence or public are unknown. If the situation of working in isolation or remotely becomes unsafe at any time prior to, during or after attempts to de-escalate the worker should retreat to a safe place and communicate with the designated contact person.

Emergency procedures and services

In the event an incident occurs requiring emergency assistance, isolated or remote workers need access to a means of raising the alarm and communicating with triple-0 (000) through a duress alarm and a communication device (Comcare, 2013). If the isolated or remote worker is prevented from accessing emergency services, breakaway manoeuvres may be required to remove themselves from

containment. Workers require preparation for emergency situations and skills to calmly diffuse aggressive behaviours or confrontational situations to remove themselves from an emergency.

Escalation process

When communication is not maintained between the designated contact person and the isolated or remote worker a documented escalation process ensures workers in emergent situations are visible and an emergency can be called. An escalation process would include:

- documented actions when a worker fails to communicate at the designated time;
- attempted communication with a contact point at the service that is being provided at that time;
- attempted communication with a contact point at the service provided directly prior and following;
- escalation to management of the health service;
- communication with emergency services to locate the person and investigate situation; and
- preparation for discussions with significant others of the isolated or remote worker.

Escalation must remain with the designated contact to ensure continuity of the escalation process and the isolated or remote worker is not left in an unsafe situation where they cannot raise the alarm.

Section 4 – After an incident

Medical assistance and first aid

In the event an isolated or remote worker is injured during an incident, they will need to be equipped with first aid equipment that may be in addition to equipment carried as part of service provision. Assessment of injury will determine if further assistance is required and commencement of first aid following assessment to ensure there is no delay in receiving appropriate treatment.

Support and debriefing

Isolated or remote workers require timely access to support from both managers and peers during and following an incident. Effective support from managers includes:

- continuous non-judgmental communication with the worker;
- principles of psychological first aid;
- protecting staff from bullying, harassment or discrimination;
- open channels for staff to raise concerns
- encouragement to report incidents;
- involvement and feedback regarding steps taken to address concerns and incidents; and
- an approach that meets the needs of the individual including accessing personal counselling support.

Peer support is a secondary means a worker may seek validation and assistance following an incident, promoting staff wellbeing is essential to ensuring all staff are supported following an incident. Providing opportunities for debriefing following an incident is an important part of managing individual and team wellbeing. Debriefing should occur:

- through an experienced provider of debriefing services to ensure the process is psychologically safe [eg. Employee Assistance Program (EAP)];
- routinely;
- to provide validation, advice and support to teams;
- alleviate fears and responsibility from the incident; and
- promote a safety culture.

Reporting

Despite known high levels of risk towards isolated or remote workers, it is widely acknowledged that incidents are significantly underreported. Low levels of reporting, coupled with a high acceptance of risk, are known contributors to the normalisation of OV amongst workers.

Reporting all incidents of unsafe situations, even those that do not require medical attention, helps to create a culture in our health services that does not tolerate issues such as violence. Staff that work in a culture where reporting is seen as positive is important. Strategies to increase reporting include:

- ensuring reporting platforms are simple and easy for workers to complete (Morphet et al, 2018);
- considering methods to capture high-volume, low impact incidents such as verbal abuse;
- empower workers to expect a safe workplace by supporting staff to report;
- management must demonstrate commitment to change the culture of health care workplaces to reflect no acceptance of unsafe situations in health services;
- management ensure all incidents are evaluated with consideration to risk of providing ongoing healthcare (eg. review of risk assessment after an incident) and clear documentation of alerts and management.
- health services ensure workers are involved in action plans/strategies in the management of risks to isolated or remote workers; and
- use data collected to develop targeted strategies to address risk and to showcase innovation and improvements in different services.

Evaluation of the Guideline

The table below provides an overview of the minimum standards, key actions and data requirements for the monitoring and evaluation of the Isolated or Remote Work Guideline.

Governance

Each ACT Public Health Facility must show governance and structure in place to ensure:

- Responsibility for developing, implementing and evaluating quality improvement systems.
- Inclusion of skills from Work Health and Safety, Quality and Safety, risk management, security and clinical and non- clinical staff.
- Policies, procedures and guideline are accessible to all staff.
- There is consumer engagement.
- Review of relevant data and information.

Key Actions	Data Source, Evaluation and Metrics
• Ensure governance structure to allow for quality improvement and to evaluate outcomes of strategies	• Committee meeting papers
• Ensure local policies and procedures in place to decrease incidents related to isolated or remote work	• Policies, procedures and guidelines

Prevention - changes to systems of care for isolated or remote work

There are systems in place to enable prevention through design of service delivery (primary risk control).

Key Actions	Data Source, Evaluation and Metrics
• Ongoing review process for organisation hazard identification and risk assessment for isolated or remote work	• Audits of organization hazards and risk related to isolated or remote work
• Develop and implement strategies to review and improve safety of service design and environment, work practices and patient journey	• Committee meeting papers • Safety culture surveys
Ensure procedures and documented plans in place including: • Isolated or remote work definition with clear safety protocols, • Operation of isolated or remote worker equipment and tools for the conditions, • Zero alcohol at work,	• Policies and procedures • Education and training records • Committee meeting papers • Post-incident review

• Communication protocols for isolated or remote work, • Emergency plans specific to isolated or remote work conditions.	
• Contemporaneous system to monitor conditions in isolated or remote work areas	• Policies and procedures • Auditing of systems to monitor conditions
• Ensure workers have the skills and knowledge relevant to their roles around isolated or remote work safety, equipment and policies and procedures.	• Education and training records • Training schedules and participation
• Implement isolated or remote worker specific wellbeing programs.	• Culture surveys • Committee meeting papers

Prevention – Early Intervention

There are systems to ensure timely, safe and effective risk management for the protection of workers and consumers.

• Review screening, assessment and management system in services to ensure isolated or remote work risk assessment is consistently completed prior to work commencement and risk management mitigates safety risk	• Policies and procedures • Consistent referral process inclusive of risk assessment • Consistent pre-visit risk-assessment process
• Implementation of documented work plans for isolated or remote work with a structured communication process appropriate to services	• Policies and procedures • Health care record forms • Post-incident review • Audit of vehicle, travel and equipment checks
• Consumer and carer's are provided information during referral to isolated or remote worker services and before an isolated or remote worker provides a service.	• Policies and procedures • Consumer feedback • Consumer experience survey's
• Provision of culturally appropriate care in isolated or remote work conditions that is safe for both the consumer and the worker	• Education and training records • Consumer feedback • Consumer experience survey's • Post-incident review

During and post incident

There are systems to ensure timely, safe and effective response for the protection of workers.

Ensures isolated or remote worker personal safety is supported and empowers workers to: • Conduct a dynamic risk assessment approach • De-escalate emergent situations • Access emergency plans and services	• Education and training records • Policies and procedures • Post incident review

• Review of alarm systems, both fixed and mobile, to ensure isolated or remote workers have a means to raise the alarm	• Policies and procedures • Audit of alarm system checks • Evidence of consultation with workers in committee meeting minutes • Education and training records • Staff incidents – physical harm, manager review and action • Post incident review
• Escalation processes are reviewed and documented when responding to emergent situations affecting isolated or remote workers	• Policies and procedures • Education and training records
Review post incident supports specific to isolated or remote workers: • Medical assistance and first aid processes to be used following an incident • Manager and peer support mechanisms • Debriefing opportunities	• Audit of equipment • Post incident review • Education and training records • Culture survey's

Reporting and reviewing incidents

An organisation-wide system is in use and is reviewed.

Workers have skills and knowledge on reporting and review relevant to roles.

• Use data to inform Quality Improvement, service changes and organisation WHS strategy • Collate data from all sites and report to divisional meetings • Discuss aggregated data at executive level clinical governance • Ensure reporting and review of all incidences meet the requirements of incident management policies and procedures	• Audit of contact or health care records regarding risk assessment and management strategies, changes to care arrangements (including moved or withheld services). • Analysis of system wide data • Consumer/contact incidences -categories • Staff incidences-physical harm, manager review and action

Implementation

It is expected that by providing a clear guideline that identifies best practice protocols to manage and respond to risks of working in isolation or remotely, individual health services will develop policies, procedures and training programs to meet the specific needs of workers to protect the fundamental right of workers to be safe at work.

The contents of this guideline will be communicated across ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce and other relevant teams where applicable through the provision of presentations at leadership and governance meetings.

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- Work Health and Safety (Managing the Work Environment and Facilities) Code of Practice Approval 2020
- Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice Approval 2020
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Search Terms

Isolated or remote work guideline, isolated, remote, lone worker, home visiting, community, work health safety, WHS, safe workplace, worker health, OH&S.

Version Control

Version	Date	Comments
1.0	March 2021	Endorsed by the TASC Steering Committee
1.1	August 2021	Amendments post review of Deputy-Director General, ACT Health Directorate
1.2	November 2021	Amendments post review of A/g Deputy-Director General, ACT Health Directorate

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Attachments

Attachment 1- Risk management process

Figure 2 The risk management process

Step 1: Identify the hazard	Identify the hazard - what or who could cause harm to workers, and/or other persons
Step 2: Assess the risk	Assess the risk - understand the nature of harm that could be caused by • how likely it is that harm may occur e.g. rare, unlikely, possible, likely, almost certain • how serious the harm could be e.g. insignificant, minor, medium, major, critical
Step 3: Control the risk	Control the risk - determine the action required and the most effective risk control measure and/or treatment that is reasonably practicable in the circumstances
Step 4: Review control measures	Review control measures - implement, review and improve the effectiveness of the risk control measures, to ensure the preventative measures are effective as per the treatment plan and, when necessary, improved.

Attachment 2 - Tiered behaviour management strategy

Verbal Warnings
- A verbal warning is a first action
- Clearly communicated close to the time of challenging behaviour

Written Warnings
- A written warning is given when a patient, or visitor has not changed their violent or aggressive behaviour following a verbal warning.
- A written warning letter template can be used to provide the warning and is signed by a health service executive and given in person to the person by a manager of the area

Alternative Treatment Arrangements
- At any time, an alternative treatment arrangement can be considered. It may be possible for the patient or consumer to be treated elsewhere.

Conditional Treatment Agreements (CTAs)
- A CTA states the conditions on which the health service will provide a service to an individual.
- A CTA may be made when a patient continues violent or aggressive behaviour following verbal and written warnings
- A CTA may be required in situations where the patient or consumer has a history of violence and aggression

Withholding of Treatment
- The decision to withhold treatment is a serious one resting with the CEO or general manager of the health service
- It is determined on a case-by-case basis and only considered for exceptional circumstances.
- A notice of intent to withhold treatment must also be sent to the patients treating doctor(s) and nominated GP

Workplace Protection Orders (WPOs)
- A WPO is a legal option to manage the violent and aggressive behaviour of a consumer against a specific staff member.
- It is not to deny the person treatment
- Before making a WPO, serious consideration must be given to the outcome that is hoping to be achieved.

Reference: ACT Health Directorate (2020) & Canberra Health Services (2020)