Working in Isolation - Minimum Safety and Security Standards for All Staff Policy

1. Purpose

The purpose of this policy is to define the requirements and establish minimum safety and security standards for all staff working in isolation or alone throughout the WA Country Health Service (WACHS).

Working alone or in isolation is working unaccompanied, when not able to be seen or heard by another worker and may be applied to sole practitioners, those working after standard hours in health facilities or those whose work requires them to leave health facilities to attend either planned or unplanned visits.

This policy aims to deliver on WACHS's commitment to provide as far as is reasonably practicable, a safe working environment and a process that staff follow to minimise risk.

This policy should be used in conjunction with: *Occupational Safety and Health Act 1984* and Occupational Safety and Health Regulations 1996.

For all aspects of this policy, each region and its sites may instigate additional individualised processes that specifically address local requirements that have been risk assessed.

2. Definitions

Planned home visiting/provision of service away from a health facility

- This incorporates routine scheduled care provision during working hours.
- It includes unscheduled visits (routine in many roles) in working hours where the location and client/person is known to the service.
  - **Please refer to the home visiting risk assessment form that is approved for use in your region**

After hours Unplanned home visiting/provision away from the health care facility/or return to the health care facility

- This is the after-hours request to provide service in response to an urgent situation
  - MR0.0 WACHS Risk Assessment for Provision of Unplanned Solo Services form is used

Nominated contact person

- Each site within each region will have a local process of who to contact and how escalation is executed.

3. Scope

This policy encompasses all staff employed within WACHS, and their managers who are required to provide services in:

- rural and remote clinics
- community health clinics
- small hospitals
- client homes
- nursing posts
- other establishments or community places (e.g. schools, parks, sport venues).

Includes:

- doctors
- nurses
- midwives
- mental health practitioners
- aboriginal health workers and liaison officers
- allied health practitioners
- ancillary staff (orderlies)
- administration staff
- home and community care (HACC) staff
- unregulated health care workers.

All health care professionals are required to work within their scope of practice appropriate to their level of training and responsibility and ensure:

- a risk based approach is used when considering any provision of service.
- the decision to provide solo services is risk assessed prior to delivery
- in the circumstance of *unplanned* service delivery, the decision to provide solo services that risk rate at moderate or above must be discussed with the nominated contact person as per local escalation process
- where ever possible, a second person is to be present in call outs after hours (the second person is not required to be clinical)
- commitment to safety and health principles in the workplace for all services provided
- if a staff member does not feel safe to provide services, their assessment and decision is to be discussed with their nominated contact person as per local escalation process.

Considerations

The three areas covered by this policy relating to working in isolation are:

1. Personal Safety
2. Equipment Safety
3. Travel Safety

WACHS site and service locations vary as to remoteness, roster profiles and how the service is provided (i.e. visiting services). Locations are to be categorised as:

- High Risk
- Medium Risk
- Low Risk

The potential to deliver services must be assessed in terms of risk level based on a number of factors including:

- Number of Code Black incidents (OSH data)
- Patients/clients with known violent aggressive behaviour
- Number of previously reported attacks on staff or clinics
- Previous removal of staff from the location for safety reasons
- Potential for exposure to uncontrolled animals
- Patients/clients and others in attendance, with known abuse of alcohol and/or drugs potentiating unpredictable behaviours
- Premises known to have weapons/firearms

Risk Assessments should be reviewed at least annually by the Regional Director of Nursing and Midwifery (RDNM) or delegate and re-assessment is required if there is a change in circumstances at a location (i.e. a sudden increase in people not usually living within the community).

4. General Information

WACHS and its staff recognise each working environment is different. There are a range of factors that may increase the risk of staff being exposed to unsafe situations (e.g. exposure to crowds or patients whose underlying condition renders them unpredictable.) Isolated working environments may increase this risk as the nature of isolation limits protection provided by the co-location of other personnel or services.

At the discretion of each region, safety and security assessment is to be undertaken to supplement regular monitoring of safety and security compliance. A risk-based approach must be undertaken by staff working in isolation to mitigate foreseeable risks **prior to proceeding** with any patient/client interaction, regardless of the security measures that are in place. This includes escalation of decisions and documentation when decisions not to treat are based on a risk assessment that has been discussed with the line manager.

5. Indications for Minimum Standard of Safety and Security

Employees have a responsibility in partnership with the employer, to risk assess any service delivery situation. Any intended action must not jeopardise their personal or professional safety.

Site risk assessment using the Remote Area Clinic/Nursing Post Workplace Inspection Checklist and the review of aggression incidents must be completed annually as a minimum, or following any event where safety or security has been threatened.

- Employees must have access to information, procedures and processes inclusive of but not limited to clinical, technical, and personal support.
- A clear escalation and communication process must be visible in work areas, and used by staff when they asses a risk to themselves or others.
- The escalation process must be clearly documented and be underpinned by a time critical emphasis.
- The process used in different locations to call for help in the event of concern or emergency will differ, and be dependent on location variables such as mobile reception or the availability of satellite phones. The process to be used in specific locations must be conveyed to the staff member at orientation/induction.
- There must be a means of communication of an employee's location and movement in and out of the location. (This may be white board, client list or movement sheet indicating where the staff member is.)

The first priority is always the staff member's safety. A patient assessment outcome that results in a decision **not** to proceed must be documented and escalated to WACHS personnel in accordance with local procedures.

Planned home visiting/provision of services away from a health facility

All employees undertaking planned home visiting in the community are responsible for the following:

- Undertaking a risk assessment to identify potential risk using the Home Visiting Risk Alert Form approved for use in your region
  - of all new clients
  - if circumstances have changed since a previous risk assessment
  - if a risk assessment has not been completed previously.
- Providing a home visiting schedule to the work place base such as Booking Manager or using the Working Alone – Staff Movement Sheet.
- Carrying appropriate communication equipment
- Reporting all unresolved identified hazards, incidents and accidents using the WACHS Safety Risk Report Form.
- Ensuring first aid and emergency supplies are in the vehicle before leaving the work place.
- Withdrawing home services where employee safety is compromised and, where deemed appropriate, negotiate alternative arrangements following an assessment review.

Further Home Visiting safety considerations are listed in Appendix A of this procedure.

After hours Unplanned home visiting/provision away from the health care facility / or return to the health care facility

Unplanned visiting in any of the above contexts is discouraged but may be required if there is a critical clinical situation. WACHS is committed to provide as far as is reasonably practical a safe working environment and supports a risk based approach in service delivery.

- Where-ever possible, remote health professionals attending after hours emergency call outs should be accompanied by a second responder.
  - The second responder may be a WACHS employee, WACHS contracted staff or a trusted local community member.
  - Sites should have a process instigated so the second responder is paid for the call out.
- If a second responder is not an option, the decision to provide service must be risk assessed.
- In circumstances of a reasonable risk of patient violence and aggression to staff, where the duty of care to patients conflicts with the duty of care to staff, provision of service may be declined.
- If the staff member determines that service provision is to be declined, due to the risk assessment, immediate escalation to advise of this decision is required as per local procedure.
- If the staff member determines that solo service is to be provided immediate advice of this decision is required and checking in processes followed as per local procedure.

- The MR0.0 WACHS Risk Assessment for Provision of Unplanned Solo Services is a guide to and documentation of the assessment and decision making process.

Provision of safety and security information to all staff working in isolation

Personal Safety
Sites are required to instigate protective processes congruent to the risk level identified (acknowledging that the level of risk may fluctuate) and that some locations are not facilities owned or maintained by WACHS. Staff should consider the following as safety measures: • **LOW RISK** sites – the ability to: - lock windows and doors and have fitted security screens - view attendees prior to allowing access - communicate with attendee prior to allowing access - egress from a separate point to main entry - call for assistance based on local escalation pathway In addition to the above • **MEDIUM RISK** sites - the ability to: - have a two staged entry - call for emergency assistance based on local escalation pathway In addition to the above • **HIGH RISK** sites - the ability to: - segregate waiting room from treatment areas with restricted access - closed circuit television system and the ability to monitor and record - if CCTV is in use that processes are in place to check equipment regularly
On commencement staff must be provided with site facility safety/security equipment. The escalation process used for safety and security issues is to be displayed by every telephone.

Orientation relating specifically to safety and security must be provided to all staff on commencement:
This must include but is not limited to:

- identification of known hazards or safety risks (e.g. locations that should not be visited alone)
- the process for risk assessment
- the processes required to mitigate risk
- reporting requirements and documentation
- communication processes:
- checking in procedure (if applicable)
- regular contact with supervisor (including routine, escalation, emergency events),
- how to proceed in the event of equipment failure
- communication equipment, use, monitoring and checking requirements, organising repair and contingency for failure
- facility layout and specific safety/security features
- safety / security policies and guidelines
- role expectations
- community background
- if applicable, other responsible personnel living or working within the community
- safety/security equipment
- self-health – management of fatigue both hours of work and driving, minimising the effects of workplace isolation.

Staff must complete the following safety and security training within two weeks of commencement : Aggression Management (MA1 EL2) (online component)

Staff must be provided with/become familiar with:

- **Safety Risk Assessment Tools**
- Workplace Violence and Aggression Risk Assessment
- documentation requirements and the use of site specific patient records and be able to navigate electronic and paper records to find safety risk information (e.g. behavioural alerts)
- site specific orientation manual that is up-to-date with relevant information and current contact details for key regional contacts
- WACHS Safety Risk Report Form to ensure documentation and investigation of safety incidents, and appropriate escalation to site manager
- clear processes of escalation for the patient, security or equipment / facility related issues.
- access to WACHS policy/procedures and navigation and how to search for policies.
- defined process for post incident management (either attempted or actual, verbal, physical, harassment or threat) inclusive of reporting, debriefing, immediate/ short term/long term managements, and available supports
- processes for reporting and managing fatigue (i.e. Health Direct contact and switching phones through, and notification to line manager).
- contact details for Employee Assistance Program
- local information related to police response.

Equipment Safety
Familiarise staff with safety equipment used at the health facility, the requirements of checking and testing and how to organise maintenance and repair, and what contingency there is should there be malfunction. Staff should be aware of the Business Continuity Plan applicable to their site. **This may include:** **CCTV cameras, maintenance of safety and security equipment, checking of personal duress alarms and phones.**
Provide contingency plan/process for local application in the event of mobile phone outage / black spot. Regions should make a local decision as to whether they wish to implement GPS tracking systems.
Travel Safety
Staff that drive as part of their work should be familiar with the WACHS Safe Driving Policy, and the processes of contacting prior to leaving, after arrival and requirements should a safety or security event occur.
Process for contact prior to and at completion of travel with up to date contact details for escalation in safety and security situations.
Standardised vehicle safety checklist.

6. Compliance Monitoring

Evaluation, audit and feedback processes are to be in place to monitor compliance. Each Tier 4 (or delegate) is responsible for:

- Audit of Learning Management System (at least annually) for education and training completion of aggression management and risk assessment module.
- Review, investigation and analysis of each incident by line manager in conjunction with Occupational Safety and Health (OSH) staff who determine appropriate escalation.
- Where issues are identified, recommendations for implementation of risk management strategies in conjunction with OSH.
- Site checking for:
  - access to processes for escalation of safety risks for staff
  - a process for medical record flagging for risk of unacceptable behaviour identified high risk individuals
  - safety / security equipment check and documentation
  - scheduled maintenance of safety/security/other equipment documented and audited
  - contingency planning for equipment under repair
  - completion of workplace inspection checklists.

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

7. Relevant Standards

This policy is aligned with The National Safety and Quality Health Service Standards and National Standards for Mental Health. The following standards are applicable:

National Safety and Quality Healthcare Standards: 1.30 a, b,

National Standards Mental Health Services: 1.8.1, 1.8.3, 1.10.5, 1.14.1

8. Relevant Legislation

(Accessible via: Government of Western Australia (State Law Publisher or ComLaw))

Main Legislation drivers:
Occupational Safety and Health Act 1984 (WA)
Occupational Safety and Health Regulations 1996

Other relevant Legislation:
Children and Community Services Act 2004
Civil Liability Act 2002
Criminal Code Act Compilation Act 1913
Health Practitioner Regulation National Law (WA) *Act 2010*
Mental Health Act 2014 (WA)
Pharmacy Act 1964
Poisons Act 1964
Poisons Regulations 1965
Privacy Act 1988
Public Sector Management Act 1994
State Records Act 2000

9. Related Forms

MR0.0 WACHS Risk Assessment for Provision of Unplanned Solo Services
WACHS Safety Risk Report Form
WACHS Remote Area Clinic/Nursing Post Workplace Inspection Checklist
WACHS Safety and Security Checklist – Local Application - Orientation

10. Related Policy Documents

WACHS Workforce Learning and Development Policy
WACHS Occupational Safety & Health Policy
WACHS Video Surveillance Policy
WACHS Duress Alarm Procedure
WACHS SPOT GPS Tracker Activation Procedure
WACHS Safe Driving Guideline
WACHS Hazard-Incident Management Procedure
WACHS Working Alone – Staff Movement Sheet
WACHSGS Emergency Response Procedures - Jerramungup and Bremer Bay
WACHSK After Hours Remote Clinic Call Out Procedure
WACHSK Code Black Personal Threat Response at Remote Area Clinics Procedure
WACHSK Emergency Escalation and Support for Remote Area Clinics Procedure

11. Relevant WA Health System Policies

MP0095 Clinical Handover Policy
OD0611/15 Clinical Incident Management Policy
OD0410/12 Implementation of the Australian Health Service Safety and Quality Accreditation Scheme and the National Safety and Quality Health Service Standards in Western Australia

12. References

Rural Doctors Association of Australia (2012). Working safe in rural and remote Australia.

This document can be made available in alternative formats on request for a person with a disability

Contact:	Director Nursing and Midwifery Workforce and Reform (M. Connolly)		
Directorate:	Nursing and Midwifery Services	**TRIM Record #**	ED-CO-18-10407
Version:	4.00	**Date Published:**	25 July 2019

APPENDIX A: Home Visiting Safety Considerations

Stage	Steps in the procedure
Before leaving the workplace	Ensure that you notify the designated contact person of your departure to the Home Visit and they have ready access to the information as per local process i.e. staff movement sheet/booking manager system/ whiteboard. **An activated mobile phone or other means of communication is to be taken on all visits.**
On arrival at the location	1. Assess the safety of the location: • Observe the house, noting anything abnormal. • Observe the nearest possible source of help e.g. petrol station, occupied home. 2. Park car in location which allows you to leave quickly. Avoid parking in driveways. 3. Use gates and pathways, respect the client's property. 4. Listen before knocking at the door, for sounds of altercations, barking/untethered dog, obvious signs of drug / alcohol abuse. 5. **If you are concerned at any time, abandon the visit and return to base.** 6. For medium risk and above clients, knock and stand to one side of the door. Wait for the door to be answered. Do not respond to a call of 'come in'. Gauge whether other persons are present in the home before entering. If this is unclear, ask if there is anyone else home: • **Exception:** If it is known that the client is unable to come to the front door a family member of friend should be requested to be in attendance. 7. Clearly identify yourself and where you are from and why you are there. Show your ID as proof of your identity. 8. Be sure of who you are talking to and the role they have assumed. 9. If you are refused entry or are asked to leave comply courteously.
Inside the Location	1. Always keep the keys for the vehicle easily accessible. 2. Always be aware of and maintain appropriate personal space and distance between yourself and the client. 3. Observe for any potential weapons in the area. 4. Where possible position yourself between the person and the exit. 5. Conduct the visit in the most practical location, taking into account safety as well as privacy and confidentiality. 6. **If at any time during the visit you feel your safety may be comprised or you sense all is not well, terminate the visit immediately.**

Continued…

Stage	Steps in the procedure
After the Visit	1. If your visits have concluded – return to your workplace. 2. If you have further visits and have visited a high risk client or new client, contact your designated contact person and inform them of your progress. 3. When calling your designated contact person, always try to speak to the actual person rather than leaving voicemail messages or messages with reception to pass on. 4. **If you are unable to return at your designated time, inform the designated contact person, as soon as possible and inform of your new estimated time of return**.
On return to the workplace	1. Notify the designated contact person of your return. 2. If you consider the home visit was a “risk” situation or you had to abandon the visit notify your line manager and document appropriately in the medical record and on the Safety Risk Report Form. Clearly document the hazards relating to the visit, e.g. lack of privacy to see client, domestic violence, aggressive dog. If possible develop strategies to deal with the identified hazards and document in the client records. 3. If an incident or near miss occurred with the client complete an CIMS form and follow the required process.