

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

NAME OF DOCUMENT	Staff Working in the community (Off site)
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Strategic Improvement Programs
AUTHOR	Safety Coordinator
KEY TERMS	WHS Risk Management, Working Off-Site, Home Visits, Working from home
FUNCTIONAL GROUP OR HUB	ISLHD
NSQHS STANDARD	One
SUMMARY	Procedure for establishing risk management systems relating to Work Health and Safety of staff and clients in environments outside the control of ISLHD. Provides guidance for relevant system and forms required.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to: ISLHD-CorporateGovernance@health.nsw.gov.au

1. POLICY STATEMENT

Illawarra Shoalhaven Local Health District (ISLHD) has an obligation under the Work Health and Safety Act 2011 to provide a safe and healthy environment for all ISLHD staff and is committed to maximising the safety of all workers and clients when providing off-site services in the community.

2. BACKGROUND

Working in the community usually encompasses work that is carried out in patients or clients homes, on the street or elsewhere outside of ISLHD premises, this includes workers that work from home.

Staff working in the community can work alone or in isolation, away from access to rapid support from other staff or even emergency services such as police. This makes them more vulnerable to potential risks to their health and safety. These risks include transportation to and from, where the service is provided, working in unfamiliar environments, working in isolation, and where the response by support services may be affected or delayed. All off-site activities must be assessed through the risk management process.

This procedure is necessarily generic due to the wide variety of locations and services that ISLHD workers provide in the community. For example, these may involve:

- home visits to patients/clients
- working from home
- working in non-ISLHD workplaces eg: schools, community halls
- travelling to other locations.

Locations for working off site can range from the city to distant rural areas and incorporates our 24-hour services to the community.

Worker safety is paramount and must always take priority over the need or desire to conduct or complete a particular visit or service in the community.

3. RESPONSIBILITIES

3.1 Workers must:

- Comply with all instructions provided, including the information in this procedure.
- Be mindful and alert to any safety issues.
- Should a safety risk arise while working off site, assess the risk and take appropriate action, which may include withdrawing from the situation and/or implementing emergency procedures

3.2 Line Managers must:

- Ensure working off site risks are identified, assessed, and controlled in consultation with workers

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- Ensure workers receive training and resources they need to carry out their WHS responsibilities competently.
- Provide appropriate ongoing support to the worker in the event of an incident

3.3 General Managers/ Service Directors must:

- Apply due diligence by monitoring the implementation of this procedure.
- Ensure that consultation has occurred during the risk management process.
- Ensure training and resources are available.

3.4 Chief Executive must:

- Ensure a process is in place to develop and implement the Staff Working Off-Site procedure.
- Ensure resources, time, money, and technology are available to support the Staff Working Off-Site procedure.

4. PROCEDURE

4.1 Maintaining contact and emergency procedures

For each worker involved in any off-site work, they must have regular contact with a nominated contact person/point. An emergency procedure is to be developed with an appropriate escalation of emergency responses in the event of any emergency while off site. This must include the actions to be taken by the contact person if contact cannot be made with the worker. The contact person is not to be another person conducting off-site visits or activities.

If all attempts to contact the staff member have been unsuccessful, the local emergency escalation plan must be implemented; this may include alerts to senior management and NSW Police.

Consideration must be given to include a specific coded safety word that a staff member can use to indicate any type of dangerous situation, to the contact person/point.

Emergency procedures, systems and response times must be tested at least annually to ensure they work correctly and provide an adequate response.

4.2 Preparing for community visits

Workers must be provided with adequate equipment and training in its correct use, including vehicles, communication devices with reception in the areas to be visited, reflective jacket/vest and a torch if the worker is working outside daylight hours. Workers are to be given as much information as possible about the patient/client/business, particularly prior to the first visit. This should include any history of violent behaviours.

Any referrals for home visits, must provide relevant details if there are any known risks (handover) and a risk assessment must be completed with the patient/client that is to

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be visited prior to the visit occurring. The risk assessment must take into account the following:

- Relevant information about other members of the household, likely visitors and attitudes of neighbours
- Any animals located at the household
- Information on the geographical location of the premises
- Specific information about the premises eg: security access, stairs, external lighting, any hidden areas near the entrance - bushes
- Relevant information from other sources eg: point of referral, inpatient records, other staff
- If the person completing the risk assessment feels that there may be any undisclosed risk for ISLHD workers, they are to refer to their manager for guidance prior to making the planned visit
- For any subsequent visits, check the patient's records (eg eMR) to review the risk assessment and notes to ensure that there has not been any new issues or updated alerts
- If there have been no visits within the last 12 weeks, the risk assessment will need to be re-assessed
- If a risk has been identified, this must be assessed and controls implemented eg: seeing patient/client in an ISLHD site, 2 staff to visit
- On the day of appointment, confirm all required controls are in place with client/patient.

4.3 Conducting a home visit:

- Ensure that your work area are aware of your location details throughout the day eg: complete the Daily Visit Schedule Individual or team ([ISLHD CORP F 80](#) Daily Visit Schedule Individual, [ISLHD CORP F 81](#) Daily Visit Schedule).
- Ensure to include all relevant details eg: contact number/s, car registration, address of visit, name of client, expected timing of visits and sign in/out.
- Ensure that the information is as accurate as possible and your work area is aware of where to access this information
- Staff that arrive at a home visit and risk controls identified are not in place, the worker is not to attend and contact should be made with their manager immediately.
- Should any risks arise during the visit, the staff member/s should assess the risk and take appropriate action, which may include withdrawing from the situation and/or implementing emergency procedures.
- Contact their manager regarding any identified risks while at the home visit.

4.4 Following a Home Visit

- If the worker has a contact person, they are to notify that they have now completed the home visit and when they are expected to return to their workplace.
- At the completion of a home visit, if there has been any changes in the level of risk, the risk assessment must be reviewed. Any updates made to the risk

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assessment are to be updated in the patient records.

- Any identified safety issues related to a patient/client visit are to be documented in their notes and communicated to the team in the safety huddle.
- If it is known that other services conduct home visits to the patient they must be notified of the identified risks.
- An ims+ must be completed, should there be any incidents while conducting a home visit. This also includes travel to and from the location.

4.5 Other off site activities

- Any workers that are required to conduct or attend off-site activities such as community meetings and promotional work in the community, must have approval from their manager.
- Part of the approval process will include an Other Off-Site Activity Safety Checklist ([ISLHD CORP F 239](#)) as a minimum.
- If a more detailed risk assessments is required, managers will need to ensure the sections of the safety checklist are included in the risk assessment.

4.6 Working from home

If a worker has been approved to work from home, the workplace is to be assessed to ensure that workstation is ergonomically correct. Contact your Workforce Support – Safety Advisor for assistance.

4.7 Education and Training

- All new workers that are to conduct off site work are to be trained in the local process and the emergency responses on commencement and prior to any home visits and then at a frequency determined through a training needs analysis (TNA).
- Training should include the – [Working Alone Risk Assessment Resource Information Sheet](#)
- Records of training are to be maintained by the manager.

5. DOCUMENTATION

- [ISLHD CORP F 78 – Daily Visit Schedule MRN](#)
- [ISLHD CORP F 80 – Daily Visit Schedule – Individual](#)
- [ISLHD CORP F 81 – Daily Visit Schedule – Team](#)
- [Information Sheet – Working in the Community Risk Assessment Tool](#)

6. AUDIT

This procedure will be audited 2 yearly as part of the Ministry of Health Security Improvement Assessment Tool

- [WHS Act 2011 – NSW](#)
- [WHS Regulations 2017 - NSW](#)
- [Work Health Safety – Better Practice Procedures PD2018_13](#)
- [Code of Practice – Managing the Work Environment and Facilities](#)

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- [NSW Health Information Bulletin Protecting People and Property: NSW Health Policy and Standards for Security Risk Management](#)
- [Code of Practice – How to Manage Work Health and Safety Risks](#)

7. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2003	0	Former IAHS Chairperson Community Health Safety and Security Working Party
August 2004	1	IAHS Document reformatted and content reviewed by Area Quality Manager. Re-issued without changes.
February/March 06	Draft 1-2	Former SESIH Families First Home Visiting Policy (Aug 2004) merged with above document by Manager, Systems Integration-Area Policy
July 2006	Draft 3	Joe Morrisey, WHS Officer, review of merged document by Safety and Injury Management Bureau
September 2006	2	Approved by Executive Sponsor, Dr Siun Gallagher. Approved for publishing by Area Executive Committee, 12 September 2006
February 2013	3	Updated to comply with WHS Legislation
September 2015	4	Jared Lucas – Safety and Well-being Manager ISLHD Safety Management System Review and Implementation Approved by Executive Management Committee April 2015
September 2020	5	Safety Coordinator Review of Safety Management System Approval/Date: Corporate Policy Recommendation committee/ September 2020 Approval/Date: A/Executive Director Strategic Improvement Programs / September 2020