

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Work Health and Safety – Risk Management for Staff Working Off Site Procedure
<b>TYPE OF DOCUMENT</b>	Procedure
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<b>LEVEL OF EVIDENCE</b>	National Standard 1 Completed Home Visiting WHS Security and Handbook Handling Risk Assessment or Pre – Off Site Activity Risk Assessment Form
<b>REVIEW DATE</b>	November 2020
<b>FORMER REFERENCE(S)</b>	Safety - of worker working off-site in community PD 068
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director People and Culture
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<b>KEY TERMS</b>	WHS Risk Management, Working Off-Site, Home Visits
<b>SUMMARY</b>	Procedure outlines the risk management systems for workers in environments outside the control of SESLHD. Provides guidance for relevant system and forms required.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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# SESLHD PROCEDURE

## Work Health and Safety – Risk Management for Staff Working Off Site Procedure

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### 1. BACKGROUND

This procedure has been developed to maximise the safety of all workers and clients when providing off-site services in the community.

Workers conducting visits in the community face a number of potential risks to health and safety, including –

- Transportation to and from where the service is provided
- Working in unfamiliar environments
- Working in isolation
- Possible delayed response by support services.

The procedure is necessarily generic due to the wide variety of services and locations where our workers, work offsite. For example, these may involve visits to; patients' homes for nursing care, early childhood services, drug administration, and counselling; schools for immunisation services and health education; and street environments for community outreach services. Locations for these visits can range from the inner-city to distant rural areas and incorporates our 24 hour service to the community.

**NOTE:** This procedure is mandatory and outlines the minimum requirements that must be implemented. Each service is to adapt these procedures to reflect their own particular circumstances and requirements. Workers 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. The training handbook [SESLHDHB/016 Work Health and Safety - Safety When Working Off Site Handbook](#) provided as a separate document will outline further detail regarding the implementation of the procedure.

### 2. RESPONSIBILITIES

**2.1 Workers will:** comply with WHS and IM policy and procedures; and any measures put in place to protect their health and safety at work.

**2.3 Line Managers will:** implement and comply with WHS and IM procedures.

**2.4 District Managers/ Service Managers will:** establish and maintain WHS and IM procedures to achieve WHS policy objectives.

**2.5 Chief Executive will:** ensure WHS and IM procedures are in place to achieve our WHS policy objectives.

For further detail, refer to:

[SESLHDPR/212 Work Health and Safety - Risk Management Procedure](#)

[SESLHDPR/271 Work Health and Safety - Statement of Commitment Procedure and Poster](#)

**2.6 Contact Person** – is to take distress calls, initiate contact with overdue worker, initiate emergency response and notify the Manager/Team Leader of overdue worker within a set timeframe. Will implement and comply with WHS and IM procedures.

### 3 DEFINITIONS

**Workers:** for the purposes 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 and students.

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**Offsite period:** refers to the period between departure and arrival back to a premises owned or controlled by SESLHD (usually regarded as the employee's usual place of work) or conclusion of last visit if not returning to worksite.

**Off-site service provision:** refers to the delivery of health services outside of the health care setting. In the majority of cases it refers to 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).

**Line Manager:** refers to the supervisor in a Service i.e. Team Leader, Nursing Unit Manager, Department Manager.

**Contact Person:** refers to nominated contact person/position that over see's the activities of workers while offsite, and is the nominated contact for emergencies relating the worker's safety.

**Third Parties:** services that are involved in the health and welfare of the client may include but not be limited to departments within the organisation, NSW Police, NSW Ambulance, Department of Community Services and other health community support services/parties.

## 4 PROCEDURE

### 4.1 GENERAL PROCEDURE FOR CONDUCTING AN OFF-SITE ACTIVITY

Offsite visit flowchart; [Appendix 2 - Offsite Visit Flowchart](#) has been developed to assist worker as a quick guide.

#### 4.1.1 Preliminary precaution

Risk Assessment conducted by an appropriately trained worker within 48hrs of the first appointment. [Other Offsite Activity Safety Checklist](#) and/or Section 4.8 Other Offsite Activities.

- Subsequent visits check current Home Visiting WHS Security and Handbook Handling Risk Assessment form. If there have been no visits within the last 12 weeks the form will need to be re-assessed.
- Changes to the form are permitted for potential safety issues, if significant or serious safety issues change a new form must be completed to ensure appropriate risk controls are considered [Appendix 1 - Offsite Risk Assessment Tool](#).
- Consultation with the appropriate third parties is to be undertaken if a risk has been identified.
- On day of appointment confirm all required controls are in place with client/patient.
- Managers to assist worker with managing identified safety issues using [Appendix 1 - Offsite Risk Assessment Tool](#).

#### 4.1.2 Before leaving for the visit

- Ensure a Daily Visit Schedule is completed as accurately as possible and a copy provided to the contact person [Daily Visit Schedule \(Individual\) - SESLHD](#) or [Daily Visit Schedule \(Team\) - SESLHD](#).
- Ensure any identified risks and the risk controls listed in risk assessment ([Other Offsite Activity Safety Checklist](#)) are transferred to the Daily Visit Schedule Individual or Team.

#### 4.1.3 During arrival and the visit (Refer to [SESLHDHB/016 Work Health and Safety - Safety When Working Offsite Handbook](#) and training for further details)

- Workers should be mindful and alert to any safety issues.

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- Should a safety risk arise during the visit, the worker/s should assess the risk and take appropriate action (may include withdrawing from the situation and/or implement emergency procedures).

### 4.1.4 At the conclusion of the visit

- Complete an effective “Sign off” which consists of –
  - i. Ensure compliance with local business rules regarding making contact with contact person. Ideally this should be at the end of each visit, but it is mandatory for contact to be made following visits above risk level **Green** refer to [Appendix 1 - Offsite Risk Assessment Tool](#) (being mindful that non-compliance with the requirement will trigger attempts to make contact and/or an emergency response).
  - ii. Verbal report to contact person regarding identified risks.
  - iii. Changes to Identified safety issues related to a patient/client visit are documented in their medical file either updating form for potential safety issues, or a new form for significant or serious safety issues. For information regarding risk level, refer to [Appendix 1 - Offsite Risk Assessment Tool](#).
  - iv. Identified safety issues are to be brought to the attention of the worker’s manager so appropriate action can be taken. This may include completing updates on the patients electronic Medical Record (EMR), Patient database (CHIME) or an incident report IIMS
  - v. Notification to appropriate 3<sup>rd</sup> parties.
  - vi. Where the worker is not returning to the worksite they are to ask the contact person to notify the Manager of the new risk. The Manager will update the risk assessment and when the worker is next at the worksite they must check the risk assessment with the manager to ensure all details are included.
- **Note** - Risk assessments need to be kept for at least seven years in accordance with state health record keeping policies.

## 4.2 SERVICE / LOCAL MANAGEMENT SYSTEMS FOR OFF-SITE VISITS

### 4.2.1 Monitoring worker movements in the community

It is a mandatory requirement that all services establish a contact person/point to receive and manage the monitoring of worker safety when offsite.

Workers providing off-site services must have access to a vehicle and mobile phone at all times while offsite. Where a mobile phones is provided by the organisation it must be pre-programmed with speed dials for emergency contact numbers and have an ICE (In Case of Emergency) number saved in the phonebook. The ICE number will be determined by the department but could be the manager or contact person. Worker must be made aware of the requirement that mobile phones must be carried and kept turned on at all times.

### 4.2.2 Visit schedule

Each worker who will be working offsite is required to complete a visiting schedule (either individual or team schedule) prior to departure Minimum details - contact numbers/, car ID, address of visit, name of client, expected timing of visits and sign in/return section - either form - [Daily Visit Schedule \(Individual\) - SESLHD](#) or [Daily Visit Schedule \(Team\) - SESLHD](#). Local procedures may include worker taking copies of the visit schedule with themselves while offsite.

A visit schedule register must be maintained in one central location as a permanent record so that the service can ascertain all worker likely location at any time. Can be electronic (with hard copy back up)

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or paper based. Local procedures may include copies of risks assessment to be provided to Contact Person.

### 4.2.3 Maintaining contact with worker conducting visits in the community

There must be provision for each worker involved in offsite work to have regular contact with a nominated contact person/point (ideally after each visit/service during the shift). The local procedure must provide a clear and appropriate escalation of emergency response that must be implemented when contact has not been maintained. Where possible the contact person is not to be another person conducting offsite visits or activities.

### 4.2.4 Out of Hours contact provisions

There must be a nominated contact person/point that will take distress calls and notify the Manager/Team Leader of overdue contact (which initiates further attempts to contact the worker after a defined time period of no greater than 30 minutes). The nominated contact person/point is to be notified if the worker has had to make early withdrawal of services due to a safety issue. If all attempts to contact the worker have been unsuccessful, the local emergency escalation plan must be implemented, this may include alerts to senior management and NSW Police.

### 4.2.5 Emergency strategies (Refer to [SESLHDHB/016 Work Health and Safety - Safety When Working Offsite Handbook](#) and training for further details)

The worker is to have emergency procedures and strategies to implement in the event that an issue/incident occurs during the visit. All workers who conduct off-site visits in the community must receive annual training in emergency strategies as per Local Business Rules.

### 4.2.6 Emergency escalation plan (Refer to [SESLHDHB/016 Work Health and Safety - Safety When Working Offsite Handbook](#) and training for further details)

Incident response procedures must be in place in the event of an emergency where the contact person/point is notified of a distressed worker or when communication with the workers is not maintained as per agreed procedure. Consideration must be given to including a specific coded safety word that a worker can use to indicate being kidnapped or detained against their will to the contact person/point. Manager and persons, who would act in the role of contact person/point, require training in the procedure regarding their roles and responsibilities.

### 4.2.7 Testing of emergency procedures, systems and equipment.

All equipment that is provided for worker to use while working offsite must be tested daily. Emergency procedures, systems and response times must be tested at least annually to ensure they work correctly and provide an adequate response.

## 4.3. GENERAL WHS REPORTING AND SUPPORT PROCEDURES

Incidents related to a patient/client/location visit are documented in their file and the Pre Home Risk Assessment Form or department offsite activity register updated appropriately and in IIMS for the Manager to address.

Identified safety issues to be brought to the attending of manager as per **4.1.4**

Where an incident has been registered by a worker, the manager must offer support services to the worker (i.e. EAP).

## 4.4 CONSULTATION AND AGREEMENT

Where safety risks are identified, there must be a local procedure in place where managers and workers consult regarding the appropriate risk control's to be implemented. This procedure must

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include escalation within local governance if there is no agreement between the parties i.e. - senior manager/stream manager.

### 4.5 MOTOR VEHICLES - GENERAL CONSIDERATIONS

Ensure all workers have read the policy, and that they and the vehicles comply with the [SESLHDPD/285 Motor Vehicle Policy](#).

#### 4.5.1 Transportation of clients/patients.

Generally arrangements for patient transport can be made through either NSW Ambulance triple zero, patient transport or other specified client transport services. There is no provision in this procedure for worker to transport clients in work vehicles and workers should refer to the [SESLHDPR/229 Work Health and Safety - Offsite Transportation of Patients Procedure](#) regarding the transportation of clients to and from offsite activities.

### 4.6 MEDICATION

Refer to medication policies to ensure all medications are stored correctly.

### 4.7 MEDICAL RECORDS

Refer to medical records policies to ensure all medical files are stored correctly.

### 4.8 OTHER OFFSITE ACTIVITIES

For worker required to conduct or attend offsite activities such as community meetings, they must have approval from their Manager. Part of approval process will include an environmental and safety risk assessment using [Other Offsite Activity Safety Checklist](#) (as a minimum) along with abiding with the procedure while being offsite.

Where more detailed risk assessments are conducted, Managers will need to ensure the sections of the safety checklist are included in the risk assessment.

The environmental and safety risk assessment will only need to be updated where there is a change to the identified risks. For community outings additional information refer to the [SESLHDPR/229 Work Health and Safety - Offsite Transportation of Patients Procedure](#).

#### 4.8.1 Sharing risk assessments

Completed risk assessments “other offsite activity” can be shared and viewed on the intranet via [Offsite Activity Risk Assessment Register](#).

To submit a new or updated risk assessment –

1. Emailed the risk assessment to a WHS of the [District HSW](#)
2. Ensure you clearly identify the suburb, the type of location and any common names (where there is more than one name include all of these details in the email). eg Kogarah - High School, Cook High.
3. Risk assessments will be catalogued according to Suburb.

### 4.9 EDUCATION AND TRAINING

All managers shall ensure that workers involved in offsite activities have, information instruction and training. Induction or new worker and annual training of workers working offsite will be managed by the department manager. This education must incorporate the local business rule, the forms and other resources that are used locally. The training must be completed prior to the worker commencing any offsite visits.

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For this procedure and other related emergency activities, training updates/refreshers are to be provided annually for all workers working offsite. Training records are to be kept and maintained by the Manager for a minimum of seven years. ([Department Training Register](#)).

### 4.10 EVALUATION

After completion of the visit, the risk assessment should be evaluated regarding the accuracy of the information and updates made to the patient files as required.

All incidents identified must be analysed and evaluated as part of the Services' continuous improvement program and requirements of the Incident Information Management System (IIMS).

## 5 DOCUMENTATION

- [F004 - Other Offsite Activity Safety Checklist](#)
- [F129 - Department Training Register](#)
- [F002 - Daily Visit Schedule \(Individual\)](#)
- [F003 - Daily Visit Schedule \(Team\)](#)
- [Appendix 1 – Offsite Risk Assessment Tool](#)
- [Appendix 2 – Offsite Visit Flowchart](#)

### 5.1 Record Keeping

This outlines the minimum timeframe that records are to be kept.

Refer [SESLHDPD/203 Records Management – Retention Periods](#)

Document	Record retention timeframe
Home Visiting WHS Security and Handbook Handling Risk Assessment – AMR060.140	Refer SESLHDPD/203 Records Management – Retention Periods
Other Offsite Activity Safety Checklist	5 years after the last entry or 30 years if a significant incident occurs.
F129 - Department Training Register	5 years from last training date or 30 years if significant risk or incident.
Visit Schedules (Team and Individual)	Retain for a minimum of 7 years after action completed.

## 6 AUDIT

The achievement of an effective working offsite procedure will be assessed by:

- WHS and IM Profile audits every two years
- Evidence of local procedures at department and [Department Training Register](#)

## 7 REFERENCES

### External

- [Work Health and Safety Act 2011 No 10](#)
- [Work Health and Safety Regulation 2017](#)

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- [Code of Practice - Managing the Work Environment and Facilities](#)
- [Australian Council of Healthcare Standards](#)

### Ministry of Health

- [IB2013\\_024 Protecting People and Property: NSW Health Policy and Standards for Security Risk Management](#)
- [PD2012\\_067 Emergency Management Arrangements for NSW Health](#)

### Internal

- [SESLHDPR/212 Work Health and Safety - Risk Management Procedure](#)
- [SESLHDPR/229 Work Health and Safety - Offsite Transportation of Patients Procedure](#)
- [SESLHDPR/265 Emergency Management Policy](#)
- [SESLHDHB/16 Work Health and Safety - Safety When Working Offsite Handbook](#)

## 8 REVISION AND 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.
January - March 2006	1-2	Former SESIH Families First Home Visiting Policy (Aug 2004) merged with above document by Manager, Systems Integration-Area Policy
July 2006	3	Joe Morrissey, WHS Officer, review of merged document by Safety and Injury Management Bureau
September 2006	3	Approved by Executive Sponsor, Dr Siun Gallagher. Approved for publishing by Area Executive Committee, 12 September 2006
July 2011	3	Working Offsite Working Party Approved by Director, Workforce Development
Oct 2011	3	Approved by SESLHD DET Committee
Nov 2011	4	Links revised Michelle Bonner Acting Policy Officer
March 2012	5	Minor change in flowchart approved by Peggy Pollock
November 2012	6	Changes for Compliance with new WHS Act and Regulations
January 2013	7	Link to Offsite Transportation of Patients Procedure SESLHDPR/229 and Offsite Activity Risk Assessment Register updated



August 2017	8	Desktop Revision and Links Update - John Parkinson, WHS Consultant
October 2017	8	Updates endorsed by Executive Sponsor
June 2020	9	Risk rating reduced to Medium Risk. Review date amended to November 2020 to align with Medium Risk rating. Executive Sponsor updated from Director Workforce Services to Director People and Culture. Approved by Executive Sponsor.

# SESLHD PROCEDURE

## WHS - Working Off Site - Risk Management Procedure

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### APPENDIX 1- 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
<p>A serious safety issue exists in providing service.</p> <p>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</p>	<b>Red</b>	<p>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.</p> <p>*Note:</p> <ul style="list-style-type: none"> <li>• An emergency plan must be in place before client interaction takes place.</li> <li>• If the person has been banned from receiving SESLHD services – follow the <a href="#">PD2015_001 Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach</a> protocols*</li> </ul>
<p>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 .....</p>	<b>Orange</b>	<p>Service delivery in clinic by two persons with an identified process, assessed to achieve safe service provision and maintain patient /client and worker wellbeing.</p>
<p>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.....</p>	<b>Yellow</b>	<p>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.</p>
<p>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.</p>	<b>Green</b>	<p>Initiate interaction and or service provision normally. Follow standard service provision protocols.</p>

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### APPENDIX 2 - OFFSITE VISIT FLOWCHART

