SAFETY AND SECURITY GUIDELINES FOR REMOTE AND ISOLATED HEALTH

CONTENT

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INTRODUCTION

Workplace violence in remote health is an ongoing and escalating concern that presents unique challenges not faced in urban areas.

The drive to improve the safety and security of the remote health workforce became an industry wide priority following the tragic murder of remote area nurse Gayle Woodford in 2016. This caused the remote health industry to critically reflect on long held practices and challenge its acceptance of the risks that were routinely considered 'just part of the job'.

In the 2016 – 2017 financial year, CRANAplus received funding by the Commonwealth Department of Health to undertake a remote health workforce safety and security project.

A diverse representative expert advisory group informed the entire project. The members of this group included:

Christopher Cliffe
CEO CRANAplus, VIC; (Chairperson)

Geri Malone
Director Professional Services, (Deputy Chairperson)
CRANAplus, SA

Marie Baxter
Executive Director Nursing and Midwifery,
Country Health Service, WA

Julianne Bryce
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Heather Keighley
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Johanna Neville
Remote Area Nurse/Midwife Apunipima
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Director of Clinical Operations, Silver Chain WA

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Social Worker, Team Manager, CAMHS, SA

Rob Starling
Chief Information Officer, NACCHO, ACT

Tony Vaughan
Chief Operating Officer, RFDS, SA

The completion of phase one of the project saw the release of the *National Remote Health Workforce Safety and Security Report: Literature Review, Consultation, and Survey Results*, in January 2017. The report included a literature review building on the work of the Working Safe in Rural and Remote Australia Project. Additionally, utilising workshops, surveys and social media, CRANAplus undertook a 'national conversation' with remote health stakeholders.

This provided an opportunity to seek the views of the workforce, employers, and other stakeholders, and test existing assumptions on the real and perceived issues around safety and security.

The report identified several significant issues:

- The need for employers and staff to conduct hazard identification and risk assessment, event reporting, and workplace review of significant events and near-misses;

- The need for staff to be accompanied on-call, and at other times when risks are identified;

- The need for more comprehensive and timely orientation of new staff;

- The need to promote individual resilience and manage the risk of fatigue;

- The need to address high workforce turnover and issues relating to bullying and harassment;

- The need for reliable, accessible transport and emergency after hours communication systems, including monitoring, supported by staff training in equipment use;

- The need to provide access to patient information and data in staff accommodation;

- The need for staff training and practice in communication and de-escalation techniques, to mitigate the risk of conflict leading to violence.

The full report can be accessed on the CRANAplus website www.crana.org.au.

Recognising that the safety of staff and services are essential for the effective provision of health services, the guidelines contribute to supporting two significant government initiatives: The Commonwealth Work Health and Safety Act; and the National Safety and Quality Health Service Standards (Standard One: Governance for Safety and Quality in Health Service Organisations).

The goal of these guidelines is to provide broad statements with examples of activities, which can be implemented by employers, service providers, communities, clinicians, and other stakeholders to establish and maintain safe and effective operating systems in remote health services.

The guidelines identify seven safety and security priority areas, each of which is to be considered through the lens of the individual, the team, the employer, the infrastructure, the environment and the culture and community.

These guidelines provide a structured pathway to identify risk and prioritise areas for improvement. Ultimately, it will be highly valuable to develop agreed national standards for remote health workforce safety and security. Standards will provide clear, measurable expectations on safety and security issues, providing greater impetus to drive reform.

Although developed primarily for small remote towns and communities, these guidelines can be contextualised to any area or industry that requires health service provision in an isolated setting.

HOW TO USE THE GUIDELINES

1. The infographic provides a summary overview of the guidelines and lenses.

2. The summary table assists to identify the complexity of issues, roles and responsibilities contributing to remote health workforce safety and security.

3. More detailed information, is provided under the heading of Guidelines, Aims and Activities. This information is provided as a guide only. Activities should be developed according to the context of individual services and communities, and with the contribution of local stakeholders.

4. The final component of this document provides activities on how different remote health stakeholders can contribute to safety and security issues.

Safety and Security Guidelines for Remote and Isolated Health

Preparation for Remote Practice · Staff Resilience & Fatigue Management · Hazard Identification & Risk Management · Prevention & De-escalation · Communication & Connectivity · Workforce Stability · Always Accompanied (Not Alone)

Individual · Employer · Infrastructure · Environment · Culture & Community · Team

Improved Safety and Security

GUIDELINES SUMMARY

GUIDELINES	LENSES					
	Individual	Team	Employer	Infrastructure	Environment	Culture and community
Always accompanied (not alone)	Adhere to workplace safety guidelines.	Clinic practices prevent excessive on-call.	On-call guidelines reflect 'always accompanied' full complement of skilled staff.	Transport and communication. Reliable communication with on-call support worker.	Zero tolerance of violence	Community partnerships and support. After hours service for emergency only.
Preparation for remote practice	Be prepared for the workplace, undertake orientation.	Provide local orientation. Early hazard identification and prevention.	Comprehensive orientation to be provided. Embed a culture of safety and reporting.	Secure buildings, adequate lighting, and preventive maintenance. Monitoring and review of systems.	Hazard and risk assessment training. Work health and safety hierarchy of responses. Industry culture of safety.	Orientation. Cultural safety education. Community emergency plan.
Staff resilience and fatigue management	Engage in clinical supervision, mentoring and self-care practices.	Equitable distribution of workload. Proactive response to critical events.	Management training. Supportive staff supervision. Proactive response to fatigue and wellbeing issues. Service fully staffed.	Fit for purpose and well maintained equipment and infrastructure.	Service response to manage climate and major events. Limited work and travel hours. Manage team tensions.	Improve communities' health literacy and capacity to reduce burden on after hours services.
Workforce stability	Career goals and plans. Community participation.	Supportive workplace culture. Share workload and clinical interests.	Professional development. Remote staff recreation. Exit interviews, support and counselling. Leave entitlements.	Safe, secure, adequately equipped and maintained accommodation. Good internet access. Vehicle use for recreational activities.	Supportive organisational culture. Proactive response to bullying.	Community education and processes to attract staff and limit attrition. Exit interview feedback.
Communication and connectivity	Log all on-call work and location. Establish and maintain own communication networks.	Team development and support. On-call staff movements monitored by objective provider.	Business hours and after hours communication systems. Proactive response to possible hazards.	Voice, data communication within and outside community. Power backup system. Clinic and mobile/ emergency communication and transport.	Emergency communication and transport plan.	Health service and community meetings. Problem resolution process.
Prevention and de-escalation	Communication and de-escalation skills and experience.	In-service training. Alert system for high risk patients. Monitoring and review events. Peer support.	Maintain safety priorities. Support communication and de-escalation for staff.	Ability to control clinic access. Good access and egress. Safe room. No service provision at staff accommodation.	Cultural safety education. Positive community and staff relations.	Local employed staff. Community and health service partnerships. Community to alert staff to hazards.
Hazard identification and risk management	Orientation. Safety prioritised. Workplace Safety Guidelines. Audit and risk assessment tools.	Ongoing hazard identification and response. Team response to safety and security issues.	Work health and safety requirements. Workplace safety guidelines developed, resourced, monitored and reviewed.	Programmed maintenance. Infrastructure and equipment audit. Prioritised response process for acute hazards.	Reduce impact of isolation. Emergency response plans.	Local cultural safety education. Community alert staff about hazards and participate in response.

GUIDELINES, AIMS AND ACTIVITIES

1. Always Being Accompanied (Not Alone)

AIM

Clinicians are not to be alone when attending call-outs after hours, or during business hours if they are attending an unknown event or have concerns for their safety.

ACTIVITIES

Individual

- Work within the requirements and expectations of Workplace Health and Safety Acts and Regulations.
- Support and adhere to Workplace Safety Guidelines.
- Not to work unaccompanied or in isolation until safety concerns have been resolved.

Team

- On-call rosters are approved and released in advance.
- On-call allocated equitably, with new staff oriented before being rostered on-call.
- The care of acutely ill/returning patients is clinically considered to reduce any after hours burden.

Employer

- Uphold Workplace Health and Safety legislative obligations.
- Resourcing requirements to meet remote health service safety guidelines recognised in funding.
- Develop, resource, implement, monitor and evaluate safety processes in all health centres.
- Recruit and maintain a full complement of adequately skilled staff.
- Staff are not required to work unaccompanied if safety concerns are identified.

Infrastructure

- Fit for purpose transport and communication resources will always be available.
- Clinicians will have access to reliable communication with on-call support workers.

Environment

- Conflict resolution process developed to resolve any problems or complaints.
- Services, clinicians, patients and communities support zero tolerance to violence.

Culture and Community

- Community and health services partnerships develop, manage, and resource after hours (always accompanied) guidelines.
- After hours health service attendance limited to emergencies and critical events only.
- A culture of safety in the workplace is promoted and encouraged.

GUIDELINES, AIMS AND ACTIVITIES

2. Being Prepared for Remote Health Practice

AIM

The health workforce will have undertaken the necessary education to be both professionally and personally prepared for their role in remote and isolated practice.

ACTIVITIES

Individual

- Prospective staff will research remote health safety and security issues, including pathways to remote practice, prior to seeking remote health employment.
- Staff will complete personal preparations (educational, financial, nutrition, emotional, and social) prior to commencing work in remote or isolated settings.
- Staff will participate in workplace/community orientation prior to placement and on arrival, engage in mentoring partnerships.

Team

- Local orientation of new staff.
- Hazard anticipation, risk assessment and prevention undertaken routinely in the workplace.
- Team meetings respond to significant events and near misses.

Employer

- Recruitment agencies and employers should supply pre-employment information/preparation for applicants who are going to new areas or communities.
- Initial employer orientation should be completed prior to commencing work, with local orientation and community cultural education occurring on arrival at the workplace and prior to commencement of service delivery.
- Health services should resource and monitor workplace safety strategies.

Infrastructure

- Secure buildings, vehicle parking, adequate lighting, maintenance, monitoring and evaluation of systems.

Environment

- Hazard and risk assessment incorporated into management schedules, with clinic staff assessing and responding to emergent hazards and risks.
- Workplace health and safety hierarchy of responses used to guide interventions.

Culture and Community

- Communities should contribute to workplace orientation and cultural safety education promoting a community partnership approach.
- Communities, health services and clinic staff develop and practice emergency responses.

GUIDELINES, AIMS AND ACTIVITIES

3. Ensuring Staff Resilience and Managing Fatigue

AIM

Staff are personally and professionally able to respond to the challenges of remote practice. The risk of fatigue is minimised through workload management, supportive supervision, timely use of leave opportunities, and prioritising of self-care.

ACTIVITIES

Individual
- Access clinical supervision and mentoring.
- Monitor and prioritise self-care, health and wellbeing.

Team
- Share clinic roles/clinical interests and on-call responsibilities and participate in peer support.
- De-brief after critical events and near-misses.
- Pro-active response when significant issues affecting team members are identified.
- Educate the community on the role of after hours services and that clinicians working long hours on-call impact on the function of the service the next day.

Employer
- Ensure remote health managers have interpersonal and management skills and training opportunities.
- Allocate programme and on-call workloads equitably.
- Work with clinicians and communities to limit after hours service expectations.
- Supportive supervision of clinic staff with the opportunity for 'time out' following critical incidents.
- Schedule staff leave, limiting capacity to defer or cluster leave entitlements.
- Monitor, identify and respond to issues creating staff fatigue and challenging wellbeing.
- Plan and recruit to ensure a full complement of appropriately skilled staff.

Infrastructure
- Accommodation and clinic buildings: designed and built fit for purpose; cyclone rated in northern Australia; adequately equipped and maintained.

Environment
- Flexibility of work hours to accommodate climate extremes or sporting and cultural activities.
- Identify work related travel as part of the working day.
- Clinicians and Managers proactively respond to tensions within teams.

Culture and Community
- Build community health literacy to self-manage minor ailments after hours.
- Limit after hours health service expectations to critical care and emergencies.

GUIDELINES, AIMS AND ACTIVITIES

4. Creating a Stable Workforce

AIM

Maintain a regular and reliable workforce, along with a reduction/management of staff turnover and churn to promote safe, quality and reliable remote service provision.

ACTIVITIES

Individual

- Develop a medium-term career plan.
- Engage with community residents and others – participate in social activities.
- Identify personal needs and how you can achieve these while working in remote health.

Team

- Share workload and clinical interests. Adjust roles to include the interests of incoming staff.
- Work together to create and sustain a supportive team environment.

Employer

- Structured recruitment and orientation processes to prepare staff for placement.
- Supportive staff supervision to ensure managers intervene before staff burn out, and to reduce the potential for bullying within teams.
- Plan clinician cover so staff can schedule leave entitlements.
- Managers are educated and prepared for their roles, including staff wellbeing and creation of workforce benchmarks to monitor success.
- Structured exit interview with results considered individually and collated for review by management and communities.
- Respond to recognised staff frustrations including: accommodation safety; excessive on-call demands; and lack of local transport for staff.

Infrastructure

- Safe, secure, adequately equipped, clean and well maintained accommodation.
- Internet/data link and phone connection in staff accommodation with costs co-shared.
- Health services, communities and clinicians consider innovative ways to make after hours transport access available for staff who have no local transport.

Environment

- Supportive clinical and human resource management culture.
- Pro-active management response to bullying and other issues affecting staff wellbeing.

Culture and Community

- Community education about limiting staff attrition, including exit interview feedback.

GUIDELINES, AIMS AND ACTIVITIES

5. The Essential Nature of Communication and Connectivity

AIM

Ensure that reliable and effective communication and transport systems are available to mitigate risks to the remote health workforce.

ACTIVITIES

Individual

- Develop and maintain social contacts within and outside the community. Utilising social media, participation in professional organisations and personal social media contacts.
- Training for safe and effective use of health service transport and communication equipment.

Team

- Orient incoming staff to safe, effective use of transport and communication equipment.
- Scheduled audit and test of transport and communication equipment, including maintenance, repair, safety and survival equipment.
- Scheduled team meetings to identify issues, review significant events and near misses.

Employer

- Develop and implement an on-call communication system that monitors and records location of staff and duration of callout, including real time monitoring 24/7.
- Ensure that remote health services have reliable, effective phone and data communication, including in all vehicles and accommodation.
- A robust maintenance schedule with audited compliance against KPIs for responding to faults.
- Ensure that staff are trained and experienced in using all equipment, including trouble-shooting problems with satellite phone reception.
- Fit for purpose, adequately maintained vehicles supplied to remote health facilities, with staff trained in their use.
- Training and experience in distance travel on bush roads in varying conditions day and night.

Infrastructure

- Reliable, effective voice and data communication within and outside the community.
- Emergency power back-up system for communications equipment.
- Mobile communications, monitoring and/or emergency assist equipment available.

Environment

- Emergency transport and communications plan to manage seasonal extremes and environmental risks.

Culture and Community

- Regular meetings with health service staff, managers and community representatives, including police and education.

GUIDELINES, AIMS AND ACTIVITIES

6. The Ability to Prevent and De-Escalate

AIM

The remote health workforce is equipped with effective inter-personal communication, prevention and de-escalation skills to manage bullying and harassment, and reduce the incidence of events escalating to violence.

ACTIVITIES

Individual

- Include communication, de-escalation and safety in professional development priorities.
- Practice and reflect on communication and de-escalation strategies, including self-awareness and your role in escalating or settling potential conflict.
- Research your rights and responsibilities in relation to bullying and harassment.
- Process experiences and events through clinical supervision, mentoring, community engagement and/or contact with Bush Support Services.

Team

- Ongoing hazard identification and response, including hi-risk client register/alert system.
- Promote supportive team culture to manage/review significant events and near misses.

Employer

- Workplace health and safety requirements fulfilled
- All after hours care to be provided in the clinic, not at staff accommodation.
- Monitor and review episodes of workplace violence, responding to hazards and risks.
- Education and training on communication, de-escalation and emergency response strategies to develop staff capacity to defuse escalating situations and prioritise their own safety.
- Supportive staff supervision, engaging and responding early to emerging evidence of deteriorating staff wellbeing or indications of bullying and harassment.
- Supportive, rapid response for staff who have experienced traumatic events.

Infrastructure

- Safe room in clinic with dual access and internal communication link (phone/radio).
- Clear view of clinic entrances, with access able to be restricted/controlled.
- Clinic and accommodation alarm systems with internal (community) alarms and external monitoring.

Culture and Community

- Local community provides cultural safety education.
- Community alert staff about emerging hazards and cooperate in developing and implementing a safe response.

GUIDELINES, AIMS AND ACTIVITIES

7. Identifying Hazards and Managing Risks

AIM

A proactive schedule of monitoring, evaluation and workplace audits to identify and respond to hazards and risks.

ACTIVITIES

Individual
- Develop skills using workplace safety guidelines and risk assessment tools.

Team
- Hazard identification and risk management an agenda item in team meetings.
- Review and respond to all near-misses and significant events.

Employer
- Work Health and Safety obligations fulfilled.
- Workplace safety guidelines resourced, implemented, monitored and reviewed.
- Employer Work Health and Safety reviews scheduled.
- Review and respond to all significant events and near misses.
- Events and near-misses reported, data collated and used in quality improvement activities.
- On-call and business hours safety plan implemented.
- Orientation includes use of workplace safety guidelines and risk assessment tools.

Infrastructure
- Safe, secure, well-lit clinic, accommodation and vehicle storage.
- Bi-annual infrastructure and equipment audit completed.
- Alert systems in place for responding to immediate hazards through an emergency maintenance system.
- A plan for staff safety if infrastructure is temporarily insecure.

Environment
- Workplace Health and Safety Guidelines reduce impact of isolation and environment on staff and services.
- Emergency response plans developed, resourced, and practiced.

Culture and Community
- Cultural safety education developed and provided by local community.
- Community alert health staff about transient hazards, and participate in response.

STAKEHOLDER ROLES AND CONTRIBUTION

The following is a list of significant stakeholders who contribute to the safety and security of the remote health workforce. Far from being an overwhelming and seemingly intractable issue, there are many interventions able to be implemented that will contribute to improving workforce safety and security.

Employers	
Role	**Contribution**
Develop and implement the administrative and clinical services required to provide a safe and secure work environment for the remote health workforce.	Ensure safe workplace, accommodation, communication and transport facilities and equipment to achieve National model OHS requirements and enable clinicians to implement safety protocols.
	Fulfil legislated OHS requirements ie: workplace safety committee and workplace safety representatives.
	Conduct face to face meetings with community management and council representatives to ensure communities are aware and supportive of safety protocols.
	Provide training and support to ensure communities are able to contribute as required to implement effective safety protocols.
	Inform community if specific services such as on-call are being suspended, or staff are being evacuated at any time due to critical events or safety guidelines not being able to be implemented.
	Develop, resource and implement standard operating procedures/safety guidelines to promote and facilitate clinician safety at work, in employer provided accommodation, and while on call.
	Provide timely orientation for new staff that identifies workplace safety and security guidelines, and practical experience in use of facilities and equipment.
	Incorporate information and training about cultural safety training, safety, security, and risk assessment into staff orientation.
	Ensure a rapid and supportive response to staff who have experienced safety and security problems.

STAKEHOLDER ROLES AND CONTRIBUTION

Workforce Agencies	
Role	Contribution
Promote the safety and security of clinicians/employees recruited to remote area health services through endorsement and implementation of the National Guidelines.	Agencies seek written workplace safety guidelines and confirmation of implementation from employers seeking to recruit staff.
	Agencies inform prospective applicants of basic safety and security guidelines, and acute events placing staff at increased risk.
	Suspend recruitment to specific service provider pending issue resolution if staff contracted through your agency have identified that protocols are not documented or implemented.
	Collectively develop safety and security standards for the nurse agency industry.

New and Incoming Remote Area Staff	
Prepare yourself professionally, clinically and personally for your remote area workforce experience.

Be informed about the prospective job, location and professional transition. | Initial internet and social media search and follow up identified organisations and topics. |
	Read National Safety and Security Guidelines and enquire with employer/agency regarding active use of workplace safety guidelines.
	Ask for a copy of workplace safety guidelines, including on-call protocols
	Apply to work with employers and recruitment agencies that support identification and use of safety and security guidelines.
	Consider seeking feedback from other staff who have worked in the location you are considering. Keep in mind that experiences can vary.
	Seek information and advice from peak professional organisations.

The Existing Remote Workforce	
Engage with all relevant stakeholders to promote implementation and as required, development of or refinement to workplace safety guidelines based on an 'always accompanied' approach.	Contribute to, and work according to workplace safety guidelines.
	Inform and support incoming/new staff to work according to safety guidelines.
	Do not offer clinical service or otherwise place yourself at risk until safety guidelines are met.
	Ensure information about safety guidelines is available in the health centre and elsewhere. Opportunistically discuss guidelines with other staff and community members.
	Promote community cooperation in 'always accompanied' strategies.
	Inform employer and community representatives, with as much notice as possible, if specific services such as on-call availability are being restricted due to risk issues.
	Contact the Bush Support Services, CRANAplus or your union if support is needed.

STAKEHOLDER ROLES AND CONTRIBUTION

Communities	
Role	**Contribution**
Support local clinicians in the provision of viable and effective remote area Primary Health Care Services.	Discuss requirements of safety protocols and identify how community contribution can be achieved.
	Participate in discussions and negotiations with health service management about safety and security issues.
	Contribute to effective implementation of safety and security guidelines.
	Promote resident adherence to safety guidelines.
	Agree on and implement back up options as needed to ensure safety protocols are able to be implemented.

CRANAplus – the professional body for remote and isolated health	
Industry advocacy, professional support, and education.	Lead (and champion) Implementation of National remote area safety and security project.
	Industry information access through website, magazine and print resources.
	Training through existing and proposed courses promoting safety and security as part of, and in addition to clinical roles.
	Development of profession (not workplace) orientation for incoming clinicians.
	Continuing advocacy on safety and security issues.
	Participate in research initiatives and development of publications contributing to body of work on safety and security in remote and isolated health settings.

CRANAplus Bush Support Services	
24-hour provision of personal support, counselling, and referral options for the remote area workforce and family members.	Counselling Service
	Print and Online Resources
	Bullying App
	Research and Advocacy

Police	
Protection of life and property.	Negotiate and liaise with health services regarding co-operative safety and security, planning and response.
	Staff in remote sites participate in a collaborative response to and managing safety and security issues.

STAKEHOLDER ROLES AND CONTRIBUTION

Researchers and Educators	
Role	**Contribution**
Education and training of prospective and existing clinicians. Prioritising and conducting research, supervising post graduate research.	Inclusion of workforce safety and security information and National guidelines in core units of all programs across the sectors involved in education programs focusing on remote and isolated health including transition programs.
	Clinical education includes assessment of staff safety and security in relevant units.
	New research proposals to consider existing and emergent safety and security priorities.

Industrial Organisations	
Professional advocacy, industrial information and advice for members.	Document information about safety and security risks and interventions on website and journal to empower clinicians to promote their own wellbeing and provide safe, effective health services in remote communities.
	Respond to specific industrial events or requests for assistance from members.

Professional and Peak Bodies	
Varying roles representing and advocating for membership issues, or specific interest groups within membership.	Advocacy groups supporting development of safety and security, policy and best practice by membership.
	Sectoral advocacy, policy and research support.

Worksafe Australia	
Policy (Nationally) implementation and monitoring of legislated/regulated workplace safety and security guidelines (State and Territory).	Remote workforce safety and security issues information and advice, responding to problem and priority improvement notices.
	Provide advice to organisations and individuals about rights and responses.
	Allocate a Priority Improvement Notice (PIN) to a location or service provider if significant safety risks are identified.

Regulatory Authorities	
Role	**Contribution**
Clinician Regulation and protection of the public. Implement Practitioner Complaints System	Acknowledge context and seek expert contribution in management and assessment of clinician notification.

Governments	
Legislation and policy development and review.	Review of Worksafe guidelines (COAG) to consider how WHS regulations can be implemented and responded to in a timely manner in very remote areas.
	Development of mandated standards and include in the requirements for finding service providers.

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