education | support | professional services

CRANAplus
improving remote health

WORKING SAFE IN REMOTE AND ISOLATED HEALTH HANDBOOK

CRANAplus acknowledges the Aboriginal and Torres Strait Islander peoples as the traditional custodians of Australia, many of whom live in remote areas, and we pay our respect to their Elders both past and present. CRANAplus contributes significantly to improving the health of Aboriginal and Torres Strait Islander peoples by building the strength of the remote and isolated health workforce.

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The term 'community' refers to Aboriginal and Torres Strait Islander communities, small towns, mining centres, and tourist setting.

Introduction

This handbook has been developed by the CRANAplus Safety and Security project to provide introductory and reference information for those commencing employment in remote and isolated health.

It will also be useful for the existing remote health workforce. While the content is primarily directed towards remote area nurses, it is also relevant to other health service staff.

What to keep in mind when using the handbook

1. Primary information sources should be your health service (employer) work practices and safety guidelines. Content provided in this handbook is to assist you whenever other information may be lacking, and to help you to work safely within guidelines provided by your employer.

2. Information within the handbook refers to clinician (staff) safety and security, not safe clinical practice. Information about safe clinical practice should be sourced from registration authorities, employer requirements and clinical guidelines.

There are many complexities that this handbook can't cover in detail. If you've travelled extensively in the bush, have your own four wheel drive (4WD) vehicle, and are planning on a 12-month remote contract, then your preparations will be very different from someone on a six week contract who will be flying into a community with only their 10kg baggage allowance. The handbook's information targets those with the least remote experience. However all staff new to remote health will experience similar issues.

Working in remote health involves considerable opportunities and challenges – both professionally and personally. As well as contributing to your own wellbeing, and that of co-workers, prioritising safety and security in your work practice will support the provision of safe, effective health services to remote and isolated communities.

Is safety and security an issue in remote and isolated health?

Remote Health Workforce Safety and Security Report

This report identifies several significant safety and security issues to be taken into account:

- The need for staff to be accompanied on-call, and at other times when risks are identified.
- Hazard identification and risk assessment, event reporting and workplace review of significant events and near-misses.
- The need for more comprehensive and timely orientation of new staff.
- Promotion of individual resilience and fatigue management.
- Assessment of high workforce turnover and issues relating to bullying and harassment.
- The need for reliable, accessible transport and emergency after-hours communication systems, supported by staff training in equipment use.
- Access to patient information and data in staff accommodation.
- The need for staff training and practice in communication and de-escalation techniques, to reduce the risk of conflict leading to violence.
- The risk of dog attack.
- The need to ensure that staff accommodation is secure.

Safety Guidelines for Remote and Isolated Health

This document identifies seven guidelines, which are viewed through six different lenses. The guidelines page is situated at the end of this handbook. It identifies the complexity of factors influencing remote health safety and security. It also shows what you, and the team you work with, can and do contribute significantly to promoting remote health safety.

Together, these documents will provide you with valuable background reading. Links are included in the resource list at the back of this handbook (page 28).

Step 1: Be Prepared

Things to consider before you apply

To make sure that all your new experiences are positive, you need to put in the effort to find out about remote health practice before you look at specific jobs. A great place to start for general information is the CRANAplus resource Pathways to Remote Professional Practice.

This provides a range of information about clinical practice requirements and options for developing required clinical skills. The Pathways link is included in the resource list (page 28).

Safety and security issues to consider early on

Personal Health and Wellbeing

- Personal health and wellbeing may not seem like safety priorities, but they are core resilience factors, and essential to managing fatigue. Refer to Bush Support Services Guides, DVD, and the Bullying section of the CRANAplus app.
- Do you have health issues that might be hard to manage in remote areas?
- Are you up to working long hours in extremely hot or humid climates?
- Are you prepared to live where there are limited food choices? Do you have dietary restrictions that might be difficult to manage in remote locations?
- Outside exercise options can be limited. If you thrive on exercise, think about taking along some training or yoga DVDs to assist you.
- The internet is vital for personal and professional communication. It will be wise to have the equipment and accounts you need set up in advance, and basic internet and social media skills before you head out bush.

Professional Links

- To build your network, consider joining professional and industrial organisations such as CRANAplus or other organisations related to your clinical interests.
- If you've relied on workplace mentoring and CPD activities to fulfil registration obligations, you will benefit from initiating your own professional support systems before commencing remote work.

The Community

- Take a bit of time to think about your specific needs. This will help you to identify what sort of community you'll be happy in. While happiness isn't necessary for your safety and security, it will influence clinical and interpersonal communication. It'll also determine how long you stay.
- Know your personality. Know whether you can live anywhere, or whether you have set expectations of what you need from your local community.
- If you're planning to take children or a partner with you, research what schooling, employment and entertainment opportunities will be available.
- Most health service websites provide information about communities, language and cultural information, do's and don'ts for visitors, and sometimes even an introduction to workplace safety guidelines. You can start by looking at the corporate members section under Memberships on the CRANAplus website for information.

Safety issues to consider when job hunting

- Many non-government and private sector health services only recruit through agencies. If you register with recruitment agencies, confirm that they'll ask your permission before recommending you for specific locations.
- Employer information should provide you with a good background about the health service and local community. This is where you can really start considering safety and security issues. For example:
  - Does the health service use Not Alone/Never Alone guidelines?
  - Does it identify a process to ensure on-call staff will always be accompanied?
  - How many staff (RANs, other clinicians and support staff) are employed at the health centre?
  - What existing security arrangements exist?
  - Is information about accommodation security available?
- Consider what other RANs say on social media about their experiences. However, keep in mind that experiences and opinions can and do vary, and situations change over time. Be sensible in your interpretation of social media.

Step 2: You've Got the Job!

What to check before you sign the contract

Congratulations… Once your excitement settles, it is important to be practical and check up on some significant safety and security issues.

TRAVEL AGREEMENT

Be aware that while travel to and from your job will most likely be covered as part of your contract, if you need to leave early for any personal reason, you may have to pay for your flights home. Make sure you have the resources to get back to family and friends if needed.

SAFETY GUIDELINES

Double check whether the health service implements safety guidelines to ensure that staff never work alone on-call or at any other time when safety concerns exist. Increasingly, experienced remote health staff are choosing to avoid employment with health services that do not commit to ensuring staff never have to work alone.

LIVING ARRANGEMENTS

Ask whether you will have to live in shared accommodation, or if you will be expected to share your accommodation with visiting health staff. While not a priority safety issue, this will reduce the chance of unexpected surprises on arrival about accommodation sharing requirements.

AFTER HOURS TRANSPORT

Be aware that you will not be able to use health service transport after hours. This is not a big issue for some, but after a couple of weeks, many staff feel locked in and miss the independence of being able to go for a drive and enjoy some of the beautiful places other people talk about.

Step 3: Orientation

Preparing you for the role

The less experience you have, the greater your need for orientation. When it comes to safety issues, new or inexperienced staff should not be expected to commence employment without comprehensive orientation.

As a rule, comprehensive orientation is essential to adequately equip you to safely and competently undertake your role, and be fully informed of processes and procedures. However, orientation is an expensive, resource intensive process. Realistically, health services cannot conduct a comprehensive two week orientation for someone completing a four week placement.

Orientation involves two components, and both are equally important to promoting safety and security:

Stage 1 – Health Service Office Orientation

Stage 2 – Local Clinic and Community Orientation

Before you leave

Stage 1 – Health Service Office Orientation

This orientation takes place before you leave to take up your position.

- You should be given a copy of workplace safety guidelines. Ask for them if they are not offered.
- Ask what happens if these safety guidelines cannot be implemented.
- Ask whether the health service has on-call and after-hours manager access.
- Ask whether there will be a senior/experienced clinician on site to provide local orientation.
- Ask if you will shadow experienced staff on-call, or have a back-up on-call clinician for a couple of days before being on-call alone over night or on a weekend.
- Depending on your experience and clinic location, ask what four wheel drive (4WD) and dirt road driver training will be provided.

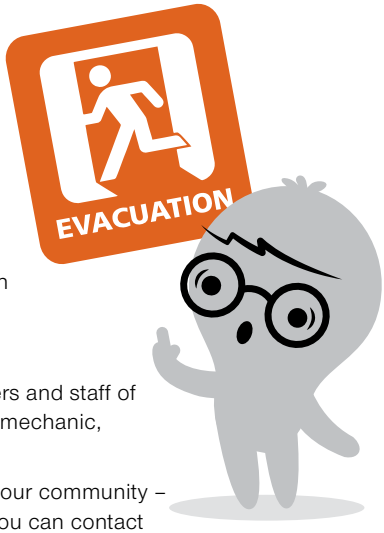
- Ask what training and practice will be provided for the use of satellite phones and other emergency equipment.
- Discuss what cultural safety education is provided in the community in which you'll be located.
- Discuss any significant safety and security issues that have been experienced in the past and what systems have been put in place in response.
- Ask whether duress alarms are fitted in the clinic and accommodation, and what responses occur when alarms are triggered. Check whether personal alarms are used.
- Discuss health service safety and security monitoring, what review systems are implemented, and how will you contribute to these.

You've Arrived

Stage 2 – Local Clinic and Community Orientation

This is provided in the clinic and community in which you are being employed.

- Familiarise yourself with and practice use of clinic and accommodation alarms.
- Practice use of health service on-call safety guidelines and discuss safety back-up options.
- Get to know clinic safety systems including safe room, client risk register (if used) and the emergency contact list.
- Check the Health Service vehicle use guidelines.
- Practice driving the 4WD, daily maintenance and changing a wheel. Know where to find the spare wheel, jack and wheel wrench.
- Get to know clinic vehicle safety and recovery equipment, including vehicle based satellite phone/radio, GPS systems and in-vehicle monitoring, if fitted.
- Practice use of CB radio, personal alarms, locator equipment and other such equipment used by the health service.
- Check guidelines for remaining safe in the community and in and around your accommodation.



- Become familiar with clinic and accommodation security locks, lights and safety practices.
- Ensure that you have a community map.
- Arrange for an introduction to community leaders and staff of other services, for example, community admin, mechanic, police and teachers.
- Take the time to connect with a few people in your community – people you can talk to about issues, and who you can contact for assistance, if needed. Don't rely on just one person as they may not be available when you need help.
- Arrange for Cultural Safety Education from community representatives and Aboriginal or Torres Strait Islander Health Workers, if present.
- Discuss specific local safety and security issues, including: driving to out stations or highway MVAs, seasonal health and travel risks, snakes and biting critters, safety near water (crocs, stingers), substance misuse, cheeky dogs, driving in a community at night when people might be sleeping on the ground.
- Understand medical evacuation safety guidelines and safety around planes and helicopters.
- Get advice on what the standard response should be in the event of community members trying to 'test' new staff or take advantage of the fact that you may not know all of the rules.
- Connect and trouble-shoot home and clinic phone and data communication as soon as possible.
- Get to know Health Workers, admin staff and those who will support you in your role.

Community and Cultural Safety Education

CULTURAL KNOWLEDGE

If you're working in an Aboriginal or Torres Strait Islander community, cultural safety knowledge will be vital for your effective and safe clinical practice.

Understanding of culturally appropriate communication will help you to avoid or de-escalate potentially tense interactions.

APPROPRIATE COMMUNICATION

Be aware of clinical communication taboos, for example, avoid talking about STI issues with someone of the opposite sex, or discussing someone's pregnancy.

COMMUNITY HAZARDS

Learn about general community hazards, which can vary from wet or hot season safety, to the massive increase in community size (and clinic workload) during sports carnivals or traditional law business.

Episodes of increased alcohol or other substance misuse in the community will also require that health service staff are especially vigilant about team safety.

If you're working in an Aboriginal or Torres Strait Islander community, cultural safety knowledge will be vital for your effective and safe clinical practice.

GENERAL SUGGESTIONS

Don't attend the clinic alone at night to use the computer or internet. You're likely to have people knocking on the door seeking treatment whether or not you're on call.

- If you're turning, vehicle headlights don't show where the vehicle is going. Tragedies have occurred with sleeping people being run over by a turning or reversing vehicle, so be aware of your surroundings.
- Make use of the Safety Audit Tool and guidelines, which are included in the e-remote Learning Module, available free online to members and non-members. A link is included in the resource list (page 28).
- You'll need Cultural Safety Education about communication, de-escalation, safe socialising, personal behaviour and clothes, as well as information about where you should or shouldn't go walking.
- CRANAplus has developed a template useful for orientating and handing over to new staff about your service. A link is included in the resource list (page 28).

If orientation is unsatisfactory, identify what needs to be provided. Think ahead. You share responsibility for going into a work location knowing that you're not adequately prepared.

Step 4: Prioritise Your Safety

Ensure that you do not work alone

Whether you call it 'Never Alone', 'Not Alone', or 'Always Accompanied', not working alone when on-call or in situations involving risk to your wellbeing, is the basis of remote health workforce safety and security.

- All health services should have a set of guidelines which ensures staff do not have to respond to on-call requests alone. It is vital that you read these guidelines and talk with other nurses, Aboriginal and Torres Strait Island health staff, management, clinic support staff, community representatives, police and any others involved with service provision. You should clarify how to implement local guidelines, and what to do when there is a problem.
- Self Risk Assessment tools developed by CRANAplus include the Community Safety Audit, Rapid Risk Assessment Tool, and Safety Flow Charts. These resources will support your effective use of workplace safety guidelines, and provide assistance if local safety guidelines are not available. The Risk Assessment Tools are also available on the CRANAplus app and website.

Remember, you are not a passive participant in safety and security activities. If there's a problem in ensuring that you are always accompanied on-call, inform your Clinic Manager, Health Service Supervisor, and, if appropriate, your Recruitment Agency immediately.

Step 5: Safety Tools

How and where to get them

The Safety and Security Self Assessment Tool consists of the Safety Audit Tool, Safety Flow Charts and the Rapid Risk Assessment Tool.

SAFETY AUDIT TOOL

Completing a safety audit will identify significant issues contributing to your safety. When commencing a new job, employer orientation and workplace safety guidelines should provide the basic information required for you to commence work safely. This tool can be used as a checklist to review safety, or as a local safety orientation if this is not offered in a structured way by your employer.

Completing the audit will provide individuals and workplaces with the basic information required to promote practical safety quality improvements in the workplace. The audit is a bridge linking orientation, workplace safety guidelines, and Work Health and Safety requirements. The Safety Audit Tool is available on the CRANAplus website. It is also part of the free CRANAplus safety and security education module.

SAFETY FLOW CHARTS

You should make some time to talk with the clinic team about how responses identified in the Safety Flow Charts can be implemented in your local health centre and community. Your questions might include:

1. Is there a safe room?
2. Where are duress alarms located and who will respond?
3. Can clinic vehicles be centrally locked to provide a safe location when in the community?

RAPID RISK ASSESSMENT TOOL

Practice using the Rapid Risk Assessment Tool. You can use examples from your own experience, or have another clinician explain how you would use it, providing examples from their own experience. Like any tool, practice will improve your capacity to use it effectively, till it becomes second nature – an ongoing process of risk assessment. You might consider completing the free CRANAplus Safety and Security education module. A link is included in the resource list (page 28).

Use of Safety Flow Charts

The following Safety Flow Charts provide a guide for staff to consider the safest response option before a potentially dangerous event occurs.

They identify three types of hazardous workplace events likely to be experienced by remote health staff, and options for response pathways. These events can occur at any time and in any location, whether you're in the clinic, in the community or on-call.

RESPONSE TO CRITICAL EVENT

- Aggression and violence involving immediate, severe risk to safety.
- Requires immediately prioritising personal and team safety by all and any available means.

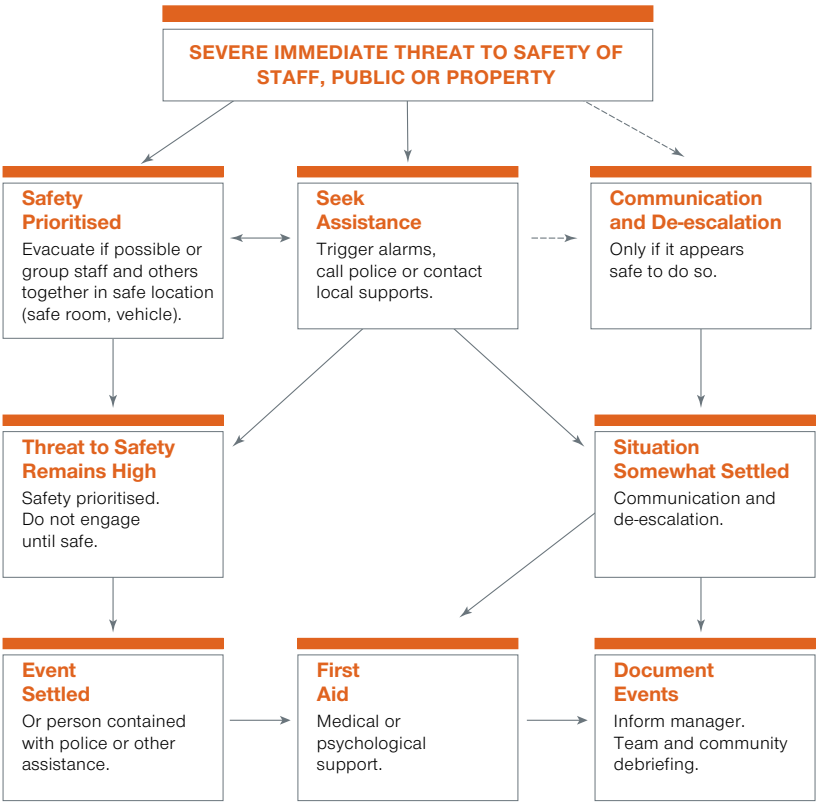
RESPONSE TO ESCALATING EVENT

- Deteriorating communication/interaction with risk of aggression and violence.
- In response to an escalating event, the Rapid Risk Assessment Tool may be of assistance. Communication and de-escalation skills and in Aboriginal and Torres Strait Islander communities, cultural safety knowledge, will also be of use.

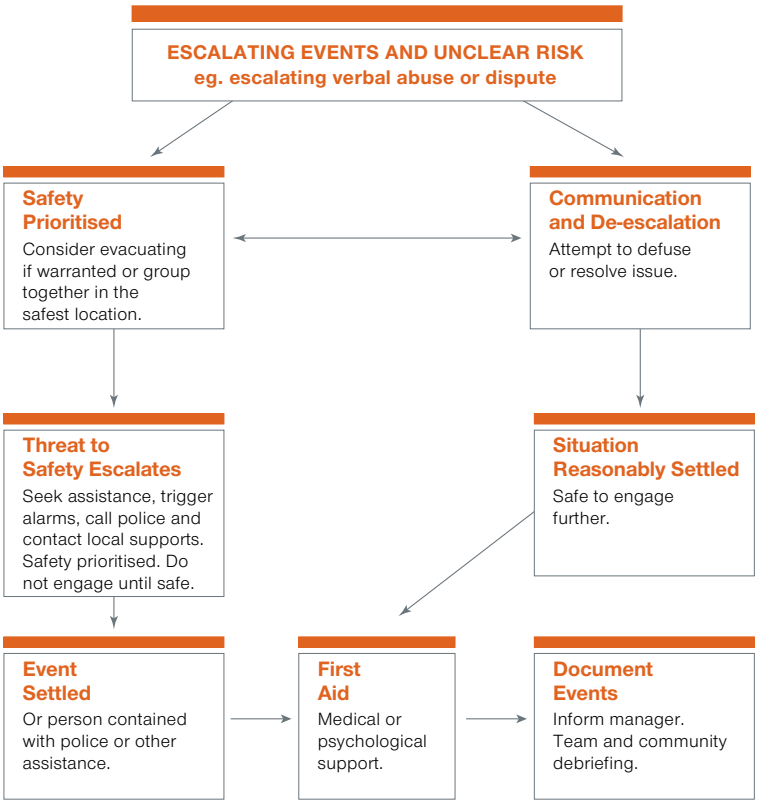
RESPONSE TO CALL-OUT

- Unclear level of risk needing to be assessed prior to clinical response.
- The Rapid Risk Assessment Tool provides a guide on how to respond to a call-out request.

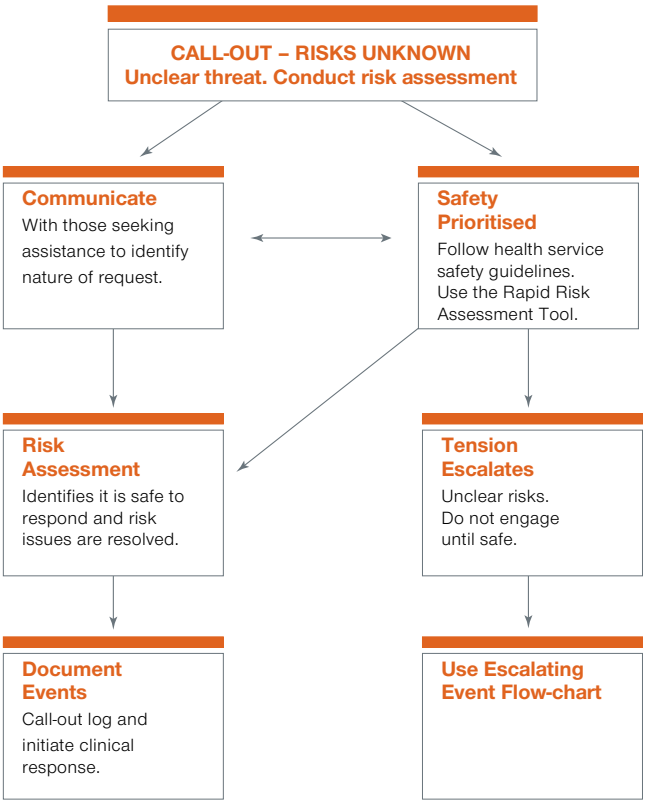
Response to Critical Event



Response to Escalating Event



Response to Call-out



Rapid Risk Assessment Tool

The Rapid Risk Assessment Tool provides a framework for you to assess safety issues in the clinic, in the community, and when on-call. You may need to re-assess safety at any time if new risks are identified.

Respond to the following statements in any situation where your safety could be at risk.

1. Health Service/Community safety guidelines are being followed. ☐ Yes ☐ No

2. People present are cooperative and behaving in a way that indicates it is safe to respond, eg: Not substance affected; confused, hyper-vigilant; or irritable. ☐ Yes ☐ No
   No verbal or physical threats and not damaging objects. ☐ Yes ☐ No

3. The people present are willing to cooperate to fulfil safety guidelines. ☐ Yes ☐ No

4. There is another reliable/responsible adult present to go with you, eg: Health Worker, Community Support Worker, second on-call clinician, driver. ☐ Yes ☐ No

5. You know and trust at least some of the people who are asking you to attend or go with them. ☐ Yes ☐ No

6. You know the location you've been asked to attend. ☐ Yes ☐ No

7. The health vehicle is adequately prepared for travel: fuel, jack, spare tire, satphone, GPS/map, drinking water, first aid kit have all been checked. ☐ Yes ☐ No

8. If being asked to leave the community, a reliable person knows where you are going, and when you're expected back. They will initiate a search if needed. ☐ Yes ☐ No

9. Other issues, for example, someone will accompany you if you need to enter a house or other building. ☐ Yes ☐ No

10. Synthesis (reflection): Significant safety concerns have been resolved. ☐ Yes ☐ No

Response

If you answer **YES** to all the statements, it is most likely safe for you to respond.

If you answer **NO** to any of the statements, there are safety issues that need to be resolved. You should ensure health service safety guidelines are being implemented, and other identified safety and security risks are resolved.

You are not declining to provide a clinical response.

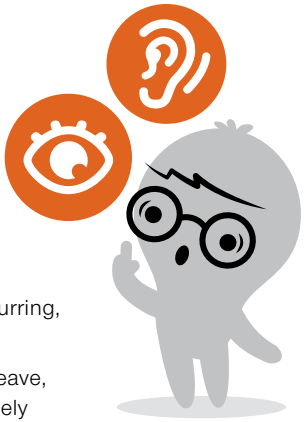
You should identify the outstanding hazard and risks, and seek assistance to resolve issues so that you can initiate a safe clinical response. Contact your manager or doctor on-call for advice if needed. Document events, options, decisions, and actions.

Step 6: Work Safe

Hazard Identification and Risk Management

BE AWARE OF YOUR ENVIRONMENT

- You're entering a new workplace, one where your clinical role will take you from clinic to school, community, housing, and possibly outstations or motor vehicle accidents on isolated tracks or highways.
- Listen to what's happening around you.
  - Has the background noise of kids playing suddenly gone silent?
  - Is a vehicle approaching along a narrow track?
  - Has everyone suddenly left the store?
  - Are people around you looking worried or anxious?



DON'T BE A HERO

- If a dispute is getting violent, or if domestic violence is occurring, it's not your role to intervene.
- If there's a fight in the clinic, you can ask or tell people to leave, but attempting to intervene to separate people will most likely result in you getting a black eye!

KNOW YOUR LIMITATIONS

- Not intervening is difficult and nobody wants clinic equipment damaged. Similarly, you don't want violence to intrude on the clinical care of someone else.
- Remember that you're a clinician, not a police officer. There are limits to your role and responsibility. Trying to control someone else's violence, (and getting injured) even if it's in your work area, is not part of your role.
- Take action to protect yourself, your colleagues, your patients and visitors by leaving the area.

DEVELOP A STRONG NETWORK

- Building relationships with community members and other service providers is vital to promoting safety and security. If other health staff feel they can trust you with information, they'll be more likely to tell you if there's conflict in the community.
- You don't have to be best friends with everyone, but being civil is essential. If you show you're willing make an effort to say hello, they'll be more likely to offer advice on safety – even if it's just to suggest you don't approach a house until the owner has moved away any dogs that have a history of attacking visitors.

CLINIC SAFETY GUIDELINES

- Don't be shy to ask what these are – both formal and informal.
- Know how (or whether) staff regulate clinic access and how you should maintain control over clinic access while ensuring fire exits are operational.
- If there are guidelines about staff working alone in the clinic, these might be as simple as letting others know when you're driving up to the school, or out to the airport. This will make the remaining staff member aware they'll be alone in the building.
- Check whether there is a client risk register. This is a list of clients who should only be seen with two or more staff, or with security staff present.
- Read up on existing clinic safety guidelines and emergency contact lists – and check that emergency contact names and numbers are current.

LEARN FROM PAST EVENTS

- Find out what safety problems have been experienced, and how were they managed. Look at how such events can be better managed if they occur again.
- Ask what support and de-briefing options are available for staff involved in traumatic situations (including near misses).
- If local staff can't answer your questions, you should consider contacting your health service Work Health and Safety Officer.
- Keep in mind that your first few weeks of employment are the best time to ask questions and establish good safety practices.

AIRCRAFT EVACUATIONS

- When you're new, aircraft evacuations are exciting yet intimidating. Understandably, you'll be focused on the patient being evacuated and all the associated clinical and administrative requirements.
- However, you need to keep in mind that airport safety is also a critical issue. Never drive a vehicle or walk onto an airstrip or aircraft parking apron until you have been signalled to do so by the pilot or flight nurse.
- Do not approach a plane or helicopter if the props/rotors are still moving. Further reading can be found in the CRANAplus Clinical Procedures Manual. A link is included in the resource list (page 28).

COMMUNITY VISITS

- These are a frequent part of remote work, day and night. Again, it's a time when you should be taking notice of your surroundings.
- Drive slowly! Watch out for children. If you're stopping at a house, do a brief assessment of your surroundings before getting out of the vehicle (a windscreen survey).
- Park with an easy exit, for example reverse into a driveway, or face the vehicle out of a dead-end street. Lock the vehicle and keep the keys with you.
- Call out if no one's around. Do not approach or enter a house alone or without permission. Ask a neighbour for assistance, they'll either tell you there's no one home, or offer to enter with you. If this isn't an option, leave and find someone else to help you.

CHEEKY DOGS

- If it's safe, walking round the community is a great way to meet people and learn about who lives where. However, so-called cheeky dogs can make it dangerous.
- Dog attack is one of the most common hazards confronting remote health staff. The effects of dog attack can range from a graze to severe injury requiring evacuation and surgical repair.
- It is strongly recommended that you watch the Working with Dogs video produced by AMMRIC. It's easily accessible on line. A link is included in the resource list (page 28).

Step 7: Travel and Communicate Safely

You're Working Remote

Working and living safely will at some point depend on access to reliable 4WD and satellite phone communication equipment, and your ability to use this equipment effectively. Consider the following issues:

FOUR WHEEL DRIVE (4WD) BASICS

- Heavy duty 4WD vehicles used in remote locations for ambulances and general travel have a high centre of gravity, meaning they are more unstable than cars, and are at greater risk of rolling.
- 4WDs have heavy duty steering and suspension. These vehicles will not steer or slow down rapidly.
- Driving in remote areas involves hazards not experienced elsewhere. Cattle are likely to wander across roads. Dirt roads can have extreme corrugations, potholes and sections of fine dust or mud. Dry river crossings can flood rapidly. Whole sections of road can be impassable for months at a time. Smaller tracks can require travel on sand dunes, and there's no one to remove obstructions such as fallen trees, or repair washouts.
- Getting stuck or breaking down in remote areas can be life threatening.

The only speed to drive in a community is slowly. Keep in mind at night that if turning, your lights won't illuminate where you're going. The tragedy of driving over sleeping people can be avoided.

LEARN TO USE A 4WD

- The best introduction to safe and effective 4WD use is through a formal course run by TAFE or a 4WD club. Other health staff may be good teachers, but they don't have a curriculum, and they may teach you the mistakes they've developed over years of bush travel.
- 4WD training must involve practice of putting the vehicle in and out of 4WD, using and changing in and out of high and low range, pre-travel vehicle checks, basic trouble shooting, and changing a wheel. You must practice changing a flat tyre where you can learn to do it safely - before you need to do it at night in the rain.
- Apart from clinical equipment, health service vehicles may have a range of added equipment including extra fuel tanks, water tank, vehicle recovery gear, a first aid kit, driving lights, working lights, GPS tracking equipment and a satellite phone. Some may also have a CB or HF radio, and in vehicle monitoring equipment (back to base information). You must know what switch does what, and how to ensure you're not switching off essential equipment. If it's all new to you, it'll take a bit of time and practice to learn how to use all this equipment.

TRAVELLING REMOTE

- Tell people where you're going. Log the information with your employer or someone reliable who will follow up if you don't arrive at your destination within a reasonable time.
- Check your vehicle before travelling outside your local community. You should have an adequate supply of drinking water, food, protective clothing, sun screen, insect repellent, an EPIRB (emergency position-indicating radio beacon), a vehicle first aid kit, some form of radio or satellite communication, equipment to change a tyre and recovery equipment if you're travelling on poorly formed tracks.
- Don't be in a rush. It's recommended that you don't drive over 80kph on good dirt roads, and less on smaller tracks.

If you get stuck, stay with your vehicle. Save your energy, protect yourselves from heat and cold, trigger your EPIRB or communicate in other ways to seek assistance, and wait for help to arrive.

SATELLITE PHONE USE

- Satellite phones are widely used in remote health services, to the point that few services still use HF (long distance) radio. Satphones are great items of equipment, but people frequently complain about poor reception.
- Your chances of making a successful call will be improved if the satphone is properly looked after, has a reliable power supply or charged battery, and if you extend and angle the aerial properly. A satphone that's been lying on the dusty dashboard, possibly charging, and with a dirty aerial connection, isn't likely to give reliable service.
- Before you need the satphone for emergency communication, read the directions (download them if necessary), learn how to troubleshoot power issues and aerial connection problems, and practice making calls.

EMERGENCY BEACONS AND SATELLITE TRACKERS

- Learn about the emergency communication equipment you have access to. They may be mobile, or fitted to health service vehicles.
- Simple emergency beacons (EPIRBs) are relatively cheap and reliable safety insurance if you're travelling remote. More expensive trackers have an emergency function and allow you to send preset messages, and let others follow your travels via web links.
- Advanced satellite communicators have emergency beacon functions, tracking facilities, as well as the capability to send and receive messages. They're still much cheaper than satphones.

Step 8: Stay Well

Maintaining personal resilience and managing fatigue

Working in small, isolated teams is a unique way of life. Long hours, professional isolation, and extreme environments do take their toll on remote health staff wellbeing.

PERSONAL HEALTH

- Eat as well as you can. Pay that bit extra at the shop if needed for fresh vegetables. Organise a Bush order if you'll be in a community for any length of time.
- Avoid too much alcohol, especially while you're acclimatising to the humid tropics.
- While the workload, new environment and varying work hours may leave you feeling exhausted, you'll still benefit from some type of exercise. Ask around about what's safe and acceptable.
- Sleep is vital for your wellbeing. There may not be an opportunity to have an open window. Maybe the lounge air conditioner will keep you cool enough so you don't need one on in your room.
- Bush Support Services have great resources available about promoting wellbeing. One of these is the Guide to a Healthy Lifestyle booklet. A link is included in the resource list (page 28).
- Write to old friends and re-establish some neglected contacts.
- Use isolation leave regularly. It's there for a purpose, not to be saved up for six months of extended leave.

PROFESSIONAL WELLBEING

- Share on-call equitably with other staff. Apart from occasional changes, don't offer to do on-call for others. Looking after yourself involves not picking up all the responsibilities other staff are happy to give up!
- Create and stay in touch with professional and personal supports. There are remote area nursing and health Facebook pages that provide a valuable connection for current and past remote health clinicians. Professional and Industrial organisations have regular email newsletters, and the internet is full of special interest content.

- Consider joining the CRANAplus mentoring program. Mentoring offers a supportive process to develop your reflective practice skills.
- Refine your career plan. If you love remote work, look at relevant study options. If you know you'll only be doing this type of work for a year or two, consider how you can put the most into it, and get the most out of it.

BEING PART OF A SMALL TEAM

- Working in a small or isolated team can be a challenge, especially if it involves socialising and depending on only one or two other staff for your safety and wellbeing. It can be a great partnership, but If tensions develop, it can be very uncomfortable.
- In a big organisation, and working shifts, it's easier to manage the occasional challenging work relationship, as tensions are diffused when there's several other people around. It's more difficult if there's a communication breakdown between you and the only other RAN in the community.
- Try identifying and resolving any problems early on and talking through your differences. '*It seems we don't have much in common, but how about we focus on maintaining an effective professional relationship*'.
- Let your manager know sooner rather than later if there are any problems. It doesn't have to be a complaint about another person. It may be best to identify that tensions are present and ask management advice on how best to respond.
- Contact Bush Support Services or your Employee Assistance Program if you're unsure whether bullying or harassment is occurring.

Bush Support Services support is available 24/7 for remote health workers and their families on 1800 805 391, toll free. You can discuss any issues, work related or personal, that may be affecting your wellbeing.

Conclusion

Working in remote and isolated health offers considerable opportunities and challenges. It can be a life-changing experience.

For most of us, working in remote health will always be remembered as 'one of the best things I ever did'. Making the time and effort to prepare for remote health work will help ensure its a personally and professional safe and satisfying experience. The following links provide more detailed information that will further support your safe and secure foray into the world of remote health.

Resources

Safety and Security Project Resources:
www.crana.org.au/professional/practice/safety-security-in-remote-healthcare

Pathways to Remote Practice:
www.crana.org.au/uploads/pdfs/CRANAplus_RemotePractice_V1_1_webrescmp_Jan15-1_1.pdf

Bush Support Services Resources:
www.crana.org.au/support

Safety Audit Tool:
www.crana.org.au/education/eremote/programs/core-mandatories

CATSINAM position paper on embedding Cultural Safety in nursing and midwifery:
www.catsinam.org.au/static/uploads/files/embedding-cultural-safety-accross-australian-nursing-and-midwifery-may-2017-wfca.pdf

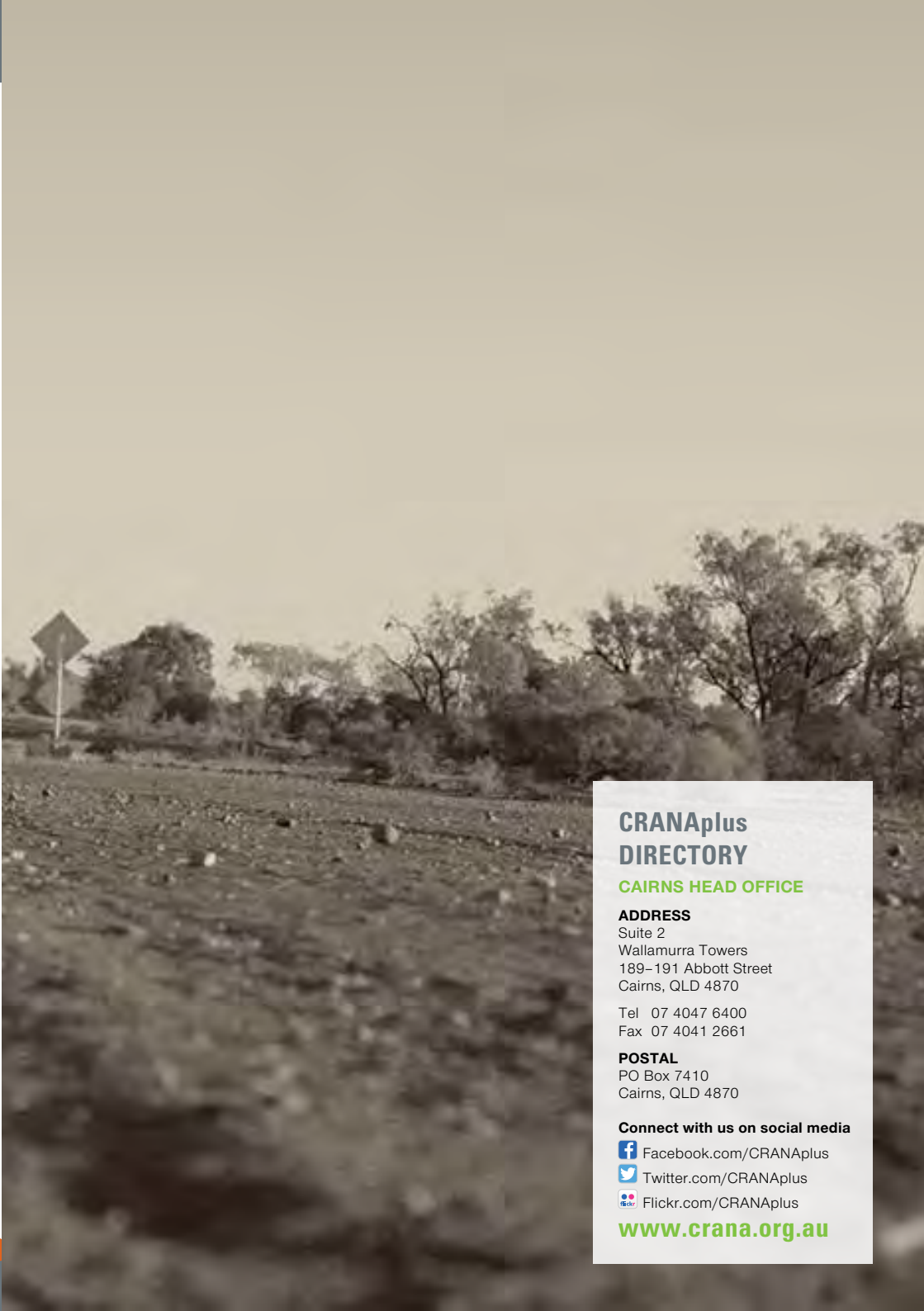
CRANAplus Handover Template:
www.crana.org.au/uploads/pdfs/CRANAplus-Handover-template.docx

CRANAplus Clinical Procedures Manual:
www.remotephcmanuals.com.au/publication/cpm/Evacuations.html

Animal Management in Rural and Remote Indigenous Communities (AMRRIC):
www.amrric.org/our-work/staying-safe-around-dogs-0

Guide to a Healthy Lifestyle Booklet:
www.crana.org.au/uploads/pdfs/BSS-Guide-HEalth-Lifestyle-booklet.pdf

Working Safe in Rural and Remote Australia:
www.workingsafe.com.au



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Safety and Security Guidelines for Remote and Isolated Health Summary

Below are seven safety and security guidelines, viewed through six different lenses. These guidelines identify the complexity of factors influencing remote health safety and security, and how you and your team can contribute to promoting remote health safety.

GUIDELINES	LENSES	
	Individual	**Team**
Always accompanied (not alone)	Adhere to workplace safety guidelines.	Clinic practices prevent excessive on-call.
Preparation for remote practice	Be prepared for the workplace, undertake orientation.	Provide local orientation. Early hazard identification and prevention.
Staff resilience and fatigue management	Engage in clinical supervision, mentoring and self-care practices.	Equitable distribution of workload. Proactive response to critical events.
Workforce stability	Career goals and plans. Community participation.	Supportive workplace culture. Share workload and clinical interests.
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.
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.
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.

Employer	Infrastructure	Environment	Culture and community
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.
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.
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.
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.
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.
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.
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.

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