Safety When Working Offsite Handbook

Practical guidance for Workers, Managers and Others involved in Working Offsite

SESLHDHB/016
Revision: 2, December 2012
# Safety When Working Offsite

– A Manual for Workers, Managers and others involved in Working Offsite

Revision: 2  Date: December 2012  Trim: T12/7522  Pg 2 / 48

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>4</td>
</tr>
<tr>
<td>• How to use the Manual</td>
<td>4</td>
</tr>
<tr>
<td>• Training requirements</td>
<td>4</td>
</tr>
<tr>
<td>• Roles of Persons involved with offsite Visits</td>
<td>6</td>
</tr>
<tr>
<td>• Definitions</td>
<td>7</td>
</tr>
<tr>
<td>• Flow Chart</td>
<td>8</td>
</tr>
<tr>
<td>• Emergency Contact Number</td>
<td>9</td>
</tr>
<tr>
<td><strong>Risk Assessment Stage</strong></td>
<td></td>
</tr>
<tr>
<td>• Who can complete the Risk Assessment Form</td>
<td>10</td>
</tr>
<tr>
<td>• When to Complete the Risk Assessment</td>
<td>10</td>
</tr>
<tr>
<td>• Making changes and updates to the Risk Assessment Form</td>
<td>10</td>
</tr>
<tr>
<td>• Asking questions on the Risk Assessment or Other Offsite Activity Forms</td>
<td>11</td>
</tr>
<tr>
<td>• Good Phone Etiquette</td>
<td>12</td>
</tr>
<tr>
<td>• The Call</td>
<td>12</td>
</tr>
<tr>
<td>• How to fill in the Risk Assessment Form</td>
<td>13</td>
</tr>
<tr>
<td>• Other Offsite Visits</td>
<td>16</td>
</tr>
<tr>
<td>• How to complete other offsite Visit Safety Checklist</td>
<td>17</td>
</tr>
<tr>
<td>• How to manage identified safety issues</td>
<td>19</td>
</tr>
<tr>
<td>• Using the Risk Assessment Tool.</td>
<td>19</td>
</tr>
<tr>
<td>• Consultation Process</td>
<td>20</td>
</tr>
<tr>
<td><strong>Pre-visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Checking Risk Assessments</td>
<td>22</td>
</tr>
<tr>
<td>• Checking Risk Controls</td>
<td>22</td>
</tr>
<tr>
<td>• Before leaving for the visit</td>
<td>22</td>
</tr>
<tr>
<td>• Visit Schedules</td>
<td>22</td>
</tr>
<tr>
<td>• How to completed Visit Schedules.</td>
<td>23</td>
</tr>
<tr>
<td><strong>The Visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Motor Vehicles and Road Safety</td>
<td>25</td>
</tr>
<tr>
<td>• General Considerations</td>
<td>25</td>
</tr>
<tr>
<td>• Tips For Staying Calm While Driving</td>
<td>25</td>
</tr>
<tr>
<td>• Parking</td>
<td>25</td>
</tr>
<tr>
<td>• What to do in case of accidents</td>
<td>26</td>
</tr>
<tr>
<td>• Fatigue and Trip planning</td>
<td>26</td>
</tr>
<tr>
<td>• Identifying safety issues</td>
<td>27</td>
</tr>
<tr>
<td>• Upon arrival and entry to a Visit</td>
<td>27</td>
</tr>
<tr>
<td>• Managing elevated anxiety / signs of aggression</td>
<td>27</td>
</tr>
<tr>
<td>• Response to elevated anxiety / signs of aggression</td>
<td>28</td>
</tr>
<tr>
<td>• Managing the risks associated with dogs</td>
<td>28</td>
</tr>
<tr>
<td><strong>Emergency Procedures</strong></td>
<td></td>
</tr>
<tr>
<td>• Fire/Smoke</td>
<td>29</td>
</tr>
<tr>
<td>• Medical Emergency</td>
<td>29</td>
</tr>
<tr>
<td>• Personal Threat</td>
<td>30</td>
</tr>
<tr>
<td>• Exposure to Chemicals/Hazardous substances</td>
<td>30</td>
</tr>
<tr>
<td>• Road rage incident</td>
<td>31</td>
</tr>
<tr>
<td>• Personal threat when in parked motor vehicle</td>
<td>31</td>
</tr>
<tr>
<td>• Failure to report in procedures</td>
<td>31</td>
</tr>
</tbody>
</table>
Post Incident Management

Post Visit
- Notification at the end of each visit
- On return to Worksite
- Not returning to the Worksite

Managers Component
- Training
- Consulting on Safety issues
- Identifying Contact Person/s
- Emergency Procedures
- Testing of Procedures
- Post Incident Management
- Testing records.
- Auditing Schedules

Contact Person Component
- Visit Schedules
- Distress Calls
- Initiate procedures to make contact with overdue workers
- Initiate emergency response should a workers member not be contactable.
- Notify the Manager/Team Leader of overdue workers within a set timeframe.
- How to use the Emergency Checklist

Appendixes
Appendix 01 – Offsite WHS Security and Manual Handling Risk Assessment - Example question sheet
Appendix 02 – Thought about your safety today (Poster)
Appendix 03 - Emergency Procedures - Drill Checklist
Appendix 04 – Emergency Checklist (for Contact Person)
Appendix 05 – Local Business Rule (Template)
Appendix 06 - Example - Monthly Visit Schedule Checklist
Appendix 07 - Client Brochure – Home Visits
Appendix 08 - Identify and Respond to elevated anxiety / aggression
Appendix 09 - Working Offsite Dealing with Dogs Quick Reference Guide

Acknowledgement / References:
- SESIAHS Off Site Risk Assessment Work Practice Manual Revision: 1, February 2009 in conjunction with Dieter Schultejohann of the SESIAHS Area Workforce safety.
- The book Dog Language by Roger Abrantes
- Talking Dog: Body Language Understand what dogs are “saying” by Stacy Braslau-Schneck, CPDT
- Australia Post Occupational Health and Safety Section, NSW, M&ND. Revised January 2003
- RAAF Security and Fire School, Police Dog Handler Training Unit. 2. RSPCA NSW.
- WHS Section, HR NSW/ACT, M&ND. Australia Post.
- AAMI Driver safety tips
- Zero Tolerance (NSW Health) PD 2005_315
- NSW WHS Act 2011
- NSW WHS Regulation 2011
- NSW State Records Act 1998
- Protecting People And Property: The NSW Health policy and guidelines for Security Risk Management in Health Facilities. 2003
- WorkCover - Working at External Locations Handbook 2008
Introduction

This manual should be read in conjunction with SESLHDPR/230 WHS- Working Off Site - Risk Management Procedure and has been developed to provide further instruction, advice and assistance to Workers, Managers and others involved in offsite visits. Workers conducting visits in the community; face a number of potential risks to health and safety that are often unique to offsite services. These risks include transportation to and from where the service is provided, working in unfamiliar environments, working in isolation, and where the response by support services may be affected or delayed.

SESLHDPR/230 WHS- Working Off Site - Risk Management Procedure outlines the minimum requires that must be implemented and this manual will help with its effective implementation. This manual has been written so that each department/service can insert their local business practices into the Manual to reflect their requirements. It must always be remembered that the workers safety is paramount and takes priority over the need or desire to conduct or complete a particular visit or service in the community.

The Working Offsite Procedure is made up of 4 core components, each within a number of steps that will help with affectively and safely conduct offsite visits. The manual is set out based on these core components, which are listed below with brief explanations.

Risk Assessment Stage - Conducting the risk assessment and determining appropriate risk control strategies.
Pre-visit - Establish contact person, complete visit schedule, checking on risk controls and equipment.
The Visit - Maintaining personal safety whilst offsite
Post Visit - Reporting on safety after each visit and completing changes to risk assessment if required.

How to use this Manual

This manual is designed to be a step-by-step guide to implementing the Working Offsite procedure and will assist both managers and workers with understanding how to prepare, identify, assess and control potential safety risks for offsite visits. This manual is designed to form part of the orientation of all workers conducting offsite visits and activities along with being part of refresher training for current workers. Callouts characters, and Bold Italic Blue Text have been used in the description to alert workers to appropriate information for specific sections of the forms used in SESLHDPR/230 WHS-Working Off Site - Risk Management Procedure

Training requirements

All current/ new workers and others involved in working offsite are required to be inducted to the local business practices prior to commencing offsite visits. Managers and contact persons are required to be trained in their specific sections of the training package prior to taking on their role or having workers conduct offsite visits. All workers are to participate in at least one mock emergency exercise annually.

Annual and Refresher training

All workers, managers and contact persons involved in offsite activities are to attend and successfully complete annual refresher training in local business practices for working offsite.

Training Delivery
Local Business Rule
Managers are to arrange and oversee their workers induction to the department/services Local Business Rules. In most cases this would be delivered as part of face to face training (at orientation and annually). Completed training is to be recorded on Area Form F227 - Department Training Register.

Local Business Rules (LBR)
LBR’s are used to inform workers from the department/service of local arrangements and implementation plans for the Working Offsite Procedure. The LBR’s will need to include arrangements such as - Contact Persons, Emergency Procedures and access to Car’s / equipment. Where possible, LBR’s are to be written in consultation with workers involved in working offsite. A template for LBR’s is included for managers to use as a guide Appendix 0X.

The departments/ services will need to include their Local Business Rules as an appendix to the Manual so that all workers have a copy available. For information about training see above Training Delivery.
Roles of Persons involved with offsite Visits

It is essential that all workers involved in with offsite visits have a clear understanding of roles and duties within the Working offsite Procedure, SESLHDPR/230 WHS- Working Off Site - Risk Management Procedure. This section of the manual gives further information regarding these. Local business practices of how the working offsite procedure will be implemented should also include information about roles for specific person or positions.

Workers:
- Conduct risk assessment prior engaging in offsite visits
- Consult with manager (or their nominated representative) regarding identified risks to implement appropriate risk control strategies.
- Complete activity schedules and stay in contact with nominated contact person.
- Carry out their duties in line with all agreed risk management strategies.
- To reporting safety issues during or after the visit.
- Conduct new risk assessments where changes to risks are identified.
- Check risk assessment completed on their behalf by the manager to ensure all details are included.
- Notify 3rd parties (other PCBU’s) that we have engaged of any current identified safety risks.

Line Managers (or their nominated representative):
- Ensure their workers have training in the procedure and local business practices before conducting offsite visits.
- Consult with workers regarding identified risks to implement appropriate risk control strategies.
- Ensure there is a nominated contact person/point before workers leave the worksite to conduct offsite visits.
- Develop Emergency procedures through consultation with all key stakeholders.
- Update risk assessments on behalf of workers that are not returning to worksite.
- Conduct and keep records of testing for Emergency procedures, systems and response times at least annually, and take action to rectify any problems.
- Audit visiting schedules monthly and inform workers of gaps in the completion of visiting schedules.

District Managers/ Service Managers:
- Consult with Workers and Line Manager where agreement has not been reached on appropriate risk control strategies for an identified risk.
- Assist Line Manager with support for rectifying any problems with procedures and equipment.

Contact Person:
- Be available to take distress calls from workers.
- Initiate procedures to make contact with overdue workers.
- Initiate emergency response should a worker not be contactable.
- Notify the Manager/Team Leader of overdue workers within a set timeframe.
Definitions and Abbreviations
Throughout the manual there will be reference to a number of definitions and some common abbreviations, listed below.

3rd Parties (other Persons Conducting a Business or Undertaking): Services that are involved in the health and welfare of the client may include but not limited to departments within the organisation, NSW Police, Department Of Community Services and other health community support services/parties.

CHIME (Community Health Information Management Enterprise): electronic data base used to record clients medical records.

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 workers member’s safety.

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 workers, volunteers and students.

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

Local Business Rules (LBR) – Local procedures/practices written to implement either a NSW Policy Directive, and/or a SESLHD Procedure.

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.

Offsite Risk Assessment Tool: ORAT or Risk Assessment Tool

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).

Risk Assessment Form: Pre Home Visit Risk Assessment - Area Form AMR060.140
Offsite Visit Flowchart
This flowchart is designed as a quick reference for the steps involved in the Working Offsite Procedure. Workers, Manager and others involved with working offsite should become familiar with the flowchart as it may make the procedure easier to understanding and also help workers to understand how each component fits together.

**RISK ASSESSMENT STAGE**

**PRE - FIRST VISIT**

- Pre Home Visit Risk Assessment Form SEI1060.140 OR Other Offsite Activity Checklist (Within 48hrs before visit)

**SUBSEQUENT VISITS**

- Check Pre Home Visit Risk Assessment Form SEI1060.140 / Local Offsite activity register for safety issues and if current (client seen within last 12weeks). If not current form must be checked and re-assessed

- Use Offsite Risk Assessment Tool Appendix 01 to determine appropriate actions / risk controls Consultation with 3rd Parties may be appropriate.

**POST VISIT STAGE**

- After each visit is completed ensure contact made with designated contact

**THE VISIT STAGE**

- While offsite, maintain situational awareness and be alert to any safety issues. Refer to Manual

- During visit, have any safety risks been identified? If In doubt get out

- Can identified risks be eliminated or adequately controlled?

- Ensure new safety issues are -
  - Reported to Manager
  - Risk Assessment or Local Offsite activity register updated.

- Withdraw services and Implement emergency procedures if required.

**RETURN**

- Ensure effective “sign off” completed May include consultation with 3rd Parties

- Have identified risks been eliminated or adequately controlled?

- Service not to commence until adequate controls can be implemented.

- Have any risks been identified?

**PRE-VISIT STAGE**

- Prior to leaving ensure –
  - appropriate Form/s completed and copy provided to contact person - Daily Visit Schedule (Individual/Team)
  - Risk controls are in place (if required).

**YES**

**NO**

Safety When Working Offsite – A Manual for Workers, Managers and others involved in Working Offsite
Revision: 2 Date: December 2012 Trim: T12/7522 Pg 8 / 48
Emergency Contact Numbers

Emergency Services - 000 (from Mobile)
Or 112 (no mobile coverage)

Note – Calling 112 will use any GSM available networks’ receiving tower and goes through the emergency exchange so you will need to provide Location (State, Town etc.)

Emergency Services - 000 (from Landline)

Poisons Information - 131 126

Police Assistance Line - 131 444
Risk Assessment Stage

Who can complete the Risk Assessment Form?

Ideally the worker that is going to attend the offsite visit should complete the risk assessment however this is not always possible or practical. It will be up to each department/service to determine through local business practices which practitioner will be completing the risk assessments. Consideration should be given to if the person conducting the assessment has an understanding of the clinical work undertaken while workers are offsite and therefore can accurately assess the information in regards to their department/service. The person completing the form should as a minimum, have successfully completed the training and received a copy of the manual so they have the knowledge to help them conduct the assessment and complete the assessment form.

When to complete the Risk Assessment?

First Appointment/Visit
The Risk Assessment is to be conducted within 48hrs of the first appointment. Should the Assessment be conducted more than 48hrs before the visit, the details of the risk assessment will need to be checked with the client again (within the 48hr period).

Subsequent Appointments/Visits
Either when there is a change to the risks associated with the visit or if there have been no visits within the last 12 weeks (whichever occurs first).

Changes / updates to the Risk Assessment Form
Changes made to the risk assessment are allowed as long as worker follows the guidelines set out below or in local business practices.

The person making the change/s must -
- Only change potential safety issues, not major or serious issues (outlined in Risk Assessment Tool).
- Initial and date next to the change.
- Consult with the Manager if the change involves a major risk increase.
- Write the date of the change next to the original date on the top section of the form.
- Include their details in the sign off section at the end of the form (signature, name, etc).
- Complete a new form if the change is a significant or serious safety issue.

Asking the questions when conducting the Home Visit Risk Assessment.
For a quick reference version of this section see Appendix – 01 - Home Visit Risk Assessment Example question Sheet.

It is critical that workers obtain as much information as possible with regard to the safety and manual handling risks when conducting the risk assessment before attending the visit. Prior to the risk assessment, the client can be provided with a brochure (Home Visits and You). This will explain why the questions are being asked and may also make it easier to
explain the questions. Some questions are difficult to ask and therefore workers may be inclined to not ask these questions and check on these issues (which potentially can be fatal in worst case scenarios).

There are a number of strategies that workers can use when asking the questions on the risk assessment as the questions don’t have to read off the form word for word, or in the exact order as the form. Over time most workers will find techniques and questions that work for them when conducting these assessments. The questions posed within the risk assessment are intended as base line questions only. If the employee feels, that an answer given was not clear or was doubtful they should question the client or their support person, more closely until you they have a clear understanding the situation at the client’s location. At the time of assessment workers could use/referto the Patient information brochure “Home Visits” – Appendix 07

**Asking the questions on the other offsite activity checklist**

In most cases not all the information can be obtained prior to arrival however you should be able to be obtained some of the information through a number of sources, which may include –

- The person booking or co-ordinating the visit
- 3rd parties such as other departments within health that may have attended the location in the past
- The venue or location may be able to provide information.

The questions can be categories into 3 general areas.

1. Agreement from the group being visited regarding what is appropriate conduct towards SESLHD Workers.
2. How to locate the venue/location.
3. Access to the location and Parking arrangements

**Other sources of information**

- Check the referral information to see if an WH&S alert is documented and contact the referral source for additional information. This is not a breach of privacy.
- Look for an existing client’s medical record or Departmental Offsite activity register where one exists; retrieve the file and check for previous Risk Assessments and any risks identified from previous service provision.

**Good Phone etiquette**

It should be remembered that at all times during the risk assessment interview with the client, the SESLHD practitioner must maintain good phone etiquette.

- Allow the phone to ring long enough to give the called person time to get to the phone
- Take the time to introduce yourself
- Ask them if it’s convenient to talk now. Are you interrupting anything?
- Explain the purpose of the call
- Ask people if they are happy for you to call them by their first name before doing so
- Don’t be afraid to mention your name a second time to the client as the uptake of the name at the beginning of the phone call is often difficult for people to remember.
- Be sensitive to the client’s culture and emotional state.
• Talk loud enough directly into the phone to be heard - without shouting
• Never raise your voice in an aggressive manner towards a client
• Never use inappropriate language or swear at a person on the phone.
• Be an attentive listener; don’t do other jobs at the same time
• Don’t interrupt while the other person is speaking. Use common courtesy
• If they have to be put on hold, ask if you can call them back rather than keep them waiting indefinitely on the line
• If threats are made towards yourself excuse yourself and disengage from the call
• Document the threat and discuss with Manager regarding any other action to be taken i.e.- notification to Police, update alerts for client.

The Call
• Begin by introducing yourself, The Health service, your department reason for call & source of referral.
• If a client home visit take opportunity to ask them about receiving a pamphlet or brochure about Home Visits and clarify of they have any questions about this information – Appendix – 07
• Explain that you need to ask a number of questions that might seem a little intrusive or rude however this is part of our safety procedures.
• Advise that the questions are not aimed at the person in particular – and that all people are asked the same questions
How to fill in the Risk Assessment Form

As this is a legal document that forms part of a medical record, workers must only use black pen. For more details on medical records refer to NSW Health Policy Directive PD2005_127 Principles for Creation, Management, Storage and Disposal of Health Care Records”.

Not all sections of the risk assessment may be relevant to the client and therefore can be marked as Not Applicable N/A, ie – Physiotherapy assessment

For workers with access to CHIME, the Pre Home Visit Risk Assessment Area Form AMR060.140 will be available to be filled in electronically.

The table below should be used to help workers understand the steps to affectively complete the Risk Assessment Form and how to ensure all information / sections of the form are completed correctly. The call outs indicate the type of content that should be included in each section of the form.

<table>
<thead>
<tr>
<th>Sequence / Order (Refer to Pages 13- 14 )</th>
</tr>
</thead>
</table>
| 1  | • MRN labels or client details written, date of assessment and name of person conducting assessment should all be completed prior to conducting the assessment.  
• Answers to Questions should be marked during assessment, Yes/No, N/A.  
• Short notes can also be made during the assessment. |
| 2  | • MRN labels or client details written  
• Make notes in the written section and transfer identified/potential risks to the bottom of page 2.  
• Determine risk level using Risk Assessment Tool See Page 16.  
• Consult with Manager regarding risk controls if risk level is serious/.  
• Agreed risk level to be transferred to top of form. |
| 3  | • Determine risk level using Risk Assessment Tool See Page 16.  
• Consult with Manager regarding risk controls if risk level is serious/.  
• Agreed risk strategies and controls for each risk are to be recorded next to the question the risk relates E.g. Is car parking available? |
| 4  | Signing off by the Workers and Manager should only be done once agreed –  
• Risk level is determined.  
• Risk control’s are in place. |

See the example on the following pages, of “How to complete a Risk Assessment Form”, for a more detailed explanation.
Example – How to Complete a Risk Assessment Form (Page 1)

**SOUTH EASTERN SYDNEY ILLAWARRA NSW HEALTH**

**Facility:**

**HOME VISIT MAN**

**Date:**

Using the SESIH Home Visit Risk Management Tool determine the risk level and any required controls on completion of this assessment. Where the risk level is other than ‘green’ please consult with your manager.

**Inform client of the SESIH OHS policy requirement to ensure client and staff safety:**

DO NOT suggest to the client that the home visit can go ahead, until all safety risks have been resolved.

<table>
<thead>
<tr>
<th>Client and Family</th>
<th>Yes/No</th>
<th>N/A</th>
<th>Controls/Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the occupant respond to the front door if alone?</td>
<td></td>
<td></td>
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<tr>
<td>Will anyone else be present at the time of the visit? Name</td>
<td></td>
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<td>Are they able to escort staff from their car to the house/client if necessary?</td>
<td></td>
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<tr>
<td>Is there any history of:</td>
<td></td>
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<tr>
<td>* Verbally threatening others;</td>
<td></td>
<td></td>
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<tr>
<td>* Acts of aggression;</td>
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<td></td>
<td></td>
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<tr>
<td>* Sexual harassment of health care workers;</td>
<td></td>
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<tr>
<td>Associated with the client or family? (If question client/client’s family)</td>
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<tr>
<td>Does the client have a mobility aid?</td>
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<tr>
<td>Are there any other infections, cytotoxicity, drug/alcohol abuse,</td>
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<tr>
<td>Cultural issues e.g. Risk of footware in the home is</td>
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<tr>
<td><strong>Geographical:</strong></td>
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<tr>
<td>Is the address easy to find?</td>
<td>Yes/No</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Nearest cross street is -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landmark? Map reference....</td>
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<td></td>
<td></td>
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<tr>
<td>Is car parking available?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Is the residence clearly numbered?</td>
<td></td>
<td></td>
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<tr>
<td>Is the house visible from the street?</td>
<td></td>
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<tr>
<td>Is there external lighting available for after-hours visits?</td>
<td></td>
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<tr>
<td>Is the road/driveway 2 wheet drive safe?</td>
<td></td>
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<tr>
<td><strong>Residence:</strong></td>
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<tr>
<td>If there are smokers present in the home, have they agreed to refrain from smoking during home visits?</td>
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<tr>
<td>Easy access to dwelling? e.g. inclinators, multiple steps, railings, slip and trip hazards.</td>
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<tr>
<td>Where is the main entrance (front, side or back)</td>
<td></td>
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<tr>
<td>If pets present, (in house or yard) has the client agreed to restrain all pets during home visits?</td>
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<tr>
<td>Is there mobile phone coverage?</td>
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<tr>
<td>Are any building/renovation works underway?</td>
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<tr>
<td>Can the occupant hear you knocking at the front door? (Does the door bell work?)</td>
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</tbody>
</table>

**Make notes in this section regarding agreed risk control strategies.**

**Affix patient ID label here**

**Actual date risk assessment is conducted**

**Use Risk Assessment Tool and notes at end of assessment form to determine risk level.**

**Ask Questions and mark answers - Yes/No, N/A.**

Short notes/prompts can be made here, detailed notes made on 2nd Page.

**Name**

**Signature**

**Designation**
Example – How to Complete a Risk Assessment Form (Page 2)

1. Affix patient ID label here

2. Actual date risk assessment is conducted

3. Make notes in this section regarding agreed risk control strategies.

4. Manager to sign off where consultation and agreed risk controls have occurred

Make notes in this section and consult with Manager regarding identified or potential safety risks. Use Risk Assessment Tool to determine risk level regarding safety issue/s and transfer this to top of form. Red/Orange/Yellow/Green

Ask Questions and mark answers Yes / No, N/a. Short notes/prompts can be made here, detailed notes at bottom of page

Rate any risks identified and indicate the risk level at the top of the front page with a tick in the associated box. Additional Information/Comments on the reason for the risk score and any controls required.
**OFFSITE RISK ASSESSMENT TOOL**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Risk level</th>
<th>Safety Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A serious safety issue exists in providing service.</td>
<td>Red</td>
<td>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 members and verified safe options and or service cessation plans should the need arise.</td>
</tr>
</tbody>
</table>
| For example the patient/client or significant other has initiated physical aggression against an individual or persons including SESLHD workers 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 manual handling issue. |            | *Note:*  
  - An emergency plan must be in place before client interaction takes place.  
  - If the person has been banned from receiving SESLHD services – follow the Zero Tolerance Response to Violence in the NSW Health Workplace PD2005_315 protocols* |
| A significant safety issue exists in providing service.                   | Orange     | Service delivery in clinic by two workers with an identified process, assessed to achieve safe service provision and maintain patient /client and workers wellbeing.                                                                 |
| For example the patient/client or significant other has threatened an individual and/or persons including SESLHD workers with personal and or physical harm, or very difficult access, or known aggressive/uncontrolled pets, or very unsafe location, or manual handling issue. |            |                                                                                                                                                                                                             |
| A potential safety issue exists in providing service.                     | Yellow     | 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. |
| For example the patient/client or significant other has intimidated and or been verbally aggressive to other and/or SESLHD workers, or difficulty in access, or unsafe location, or manual handling issue. |            |                                                                                                                                                                                                             |
| No potential safety issues relating to –Behaviour, manual 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. | Green      | Initiate interaction and or service provision normally. Follow standard service provision protocols.                                                                                                         |
Other Offsite Activities

At times workers may be required to attend a variety of other offsite activities outside the premises owned or controlled by SESLHD as part of their employment. When this occurs they must complete an environmental and safety risk assessment using Other Offsite Activity Safety Checklist (as a minimum).

Departments or Services in conjunction with their senior managers should consideration putting in place formal agreements setting out the reasonability of the organisations/groups being visited towards SESLHD Workers (such as a Memorandums of Understanding).

What are other offsite activities?

Covers duties undertaken when not on premises owned or controlled by SESLHD. These activities may or may not include a clinical services delivery component.

<table>
<thead>
<tr>
<th>Example Activities</th>
<th>Example Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings</td>
<td>Hostels</td>
</tr>
<tr>
<td>School P&amp;F meeting.</td>
<td>Community Centre</td>
</tr>
<tr>
<td>Community health forum</td>
<td>Child care centre</td>
</tr>
<tr>
<td>School health program</td>
<td>Pre-school</td>
</tr>
<tr>
<td>Local community based meeting (i.e. –</td>
<td>Licensed Premises</td>
</tr>
<tr>
<td>Alzheimer’s Support group)</td>
<td></td>
</tr>
</tbody>
</table>

Completing Other Offsite Activity Safety Checklist

This form is designed primarily as a tick/circle type of form, where each negative answer (normally NO) will require a risk control strategy to be implemented. Some sections of the form are designed to be filled out during the visit to help maintain their awareness of personal safety and assess if the location/group is suitable for revisiting. The person co-coordinating the workers member to attend would normally be a good person to consult with regarding the safety checklist along with other workers or 3rd parties that have attended the location in the past. The original form can be used for subsequent visits as long as the risks and risk controls are updated. See Example below - How to Complete the Offsite Activity Safety Checklist.

Recording identified safety risks

Each Department/service will need to develop local business rules regarding the creation of a Local Offsite Activity Register, to record identified safety issues with attending specific groups or locations. The LBR is to include how information will be shared within Department/service and with 3rd Parties.

Managing identified safety risks

See - How to manage identified safety issues
EXAMPLE – How to use Other Offsite Activity Form

OTHER OFFSITE ACTIVITY SAFETY CHECKLIST
This is designed to help workers with assessing and preparing the safety requirements for conducting other off-site visits. It should be consistently used for personal safety self-monitoring.

<table>
<thead>
<tr>
<th>Date of visit: <strong>Visit Date</strong></th>
<th>Location/Venue: <strong>Name of Location attending</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: <strong>Address of Location attending</strong></td>
<td>Contact number: <strong>Location /group contact number</strong></td>
</tr>
<tr>
<td>Name and Signature: <strong>Workers name and signature</strong></td>
<td>Date form completed: <strong>Date</strong></td>
</tr>
</tbody>
</table>

Current known risk level associated with providing this Visit/Service – Refer to Offsite Risk Assessment Tool
Red □  Orange □  Yellow □  Green □

1. Agreement to participate in visit

1.1 Are there any known safety issues in relation to this offsite visit or location? **Y N N/A**

Note: What controls are in place to help manage any identified risks? **List below.**

1.2 Has the client/management of venue been advised of their rights and responsibilities towards safety of SESLHD Workers (such as):
   - Meeting workers member as per any prearranged plans (i.e. foyer, access gate)
   - Firearms/other weapons locked away and out of view
   - Request that persons do not smoke around SESLHD Workers.

Safety controls (includes security and any other risks):

2. Pre-visit

2.1 Has approval been given by the workers members Manager and are arrangements in place to communicate with Contact Person? **Y N N/A**

2.2 Is equipment in good working order: Vehicle (including adequate amount of fuel) Mobile phone (charged and working) **Y N N/A**

2.3 Will the premises be easy to identify? e.g. Visible number, lighting? **Y N N/A**

2.4 Are there any special entry or security instructions e.g. Boom gates, intercoms? **Y N N/A**

2.5 Is free parking available and close to where you will be visiting? **Y N N/A**

Access and equipment Notes:

3. During visit.

3.1 Is there mobile phone reception in the area (check before leaving vehicle)? **Y N N/A**

3.2 Is vehicle parked in a well lit area? **Y N N/A**

3.3 Is vehicle secured and no valuables in sight to public? **Y N N/A**

3.4 Identified on arrival or during visit any slip, trips fails hazards **Y N N/A**

3.5 Identified on arrival or during visit any security or other safety issues **Y N N/A**

4. Post visit

4.1. Has Contact Person been notified that the visit is completed and safety status? **Y N N/A**

4.2. Have any injuries or safety issues from the visit been reported to Contact Person? **Y N N/A**

4.3. Do any safety risks from the visit need to be controlled before future visits to same clients/location? If YES, you must record details BELOW **Y N N/A**

4.4. Has the safety assessment been updated to reflect new / current safety risks? **Y N N/A**

Post visit safety notes (includes safety issues)

List identified safety issues, consult with manager Re- risk controls
How to manage identified safety issues

When a safety risk is identified on the Risk Assessment Form (normally by a NO answer to a question), this risk needs to be controlled or managed prior to workers attending the visit. The risk may range from less hazardous issues such as client not knowing nearest cross street, to higher risk issues such as manual handling of a bariatric patient or history of aggression.

Using the Risk Assessment Tool

The ORAT has been developed specifically to help manage safety issues identified through the Risk Assessment Form. Once a risk is identified the workers member is to consult with their manager and use the Risk Assessment Tool to establish the appropriate risk controls that are to be implemented. Risks may range from potential safety issues through to serious safety issues.

Workers and managers should also use the Hierarchy of Controls as outlined in – SESIH Frontline Managers WHS, Workers Compensation & Injury Management Manual to help with developing and implementing strategies

Example of some risk control strategies

<table>
<thead>
<tr>
<th>Risk Control</th>
<th>Explanation</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination</td>
<td>Can the risk be eliminated?</td>
<td>Can a smoker agree not to smoke during the time of the visit?</td>
</tr>
<tr>
<td>Substitution</td>
<td>Can the risk be reduced by using something else?</td>
<td>Can a workers member use an alternate entry to the location due to environmental risks?</td>
</tr>
<tr>
<td>Isolation</td>
<td>Can the risk be reduced by isolating the hazard from the people?</td>
<td>Can a pet be put outside and on a leash during the visit?</td>
</tr>
<tr>
<td>Engineering</td>
<td>Can the risks be reduced by the use of mechanical/electrical devices?</td>
<td>Use a mechanical aid to help a patient with manual handling</td>
</tr>
<tr>
<td>Administrative means</td>
<td>What procedures are required to ensure the controls are followed?</td>
<td>SWP’s for taking Bloods Correct manual handling techniques.</td>
</tr>
<tr>
<td>Personal Protective Equipment PPE</td>
<td>Having considered all other options, what items of personal protective equipment will be required to minimise the risk?</td>
<td>Gloves while taking bloods.</td>
</tr>
</tbody>
</table>

Consultation Process

Where safety risks are identified, there must be a local procedure in place where workers and managers consult regarding the appropriate risk control’s to be implemented for specific clients and risks. Part of the consultation would include 3rd parties if the nature of the risk was serious (i.e. – Aggression, Known Mental health client), to obtain further information about the client and their current circumstances. This additional information may allow Workers and the Manager to make a more informed discussion about appropriate risk control strategies.
The local procedure must include escalation within local governance if there is no agreement between the workers and manager, this could include a senior manager or stream manager.

When agreement on the appropriate risk controls is reached these are to be documented on the Risk Assessment Form and the workers member and Manager need to sign the risk Assessment.

It would be appropriate for managers and workers to discuss identified risks and controls with other workers that may be involved in managing the client during their period of care. This could be done through workers meetings, handovers or other methods. It should be remembered that this information is being shared on a need to know basis and is because of identified safety risks.

If after this consultation process agreement cannot be reached on appropriate risk controls, consideration should be given to offering onsite treatment at a Health care facility or withholding the offsite visit until the risk changes and is then manageable.
Example - Using the Risk Assessment Form

Note - Risk assessment tool and colouring system has been developed in accordance with NSW Health Risk Management Matrix

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Risk level</th>
<th>Safety Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A serious safety issue exists in providing service.</td>
<td>Red</td>
<td>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 members and verified safe options and or service cessation plans should the need arise.</td>
</tr>
<tr>
<td>For example the patient/client or significant other has initiated</td>
<td></td>
<td>*Note:</td>
</tr>
<tr>
<td>physical aggression against an individual or persons including SESLHD</td>
<td></td>
<td>• An emergency plan must be in place before client interaction takes place.</td>
</tr>
<tr>
<td>workers and has been identified as a threat to continuance of safe</td>
<td></td>
<td>• If the person has been banned from receiving SESLHD services – follow the Zero Tolerance Response to Violence in the NSW Health Workplace PD2005_315 protocols*</td>
</tr>
<tr>
<td>service delivery, or very difficult access, or know aggressive/uncontrolled pets, or very unsafe location, or manual handling issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A significant safety issue exists in providing service.</td>
<td>Orange</td>
<td>Service delivery in clinic by two workers with an identified process, assessed to achieve safe service provision and maintain patient /client and workers wellbeing.</td>
</tr>
<tr>
<td>For example the patient/client or significant other has threatened an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>individual and/or persons including SESLHD workers with personal and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or physical harm, or very difficult access, or known aggressive/uncontrolled pets, or very unsafe location, or manual handling issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A potential safety issue exists in providing service.</td>
<td>Yellow</td>
<td>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.</td>
</tr>
<tr>
<td>For example the patient/client or significant other has intimidated and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or been verbally aggressive to others and/or SESLHD workers, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>difficulty in access, or unsafe location, or manual handling issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No potential safety issues relating to –Behaviour, manual handling,</td>
<td>Green</td>
<td>Initiate interaction and or service provision normally. Follow standard service provision protocols.</td>
</tr>
<tr>
<td>infection, locality, access (or other) have been identified. Providing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>service to this Patient / Client represents very low/minimum known</td>
<td></td>
<td></td>
</tr>
<tr>
<td>risk potential to all persons.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The risk level will need to be transferred back to Risk Assessment Form or Other Offsite Activity Checklist along with the risk control strategies.
Pre-visit

Checking Risk Assessments
- Workers need to ensure they check the most recent risk assessment for identified safety issues or the Local offsite activity register.
- If the workers member identifies that there has been no contact with the client for over 12 weeks they will need to re-assess the risk assessment.
- If using an electronic system such as EMR or CHIME workers are to check for alerts against the clients file.
- While checking the risk assessment, workers will need to note any identified safety risks and record the corresponding risk controls on the Daily Visit Schedule (either individual or team schedules).

Checking Risk Controls
- On the Day of appointment the workers member will need to confirm by phoning client and/or consulting with manager that all required controls are in place.
- The workers member may need assistance from their manager to implement the risk control strategies.

Before leaving for the visit
There are a number of things workers should be aware of and check before leaving to start their visits –
- Do you have a working mobile telephone (with charged battery)?
- Do you enough fuel in the vehicle you are using?
- Do you know who your emergency contact person is and their contact number/s?
- Have you checked the Risk Assessment?
- Have you implemented the risk controls (if required)?
- Have you completed a visit schedule or other offsite activity form?
- Have you given you Emergency Contact a copy of your visit schedule?

Appendix 02 is a poster that can be used as Pre-visit safety reminder to workers

Visit Schedules
All workers conducting offsite activities need to ensure they have completed a schedule of their daily offsite activities so that the contact person will be able to identify workers members’ whereabouts in an emergency. Depending on local business procedures, workers will have to complete either an individual or team schedule for their visits.
Workers with access to CHIME will have an option to print a Daily Visit Schedule however some details will have to be added manually i.e. – Vehicle registration, Identified risks.

Workers are responsible to ensure they have completed the Daily Visit Schedule as accurate as possible, including copying risk controls for specific clients and a copy is provided to their Emergency Contact Person before departing.

See Example – How to Complete Daily Visit Schedule.
### Example – How to Complete

#### Daily Visit Schedule

<table>
<thead>
<tr>
<th>Workers member (Name)</th>
<th>Mobile Number</th>
<th>Vehicle registration</th>
<th>Contact Person</th>
<th>Contact Persons Number/s</th>
<th>Estimated Return Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Address/Contact Phone No.</th>
<th>E.g. 1000</th>
<th>E.g. 1100</th>
<th>Y / N</th>
<th>Risk controls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Client Name</strong></td>
<td><strong>Client Address</strong></td>
<td>E.g. 1000</td>
<td>E.g. 1100</td>
<td>Y / N</td>
<td>Risk controls</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Approximate time of return to base | | |

Worker/s conducting visit | Signature | Copy Provided to Contact Person | YES | Returned to Base or Home confirmed | YES |
**Example – How to Complete**

**Team Daily Visit Schedule**

<table>
<thead>
<tr>
<th>Workers No.</th>
<th>Workers member</th>
<th>Mobile Number</th>
<th>Vehicle registration</th>
<th>Workers Signature</th>
<th>Contact Person</th>
<th>Contact Persons Number/s</th>
<th>Estimated Return Time</th>
<th>Return to Base confirmed</th>
<th>Emergency Ph Number</th>
<th>Emergency Contact</th>
<th>Workers Signature</th>
<th>Allocated Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workers No.</th>
<th>Client Family Name</th>
<th>Address/Contact Phone No.</th>
<th>Proposed times</th>
<th>Risk Assessment Completed</th>
<th>Contact Post visit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Client Name**  
2. **Client Address**

<table>
<thead>
<tr>
<th>In</th>
<th>Out</th>
<th>E.g. 1000</th>
<th>E.g. 1100</th>
<th>Y / N</th>
<th>Y / N</th>
<th>Y / N</th>
<th>Y / N</th>
<th>Risk controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by person working offsite  
Manager to monitor  
Completed by contact person  
Copied from list of

**Include all Safety Risks and Controls**

Safety When Working Offsite – A Manual for Workers, Managers and others involved in Working Offsite
Revision: 2  
Date: December 2012  
Trim: T12/7522  
Pg 24 / 48
The Visit

Motor Vehicles and Road Safety

General Considerations
- Ensure all vehicles are equipped with a first aid kit
- Motor vehicle accidents are treated as for other work accidents/incidents i.e. they are reported, investigated and remedial action is identified and implemented
- Vehicles undergo regular inspection and are maintained to the manufacturer's recommendations
- The policy includes a process for defect reporting
- Ensure all vehicles are equipped with a street directory, GPS Navigation unit (if available), kilometre log book, pen, etc.
- Drive to the nearest police station, fire or service station if you suspect you are being followed
- if lost and the street directory is unable to assist, seek directions from contact person, manager, or consult a police officer, postal worker, business owner or service station – do not seek directions from, or follow, strangers

Affects of weather on service delivery
The weather conditions must be taken into consideration when planning offsite visits. Although not all weather conditions will mean that a visit is postponed, you may need to consult with your manager when weather conditions are identified as a risk. Severe weather warnings, extreme heat, sleet, fog or access issues to location due to weather would be issues that need to be discussed with the manager. Should a visit be postponed the workers member and manager will come to an arrangement to notify the client and arrange for an alternate date.
If exposure to weather is an identified safety issue that requires risk assessing, you should discuss this with your manager along with arrangements for appropriate PPE such as wet weather equipment.

i.e. – A roadway may be covered by water during heavy rain and therefore access to a location is not possible.

Tips for Staying Calm While Driving
1. Avoid conflict on the road
   - Share the road
   - Give yourself time and space to react to others

2. Keep calm, show restraint
   - Understand that aggravating moves by other drivers are usually unintentional
   - Don't show your frustration by making gestures- they could be the last straw for someone else

3. If someone else's driving annoys you
   - Don't try to compete, retaliate or "educate" them
   - Be patient in traffic [follow the rule "let one in and go"
4. Say “thanks”/ say "sorry"
   - Courtesy encourages co-operative, safe road use
   - Apologising to the other driver when you make a mistake, reduces confrontation and defuses anger

Parking
- Ensure equipment is put in the boot to minimise the risk of break-ins, and injury from moving equipment.
- Do not leave any personal valuables visible in the vehicle
- Any equipment within the vehicle must be effectively restrained
- Determine before the visit whether parking meters (hourly rate) will be used.
- Do not remain in the parked vehicle for a prolonged period either before or after the visit
- Vehicles are to be locked when parked at all times
- Park as close to the person’s home as possible (but not in the driveway as someone could park behind and block the exit).
- If at night try to park close to an area that is well lit.

What to do in case of accidents
A driver involved in an accident is required to stop and render assistance, regardless of whether on official business or not. Employees involved in accidents must comply with all legal and insurance requirements such as obtaining particulars of parties involved and notification of police and the appropriate officer in the Area Health Service.

The driver must:
- Stop at the scene;
- Attempt to make the scene as safe as possible;
- Render assistance to any person injured;
- Arrange emergency services as required;
- Exchange vehicle and licence information with the other driver(s); and
- Not admit liability.

The Police must be called to the scene of the accident where the following occurs:
- If a person is injured or killed;
- Any of the drivers involved in the accident fail to stop after the accident;
- Any of the drivers involved in the accident appear to be under the influence of alcohol or drugs; or
- A vehicle involved in the accident has to be towed.

The Police Assistance Line for reporting accidents is 131 444.

Fatigue and Planning of Trips
Consideration of Fatigue and Trip planning needs to be considered for workers that conduct regular working offsite. Workers should never drive once they feel the effects of fatigue and must take action to communicate this to their contact person, taking breaks if required.

Where possible, trips should be planned during daylight hours avoiding dawn, dusk and nightfall.
There are a wide number of strategies outlined in the Motor Vehicle Policy, but the general principles relate to:
• The span of hours to be worked;
• Relevant work patterns;
• Be coordinated as much as possible within normal working hours;
• Be planned in advance;
• Regular driver rest breaks being factored into working day;
• Allowance of staff to sleep over in Motels where necessary;
• Consider video conferencing where practical.

Additional information can also be found in Australian Transport Safety Bureau Fatigue: (Fatigue: The Hidden Killer)

Identifying safety issues

At all times during the offsite period workers should remain vigilant and alert to any possible safety risks. Although workers make the best efforts to assess the risks and implement controls prior to arriving at a location, this effort is only as good as the honesty and reliability of those consulted (i.e. – Clients and 3rd Parties)

At times workers may have concern for their own personal safety and make the decision that it would be safest to withdraw their service or cut their service short. This may arise due to an identified safety issue or before a situation escalates to a dangerous point.

Upon arrival and entry to a Visit

Be aware of your surroundings and environment and potential security risks and escape routes - do not enter areas of unrest or what appears to be trouble in the neighbourhood or enter premises if there you have doubts about your security.

Safety precautions -
• Identify exits on arrival (i.e. - other doors, fire stairs, lifts)
• Only take minimal personal items and necessary equipment, keeping keys and Mobile phone on them at all times.
• Keep bags, briefcases, diaries and other items on them or in clear sight at all times.
• Ensure communication devices such as mobile phones are working (e.g. battery charged) and the phone signal will transmit in the area to be visited (if in doubt, test before leaving the car)
• Wear identity badges (first name only on front if risk assessed and approved by the manager)
• Avoid walking in deserted places or taking short cuts to a residence or venue through secluded alleys or vacant lots
• Observe windows and doorways for loiterers
• Look before entering a lift and do not enter if concerned – stay near to the door and control panel in lifts and be observant of other passengers
• Do not search for a patient/client by unnecessarily knocking on doors
• Before knocking, listen for arguments, or anything that may make you feel uneasy about entering the premises.
• Ensure any correspondence for the patient/client is pushed firmly under the door or in their letterbox
• Ensure that the patient/client is at home before entering the household should a person unknown to the service opens the door (ask that the patient/client identifies themselves)
• Where there is some uncertainty about the location of, or access to, a patient/client’s residence that the patient/client be requested to escort the workers member to the premises

During the Visit

Identifying and Managing elevated anxiety / signs of aggression

The information Quick Reference for “Identify and Respond to elevated anxiety / aggression” Appendix 09 is designed to help workers identify and manage situations where a client’s or other person’s behaviour is of concern. Workers should also refer to their Zero Tolerance program and training.

Often by being able to identify a person’s anxiety or discomfort we can take action to help prevent this escalating into other higher levels of anxiety and aggression. In most cases, observation provides a cue to the client’s or other person’s behaviour and enables workers to plan Interventions. Once signs of agitation or aggression appear workers will need to think quickly and decide if the situation is something they feel they can de-escalate and calm down or is it safer to cut the visit short and exit the location.

Managing the risks associated with Dogs and other pets.

Workers should be mindful that all pets have the potential to pose some type of safety risk and as per procedures pets should be restrained as part of provide a safe environment for you to work in. The information Quick reference “Dealing with Dogs” included as Appendix – 08 is designed to assist you in preventing an attack and reducing the potential injuries you might suffer should an attack occur. By having an understanding of dog behaviour and knowing what to do, you may be better prepared to manage these encounters, and minimise the potential for harm.

SOME SIMPLE RULES TO REMEMBER
• Remain alert for unrestrained pets
• If the dog’s owner is present, insist they restrain the pet.
• Avoid any pets that shows signs of potential attack
• Always carefully watch pets, whether it is friendly or not – though avoid direct eye contact
Emergency Procedures

It is not possible to predict and write emergency procedures for every type of safety issue or incident that may arise while workers are working offsite; however some general emergency procedures have been drafted for adaptation to local needs. All emergency procedures have the same basis life preservation and personal safety principles that workers should be mindful of at all times and follow (if safe to do so) -

- Move away from the danger (if in doubt, get out).
- Exit the area through the closest, safe exit.
- Call for assistance and report the safety issue or incident (emergency services and/or contact person).

Communication Methods
Where a communication black spot is identified such as lack of mobile phone coverage, alternative communication strategies are to be established in consultation with the Manager. There may include use of – Two Way Radio’s, Landline telephones or Personal Mobile Phone.

Fire/Smoke
In situations where a fire safety incident has occurred, you are not expected to know the location or status of fire safety equipment in the area you are visiting. Your priority is to evacuate the area safely and seek assistance from emergency services. Do not under any circumstances assist the client with collecting personal items as you may be placing yourself in unnecessary harm or danger.
The following steps should only be performed where/when it is safe to do so.
- Remove persons from immediate danger.
- Confine the fire by closing doors.
- Exit the area through the closest, safe exit.
- Call for assistance 000 (or 112 from a mobile if no service/coverage) to report the incident.
- Provision of basic first aid and CPR should only be undertaken if you are trained and equipped to assist.
- Call your emergency contact person to notify them of the incident and your safety (may need to have the contact person cancel further appointments).
- Standby and provide your details and general information to emergency services (Consult with your manager before making a formal statement).
- As soon as possible, write down as much information as you can remember about the incident. Discuss with your Manager and other support people’ (i.e. Union) regarding arrangements if a formal statement is required.

Medical Emergency
In situations where a medical emergency/incident has occurred, you are not expected to provide basic first aid and CPR unless you are trained, equipped, and feel comfortable assisting. Your priority is to maintain personal safety and seek assistance from emergency services.
The following steps should only be performed where/when it is safe to do so.
- Remove persons from immediate danger.
- Exit the area through the closest, safe exit (is required).
• Call for assistance 000 (or 112 from a mobile if no service/coverage) to report the incident.
• Provision of basic first aid and CPR should only be undertaken if you are trained and equipped to assist.
• Call your emergency contact person to notify them of the incident and your safety (may need to have the contact person cancel further appointments).
• Standby and provide your details and general information to emergency services (Consult with your manager before making a formal statement).
• As soon as possible, write down as much information as you can remember about the incident. Discuss with your Manager and other support people’ (i.e. Union) regarding arrangements if a formal statement is required.

**Personal Threat**

In situations where workers personal safety is being threatened or is potentially under threat due to an incident that has occurred in the area you are visiting. Your priority is to comply with the aggressor, evacuate the area when safe and seek assistance from emergency services. Be mindful that your personal safety take priority over the safety of others and by assisting the client/others, you may be placing yourself in unnecessary harm or danger.

The following steps should only be performed where/when it is safe to do so.

* Comply with the aggressor.
* Do not put yourself in un-necessary harm by challenging, aggravating or disobeying the aggressive person.
* Remove persons from immediate danger if possible.
* Exit the area through the closest, safe exit or confine yourself to a position of safety.
* Call for assistance 000 (or 112 from a mobile if no service/coverage) to report the incident.
* Call your emergency contact person to notify them of the incident and your safety, this call may include the use of predetermined code word to indicate that you are in a personal threat situation and cannot evade or escape (Local Business Rule).
* Provision of basic first aid and CPR should only be undertaken if you are trained and equipped to assist.
* Standby and provide your details and general information to emergency services (Consult with your manager before making a formal statement).
* As soon as possible, write down as much information as you can remember about the incident. Discuss with your Manager and other support people’ (i.e. Union) regarding arrangements if a formal statement is required.

**NOTE** - Under NSW law you do have the right to defend yourself and others however the action/force you take must be - necessary, proportionate and reasonable.

**Exposure to Chemicals/Hazardous substances**

During offsite visits, some workers may be more likely to be exposed to chemicals and or hazardous substances due to the location, environment or work performed by people being visited. Should a workers member be exposed to chemicals and or hazardous substances, your priority is to seek assistance from emergency services.

The following steps should only be performed where/when it is safe to do so.

* Remove persons from immediate danger (chemicals/hazardous substances).
* Confine the chemicals/hazardous substance.
* Obtain first aid instructions from packaging or Material Safety Data Sheet (if available and safe to do so).
- Exit the area through the closest, safe exit.
- Call for assistance - Poisons Information 131 126, 112 from a mobile or 000 to report the incident
- Provision of basic first aid and CPR should only be undertaken if you are trained and equipped to assist.
- Call your emergency contact person to notify them of the incident and your safety (may need to have the contact person cancel further appointments).
- Standby and provide your details and general information to emergency services (Consult with your manager before making a formal statement).
- As soon as possible, write down as much information as you can remember about the incident. Discuss with your Manager and other support people’ (i.e. Union) regarding arrangements if a formal statement is required.

Road rage incident
With workers on the road travelling to and from visits, there is a potential to be threatened by another driver. Threats may range from abusive language to attempts to cut off the workers member or scare the workers member.
The following steps should only be performed where/when it is safe to do so.
- Try not to react
- Avoid making eye contact [confrontational]
- Don't respond by accelerating, braking or swerving suddenly
- Call for assistance 000 (or 112 from a mobile if no service/coverage) to report the incident.
- Call your emergency contact person to notify them of the incident and your safety
- If you think you’re being followed, try to drive to a busy public place or Police Station, before you stop
- If you’re on a freeway, mingle with other vehicles- don't leave the freeway for unfamiliar roads
- Keep the doors and boot locked
- Keep windows and sunroofs only partly open in urban areas
- As soon as possible, write down as much information as you can remember about the incident. Discuss with your Manager and other support people’ (i.e. Union) regarding arrangements if a formal statement is required.

Personal threat when in parked motor vehicle
- Stay in your car with doors, boot and windows locked.
- Use the car horn and lights to attract attention
- Call for assistance 000 (or 112 from a mobile if no service/coverage) to report the incident.
- Call your emergency contact person to notify them of the incident and your safety
- If you can try to drive to a busy public place or Police Station, before you stop
- As soon as possible, write down as much information as you can remember about the incident. Discuss with your Manager and other support people’ (i.e. Union) regarding arrangements if a formal statement is required.

Failure to report in procedures
Each service/department will need to develop procedures for incidents where a workers member fails to report in to the contact person. The procedures will need to be
implemented by the contact person after a set period (i.e. 30 minutes after scheduled contact time). These procedures should include an escalation plan; the following steps may be included -

- Attempt to contact the workers member on the mobile number listed on the visit schedule.
- Attempt contact with the client currently being visited to speak to the workers member.
- Notify manager if person is not contactable
- Attempt to contact the person on a private mobile number if this is different to the number on the visit schedule.
- If still not successful, contact 000 and report the person missing.
- Provide copy of workers members Visit Schedule to Police

Local Business practises may include sending other workers members to the last known location of the unaccounted workers member to look for the vehicle and report finding to Contact person and the Police.

**Post Incident Management**

Where an incident has occurred to a workers member while offsite it is important that support is offered and provided to the workers member by the Manager and Organisation.

It should be noted that when an incident occurs it can also have an effect on the contact person, manager, emergency services workers and workers member indirectly involved. Access to the Employee Assistance Program (EAP) should be offered to all workers members involved in the incident.

The workers member (or Manager) will be required to complete a number of documents to help with the Post incident management, these would include but not limited to –

- Worker Compensation Injury Notification
- Incident report (IIMS)
- Insurance claim forms
- Updating of risk assessment if relating to client or location.

A Post incident debriefing should be conducted with all workers involved in the incident to allow workers and the manager to identify what happened and if the systems in place worked affectively or may need changes and improvements.

**Police Assistance Line (131444)**

If you are a victim of a crime, other than life threatening or time critical emergency situations, you should contact the Police Assistance Line (131 444). Once your report is completed by a customer service representative, your information is immediately available to your local police.

If the crime you wish to report cannot be taken over the phone, due to its serious nature, the operator will assist you by advising where you can go to make the report, or by arranging for police to come and see you. Types of crime you can report to PAL include:

- Break and Enter
- Motor Vehicle/Vessel Theft
- Stealing
- Malicious Damage, including Graffiti
- Lost Property
- Minor Motor Vehicle Crashes*
  * No vehicles required towing, no one was injured, all parties exchanged details, no one was under the influence of alcohol or drugs
Post Visit

A “sign off” is to notify the contact person you have left a particular property and to update the risk assessment if necessary for departments/services where they may have multiple visits to a client over a 24hr period. In all cases each workers member is relying on the information they are provided with through the risk assessments and client notes.

Notification at the end of each visit
Ensure compliance with making contact with contact person at agreed times, i.e. the end of each visit. Doing this allows the contact person to confirm that you are still safe and also allows them to back track your location quickly. Workers need to remember that non-compliance with calling the contact person between visits will trigger attempts to make contact and could also include emergency response.

If there is a change in the identified safety risks, the workers member must provide verbal notification to the contact person regarding the identified risks.

On return to Worksite
Document changes to identified safety issues related to a patient/client visit in their medical file either, Update existing form for potential safety issues or complete new form for significant or serious safety issues. (Refer to Risk Assessment Tool regarding risk level). Documenting changes, incidents and risks may include completing updates on the patients electronic Medical Record (EMR), Patient database (CHIME), an incident report IIMS or notification to appropriate 3rd parties.

Changes to identified safety issues must to be brought to the attention of the workers member’s manager so the Risk Assessment Tool to determine appropriate action (refer to Consultation Process).

Not returning to the Worksite
Where the workers member is not returning to the worksite they are to ask the contact person to notify the Manager of any new or updated risks. The Manager will update the risk assessment and when the workers member is next at the worksite they must check the risk assessment with the manager to ensure all details are included.
Managers Component

Managers play an integral part of the Working Offsite Procedure, their overall role is to provide assistance and support to their workers so they are able to complete offsite visits safely. Managers are involved with workers consultation relating to identified risks and developing appropriate risk controls for their workers’ safety whilst offsite.

Training
Managers need to ensure that all workers involved in working offsite visits (including Manager and Contact point/persons) have been inducted into the local business practices including emergency procedures. Training records are to be kept by the manager for all workers involved in home visits Area Form F227 - Department Training Register

Local Business Rules
Appendix 05 is a template that Managers can use when developing their Department/services local practices. This is a guide only and managers can add to these or take out parts that are not relevant to the department/service.

Consulting on Safety issues
Managers are involved in the consultation process with workers and should use the Risk Assessment Tool as a guide to help them identify appropriate risk controls. Managers may find workers meetings, toolbox talks or formal handovers to be effective ways to communicate with workers regarding specific risk or clients. These provide opportunities for a number of workers to not only have input regarding the issue, but also provide an opportunity to ensure more workers has an understanding of the risk controls especially if it is a group of workers that will have dealings with this common risk or client.

Identifying Contact Person/s
Each Department/service will have specific needs and issues regarding who the best contact person/s might be. A list of trained contact persons should be created for the department/service. Where a department/service has a large number of workers working offsite, consider allocating a contact person to specific work teams/groups. This could be also done by facility or area covered.

Example of a large department structure for Contact Persons

![Diagram of contact persons structure]

Some tips on identifying the contact person/s,
- Is the person someone who can take telephone calls quite freely?
- To make the calling in procedure more practical do you require more than one contact person?
- Will special arrangements need to be made to ensure there is a contact person outside office hours?
- If possible this should not be another person who is out conducting offsite activities.
Emergency Procedures
Managers should consult with workers and key stakeholders regarding the listed emergency procedures and adapt these to their department/services local needs. There may be some other specific incidents that are unique to the department/service that require emergency procedures to be developed. Advice on emergency procedures may be sought from Health Safety and Wellbeing Unit, Local Security Services and/or WHS Consultants.

Testing of Procedures
Once Emergency Procedures have been initially developed for the department/service they should be tested through mock emergencies co-ordinated by the manager to test the components of the procedure. Testing of procedures should then occur annually or if there is an identified need to change the procedures (whichever occurs first).
When testing the procedures, consideration should be given to –
- Responsiveness of persons involves with raising the alarm (taking action).
- Was Alarm raised?
- Was the contact person able to understand the information provided?

See Appendix 03 – Emergency Procedures – Drill Checklist, which will help managers to assess the procedures and identify components of the procedures which may need changes.

Post Incident Management
In most cases the Manager will be the person that oversees the Post Incident Management for their workers and therefore has a very active role in regards to providing information about access to the Employee Assistance Program (EAP) and conducting a Post incident debriefing. The de-briefing process should allow workers involved in the incident to identify what happened and if the systems in place worked affectively. The Manager should work with workers if there is a need to make changes and/or improvements to the procedures if deficiencies are identified through the debriefing process.

The Manager may feel that due to the nature or outcome of the incident, that they require assistance to conduct the de briefing. This assistance may be from EAP workers, Emergency Services personnel or other workers that have a specialty in managing the specific incident.

Testing records
Appendix 03 can be used by managers to record the testing for Emergency Procedures, systems and response times. Any action taken to rectify identified problems should be documented and a copy kept with the testing records. If an identified problem cannot be fixed immediately they are to be added to the department’s hazard register.

Auditing Schedules
Audits should to be completed at regular intervals. The audit of visiting schedules is designed to assist workers by identifying gaps with their understanding of the procedure and local business rules. The manager will be able to work with workers to ensure improvements to their safety.
Appendix 06 – Is an example of a visit schedule checklist which might be used for the auditing completed forms.
Contact Person Component

The contact person plays an integral role in the monitoring of workers safety while workers members are offsite. The primary role is to monitor the information provided by workers and be a contact point in case of an emergency or incident. The contact person is required to be inducted in the Local Business to ensure they understand the overall working offsite procedure, before working in their role as a contact person.

Where there are large numbers of workers working offsite in your service/department, consideration should be given to having a contact person allocated to specific workers only. An example of where this has been proven to work well is in Disaster and Emergency planning (Incident Control System) where an individual monitors up to 5 other persons.

Visit Schedules
Workers members must provide a completed copy of their visit schedule to the contact person before leaving site, or starting their first visit. If the contact person is unsure what has been written on the form by the workers member they may need to clarify information with the workers member. The schedule of each person being monitored by the contact person for the day must be located in a central point where the contact person has easy access to these. Local Business rules should include if a copy of visit schedules are to be provided to managers.

Distress Calls
At any stage during the time the contact person is monitoring workers offsite they may receive a call from the workers member requiring assistance. Should a distress call or call for assistance be received, the contact person is to implement the local emergency procedures immediately. See Appendix 04 – Emergency Checklist (for Contact Person)

Initiate procedures to make contact with overdue workers
When a workers member has not called in by a set time after their estimated completion time of a visit, the contact person will be required to initiate the failure to report in procedures. Refer to Local Business practice for more details.

Initiate emergency response should a workers member not be contactable.
Local Business practice will outline the action to be taken by the contact person after they have not been able to contact a workers member who is offsite.

Notify the Manager/Team Leader of overdue workers within a set timeframe.
Local Business practice will outline the action to be taken by the contact person with regards to reporting to the manager about un-contactable workers members.

Emergency Checklist
Appendix 04 is checklist that can be used by a Contact Person when they are managing an incident that has/is occurring with a workers member offsite. The Contact Person can use this checklist to help them keep track of the details of the incident and also remind them of what action they may need to take. In Post Incident situations, this checklist would be a useful tool when completing any incident reports.
Contact number
Consideration should be to have the main contact number and a back up number available, this alternate number may be a mobile phone number should the main line not be staffed i.e. - building evacuation.
This sheet is for example purposes only. The questions **do not** have to be used, **nor** the sequence followed as long as the information is able to be obtained for the risk assessment. At all times during the pre-home visit interview it is expected that the SESLHD practitioner conducting the interview will use their discretion and communication skills to elicit the information required to complete the assessment with sensitivity to the clients culture and emotional state.

<table>
<thead>
<tr>
<th>Hazard / Risk Area</th>
<th>Example questions</th>
</tr>
</thead>
</table>
| **Risk of violent activity or aggressive behaviour by client** | How are you today?  
Have you been getting angry or annoyed with anyone of late?  
Do you feel that everything is going the way you would like it to go? |
| **Risk of violent activity or aggressive behaviour by other people present during the visit** | How is the family?  
Are there any issues we need to know about the current family arrangements?  
- Have you taken out an AVO on anyone?  
- Is anyone having any problem with your current situation?  
- Is there anyone you know that might have issues with a workers member visiting you in your home?  
Is there anyone who is going to be at the home during the home visit that might hurt or harm the workers member? |
| **Risk of danger from pets or animals on premises.**    | Do you have any pets?  
Would you be able to lock “pet name” away while the visit is conducted?  
Explain some pets can get defensive and jealous while the workers member is helping, touching the client/baby etc…and for infection control reasons we need to ask that you keep them locked up while we are there. |
| **Drugs or alcohol risks.**                             | Do you know anyone who may be present at the home during the visit that may be under the influence of alcohol or other drugs? |
| **Passive smoking risk.**                               | Have you heard of the no-smoking policy for hospitals?  
Does anyone in the home smoke? **If yes-**  
- Current smoking policies require us to work in a smoke free environment  
- Would you/they be able to help by not smoking while we are there? |
| **Access Checklist.**                                   | Is house number clear?  
Nearest cross street or landmark…………………  
Are pathways or entrances an issue, i.e. steep slippery or obstructed?  
Is lighting adequate for after hours?  
What car parking is available – Underground, Paid parking?  
Will remoteness, roads or inclement weather create an issue?(Flooding)  
Is there mobile phone coverage in the area/ your home?  
**Are there any firearms kept as per Police guidelines in the home?**  
**If yes. - Do you have a shooters licence? (If no to this Q- no visit)**  
Is it easy to access the house from the road?  
Can a little car be driven up your driveway? |
Thought about your safety today?
☑ Risk Assessments
☑ Mobile Phone
☑ Know your responsibilities

Prepared for the Unexpected?
☑ Filled out your daily visit schedule
☑ Who is your Contact Person?
☑ Copy of visit schedule left with to contact?

Remembered!
☑ Risk assessment and safety includes your Whole journey!

Not forgotten.....
☑ Always notify and update risks immediately
☑ Check out, check in.

While away

Be Smart       Be Safe
Emergency Procedures - Drill Checklist

Facility/Service_________________________________ Date __________________________

Procedure being tested ________________________________

Time Commenced: ______ Time Completed: ______ Time Taken ___________

Number of Persons Present __________ Number of Persons Participating__________

Facilitator/Assessor __________________________ Signature ______________________

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the person reporting the incident provide the following information

Make notes Type of incident -

Type of assistance required -

Name -

Location -

Other information -

Was information provided in a clear, logical manner?

Was the alarm raised promptly by the contact person?

Who was notified -

Was any assistance/support required by the contact person?

If so What assistance was provided -

Did the workers member involved in the incident evacuate to a position of safety?

Post incident – Ask the workers members involved what they would do in regards to documenting the incident

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Action taken at debriefing

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Emergency Checklist – Contact Person**

**Incident Type:**

| ☐ Personal Threat | ☐ Armed Hold up / Hostage | ☐ Road rage incident |
| ☐ Medical Emergency | ☐ Exposure Chemicals / Hazardous Substances | ☐ Motor Vehicle Accident |
| ☐ Workers Failure to report in | ☐ Other: ________________________________ |

Facility/Service: ___________________________ Date: ________________  
Time first reported: ________  Time completed: ________  Time Taken: ________

Name of offsite workers member/s involved: ________________________________

**Notification Method:**

| ☐ Contact received call from Workers | ☐ Contact called workers |
| ☐ Contact received text SMS from Workers |  |
| ☐ Contact received call from other person – (list person) ________________________________ |  |
| ☐ Other Method - ________________________________ |  |

**Incident Information:**

Did the person reporting the incident provide the following information (Make notes)  
Type of assistance required -  
Location -  
Other information – ________________________________

**Contact Person Action Plan:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was any assistance/support required by the contact person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so who was contacted - Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ambulance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fire Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other support services - ________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where the offsite workers member’s details / location provided to support services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was manager notified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was contact with offsite workers member maintained?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments/notes:** ____________________________________________  
______________________________________________________________  
______________________________________________________________  
Appendix 04
Who can complete/update risk assessments?

Changes/update to risk assessments?

Recording identified safety risks for other offsite Activities

Access to equipment
Mobile Phone, Vehicle etc

Visit Schedules

Emergency strategies
Include emergency word/phrase.

Emergency escalation plan

Contact Person/s

Frequency of calling/reporting
Between each visits, etc.

Emergency Contact Numbers

Out of Hours contact arrangements

I, _______ (name) ______________________________, _______ (position) __________________

Of _______ (site or service) ______________________________ attest that this business rule is not in
contravention of any legislation, industrial award or policy directive.

Training will be provided by …. 
Example - Monthly Visit Schedule Checklist

**Instructions:**
Audit Daily Visit Schedules.

The dates should be for the month of ______ Year ______

Date of Audit: _______ Service Unit: _____________________________ Person Checking: ____________

<table>
<thead>
<tr>
<th>workers name on Visit Schedule</th>
<th>Contact mobile phone number documented</th>
<th>Vehicle registration recorded</th>
<th>Name of proposed visits</th>
<th>Address of proposed visits</th>
<th>Client contact phone number</th>
<th>Approximate time of return recorded</th>
<th>Risk assessment completed for the visits</th>
<th>Where any risks copies into the notes section</th>
<th>Address of proposed visits</th>
<th>Workers signature recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark with a tick for each item completed correctly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6 etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copies of the visit schedules audited are attached.
Client and Family

We recognise that each Client and their family has their own unique circumstances and beliefs.

Information that will assist:
- Will anyone else be present at the time of the visit?
- Can workers be escorted from their car to house/client if necessary?
- Are there any issues we need to know about your current family arrangements?
- Can we help assist with requirements such as interpreters?
- Are there any cultural or religious issues you would like us to be aware of while in your home?
- Do you know of any other issues that may put the workers at risk? e.g. infection, chemicals, firearms/weapons at home.

Home Assessment

Some services will require workers to assess the Clients living environment to ensure it is suitable for the Clients current needs, and for workers to work in.

Some of the services may look at areas such as:
- Bathroom
- Access to toilet
- Access to bed
- Access and Property layout
- Available space for treatment
- Available space for safe movement

Other information Service Specific

Home Visits And You

This brochure outlines how you can help to provide a safe environment for our workers while they are visiting you or someone you care for in the wider community.

Service Name
Contact Phone Number/s
Operating Hours

www.seslhd.health.nsw.gov.au
Overview Home Visits

When preparing to visit clients in their homes or other locations, we have procedures in place to assist workers in assessing theirs and others’ safety.

Workers rely on the honesty of Clients and Carers when answering questions about safety issues. Shortly before seeing you at home, a workers member will contact you and ask you several questions based around the information provided.

More information regarding Consumer and Carer Rights and Responsibilities is available through the District website.

http://www.seslhd.health.nsw.gov.au

<table>
<thead>
<tr>
<th>Your Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>When preparing to visit we need to know information about where you live so we can find you.</td>
</tr>
</tbody>
</table>

**Information that will assist:**
- Is the address easy to find?
- Nearest cross street is –
- Landmarks?
- Is free car parking available?
- Is the residence clearly numbered?
- Is the house visible from the street?
- Is there external lighting available for after -hours
- Is the road/driveway 2 wheel drive safe?

**Note** – SESLHD Workers will not attend public locations for appointments outside our nominated facilities.

<table>
<thead>
<tr>
<th>The Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>We need to know how to enter the location safely and safety issues within the environment visiting.</td>
</tr>
</tbody>
</table>

**Information that will assist:**
- Would smokers in the home, agreed not to smoking during the visits?
- Is there ease of access to the location? e.g. uneven pathways, multiple steps.
- Where is the main entrance (front, side or back)?
- If pets present, (in house or yard) will you restrain all pets during home visits?
- Is there mobile phone coverage?
- Any building/renovation works underway?
- Can the occupants hear knocking at the front door or respond if alone? (Is door bell working?).
Identify and Respond to elevated anxiety / aggression
Quick Reference for further information refer to Zero Tolerance program and training.

Often by being able to identify a person’s anxiety or discomfort we can take action to help prevent this escalating into other higher levels of anxiety and aggression. In most cases, observation provides a cue to the client’s or other person’s behaviour and enables workers to plan Interventions.

Once signs of agitation or aggression appear workers will need to think quickly and decide if the situation is something they feel they can de-escalate and calm down or is it safer to cut the visit short and exit the location.

**Identifying**

<table>
<thead>
<tr>
<th>Verbal cues can include</th>
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<tbody>
<tr>
<td>A person speaking louder in an agitated tone</td>
</tr>
<tr>
<td>Person repeating the same thing over and over again until they become very agitated</td>
</tr>
<tr>
<td>Direct and indirect threats should be taken seriously and acknowledged</td>
</tr>
<tr>
<td>Inappropriate or offensive language directed to the workers member or others in the location of the visit</td>
</tr>
</tbody>
</table>

**Responding**

<table>
<thead>
<tr>
<th>Techniques for de-escalating an agitated or aggressive person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be calm and in control (never raise your voice or make threats)</td>
</tr>
<tr>
<td>Give the person more personal space</td>
</tr>
<tr>
<td>Maintain eye contact in a non-threatening way</td>
</tr>
<tr>
<td>Be attentive and listen actively and communicate back that you understand</td>
</tr>
<tr>
<td>Acknowledge the person’s emotions</td>
</tr>
<tr>
<td>Help to negotiate a solution</td>
</tr>
<tr>
<td>Model appropriate behaviour (Don’t Model bad behaviour)</td>
</tr>
<tr>
<td>Speak slowly and clearly</td>
</tr>
<tr>
<td>Keep sentences short and simple</td>
</tr>
<tr>
<td>Help the person as much as possible to have their needs met</td>
</tr>
<tr>
<td>Set limits where appropriate</td>
</tr>
</tbody>
</table>

**Non-verbal cues**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Agitation, restlessness and making frequent movements</td>
</tr>
<tr>
<td>Threatening gestures, provocative behaviour</td>
</tr>
<tr>
<td>Invasion of “personal space”—coming too close</td>
</tr>
<tr>
<td>Banging table or throwing chairs</td>
</tr>
<tr>
<td>Clenched fists</td>
</tr>
<tr>
<td>Obvious facial muscle tension</td>
</tr>
<tr>
<td>Poking fingers or pushing</td>
</tr>
<tr>
<td>Towering posture</td>
</tr>
<tr>
<td>Unusual or inconsistent behaviour, e.g. the noisy patient who becomes quiet</td>
</tr>
</tbody>
</table>
## Dealing with Dogs Quick Reference Guide

### Behaviour

<table>
<thead>
<tr>
<th>What to do</th>
<th>What not to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ you should speak in a low, friendly voice.</td>
<td>X continue to approach if the dog is unfriendly</td>
</tr>
<tr>
<td>✓ stand side-on</td>
<td>X look the dog in the eye</td>
</tr>
<tr>
<td>✓ avoid direct eye contact with the dog,</td>
<td>X stamp your feet or waving your arms to scare away an unfriendly dog</td>
</tr>
<tr>
<td>✓ continue to watch the dog.</td>
<td>X attempt to bluff a dog with a stick or weapon *</td>
</tr>
<tr>
<td>✓ keep your arms by your side</td>
<td>X attempt to place your hand on any dog's head or over its face</td>
</tr>
<tr>
<td>slowly withdraw from the area the</td>
<td>X attempt to turn and escape an attacking dog</td>
</tr>
<tr>
<td>✓ keep still if the dog attacks</td>
<td>X kick out at an attacking dog</td>
</tr>
<tr>
<td>✓ try and place your bag between you and the dog as a shield</td>
<td>X smile at the dog.</td>
</tr>
</tbody>
</table>

### Appearance

**Fearful posture:**
- ears back
- head low
- tail tucked
- body crouched

### Note

The use of chemical sprays and ultra-sonic deterrent devices is not recommended. Current available information indicates that dogs may not always react consistently to these deterrents, and they may in fact evoke an attack and/or increase the intensity of the attack.

**THIS IS A GUIDE ONLY - Dogs may not always display the predicted behaviour and this information is given under this advice.**

Information and illustrations taken from:
- The book Dog Language by Roger Abrantes
- Talking Dog: Body Language Understand what dogs are “saying” by Stacy Braslau-Schneck, CPDT
- Australia Post Occupational Health and Safety Section, NSW, M&ND. Revised January 2003
- Acknowledgements: RAAF Security and Fire School, Police Dog Handler Training Unit. 2. RSPCA NSW.