ST VINCENT'S HEALTH NETWORK SYDNEY
A SERVICE OF ST VINCENT'S HEALTH AUSTRALIA

Working Safely in the Community Procedure

Compliance with this Procedure is Mandatory – if you are concerned that this procedure is not being followed, it's OK to ask.

Applicable to:

SVHNS ☐ SVHS ☒ SJH ☒ SHH ☒ SVCH ☐

1. Objective:

To provide a procedural framework for workers so they may safely provide services while working in the community.

2. Principles of action:

- Everyone has the responsibility to work safely whilst also recognising the rights of people being visited in the community
- The safety & wellbeing of workers is a priority and working in the community can only proceed once a safe system of work is determined
- Risk assessment will identify and mitigate additional potential risks to health & safety that employees face working in environments not under the control of SVNHS including: travel, working in isolation, working in offsite locations / client's homes and not having immediate access to support
- Employee safety takes precedence over continuing a home visit in circumstances where there is a threat to personal safety or risk of harm.

3. Definitions:

Bariatric	Refers to the needs of a person where: • Weight, height & width exceed the identified safe working load (SWL) or weight capacity of standard equipment, eg hospital beds, shower chairs, wheelchairs, operating tables, MRI/CT scanners. Weight is usually >120 kg. • Size or body shape restricts the use of standard furniture also, eg bedside chairs • Size restricts mobility, & assistance is required • *Super bariatric* refers to anyone who weighs >250 kg. These clients require further consideration as they exceed the size & weight limit of standard bariatric-capacity equipment.

Client records system	The medical record system for client records & clinical notes, eg CHIME, PCS, paper records
Community Workers	Refers to workers who work away from an SVHN facility & may include, but is not limited to, client homes, outreach centres, Residential Aged Care facilities, boarding houses, location of person experiencing homelessness.
Hazardous drug	A drug that exhibits one or more of the following characteristics in humans or animals: • Carcinogenicity – the ability to cause cancer; a carcinogen • Genotoxicity – the ability to cause change or mutation in genetic material; a mutagen • Teratogenicity – the ability to cause foetal malformation or defects in foetal development; a teratogen • Reproductive toxicity or fertility impairment • Serious organ toxicity or adverse health effects at low doses • The structure & toxicity profiles of new drugs that mimic existing drugs determined hazardous by the previous 5 criteria
Manual handling	Any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object
Nominated contact person	A staff member appointed to track the safe return of another staff member who is providing services during home visits
Officer	A person who makes or participates in decision-making that affects the whole or a substantial part of the organisation or has the capacity to significantly affect the organisation's financial standing. This generally refers to people at the most senior levels of an organisation, ie some members of the Executive.
Risk management	A proactive process to respond to change & facilitate continuous improvement. It is planned, systematic & covers all reasonably foreseeable hazards & associated risks. It includes identifying hazards/risks, assessing the risks, identifying controls and evaluating & monitoring the controls for effectiveness. It is a requirement of work health & safety (WHS) legislation & the National Safety & Quality Health Service (NSQHS) Standards.
SafeZone	An emergency response system which is being implemented for SVHN employees working in the community. The SafeZone system is enabled on work mobile phones and also has an accompanying V.ALRT wearable help button, that can be carried discreetly in a pocket or bag or worn on the wrist.

Situational Awareness	Being aware of what is happening around you in terms of where you are, where you are supposed to be, and whether anyone or anything around you is a threat to your health and safety.
Worker	Anyone who carries out work for SVHNS, including: • employees • contractors, including Visiting Practitioners • sub-contractors & employees of sub-contractors • employees of a labour hire company, eg Agency staff • volunteers • apprentices or trainees • students on clinical, work experience or other placements

4. Mission and Strategic Fit:

This procedure supports the SVHA Strategy enVision 2025:

- *Serving something greater* by tailoring care to suit the individual's needs
- *Striving for something greater* by keeping our people safe. All workers, regardless of their occupation or how they are engaged, should be given the highest practical level of protection against harm to their health & safety from hazards & risks in the workplace.

The SVHNS Inclusive Health Strategy 2020-2025 supports a future focus where care is provided beyond hospital walls. In meeting the needs of our patients and clients, it is recognised that the development of safe systems and processes are essential to keep our people, who are delivering services in the community, safe.

5. Roles and Responsibilities:

5.1. Officer

- Exercise due diligence to ensure compliance with WHS legislation, eg understand the risks associated with working in the community and ensure processes & resources are available to minimise risks from working in the community
- Monitor performance through reporting such as Scorecard

5.2. Managers/Supervisors

- Implement an ongoing system of risk management within their area of control related to working in the community, including consultation with workers
- Ensure local procedures are developed in consultation with staff to address specific departmental risks and includes processes for after hours
- Discuss identified risks with workers, eg team meetings, clinical governance meetings, & enter High or Very High risks on the Departmental Risk Register. Identify a Responsible

Person to control the management of the risk at the local level, including the documentation. Inform Stream/Service Manager of new risks & update on progress.

- Ensure rostering practices are developed with consideration to identified risks
- Ensure workers receive information, instruction & training related to identifying & managing risk, safe systems of work and emergency procedures whilst working in the community
- Ensure all workers have access to a client records system & clinical notes (electronic or paper-based) so they may check clinical information that will inform risk assessment
- Ensure client risk assessments are completed & risk control measures are put in place
- Ensure behaviour management plans (Attachment 3) are developed & contracts issued as required
- Ensure a system is in place to monitor worker movement & respond promptly should a worker fail to return or communicate as anticipated
- Ensure that appropriate equipment is available, including a mobile phone issued by SVNHS &/or personal duress alarm, & that training is provided in its use
- Ensure review of service provision when there is a risk to worker safety & investigate alternative arrangements
- Investigate hazards & incidents reported in RiskMan related to working in the community & determine controls in consultation with relevant persons
- Provide timely feedback to workers on the results/outcomes of investigations: feedback to the worker involved in the incident & lessons learned should be discussed with the team so as to provide a greater chance that the incident will not happen again

5.3. After Hours Nurse Manager

- As per Service local protocols, be available for contact with worker after hours, on weekends, public holidays, low activity days & when there are no others managers rostered on duty

5.4. Workers

- Participate in the consultation process for risk management associated with working in the community
- Comply with instructions, training & safe work practices related to working in the community
- Take reasonable care of their own health & safety during community visits & take precautions to avoid exposing themselves to any foreseeable risks. This includes safety on the road, during the visit & in nearby public places.
- Undertake client risk assessments & escalate any concerns to their manager
- Communicate risks to others by documenting risks in handover between workers
- Check alerts prior to undertaking a community visit
- Remain vigilant & alert to any possible safety risks during a community visit

- Where the SafeZone System is implemented:
  - Participate in training & education sessions prior to commencing use of the personal duress alarms
  - Wear a personal duress alarm when working in the community
  - Check In & Out when entering & leaving a clinical appointment in the community
  - Act in accordance with the Personal Duress Alarm process
  - Press the duress alarm if emergency assistance is required
  - Act accordingly to mass Communication messages sent out.
- Ensure SVHNS - issued mobile phone is charged, working, carried & emergency contact numbers are on speed dial
- Ensure SVHNS - issued duress alarm is charged, carried at all times & working
- Wear identification at all times
- Undertake a dynamic risk assessment once onsite to confirm information previously collected and to identify any additional hazards & associated risks
- Wear personal protective equipment (PPE) as required
- Cease visit & withdraw if any client, family member, carer or visitor makes physical or verbal threats or their behaviour escalates or causes concern. Escalate concerns to manager.
- Report hazards & incidents related to working in the community in RiskMan & contribute to the discussion to identify controls.

6. Process:

6.1. Risk Management

Staff working in the community may face a particular set of risks associated with working in environments that are not within SVHNS premises. It is essential that those who work in the community make reasonable attempts to identify potential risks before conducting a visit in order to eliminate or minimise those risks.

SVHN are required to ensure, in consultation with staff and other duty holders, that all reasonably foreseeable security risks associated with working in the community are identified, assessed, eliminated where reasonably practicable or effectively minimised.

Prior to all initial visits, the visiting worker must complete a Risk Assessment relevant to their work area or the Home/Facility Risk Assessment (Attachment 1) & save it in their client records system. The purpose of the risk assessment is to help determine whether it is safe for the worker to proceed with the proposed visit.

The risks associated with conducting a community visit may vary over time. At a minimum, workers must note any alerts on to the client's clinical record. Where safety issues have been identified, the visit can only take place if effective controls of these risks are implemented. If a risk cannot be effectively controlled then a visit must not proceed & alternative arrangements be put in place. The

risk assessment must be reviewed before subsequent visits determine if it is safe to proceed & what risk management strategies are required.

Risk assessment will address the additional potential risks to health & safety that employees face working in environments not under the control of SVNHS including: travel, working in isolation, working in offsite locations / client's homes and not having immediate access to support.

Community Outreach Centre Service

Prior to starting any Community Outreach Centre service, a site visit & risk assessment must be undertaken in consultation with stakeholders. This might be documented as a part of the planning process or the SVHNS Risk Assessment Template should be completed. Further guidance is available from the SVHNS Risk Assessment General Guidelines.

Risk screening at referral

All referral documentation must allow for the inclusion of criteria to question:

- Past history of behaviour disturbance, substance abuse, violence or aggression (including others who may be present during the visit)
- Recent behaviour suggesting possible risk of behavioural disturbance, violence or aggression
- Size, ie girth at the widest part of the body and weight
- Exposures
- Timeframe of administration of hazardous/cytotoxic drugs, including Cyclophosphamide.

Where risk screening identifies past or recent history of behaviour disturbance or violence, a *Violence Management Plan* (Attachment 2) must be completed & saved to the client records system used by the team, unless a more comprehensive assessment has been completed, eg those undertaken by Mental Health services. The *Violence Management Plan* assesses the history of violence & then, by using the risk management matrix, provides guidance as to the level of risk & appropriate management strategies.

Actions to be taken on completion of the Violence Risk Management Plan / Mental Health Assessment depends on the level or risk identified. The *Workplace Violence Guidelines - Decision Making Tool for Staff* should be used as a guide (Attachment 3).

6.2. Prior to Community Visit

Client expectations & rights

The client should be made aware that receiving treatment at home is dependent upon them being able to provide a safe & healthy environment in which the worker may provide a service. The conditions of service delivery must be explained to them so clear expectations are known at the start.

As a visitor to a client's home, workers should recognise their client's rights as a consumer. If the client is from a culturally or linguistically diverse background or identifies as Aboriginal or Torres Strait Islander (see Attachment 6 for Aboriginal Health Impact Statement), then it is important to

address potential issues such as language barriers & cultural/religious beliefs while preparing for a visit.

Getting ready to leave for the visit / preparing or planning for the visit

Workers should only take items necessary for a visit & avoid taking valuables or items that may contain personal information. During a visit workers should take the following:

- Staff identification badge
- Driver's licence
- Fully-charged mobile phone & has the SafeZone app loaded, where SafeZone has been rolled-out
- Equipment/items required for the visit
- Personal protective equipment as required for the tasks to be performed.

Prior to any visit:

- Check the risk assessment to determine if it is safe to proceed & what are the risk management strategies
- Discuss any identified issues with your manager before the visit (including any identified deterioration of the patient) and make a plan to manage these. This could be in the team safety huddle. No visits should take place where unresolved risk exists unless appropriate management strategies have been put in place.
- Plan mode of transport and travel route, including parking arrangements & how to access the building. A driver or taxi should be considered for areas where cars may be vandalised or staff have to go through unsafe areas.
- Document whereabouts & expected time of return in the agreed staff movement system, eg CHIME diary, In/Out whiteboard, shared Outlook calendars or Check In/Out on SafeZone phone app, duress alarm system
- During periods of extreme weather, workers are expected to ensure they:
    - Postpone visits should it be unsafe to undertake the visit
    - Consider times of visits during inclement weather
    - Remain well hydrated to stay safe from the extremes of heat, eg carry extra water bottles, take extra rest breaks
    - Allow extra time for travel in poor weather & modify driving speed to suit the conditions
    - Avoid driving during torrential rain / flash flooding until it is safe to continue.

Where a risk is identified before a community visit the need to provide the service in the community should be reviewed. Consideration should be given to the following controls:

- Provision of care in a hospital facility
- Attend the visit with two staff
- Provision of care in a community facility
- Provision of care in a public place eg coffee shop, local doctors surgery

- Attend the visit with police or security escort

Emergency Response

The first step to being ready to respond in an emergency is to ensure that risk assessments undertaken throughout the process (eg at time of referral/initial visit & prior to subsequent visits) identify potential emergency scenarios and ensure staff have an emergency response plan in place. Workers need to identify what would be an effective response to an emergency, including what are the evacuation procedures in situations such as fire, personal threat, flooding / storm damage, hazardous chemical spill / leak.

The key principles for an evacuation plan would be to:

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

Training & Education

Workers who undertake community visits must complete the following:

- SVHNS Orientation
- MyHealth Learning mandatory training for their role, plus any CE Directed courses or those assigned by their manager, this includes Violence Prevention & Management
- Local induction should include training that addresses identified specific risk, use of equipment and familiarisation with relevant policy and procedures

Note: Scenario based simulation training is recommended.

Vehicle Use

Where a worker is unfamiliar with or needs directions to a destination, then a vehicle with an inbuilt navigation system should be booked. As the hospital fleet is upgraded, all vehicles will be purchased with an inbuilt navigation system.

When transporting large pieces of equipment, book a station wagon, where items may be slid in/out rather than being lifted over the lip of the boot. If a station wagon is not available, contact the Transport Department to determine if one could be made available.

For items that are heavy or awkward to handle, consider alternative delivery options, eg arrange for Supplier or Transport Department to deliver.

If transporting a patient using supplemental oxygen attached to a nasal prong, book a station wagon so that the cylinder may be placed in a cylinder bag (available from Transport) & attached to the cargo barrier.

All vehicles are purchased with a dry-chemical fire extinguisher. The all also have a portable first aid kit with a tamper-proof seal stored in the glove box. It is a worker's responsibility to inform the

Transport Administrator if items have been removed from the first aid kit & supplies need to be restocked.

All items being transported for a visit should be kept in the boot of a vehicle in appropriate storage containers and where they are out of sight. Medications must be transported in a locked bag or box. Consider keeping equipment & other items at a client's home for the duration of the service being provided.

As a general safety rule, keep doors & windows locked. In the event of an accident, follow actions outlined in the Motor Vehicle Folder (kept in each vehicle) & in the *Motor Vehicles - Use of within NSW - SVHNS Procedure.* Warn emergency services of the presence of medical gas cylinders at the first opportunity.

Fleet cars must be left in a clean and tidy manner with all clinical waste removed.

6.3. Safety During Visits

During a community visit, workers are expected to take precautions & avoid exposing themselves to any unnecessary risks. It is a worker's responsibility to undertake a dynamic risk assessment once onsite to confirm information previously collected and to identify any additional hazards & associated risks and confirm any changes to emergency response plan. Specific risk areas to consider include:

- Environment, eg uneven surfaces, clutter, electrical safety
- Exposures, eg biological substances, cigarette smoke, hazardous chemicals/drugs, pests
- Musculoskeletal disorders, eg hazardous manual handling, slips/trips/falls
- Workplace violence, eg aggression / personal threat.

Exposures

Biological substances

All workers must adopt standard precautions when working with clients in the community. This includes:

- Following personal hygiene practices, including hand hygiene, covering cuts & non-intact skin with a water-resistant dressing
- Using personal protective equipment (PPE), including gloves, gowns, plastic aprons, masks/shields & eyewear
- Adopting transmission-based precautions for clients known or suspected to be infected/colonised with infectious agents that may not be contained by standard precautions alone
- Handling & disposing of sharps safely.

During periods of epidemic or pandemic, eg COVID-19, workers must follow the infection prevention & control guidelines developed by NSW Health/Clinical Excellence Commission (CEC) for workers who deliver care, assessment, treatment or support to patients/clients in their own home or in group community settings.

Cigarette smoke

In line with the *NSW Health Smoke-free Health Care Policy,* clients & any other persons present should be asked not to smoke during visits. Clients may be recommended to contact NSW Quitline 137 848. Where a client refuses to cease smoking in the presence of a worker, the worker should leave the premises. Services should include actions to be taken by workers in their local protocols.

Hazardous Chemicals

Hazardous chemicals are those that, following worker exposure, can have an adverse effect on health. Information about the identity, properties, health hazards, precautions for use & safe handling of a hazardous chemical can be found in the Safety Data Sheet (SDS), accessible in ChemAlert.

The information should inform those who use the substance so that they can take adequate precautions to protect their health and safety when using the substance. Only approved / risk assessed chemicals are to be handled & guidance on their safe use in a client's home must be provided.

Hazardous / Cytotoxic Drugs, including Cyclophosphamide

Community workers must be informed of any client who has received cytotoxic medication within 7 days prior to a community visit.

The following information must be provided to workers:

- Which hazardous drugs are administered
- The special care requirements, eg if the drugs were administered within the last 7 days or will be administered during a visit
- The timeframes for excretion of the hazardous drugs in the client's body waste following administration of a dose
- The safety precautions for those who are pregnant & breastfeeding if dealing with hazardous drugs or related waste (workers who are pregnant or breastfeeding may elect not to undertake duties in these circumstances & alternative duties must be provided).

The following should be available:

- Cytotoxic-related waste must either be transported from the client's residence to the hospital in a rigid, labelled & sealed container in the boot of the car
- Appropriate PPE
- Cytotoxic spill kit.

Planning for emergencies is an essential part of risk management. Systems should be in place to manage sharps injuries, spills and personal contamination. Any incident should be reported so that the cause can be investigated and determined and follow-up action taken if required.

All those working in the community should complete the ADAC Modules Handling antineoplastic drugs & related waste (Module 1) & administering oral antineoplastic drugs (Module 6).

Pests

Where there is concern of insect infestation, eg bed bugs, fleas, the worker should ask the client to consult a licensed pest controller, either independently or through their housing service, to identify & treat the cause. Pets should remain outside or away from the treatment space. Long-sleeve gowns should be worn if there is cause for concern.

Musculoskeletal disorders

Risk minimisation strategies must be implemented if hazardous manual handling tasks are identified, ie they contain any of the following risk factors:

- Repetitive or sustained force, eg holding a limb when changing a dressing, in particular with a client who has bariatric needs &/or is unable/unwilling to assist
- High or sudden force, eg carrying equipment &/or supplies from the car to the home/facility, moving furniture out of the way to create a clear space, 'catching' self after tripping over iterms such as cords or slipping on wet surfaces
- Repetitive movement, eg prolonged therapeutic massage treatment
- Sustained or awkward posture, eg bending to work at a low bed or chair, twisting & bending while working in a cluttered space.

Examples of controls to manage risks arising from manual handling tasks include:

- Use of equipment to transport equipment such as a collapsible cart to take items to/from the work area to the car, backpack or bag to take items in to/out of the home
- Use of equipment such as a lightweight, folding stool to use when undertaking tasks in the home, slide sheets, compression bandage applicator rings, leg wedges
- Modify the area/organise for furniture to be relocated so there is adequate space to carry out tasks. No worker should move heavy or large furniture.
- Ensure two workers attend & share the tasks.

No matter what the task, workers should aim to protect themselves from harm & minimise stress on their bodies by applying the principles of safe manual handling as outlined in the Safe Moves Guide (Attachment 5). Equipment solutions to minimse musculoskeletal strain should be considered and arrangements made for supply & delivery.

Workplace violence

Staff working in the community can work alone or in isolation, away from access to rapid support from other staff or emergency services such as police, making them more vulnerable to the risk of violence.

A staff members personal safety takes priority over the safety of others & it is not expected that staff will place themselves in unnecessary harm or danger to assist others.

Departmental procedures must be developed in consultation with relevant staff to ensure control strategies are in place that minimise security and safety risk relating to violence.

A duress response is planned, tested regularly and activated when the staff member requires it. Personal threat procedures should include calling 000 in an emergency. ?

Prior to the visit:

(Refer to 6.2 Prior to Community Visit of this process)

Where a risk of violence is identified (including identified deterioration of the patients behaviour), or the risk is unknown, the need to provide the service in the community should be reviewed. Alternative

arrangements may need to be considered eg. Client care provision within hospital facility or 2 staff members must attend the visit.

All workers should remain situationally aware and undertake a dynamic risk assessment to identify any additional risks and confirm any changes to the emergency response plan (eg YEP principles - Yourself. Environment. Patient, as detailed in the Violence Prevention & Management Training delivery). Considerations to help inform risk management strategies:

- On approach -Park the car as close as possible to a well-lit area
- Avoid parking in a driveway: others may park behind & block your exit
- Do not get out of the car immediately: take a look around & make mental notes about things that could present a risk. Remain in car or leave if there is a concern
- Walk in the centre of footpaths, away from buildings and avoid dark or secluded areas
- Walk around, rather than through groups of people
- Enter a safe environment eg. business establishment if there is a suspicion of being followed, then call emergency services (000)
- Cross the street & walk in the opposite direction if there is a suspicion of being followed by a car.

During the community visit -

- Check there is phone reception, the environment is well lit and access gates are unlocked
- Firearms/weapons are not visible
- Be aware of potential early indicators of aggression which may include:
  - Client/family member becoming restless or agitated
  - Client/family member making verbal threats, becoming abusive or sexually suggestive
  - Client/family member appears intoxicated
  - More people in the client's home than expected, with no explanation of their presence
  - Pet(s) are not restrained & the client refuses to restrain them

If a staff member feels unsafe, believes that a risk is emerging or that there is a personal threat, they should remove themselves from danger and enact the emergency plan as documented in the established departmental process and initial risk assessment. SafeZone duress should be used,where implemented.

Where there is a risk of violence and other risk control strategies have failed to control the risks or resolve the issues, arrange for senior management to write to the household indicating that visits will not be made to that address and that alternative arrangements will need to be made.

All those working in the community should complete as a minimum Violence Prevention & Management Training, including My Health Learning on-line modules & the one-day, face-to-face

Personal Safety training. Staff must be trained in how to initiate an emergency duress for personal threat response in the community.

The law recognises that an individual may protect themself or another person from the threat of an attack or injury. Any force used should be sufficient to stop the assaulting person causing injury or harm to themselves or others and no more. It should not be punitive.

6.4 Non-Response to a Visit

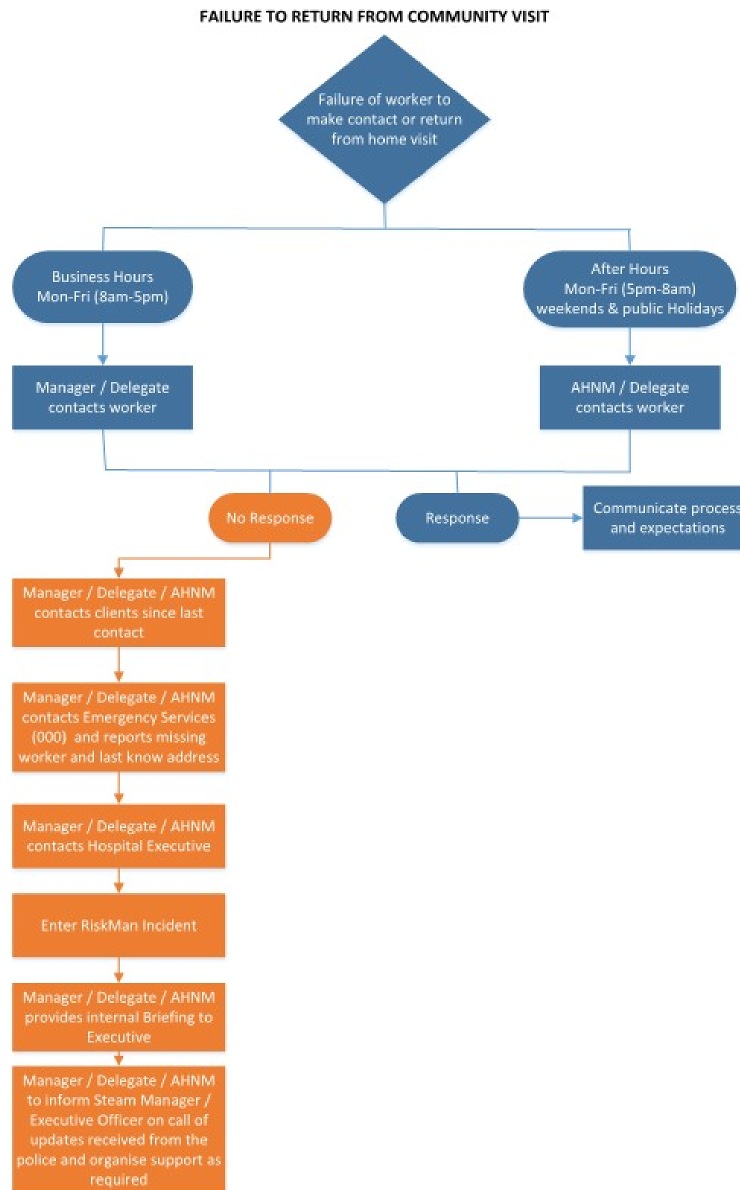
Where a client does not respond or if there are concerns for their safety, workers should:

- Complete follow-up as per relevant work area procedures
  Or
- Contact them either on their home or mobile number
- Call the work area to determine if client has left a message or to check if client has been admitted to hospital
- Contact the client's emergency contact
- Contact client's GP
- Discuss with manager/team leader
- Call Emergency Services on 000 if it is suspected the client is at home injured.

Should emergency services have been contacted, a RiskMan report must be made regardless of whether an adverse event has occurred. Action taken in the event of a non-response to a community visit must be documented in the client's clinical record.

6.5 Failure to Return from a Visit

Procedures need to be identified in local Service protocols as to actions to follow where a worker has failed to return from visits throughout the day or has not been in contact as per the agreed arrangement. If a worker has not checked in within agreed time frames or has not returned from a visit as expected, then the Manager/Delegate must take action & attempt to contact the worker &, where uncontactable, escalate as per the below example.



6.6 After the Visit

The worker should advise that they have completed a visit, following team protocols, eg written notification on staff board, phone call, 'Check out' of the visit if using personal duress alarm SafetyZone. If the work day begins or ends with a visit, then the worker should make contact with the Nominated Contact Person or Line Manager/Delegate once they have completed the visit.

Any new risks or changes to previous risks must be entered in to the risk assessment/client records & recommended controls should be update & concerns escalated to the Manager.

Following any emergency incident, workers must notify their manager & report the incident in RiskMan. Once notified, the Recovery@Work Coordinator will contact the worker to determine if medical assistance is required.

Managers must:

- Provide Psychological First Aid (see policy on intranet) & other necessary support, eg offer EAP
- Debrief & investigate
- Review service.

ABC of Psychological First Aid	
Assess:	• For safety, urgent physical need, serious reactions • Ask about needs and concerns • As well as individuals demonstrating distressed behaviour individuals who appear shocked, dazed, withdrawn or not responding to others should also be approached
Be:	• Attentive, calm, respectful and aware • Listen without pressuring to talk and speak softly and calmly
Comfort:	• Provide comfort through your presence, ensure a supportive environment • Provide reassurance and assistance to feel calm
Do:	• Help by offering practical advice regarding needs and concerns and link in with other supports • Provide information and assistance to promote self-efficacy (help people act for themselves)
End/exit:	• Leave employee to take time to look after themselves and connect with their supports • Empower employee and promote hope

All incidents and hazards should be entered on RiskMan.

Post-Incident Management

Investigation of any incident is an important component of a safety program. Managers have the responsibility & must take the lead to investigate incidents to determine the underlying cause rather than what may be perceived as the immediate reason for the incident. They must ensure workers are supported when an investigation occurs & that controls are put in place or service arrangements reviewed.

7 Compliance:

Compliance with be monitored through:

- Annual audit of client risk assessments (Team Leader)
- Audit of completed investigations for all RiskMan incident & hazard reports (Team Leader)
- Quarterly audit of Staff Movement Boards (Team Leader)
- Implementation Audit 12 months (WHS/Manager) – WHS Committee

8 References:

Supporting Evidence:

- WHS Act 2011
- WHS Regulation 2017
- PD2018_013 WHS: Better Practice Procedures
- Protecting People & Property Manual (in particular Chapter 16 and 22)
- PD2015_001 Preventing & Managing Violence in the NSW Health workplace – A Zero Tolerance Approach
- PD2015_003 NSW Health Smoke-free Health Care PolicySafeWork NSW Guide: Cytotoxic Drugs and Related Waste – Risk Management
- NSW Health Smoke-free Health Care Policy
- Australia, New Zealand Industrial Gas Association Guideline
- CEC COVID-19 Infection Prevention & Control Guidance for Home Visits
- CEC COVID-19 Infection Prevention & Control Primary, Community & Outpatient Settings
- CEC COVID-19 Infection Prevention & Control Risk assessment framework for group community sessions/meetings
- SVHNS Inclusive Health Strategy 2020-2025

National Standards:

- Standard 1 Clinical Governance

- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

Related SVHA/ SVHNS Policies & Procedures:

- SVHA WHS
- SVHA Code of Conduct
- SVHA Risk Management
- SVHNS Manual Handling
- SVHN Employee Assistance Program
- SVHN WHS Incident Management
- SVHS Police, Ambulance, Clinician Early Response (PACER)
- Use of Motor Vehicles within NSW
- SVHN Pool Car

Risk rating: Medium – review every 3 years

Revision History:	
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9. Attachments

1. Home/Facility Risk Assessment (St Vincent's Health Network)
2. Violence Management Plan – (St Vincent's Health Network)
3. Behaviour Management Contract
4. Workplace Violence Guideline

5. Safe Moves Guide
6. Aboriginal Health Impact Statement