



Safety Guide Book

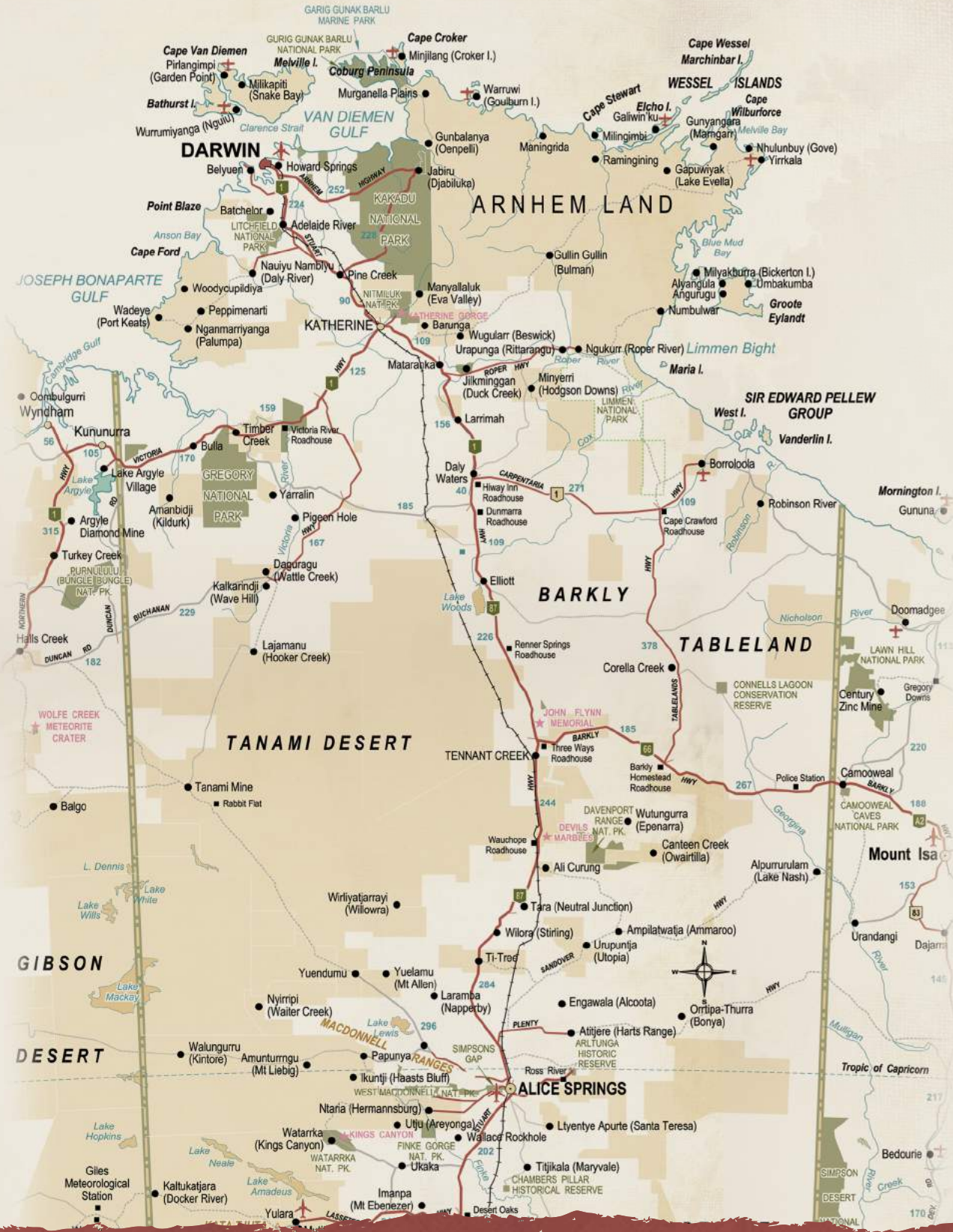
For Health Professionals when on
remote placements

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Emergency After Hours Contact Numbers
Emergency after hours - 0427 623 196
JC Travel after hours - 02 9846 1429
Clinical Manager - 0457 812 671



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Safety is your responsibility

The first thing we should all consider before providing care in any environment is risk to ourselves. Health Professionals and their managers must work together to identify and manage risks to safety and security for a safer environment. It is for everyone's benefit, so it's everyone's business.

This safety information is to make you think about safety elements that you may not have previously considered. We recommend that you read this information closely and put safety foremost in your thoughts while working remotely, whether you are a first-timer or have extensive remote experience. Orientate yourself to safety in your accommodation, the clinic, and the community.

If you are unsure of anything, ask your Health Service Manager or an Aboriginal Health Practitioner (AHP), they will guide you through cultural and workplace safety. Some AHPs are not from the community, so please check before expecting a community rundown. If you are involved in a safety issue, ensure you contact your Health Service Manager **immediately** and contact RAHC within 24 hours to report the incident.

Safety in accommodation

Safe accommodation during travel

RAHC endeavors to provide employees and Health Professionals with clean, safe accommodation prior and post placement. Due to accommodation shortages throughout the year, preferred motels may not be available, so it's important to report any accommodation concerns to the RAHC team. Health Professionals must always be diligent about their surroundings. The following points should be considered when staying in hotels and motels.

- Know the address of the accommodation where you are booked into.
- Never leave your handbag, phone or personal valuables in the reception area or unattended.
- If you have a vehicle, always keep it locked, remove your valuables, and keep the keys on your person.
- Know where your closest supermarket is (you might be able to do a click-and-collect before heading remote).
- Always keep your accommodation locked and the keys on your person.
- Make sure all your windows and doors are closed and locked.
- Keep your suitcase locked at all times when you are not there.

Safe accommodation in community

When you arrive at your accommodation, you should check and think about the following.

- Torch with extra batteries.
- Fire extinguisher and/or fire blanket in the kitchen.
- Curtains/blinds intact, providing privacy throughout the accommodation.
- Secure locks on the windows and doors.
- Secure metal guards (screens) on the windows and doors.
- Second exit, such as the front or back door, in case of fire or intruder.
- Bedroom door able to be securely locked from the inside of the room (optimal).
- Outside light that delivers ample coverage, with a spare bulb. When on call, leave the external light on before leaving to ensure you do not have to return to an unlit residence in the dark.
- All lights in the accommodation are working with spare lightbulbs and a ladder to replace (or maintenance provision).
- Secure veranda and/or yard (optimal).
- Yards are maintained, and lawns are mowed.
- Provision to leave the clinic vehicle near the house when on-call in a well lit area.
- After-hours Call-out Procedure is available with a second responder available.
- Community map in accommodation plus relevant phone numbers.

Theft and loss

Steps to minimise theft and loss

House break-ins and theft CAN and DO occur in any community, and a common-sense approach to minimising such events is needed. Simple steps can be taken to minimise break-ins, including the below.

- Know the lot/house number and address of your accommodation when you first arrive so that your location is easily identified by security or police
- Ensure that all entry and screen doors are locked when you leave your accommodation. Close all windows and curtains when leaving your accommodation.
- All master bedrooms in single occupancy dwellings and all bedrooms in share houses should have deadlocks on bedroom doors (for optimal safety) – lock your door at night when you are asleep and keep the key close to your bed.
- Always lock your bedroom door before leaving the accommodation when working in the community clinic or called out at night (optimal).
- Keep your mobile phone locked in your room, even if you are hanging washing, shopping, exercising, etc.
- Keep a lock on your suitcase and the keys on you (for optimal safety) - do not leave your belongings wide open for theft.

- Leave external security and sensor lights on at all times.
- Leave a light on inside or radio/TV to give the impression someone is home.
- Store valuables, including Bluetooth speakers, cameras, etc., inside at all times, out of sight. Housing is fully furnished, so consider only bringing what you need to be comfortable in terms of valuables.
- Ensure yards and gardens are maintained and trimmed. Remove any possible areas in the garden an intruder could hide, for example, behind a large shrub. Discuss with Clinic Manager to organise.
- Report all security concerns to the Health Centre Manager and the RAHC team. They will record these risks within the Riskman Risk Register within 48 hours of being notified.
- RAHC recommends that any of our Health Professionals commencing a remote placement should not take any valuable items with them or take as few valuable items as possible.
- Note extra caution if your accommodation is heavily surrounded by thick foliage or is isolated from other houses.
- Ensure you have phone numbers of nearest neighbour or clinic Manager.

Respecting community values

It is impossible to advise you on every aspect of appropriate behaviour and cultural respect. The following information provides a fundamental overview to complement your RAHC Cultural Orientation and continuous self-directed learning and responsiveness.

It is important to remember that there are significant differences between Aboriginal and Torres Strait Islander and Western culture. For new staff, particularly (but not exclusively) those without previous experience working and/or living in a remote Aboriginal or Torres Strait Islander community, adjusting and feeling comfortable may take time. This is referred to as “Culture Shock” and is a normal response to an unfamiliar environment. This can be challenging but being aware, prepared and open-minded is valuable. Your colleagues can provide support and advice as necessary on the cultural values of the community you are working in.

If you have completed the Cultural Orientation (since July 2022), you can access a copy of the module as well as the Cultural Orientation Handbook located at:

learning.rahc.com.au

It is important to always ask for advice if you are uncertain about how to behave or feel uncomfortable. The Aboriginal Health Practitioners (AHPs) and Aboriginal Community Workers (ACW) at the Healthcare Centre are the best sources of information and support – after all, it is their community!

RAHC has a Cultural Presenter and a Cultural Support officer if you do not feel comfortable asking local workers or community members. Please contact our office on 08 8942 1650.

CRANApplus Bush Support Services are also available on their toll-free support line – 1800 805 391. The eLearning module [Cultural Safety](#) is available on the RAHC eLearning platform at:

learning.rahc.com.au

Appropriate Dress

RAHC staff are expected to wear their provided uniform as the most appropriate standard of dress during work hours. Open-toed footwear (thongs, sandals and scuffs) is unacceptable and is a Work, Health and Safety risk in the work environment. Therefore, enclosed shoes are mandatory in all clinics in the Northern Territory.

Modest clothing is most suitable in remote communities, particularly for female staff. Many Aboriginal people consider short dresses and skirts inappropriate; ensure you observe appropriate dress standards from the community and your work colleagues.

Communication

Certain Western cultural norms may be considered rude or inappropriate to an Aboriginal and Torres Strait Islander community, and vice versa. For example, shaking hands when meeting people and the use of “please” and “thank you” in conversation may not occur in some indigenous cultures. It is very important to remember that prolonged eye contact is generally avoided in Aboriginal and Torres Strait Islander culture. Prolonged eye contact may be considered belligerent, rude or intimidating.

Direct questioning and speaking in a loud and abrupt manner may offend and present a barrier to communication. Take your time in a conversation and allow the other person to consider the question. This will avoid rushed answers that may not be what the speaker intended to give.

It is important to remember that for many Aboriginal and Torres Strait Islander people in Remote Communities, English is not a first language and may even be the fourth or fifth language spoken. The use of local interpreters, family members and Aboriginal Health Practitioners will assist in overcoming many barriers. The eLearning module [Communication and Education](#) is available on the RAHC eLearning platform.

Kinship Network and Avoidance

Aboriginal and Torres Strait Islander kinship networks play a vital role in the daily lives of Aboriginal and Torres Strait Islander people. Kinship systems dictate social interactions, including physical and spoken interactions and what obligations are expected. Within a kinship network, some people may not be able to have any physical or spoken interaction with each other, referred to as ‘Poison Cousins’ and/or ‘Avoidance Relationships’.

It is important to realise that this also includes Aboriginal Health Practitioners who may not be able to interact with some patients seeking treatment. Aboriginal Health Practitioners can provide further information and advice at the clinic.

Men’s/Women’s Business

It is important to respect that men’s and women’s business is kept separate in First Nations culture. Adults seeking treatment should generally be seen by a member of staff of the same sex. Where this is not possible, permission should be sought before a member of the opposite sex gives or offers any investigation or treatment.

Aboriginal Interpreter Services

Most people in Remote Communities speak multiple languages. The Australian Interpreter Service offices reside in Wadeye, Darwin, Central Australia, Barkly, East and West Arnhem and the Tiwi Islands, and interpreters are available to help if necessary. Refer to the interpreting and translating services website at:

nt.gov.au/community/interpreting-and-translating-services/aboriginal-interpreter-service/contact-aboriginal-interpreter-service

Remote driving

Health Centre Information

Practice Philosophy

The health centre is well equipped to handle emergencies and is a fantastic primary health care facility with a large mix of staff from varying levels of experience and expertise. Most valued are staff who ensure all clients have a positive and holistic experience at the health centre by being welcoming and helpful, sharing knowledge, being respectful, providing collegial and cultural support, and client advocacy. Practice philosophy and professional conduct are paramount to the safety of all employees within the remote setting, and practising within the RAHC Code of Conduct is expected at all times.

Community Safety Information

Common sense is required, and the following should be considered.

- Avoid walking around the community alone after dark.
- Be cautious around the camp dogs – carry a stick if you are out walking. See the eLearning module [Staying Safe Around Dogs in Remote Communities](#) on the RAHC eLearning platform.
- If you close it, lock it. This includes padlocks on gates.
- Be aware that having alcohol in a dry community may create a strong motivation for someone to break into your accommodation. The best advice is don't have alcohol in the community, even if you are able to obtain a permit to do so.
- If you are a smoker, don't leave butts in an obvious place as often people who smoke in community will come to recover leftover butts for the tobacco.
- Keys to clinic vehicles may have an attached duress pendant linked to the clinic manager, clinic and/or police (optimal).

Cyclone/Environmental Safety

Everyone in the Northern Territory should have a cyclone emergency plan. Familiarise yourself with the emergency plan in your community, which should be available in the clinic. Stay tuned to local media for weather advice and warnings.

From November through until May, the Top End of Australia has the potential for a cyclone. Tropical cyclones, also known as hurricanes and typhoons, are low-pressure systems that form over tropical waters and have gale-force winds near the centre. Cyclones are dangerous because the winds can be destructive and heavy rainfall and storm surges (raised tidal levels) can cause flooding in low-level coastal areas. Cyclones range in severity from category 1 (least severe) to category 5 (most severe) and can last from a few days to a few weeks.

When there is a cyclone threat, warning messages are issued to the public via radio and television. It is essential that you follow all advice and instructions broadcast by the authorities.

Cyclone emergency plan basics:

- If you do need to evacuate, identify safe routes to your place of shelter.
- Ensure you have an emergency/evacuation kit ready to use (include a battery-operated radio, torch and spare batteries, and food and water). If the clinic is unable to provide this to you, please ensure you speak to local community or clinic members on how to create your own kit.
- If there is a cyclone threat, stay tuned to local media for advice and instructions.

Self-Driving Safety

Driving, particularly when remote, needs planning. However, even a well-planned trip comes with risks. Below is a list of things to consider prior to a road trip.

- Service the vehicle before undertaking a road trip, ensure the vehicle is roadworthy, and make sure registration and insurance are up to date.
- Use a vehicle safety checklist. The Vehicle Owner's Manual is a great resource for learning about your vehicle and its particulars.
- Do a prestart check on the vehicle, including checking the tyres and spares, ensuring the correct tyre pressure. Check all tyre-changing equipment is operational and that the vehicle has a jack.
- Plan the route to be driven. Use a good map, Satnav or google maps.
- Plan rest stops and places to stay. Pre-book accommodation to check if there is availability.
- Continually check over the vehicle throughout the journey.
- Avoid driving at dusk, dawn and night.
- Check the road conditions and make sure that your vehicle is well-equipped for the conditions.
- Check the weather forecast and avoid driving in adverse conditions.
- Drive to the conditions of the road, weather and within the state and federal laws.
- If driving on unsealed and/or 4WD roads, consider whether your vehicle has the capability and equipment. Does the driver have the experience? Know your limitations.

- Is there a mobile service where you are going? If not, do you have another form of communication? i.e. personal locator beacon.
- Important things to pack include water, food, a torch, warm clothing, sunscreen, tools and flynets.
- Most importantly, inform someone where you are going, when you are going, when you plan to arrive, who to contact, who you are travelling with and when you have arrived.
- Self-care, eating well, avoiding fast food and having a good night's sleep can help to prevent fatigue. Avoid drinking alcohol and drink plenty of water. Remember, if you are tired, stop and rest.
- Never leave your vehicle if you break down. Join a roadside assistance organisation such as AANT, RACQ, NRMA
- Have a backup plan and plan to be SAFE and Remember to keep well hydrated during travel periods.

The eLearning module [Introduction to Remote Driving](#) on the RAHC eLearning platform.

If you have decided to self-drive, RAHC requests that you lodge a journey management plan prior to your home departure.

On-call safety

Nurses on-call after hours will **at all times** have an escort. If the escort is not available, then ask the second on-call to attend. **Nurses are not to attend the call on their own at any time.** If, for any reason, you are attending a residence in the community or are required to leave the community, you should take your 2nd on-call with you. Before leaving the community to travel any distance, please contact the DMO on call and the Health Centre Manager to let them know the nature of the call and the destination. The phone should then be diverted to the HCM until the return of the on-call team. There should be a satellite phone available in all clinics.

When the first on-call is called out, they should be aware of the following procedure:

- If any issues require Police attendance, please call 000 or call Police Comms directly on 131444.
- If you have been called to a death in the community, expected or unexpected, please contact the clinic manager or area manager for assistance prior to attending if this is possible.
- Personal safety should always come first. Do not go out to a call if for any reason, you feel it may be unsafe or if you are threatened. If unable to attend to an emergency, notify the Health Centre Manager.

- It is very rare for males to present to the health centre after hours on their own. Almost without exception, men bring a female family member to do the talking. Do not attend the health centre for a male client without a female family member present.
- **All security incidents, whether at home or at work, must be reported to the Clinic Manager immediately and RAHC Clinical Team within 24 hours, who will enter the incident into the RiskMan Risk Register.** If you require assistance, please call the RAHC office on 08 8942 1650 or if after hours, the Clinical Manager on 0457 812 671.

The Pre-Visit Risk Assessment PHC Remote form has been developed as a tool to provide a framework for you to assess safety issues in the health centre, in the community, and when on-call. Safety should be reassessed at any time if new risks are identified.

Emergency After Hours Contact Numbers

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Pre-visit Risk Assessment PHC Remote TEHS Form

NOTE: The Pre-Visit Risk Assessment PHC Remote form has been developed as a tool to provide a framework for you to assess safety issues in the health centre, in the community, and when on-call. Safety should be reassessed at any time if new risks are identified.

Clinician's Name:		Second Responder's Name:	
Date:		Time:	
Caller's name:		Callers relationship to client:	
Clients name:			
Site (Lot#/location):		Site phone (if available):	

Reason for call Out:

Electronic medical record checked prior to attending call out: Y / N

Plan alternative service delivery with the person in a calm, non-threatening manner	<input type="checkbox"/>	Proceed on call-out / visit with second responder	<input type="checkbox"/>
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Drivers key ring duress pendant attached to Departmental car key: Y / N

SECOND RESPONDER AVAILABLE TO ACCOMPANY NURSE ON CALL Y/ N

IF NO DO NOT ATTEND THE CALL ON YOUR OWN

Ask the Caller:

1. What is your emergency?

2. Can you bring the person/s to the Health Centre? Y/N

IF NO

3. Are You Safe?	<div><div>Y</div><div>N</div></div>
4. Is there any alcohol, drugs or fighting at the house?	<div><div>Y</div><div>N</div></div>
5. Can someone meet us when we arrive?	<div><div>Y</div><div>N</div></div>

<div><div></div>Unsafe to Attend</div>	<input type="checkbox"/>	<div><div></div>Exercise caution</div>	<input type="checkbox"/>
Contact (RMP) On-Call to report the circumstances and the decision made	<input type="checkbox"/>	Instigate appropriate control measures eg advise caller to bring client to health centre to be treated	<input type="checkbox"/>
Plan alternative service delivery with the person in a calm, non-threatening manner	<input type="checkbox"/>	Proceed on call-out / visit with second responder	<input type="checkbox"/>
Enter details on EHR and RiskMan ('Security', 'Major')	<input type="checkbox"/>		<input type="checkbox"/>

Other hazards identified and/or control measures implemented:

If attending exercise caution evaluate the situation before entering the house, discuss at length with the second responder.

Scan into PCIS, attach as document to any RiskMan report

	Safe to attend	Unsafe to attend
Danger	Safe to attend – assessed possible risk factors. Danger assessment continues for the entire consult/call-out. Looked at PCIS if needed/able.	The situation is unsafe – use your senses, learn the background situation, asked relevant and appropriate questions.
Respond	Listen to the caller – conduct triage phone consult, arrange where and when to meet.	Listen to the caller – assess if the call out is an emergency.
Send for help	Get your second responder before attending a call out.	Call the police if you need to go. Await for them to attend before going. Call and collect the second responder. Call the DM if the police cannot attend and the situation needs to be escalated.
Alternative arrangements	If alternatives are needed, arrange this.	Try and arrange a safe place and time to meet the sick person. Advise and discuss other safety considerations with the client, second responder and/or police.
Bang it out	Document consult as required.	Document consult as required. Use PCIS/Communicare service item when not attending an unsafe call out.
Consider other requirements	Create relevant recalls for follow-up. Consider Riskman if there were any issues. For example, excess time taken to get onto PCIS at home or the internet was not working.	Attend to Riskman for security reasons. Put recalls in place for follow-up.





Darwin Office

Level 4, Darwin Central Offices, 21 Knuckey Street, Darwin NT 0800

Canberra Office

Unit 34, 2 King St, Deakin ACT 2600

Alice Springs Office

Centre for Remote Health, Cnr of Simpson and Skinner St, Alice Springs NT 0870

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Get involved
rahc.com.au
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