

Mansfield Autism Statewide Services

Lone Worker Policy and Procedures

MS15	MASS Staff	Lone Worker Policy and Procedures
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What this policy aims to do	Ensure that MASS staff who provide services within a client's home or residence understand the risks associated with the provision of care and take appropriate action for their own safety.
Who this policy applies to	Board members, managers, employees, contractors and volunteers and MASS clients.
Who is responsible for carrying out this policy	All MASS staff and volunteers.
What words used in this policy mean	MAP – Mansfield Autism Practitioner Program Manager – MAP Manager and/or Outreach Coordinator for the purpose of this document. Outreach Services - include working with clients in their own homes and providing community access. Programs can include activities such as developing daily living skills, social and recreational activities including access to the local community.
Legislation this policy is based on	Occupational Health and Safety Act 2004
Other relevant policies	HS8 Positive Behaviour Support HS10 Client Incident Reporting HS4 Child Safe HS11 First Aid MG4 Risk Management MS3 Staff Code of Conduct MS6 Staff Travel Policy MS12 Workplace Health and Safety MS16 Transporting Clients MF2 Organisational Vehicles SA2 Service Access SA4 Managing Client Risk

Version	Date	Author/Editor	Approved by	Notes
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1.0	15/9/18	Donna Stephenson		Policy created
1.1	1/5/20	C Trenfield	S Reeves	Updated post risk assessment sessions
1.2	14/9/21	T de Vries, C Trenfield	S Reeves	Link to MFE3 Organisational Vehicles. Annual review, changed Director to CEO
1.3	25/08/2023	C Trenfield	S Reeves	Annual Review, Changed Outreach Coordinator to Local Programs Coordinator, Changed Program Manager to MAP Team Leader

LONE WORKER POLICY

Lone Worker Policy

Providing Community Based and In-home Services

MASS provides in-home services to clients and families and community-based outreach services:

- In-home services are provided by a team of Behaviour Support Specialists who support the individual with autism and their families and may include staying overnight in the client's home.
- Outreach services involve working with clients in their own homes and providing community access. Programs can include activities such as developing daily living skills, social and recreational activities including access to the local community.

MASS is committed to the safety and wellbeing of employees providing in-home services and community-based services, who often provide services as a lone worker. This policy outlines the procedures for understanding and assessing risks for lone workers and how to mitigate risks.

Services provided in the residential and school program are not within scope for this policy and are covered by MS12 Workplace Health and Safety Policy.

Duty of Care

MASS recognises there are risks for staff and volunteers in providing in-home and community services to clients with autism. MASS has a duty of care to do what is reasonably practicable to ensure the health and safety of all staff.

MASS will:

- gather relevant information at the referral and client assessment stage to identify workplace health and safety issues and assess and manage those risks
- clearly communicate and understand what services are to be provided
- regularly review current workplace health and safety risks to ensure that controls are still working and whether they need to be altered
- provide adequate training and supervision to ensure safe work methods are understood and followed
- assess individual services before they are performed
- document the monitoring of the service.

Staff have a duty to:

- take reasonable care for their own health and safety
- take reasonable care that they do not adversely affect the health and safety of others
- comply, so far as reasonably able, with workplace health and safety instructions and follow MASS policies and procedures related to workplace health and safety

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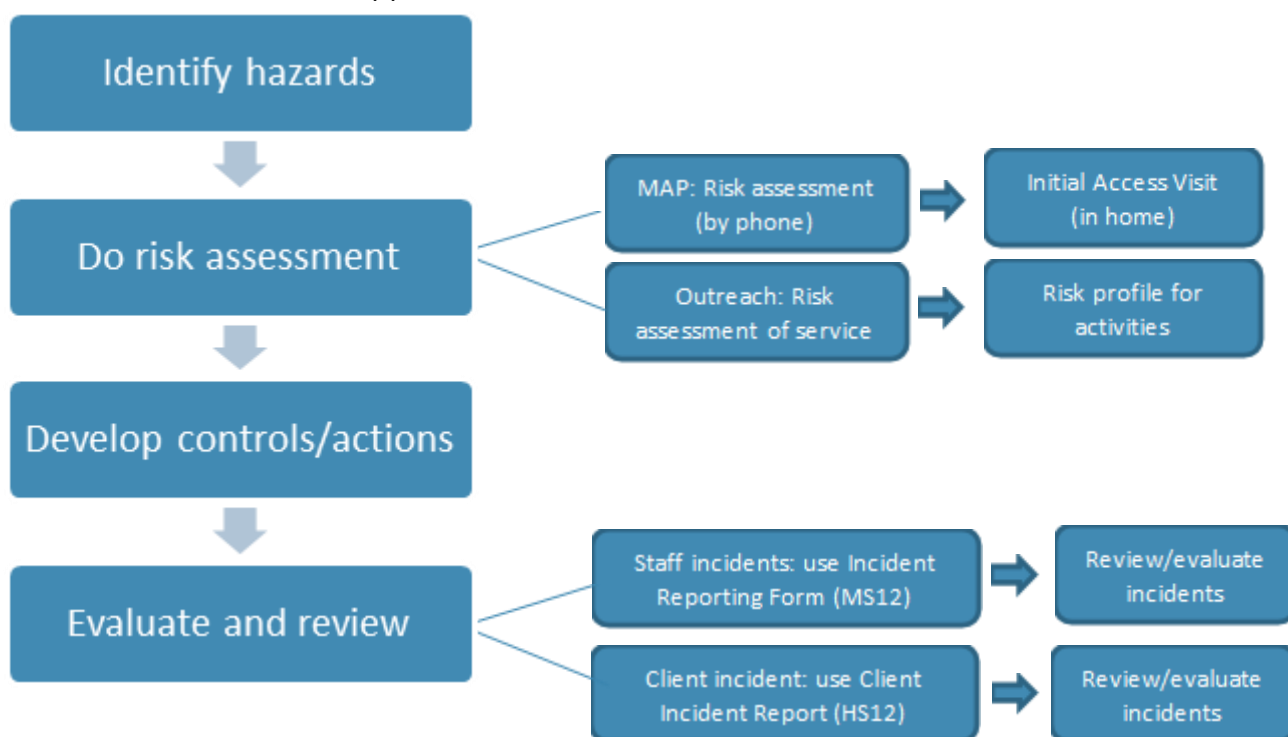
- report any incidents of injury to clients or themselves, emergency situations and near-miss incidents when there is no injury but requires preventative actions (*HS10 Client Incident Reporting Policy, HS4 Child Safe Policy, MS12 Workplace Health and Safety*).

Clients, family members and visitors have a duty of care to take reasonable care for their own health and safety and should:

- maintain a safe environment (for example repair broken steps, mow long grass, restrain animals, provide adequate lighting)
- look after their own in-home safety (for example smoke alarms and safety switches)
- inform MASS staff of any known hazards.

Risk Management

MASS will undertake a risk management approach to reduce the likelihood of injury or harm to employees providing in-home services and community-based services, most often as a lone worker. The approach will include:



Identify Hazards

Hazards or risks that staff may encounter in the delivery of services include:

- travelling to and from the residence of the client, remoteness of the residence or community location, and/or isolation of the worker. This includes hazards such as bushfires and floods.
- transporting clients

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- potential for injury to the worker from challenging behaviours/violence from the client
- work related stress
- biological hazards or infectious diseases
- electrical hazards
- slips, trips and falls
- personal safety/security while in the home or a community location
- fatigue.

Risk Assessment

Risk assessments vary according to the location/s of the client and service provided:

- **In-home services provided by a Specialist Behaviour Practitioner.**
 - 1) The MAP Team Leader will undertake a risk assessment of the home situation before the Initial Access Visit (See SA2 Service Access). Risks will be documented, and controls established to ensure the safety of the MAP Support Team Member who conducts the Initial Access Visit.
 - 2) The Initial Access Visit will be conducted by the MAP Support Team Member in the client's home using a template developed for the service. Any further risks will be documented, plus information on the client and their family situation.
- **Outreach services in the client's home or local community.** The Local Programs Coordinator will undertake a risk assessment of services to be provided to a client. For in-home based services, the Local Programs Coordinator will conduct an initial access visit. For community-based services, a risk assessment profile will be established for the most common activities to assist staff to undertake a risk assessment before undertaking the activity. Staff are required to complete a risk assessment for activities conducted outside MASS premises or schools. Other risks can be included if required due to the nature of the service/activity. The risks will be documented.

Developing Controls/Actions to Reduce the Risks

For in-home services, the MAP Team Leader and the MAP, or Local Programs Coordinator and staff member, will develop a plan to manage the risks associated with the delivery of services. This may include:

- the MAP notifying the MAP Team Leader on the arrival and at departure from the client's home (may be a call or a text)
- developing a set conversation to be used to alert a manager of safety concerns and actions the staff member will be taking
- using a satellite phone
- a duress reporting device
- more than one person being present for the delivery of the service

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- the MAP not staying overnight in the home
- the MAP not providing a service if a person in the home presents a threat to their safety.

For community-based services, the staff member will identify controls or actions to eliminate or mitigate the risks identified. If the risks are considered high, the staff member may elect to not conduct the service or activity.

Evaluation and Review of Incidents the Controls

All staff will report any incidents related to their safety using the Incident Reporting Form (MS12) and the MAP Team Leader will review the incidents and determine the level of ongoing risk for staff and if any change to the delivery of service is required to reduce/eliminate the risk. The incident and resultant action will be documented. If an incident includes a client, then the staff member must complete a client incident report (HS10). All incidents must be reported and recorded.

