

Radiance Outreach - Working in Isolation Policy

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Drafted by	Josephine Stewart	Approved by Board on	20/11/2025
Responsible person	Anne Mackay	Scheduled review date	20/11/2027

1. Introduction

- 1.1 This document sets out Radiance's policy for 1:1 in-home employees who work in the Radiance Outreach Program.

2. Purpose

- 2.1 The purpose of this policy is to define the requirements and establish minimum safety and security standards for all employees working in isolation or alone.

Working alone or in isolation is working unaccompanied, when not able to be seen or heard by another worker and may be applied to sole practitioners, or those whose work requires them to attend either planned or unplanned visits.

This policy aims to deliver on Radiance's commitment to provide as far as is reasonably practicable, a safe working environment and a process that employees follow to minimise risk.

3. Policy

- 3.1 Radiance does not advocate, support, or practice discrimination based on race, religion, age, national origin, language, sex, sexual orientation, or mental or physical handicap or any other personal attribute protected by law, except where affirmative action may be required to redress individual or social handicaps.
- 3.2 Radiance will make all reasonable accommodations to allow people who experience difficulties in their dealings with the organisation to benefit equally from its work.

4. Scope

- 4.1 This policy applies to all employees employed for the Radiance Outreach Program.

5. Definitions

- 5.1 Planned home visiting/provision of service:
- This incorporates routine scheduled care provision during working hours.
 - It includes unscheduled visits (routine in many roles) in working hours where the location and client/person is known to the service.
- 5.2 Nominated contact person:
- Please refer to the Crisis Management Plan to determine your nominated contact person in case of a problem situation.

6. Policy Statement

- 6.1 All Radiance Outreach employees are required to work within their scope of practice appropriate to their level of training and responsibility and ensure:
- a risk-based approach is used when considering any provision of service.
 - the decision to provide solo services is risk assessed prior to delivery.
 - in the circumstance of *unplanned* service delivery, the decision to provide solo services that risk rate at moderate or above must be discussed with the nominated contact person as per Crisis Management Plan.
 - commitment to safety and health principles in the workplace for all services provided.
 - if an employee does not feel safe to provide services, their assessment and decision is to be discussed with their nominated contact person as per Crisis Management Plan.

7. Procedure Overview

- 7.1 Radiance and its employees recognise each working environment is different. There are a range of factors that may increase the risk of employees being exposed to unsafe situations (e.g. exposure to crowds or patients whose underlying condition renders them unpredictable.) Isolated working environments may increase this risk as the nature of isolation limits protection provided by the co-location of other personnel or services.

A risk-based approach must be undertaken by employees working in isolation to mitigate foreseeable risks **prior to proceeding** with any client interaction, regardless of the security measures that are in place. This includes escalation of decisions and documentation when decisions not to continue are based on a risk assessment that has been discussed with the Radiance Manager.

Radiance staff do not undertake clinical assessment, diagnosis or treatment. References to screening, monitoring or response in this policy relate to identification of safety concerns and escalation to appropriate clinical or emergency services only. Any assessment, screening, monitoring or support plan development is done within the *Peer Workforce - Scope of Practice*.

7.2 Safety

Employees have a responsibility, in partnership with the employer, to risk assess any service delivery situation. Any intended action must not jeopardise their personal or professional safety.

- Employees must have access to information, procedures, and processes inclusive of but not limited to clinical, technical, and personal support.
- A clear escalation and communication process is easily accessible by employees when they assess a risk to themselves or others (online).
- The escalation process must be clearly documented and be underpinned by a time critical emphasis.
- The process used in different locations to call for help in the event of concern or emergency will differ and be dependent on location variables such as mobile reception or the availability of satellite phones. The process to be used in specific locations must be conveyed to the employees at orientation/induction.
- There must be a means of communication of an employee's location and movement in and out of the location (e.g. shared online calendar clearly indicating location of meeting).

- The priority is always the employees' safety. A patient assessment outcome that results in a decision **not** to proceed must be documented and escalated to Radiance Manager.

7.3 Planned home visiting

All employees undertaking planned home visiting in the community are responsible for the following:

- Undertaking a risk assessment to identify potential risk:
 - of all new clients
 - if circumstances have changed since a previous risk assessment
 - if a risk assessment has not been completed previously.
- Providing a home visiting schedule to the work place base using the Outlook Calendar and including exact location and time details.
- Carrying appropriate, charged, communication equipment.
- Ensuring first aid and emergency supplies are in the vehicle before leaving the work place.
- Withdrawing home services where employee safety is compromised and, where deemed appropriate, negotiate alternative arrangements following an assessment review.

8. Home Visiting Safety Considerations

Stage	Steps in the procedure
Before leaving the workplace	<p>Ensure that you notify the designated contact person of your departure to the Home Visit and they have ready access to the information – recorded on shared Outlook Calendar including exact time and address details.</p> <p>An activated, charged, mobile phone or other means of communication is to be taken on all visits.</p>
On arrival at the location	<ol style="list-style-type: none"> 1. Assess the safety of the location: <ul style="list-style-type: none"> • Observe the house, noting anything abnormal. • Observe the nearest possible source of help e.g. petrol station, occupied home. 2. Park car in location which allows you to leave quickly. Avoid parking in driveways. 3. Use gates and pathways, respect the client's property. 4. Listen before knocking at the door, for sounds of altercations, barking/untethered dog, obvious signs of drug / alcohol abuse. 5. If you are concerned at any time, abandon the visit and return to base. 6. For medium risk and above clients, knock and stand to one side of the door. Wait for the door to be answered. Do not respond to a call of 'come in'. Gauge whether other persons are present in the home before entering. If this is unclear, ask if there is anyone else home: <ul style="list-style-type: none"> • Exception: If it is known that the client is unable to come to the front door a family member or friend should be requested to be in attendance.

	<p>7. Clearly identify yourself and where you are from and why you are there. Show your ID as proof of your identity.</p> <p>8. Be sure of who you are talking to and the role they have assumed.</p> <p>9. If you are refused entry or are asked to leave, comply courteously.</p>
<p>Inside the Location</p>	<p>1. Always keep the keys for the vehicle easily accessible.</p> <p>2. Always be aware of and maintain appropriate personal space and distance between yourself and the client.</p> <p>3. Observe for any potential weapons in the area.</p> <p>4. Where possible position yourself between the person and the exit.</p> <p>5. Conduct the visit in the most practical location, taking into account safety as well as privacy and confidentiality.</p> <p>6. If at any time during the visit you feel your safety may be comprised or you sense all is not well, terminate the visit immediately.</p>
<p>After the Visit</p>	<p>1. If you have further visits and have visited a high risk client or new client, contact your designated contact person and inform them of your progress.</p> <p>2. When calling your designated contact person, always try to speak to the actual person rather than leaving voicemail messages or messages with reception to pass on.</p> <p>3. If you are unable to return at your designated time, inform the designated contact person, as soon as possible and inform of your new estimated time of return.</p>
<p>On return</p>	<p>1. If you consider the home visit was a “risk” situation or you had to abandon the visit notify the Radiance manager and document appropriately in the RNSW – Debriefing Template.</p> <p>Clearly document the hazards relating to the visit, e.g. lack of privacy to see client, domestic violence, aggressive dog. If possible, develop strategies to deal with the identified hazards and document in the client records.</p>