H&H Care SA Pty Ltd	**Form17.** Work Health and Safety Lone Work and Home Visits **Australian Government Support at Home Program**	
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Policy and procedure 17
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA identifies and controls work health and safety risks during home visits, lone work, travel and related duties. It establishes consultation, pre-visit planning, effective check-ins, emergency escalation and safe return-to-work decisions.

Document control	Details
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Policy owner	Director and designated WHS Coordinator
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, employees, nurses, agency workers, approved contractors and others affected by H&H Care activities

1 Purpose and scope

H&H Care will eliminate risks so far as reasonably practicable and, where elimination is not reasonably practicable, minimise them. The client's home is their private space and a workplace during care. Protect workers, clients and others while respecting consent, privacy and dignity. A risk form or training certificate alone does not make an unsafe task acceptable.

This policy covers Support at Home delivery on behalf of The Fig Trees and other approved registered providers, including travel, community access and administrative work. Related clinical, infection and manual handling procedures remain applicable. Lone or isolated work includes situations where help is not readily available even within a metropolitan area.

2 Duties and accountability

H&H Care, as the person conducting a business or undertaking, maintains its own WHS duties. The Director must exercise applicable officer due diligence, provide resources and verify controls. The WHS Coordinator implements assessments, consultation, incident actions and records. Roster staff confirm safe scheduling and monitoring. Workers take reasonable care, follow reasonable safety instructions and report hazards and concerns promptly.

Consult, cooperate and coordinate with The Fig Trees and other duty holders where duties overlap. Contracting or a client signature does not transfer or waive duties. Agree who provides equipment, hazard information, escalation, repairs and continuity; verify the arrangements actually work.

Consultation hazard assessment and controls

3 Consult workers and resolve concerns

Consult affected workers and any health and safety representatives when identifying hazards, assessing risks, choosing controls, changing services, planning facilities or training and reviewing incidents. Give relevant information, allow workers to contribute, consider their views and communicate decisions and reasons. Record concerns, actions, owners and outcomes.

Make a confidential reporting route available for violence, harassment, bullying, fatigue and unsafe demands. Use an unconflicted delegate or external advice where the Director or supervisor is implicated. Do not retaliate against lawful safety reporting or a worker exercising a safety right. Support worker representation and applicable issue-resolution arrangements.

4 Assess hazards before work and on change

Apply Policy 5 home and client assessments and task-specific controls before affected services start. Include physical and psychosocial hazards, workers' competence, client needs, duration, timing, access to help and emergency response. Review after incidents, near misses, changed household members, equipment, tasks, weather or client condition.

Hazard group	Assessment considerations
Access and environment	Paths, steps, lighting, parking, exits, clutter, slips, structural hazards, electricity, ventilation, temperature and utilities.
People and animals	Threats, harassment, aggression, intoxication, domestic violence, weapons concerns, visitors, uncontrolled pets and safe exit.
Tasks and clinical exposure	Manual handling, falls, sharps, infection, chemicals, equipment, personal care privacy and unsupported clinical work.
Lone work and communication	Phone coverage, check-ins, known location, available monitor, backup contact and realistic emergency response.
Travel and scheduling	Driving, fatigue, long shifts, night work, travel time, vehicle condition, weather and public holidays.
Psychosocial conditions	High demands, low support or control, role confusion, traumatic events, bullying, discrimination and repeated unsafe pressure.

Use the H&H Care risk process and record initial and residual risk, controls, owner, due date and review. Prioritise elimination and safer task/environment design, then suitable equipment, staffing and work systems; use PPE as needed rather than the sole default. Verify controls before starting high-risk work. Do not treat illness, disability, culture or an untidy home alone as evidence of danger.

Lone worker planning and monitored check ins

5 Decide whether lone work is suitable

Lone work is permitted only where the assessed task, client situation and communication/response controls make it safe. Do not send a lone worker where the care plan requires two staff, a credible serious threat is uncontrolled, a transfer requires additional help or communication and rescue arrangements are inadequate. A phone cannot compensate for every hazard.

Consider a joint visit, different time/location, safer method, additional competent staff or specialist advice. Obtain the client's agreement to relevant changes and registered provider authorisation where required. Do not replace necessary trained staff with an unassessed family member or make the worker responsible for solving unsafe capacity gaps.

6 Set a visit specific check in plan

- Record the visit address, worker, expected arrival/departure, travel arrangements and relevant access risks in the secure roster. Keep this current when plans change.
- Name the active monitor and backup for the entire period of lone work, including evenings, weekends and delays. Confirm they can receive alerts and act; a shared inbox without a responder is insufficient.
- Agree check-in method, due times, any mid-visit check, risk-based overdue trigger, contact sequence and emergency actions. Set these before the visit, not after an alert is missed.
- Provide a charged, suitable phone and necessary coverage checks or alternative communication. Where an app, alarm or duress method is used, train all parties, test it and define the response.
- Explain the worker's safe exit options, what to do if unable to call and how changing conditions will be communicated. Protect codes and tracking information under privacy controls.
- Do not commence lone work if the monitor, backup, communication or required safety controls are unavailable. Arrange an assessed alternative and essential care continuity.

7 Missed check in response

At the agreed overdue trigger, the monitor acts immediately: try the worker using approved channels, check known roster changes or travel and contact the backup. If there are signs of danger, a duress alert or a serious concern, call 000 immediately; do not wait for sequential routine calls.

If worker safety remains unconfirmed, escalate through the pre-agreed emergency or police welfare pathway according to risk and provide last known location and facts. Do not send another lone worker into a potentially dangerous home. Contact the client or authorised others only where safe and necessary, without revealing sensitive worker details unnecessarily.

Record attempts, times, advice and the outcome. Keep tracking until the worker is confirmed safe or a named competent responder accepts handover. An app showing visit completion, no response or a presumed flat battery is not proof of safety. Review the cause and controls before the next affected visit.

Home visit practice and unsafe situations

8 Before arrival and on entry

Review current plans, alerts and instructions. Confirm supplies, safe equipment, PPE and competencies; tell the monitor of changes. Park lawfully with a practical safe departure route, keep unnecessary valuables secure and carry communication equipment. Follow agreed infection screening and client identification/consent procedures.

On arrival, assess surroundings, exits, household activity and animals from a safe position. Do not enter where there is an immediate uncontrolled threat, fire, dangerous electrical condition or other serious hazard. Seek management help and emergency services where needed. Staff must not investigate a suspected crime or unsafe structure themselves.

Explain requested safety arrangements respectfully, such as securing pets, avoiding smoking during the visit or clearing a working area. Seek client consent for changes and assess proportionately. If a safe arrangement cannot be achieved, pause the affected work and notify the Coordinator, who arranges alternatives rather than leaving essential care unaddressed.

9 During and after the visit

Maintain access to an exit and phone, follow the assessed task and report changes. Do not undertake unapproved repairs, work at height, heavy lifting or clinical procedures. Never use damaged equipment or substitute unsafe manual handling because equipment or a second worker is missing. Use Policy 13 for infection/exposure risks and Policy 14 for movement tasks.

Complete attendance and check-out using the agreed method and report hazards, near misses or incidents promptly. Secure the home and keys as agreed without creating unlawful restriction. Update the roster monitor if the visit or travel extends. The Coordinator must confirm outstanding safety and essential care actions are handed over.

10 Violence harassment and domestic conflict

Workers are not required to tolerate threats, sexual harassment, assault or discriminatory abuse as part of care. Use calm communication and safe disengagement within training; do not argue, threaten or physically intervene in household conflict. Leave or move to safety when necessary and call 000 for immediate danger. Do not return alone to retrieve belongings.

Notify the manager promptly and record facts without blaming the client for disability-related needs. Assess both clinical/safeguarding needs and worker safety, involving qualified support. An explanation for behaviour does not remove the need for controls. Use trauma-aware and culturally appropriate support; do not impose restraint or punitive withdrawal as a response.

Management reviews the visit arrangement, additional support, worker allocation and service alternatives with the registered provider. Apply incident, safeguarding and open disclosure processes where relevant. Re-entry requires verified controls and a documented plan, not only an apology or a promise that the event will not recur.

Travel wellbeing emergency and notification

11 Travel vehicles and fatigue

Schedule realistic travel, breaks and handover; avoid overlapping shifts, excessive hours and rushing. Consider other work commitments and cumulative fatigue fairly and confidentially. A worker who is too fatigued or unwell to drive or care must notify management and obtain safe alternative arrangements without being pressured to continue.

Before driving duties, verify licence, registration, insurance appropriate to use, vehicle condition and any client transport requirements. Use seatbelts and approved mobility/seating arrangements; do not improvise transport for a medical emergency. Follow road rules, do not use a hand-held phone while driving and stop safely before answering or updating the roster.

Assess severe weather, heat, poor roads and parking hazards before travel. Adjust services with management and provider involvement where necessary, ensuring welfare checks and essential care continuity. Do not drive through dangerous conditions to meet a roster. For a breakdown or crash, move to safety where possible, obtain emergency help as needed and notify the monitor and manager.

12 Psychological health and support

Control workload, role ambiguity, poor support, bullying and exposure to traumatic events through staffing, supervision, clear duties and practical escalation. Training, resilience advice or counselling alone does not replace controls on unsafe work design. After a serious event, offer confidential professional support, recovery time and appropriate follow-up without forcing a person to recount trauma in a group.

Use fair, confidential processes for health concerns, adjustments and recovery/return to work. Obtain professional advice where needed and protect worker privacy. Client continuity must be planned by management rather than relying on an injured worker to continue unsafe duties.

13 Stop unsafe work and respond to incidents

Where a worker has a reasonable concern that the work exposes them to a serious risk from an immediate or imminent hazard, they may cease or refuse unsafe work under applicable WHS rights. Notify H&H Care as soon as practicable and remain available for suitable safe alternative work. Management must assess and control the risk, consult and advise when duties can safely resume. Do not punish lawful exercise of the right.

For injury or emergency, obtain first aid and emergency help first. Report hazards and incidents immediately to management; assess SafeWork SA notification separately from SIRS, workers compensation, police, professional and privacy duties. A notifiable WHS incident may involve a worker, client or another person if the statutory work-related criteria are met.

The Director/delegate must notify SafeWork SA immediately on awareness of a notifiable incident using its current required pathway, retain the reference and follow any written confirmation requirements. Do not wait for an investigation or insurer. Preserve the incident site as legally required, subject to lawful rescue, safety and other exceptions and inspector directions. Call SafeWork SA for urgent advice where uncertain; assess and document the actual legal criteria.

Home visit and lone work readiness checklist

WHS F01 | Client/site: _____ Worker/date: _____
Assessor and role: _____
Task and relevant assessment/plan version: _____
Client consultation and access consent: _____

Readiness area	Evidence controls and unresolved actions
Access exits lighting and environment	_____ _____
People pets violence and harassment risks	_____ _____
Task competency equipment and staffing	_____ _____
Infection sharps chemicals and PPE	_____ _____
Travel vehicle weather and fatigue	_____ _____
Phone coverage charged device and backup	_____ _____
Named monitor coverage and escalation	_____ _____
Client essential care contingency	_____ _____

Initial risk and reason: _____
Additional controls owner and due date: _____
Residual risk and evidence controls are in place: _____
Lone visit allowed / Joint visit / Alternative / Paused: _____
Manager approval and date: _____
Registered provider coordination where needed: _____
Workers briefed and review triggers: _____

Short dynamic check before each visit

- Is the actual situation consistent with the plan and am I fit and equipped?
- Can I contact help and does a named person know where I am?
- Are exits, people, animals and the task environment safe?
- If anything has changed, have I paused and obtained appropriate help?

Lone worker monitoring and hazard action records

Lone worker monitoring plan and log

WHS F02 | Worker/contact: _____
Visit address and secure access reference: _____
Date expected arrival/departure and travel: _____
Primary monitor/contact/hours: _____
Backup monitor/contact/hours: _____
Check-in method and test completed: _____
Risk-based due times and overdue trigger: _____
Duress/emergency action and safe exit arrangements: _____
_____

Due time and check	Received time and outcome	Follow-up and owner
_____	_____	_____
_____	_____	_____
_____	_____	_____

If overdue: contact attempts and times: _____
Emergency/backup escalation and reference: _____
Worker safety confirmed or handover accepted by/time: _____
Controls reviewed before next visit: _____

Hazard consultation and corrective action record

WHS F03 | Reference/date/location: _____
Reported by and people affected: _____
Hazard actual exposure and possible harm: _____
_____
Immediate controls and client care arrangements: _____
Workers/HSR/other duty holders consulted: _____
Control options considered and agreed reason: _____
_____
Action owner and due date: _____
Incident/notification reference if relevant: _____
Completion evidence and effectiveness check: _____
Residual risk and decision to resume/change work: _____
Manager approval and worker communication: _____
Next review and earlier triggers: _____

Record complaints or personal health details only where necessary and restrict access appropriately. Maintain a clear audit trail of decisions, notification and risk controls.

Implementation governance and references

14 Implementation and assurance

Before approval, appoint the WHS Coordinator, visit monitors and backups; verify coverage for every service period; consult workers on hazards and communication; approve lone-work plans and forms; and agree The Fig Trees' responsibilities. Resolve uncontrolled serious risks before affected work continues.

Train and assess workers in home risk checks, check-ins, safe disengagement, duress response, incident reporting, travel and task-specific controls. Test emergency and missed-check-in arrangements with the monitor, not only the app. Explain that a safety plan does not authorise force, restraint or unlawful entry.

As internal controls, review overdue check-ins and urgent hazards during every operating period; management reviews open actions and WHS trends monthly and audits a risk-based sample quarterly. Test communication and continuity arrangements at least annually and after changes. Review this policy annually and following serious incidents, legal changes or service expansion. Check actual effectiveness and communicate results to workers.

15 Records and related policies

Maintain risk assessments, consultation, lone-work plans/logs, competency, equipment checks, hazards, injuries, notifications, corrective actions and verified return-to-work decisions securely. Keep personal health information restricted. Apply Policy 8 retention and legal holds and any specific WHS record requirements. Provide only relevant information to the registered provider and other duty holders on a lawful basis.

Related documents: Policies 1 to 16; emergency continuity; fatigue and driving; equipment/chemical management; worker health and recovery; consultation and issue resolution; insurance and incident procedures.

16 Contacts and references

Emergency: 000. SafeWork SA Help Centre: 1300 365 255. For incident notification use the current SafeWork SA notification page and instructions; urgent fatality or life-threatening events: 1800 777 209. Notification of a notifiable incident is immediate; follow any regulator requirements for the subsequent form or confirmation. Verify contact details and pathway when used.

- Work Health and Safety Act 2012 (SA) and Work Health and Safety Regulations 2012 (SA), including applicable psychosocial and remote/isolated-work requirements; current South Australian codes of practice.
- SafeWork SA — Remote and isolated work. https://safework.sa.gov.au/workplaces/psychosocial-hazards/remote-and-isolated-work
- SafeWork SA — Consultation and worker representation. https://safework.sa.gov.au/workers/consultation-and-representation
- SafeWork SA — Stopping unsafe work. https://www.safework.sa.gov.au/workers/hsr-hub/stopping-unsafe-work
- SafeWork SA — Workplace incident notifications and current reporting pathway. https://safework.sa.gov.au/notify/workplace-incident-notifications
- Safe Work Australia — Remote or isolated work, national practice guidance. https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/mental-health/psychosocial-hazards/remote-or-isolated-work
- Aged Care Act 2024 and Rules 2025; relevant professional, privacy and employment requirements; The Fig Trees agreement and current approved variations.

Official guidance checked 24 October 2026. Apply South Australian requirements; do not assume proposed national reforms or another jurisdiction's rules are already in force in SA.

Director approval: _____ Effective date: _____
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