

1. Introduction

Every person, no matter where they work, cultural background or whatever the work arrangement, has the **right to physical and psychological health and safety** at work.¹ Remote and isolated health workers serve some of the most disadvantaged people in Australia with many of the country's worst health outcomes. With increasing evidence showing connection between worker health, safety and wellbeing and improving patient outcomes it's critically important we reflect on how we can further improve remote and isolated healthcare staff experience in the delivery of care fundamentally their safety and security.

1996-2009 Research
Self reported violence
increasing.
(Opie, T 2018)

2. Problem

Despite various taskforce recommendations, policy directions and interventions to address workplace violence and aggression, **incident of workplace violence** in the remote and isolated healthcare sector **remains a significant occupational concern**.²

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Acknowledgement: Dr. Tess Opie,

Workplace – The Health Centre And Beyond

**Are you safe and secure
at work –
any time any where?**

3. Interventions

Over the last 2 years CRANaplus has committed to improving this situation with three key projects:

- ✓ National Safety & Security Project 2016-17
- ✓ Working Safety in Community Night Patrol 2017 – 18
- ✓ Remote and Isolated Workforce Safety Training 2018



Stay Safe and Security (SSS) Course Participants in Umuwa SA 2018

Significant uptake
of knowledge
generated from
the CRANaplus
safety and security
projects.
(Opie, T 2018)

4. Transition into practice

Data shows adoption of guidelines, downloads of resources and enrolments in training programs. A further mixed method evaluation of the Stay Safe and Security (SSS) course conducted by Dr. Tess Opie 2019, has indicated overwhelming support and favourable attitudes towards the SSS course (including its perceived cultural safety).

Reported changes to workplace safety practices, as well as the introduction and development of new workplace safety guidelines and policies were purportedly the result of exposure to, and participation in the SSS training.

5. Future considerations

How can we best **embrace diversity** within the health centre and beyond considering that there appears to be no empirical data to date addressing workplace violence for less traditional roles in remote and isolated health, such as indigenous health workers, aged care personal care assistants, administrative staff, ancillary staff such as transport officers and support staff.

References:

- 1 Safety Work Australia 2019, *Work-related psychological health and safety*, National Guidance Material web link: https://www.safeworkaustralia.gov.au/system/files/documents/1901/work-related_psychological_health_and_safety_guide.pdf
1 Opie, T., 2018, *The Remote Workforce Safety Training Project: Evaluation Report CRANaplus*