

## Staff Travel Safety Considerations PHC CAHS Remote Guideline

Target Audience	All Employees
Jurisdiction	Primary Health Care Remote CAHS
Jurisdiction Exclusions	N/A
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Approval Authority	Chair Primary Health Care Executive CAHS
Author	PHC Quality and Safety Team

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

### Purpose

To provide Primary Health Care (PHC) staff in Central Australia with standardised procedures for road travel to optimise safety and minimise risk.

This document **must** be read in conjunction with PHC CAHS / TEHS [Staff Travel Safety Considerations](#).

### Guideline

A system for monitoring travel movements and safety is vital when travelling in remote locations and staff must comply with notification to relevant personnel regarding travel itineraries.

Staff	Position to contact	Phone Number	Hours
All PHC staff	Remote Telehealth Coordinator <sup>1</sup>	08 8951 7840	8am to 4.00pm
All PHC staff	Manager On-Call	0401 110 165	After hours
<i>Note: All PHC staff may contact the Manager On-Call when the Remote Telehealth Coordinator cannot be contacted</i>			

### Remote Based Staff Travelling to Regional Centres and Other Communities

- **Complete** the [Vehicles Check PHC Remote CAHS Form](#) prior to commencing extended travel
- **Notify** the Remote Telehealth Coordinator / Manager On-Call prior to travel, with the itinerary details as described in [Staff Travel Safety Considerations](#)
- **Inform** Remote Telehealth Coordinator / Manager On-Call of arrival at destination
- **Contact** Remote Telehealth Coordinator / Manager On-Call, whenever possible, if there has been a significant delay in travel. The new Expected Time of Arrival (ETA) details will be noted on the tracking mechanism.

<sup>1</sup> This position was formerly known as the Aeromedical Services (AMS) Coordinator.

## PHC Staff in Regional Centres Travelling to and from Remote Areas

- **Check** the vehicle prior to travel according to the [Vehicle Checklist](#)
- **Notify** relevant personnel per above contact table (ie Remote Telehealth Coordinator / Manager On-Call) of travel itinerary prior to commencing travel, including:
  - travel route and destination
  - expected time of arrival to location
  - satellite phone number and personal mobile phone number
  - vehicle registration number
- **Contact** the Remote Telehealth Coordinator / Manager On-Call, whenever possible, if there has been a significant delay in travel. The new ETA details will be noted on the tracking mechanism.
- **Confirm** arrival at destination with relevant personnel per above contact table
- **Complete** the [Vehicle Checklist](#) and return to the CA PHC Fleet Officer

*Note: PHC staff should respond to any reports of Men's Business in regard to safe travel to remote communities according to the [CA PHC Men's Business Procedure Flowchart](#).*

## Remote Telehealth Coordinator

- Monitor staff movements for relevant CA PHC staff
- Notify the relevant manager when the expected time of arrival at the destination is not met within a one (1) hour timeframe
- Transfer all outstanding travel movements at COB to the [Manager On-Call](#) for further monitoring. It is recommended that whenever possible, the Manager On-Call attend the Remote Telehealth Coordinator office to obtain this information.

## Manager / Manager On-Call

- Follow-up staff when the expected time of arrival at destination is not met within the one (1) hour timeframe:
  - follow-up must continue until the staff member is located
  - when the staff member is not located, escalate to relevant personnel / authorities, eg General Manager, Police, etc
- Manager On-Call:
  - attend the Remote Telehealth Coordinator office to obtain all outstanding travel movements for further monitoring at the end of the business day (4pm) whenever possible
  - transfer all outstanding travel movements to Remote Telehealth Coordinator at the beginning of the business day for further monitoring

## Failure to Notify Arrival at Destination on Time

It is the responsibility of the driver to notify the Remote Telehealth Coordinator / Manager On-Call on arrival at their destination.

If the staff member does not contact the relevant personnel by the ETA, the Remote Telehealth Coordinator / Manager On-Call will attempt to make contact with the staff member via the satellite phone or work / personal mobile if provided.

If the Remote Telehealth Coordinator / Manager On-Call is unable to contact the staff member, they will contact the final destination according to travel arrangements (eg health centre, council, roadhouse, home) to check if staff member has arrived.

If staff member and vehicle are unable to be located, the concern will be escalated to relevant authorities such as the PHC Executive Manager On-Call, General Manager and Police.

## Compliance

Adverse events will be recorded on RiskMan and followed up	Relevant Manager Clinical Nurse Manager Quality and Safety PHC CAHS
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### Document Quality Assurance

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre Distribution will be by e-mail notification	Health Policy Guidelines Program Director of Nursing and Midwifery PHC CAHS
<b>Review</b>	Document is to be reviewed three yearly, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

### Key Associated Documents

<b>Forms</b>	<a href="#">Vehicle Checklist PHC Remote CAHS Form</a> (for Regional staff) <a href="#">Vehicles Check PHC Remote CAHS Form</a> (Health centre quality return)
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<a href="#">Staff Travel Safety Considerations PHC Remote Guideline</a> <a href="#">Management On-Call PHC Remote CAHS Guideline</a> <a href="#">Men's Business PHC Remote CAHS Guideline</a> <a href="#">Central Australia Men's Business Procedure PHC Remote Flowchart</a>
<b>References</b>	As above

### Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A