WORKING FROM HOME AGREEMENT

PRINCIPLES

1. Working from home should be a voluntary and consensual arrangement
2. Working from home must be agreed to between an employee and their Manager and approved by an Executive Director.
3. The terms and conditions of employment between Albury Wodonga Health and the employee that apply at the designated workplace also apply at the home-based work site.

DEFINITIONS

**“Home Oﬃce”** is a designated space for an Employee to work whilst at home.

**“Home-Based Work”** is any work for legitimate business purposes conducted from your Home Office.

**“Working from home”** is working from your place of residence.

**“Employee”** refers to any employee of AWH.

1. Implementation procedures
2. Prior to an employee being granted approval to commence Working from Home, AWH and the employee will designate the Home Office and note this in the schedule to this Agreement.
3. The employee agrees to cooperate with AWH in all measures to ensure that the Home Office conforms to acceptable Workplace Health and Safety standards. The employee will complete a *Working at home Self-Assessment Checklist (Attachment B)*.
4. AWH is responsible for the health, safety and welfare of the employee at work and whilst working at the Home Office. AWH in conjunction with the employee will monitor that the site and equipment to be used is in accordance with the provisions of the *Occupational Health & Safety Act 2004 (Vic)* or *Work Health & Safety Act 2011 (NSW)* and AWH Work Health & Safety requirements. The employee is responsible for all costs associated with compliance, unless directed to work from home. If directed to work from home AWH is responsible for all costsassociated with compliance.
5. All Workplace Health & Safety policies which apply at the employee’s usual place of work shall, as far as practicable, apply in carrying out work at the Home Office.
6. The employee will complete the *Working at Home Self-Assessment Checklist* and must refresh their knowledge regarding prevention of overuse injuries either before or as soon as possible after the approval to work from home.
7. The employee is required to describe the nature of the Home-Based Work to be performed in order that any risk to health and safety can be assessed by their line manager and People & Workforce (using the *Working at Home Self-Assessment Checklist in Attachment B*).
8. The employee agrees to notify their line manager and People & Workforce of any work related accident, injury, illness or disease arising out of home-based work and complete an incident notification in Riskman or unable to access the intranet online, will complete *AWH Incident Reporting Form (Attachment E)*.
9. The employee must confirm that they have a first aid kit at their Home Office. The employee agrees to ensure that the kit is kept at the Home Office and that it is replenished as required. This is the responsibility of the employee.
10. The employee agrees that AWH is not responsible for any liability on the part of a third party who is not an employee of AWH at the Home Office.
11. The employee acknowledges that they will comply with security, privacy and confidentiality obligations.
12. Equipment
13. AWH and the employee will compile a list of equipment to be used by the employee in the course of carrying out work at the home-based work site. This list will specify who owns the equipment and/or software and is documented in the *Equipment List (Attachment C)*.
14. Equipment belonging to AWH and for use by the employee at the Home Office will be used solely for the purposes of AWH’s work by the employee only. All equipment owned or leased by AWH will remain the property of AWH or lessor, and the employee agrees that AWH may have access to the Home Office during hours of work or after provision of 24 hours notice for the removal of the equipment. In removing the equipment AWH will take all reasonable care to minimise damage to the Home Office and/or property. If damage to the site is caused by AWH’s actions, the employer is responsible for repairs, replacement or compensation.
15. AWH ICT will not support employee provided equipment or internet connection and will not be physically attending the Home Office to provide installation or support.
16. AWH or contracted lessor will maintain the equipment and/or software owned or leased by AWH.
17. The employee agrees to notify AWH if any problems or difficulties arise with the operation of AWH equipment and allow access as required to replace, service or repair the equipment.
18. If it is agreed that the employee’s equipment is to be used at the Home Office for AWH’s work, the percentage of costs of maintenance, repair and insurance of the equipment will be agreed between the AWH work unit and the employee. The manner in which consumables will be supplied will also be agreed. These agreements will be documented and attached to this Agreement.
19. As a remote user, the employee accepts that using remote access privileges is a shared responsibility with AWH to protect AWH property, equipment and information against theft, unauthorised access and destruction. Refer to *Remote Access Instructions (Attachment D)*.
20. Security of assets and information

Security of information shall be as applied for AWH’s office-based employment. It is agreed the employee shall take all reasonable precautions necessary to secure AWH’s equipment and information from inappropriate access, modification and/or destruction.

1. Conditions of employment and variations in the conditions of employment
2. The terms and conditions of the employment between AWH and the employee that apply at the employee’s usual place of employment also apply at the Home Office. In particular the following will not be altered by this Agreement:
	1. Adherence to the AWH Code of Conduct;
	2. any applicable legislation, awards or agreements; and
	3. level of position and related remuneration.
3. AWH and the employee engaged in work at the Home Office may agree to vary any of the terms and conditions of the Working From Home Agreement with the exception of 4a) above. Any variation must be agreed to by both AWH and the employee and must be in writing and attached to this Agreement.
4. Hours of work/overtime
5. The employee agrees to maintain an accurate and up-to-date record of hours worked at the Home Office. The hours to be worked will be within the normal span of hours of the employee’s hours of work and shall be agreed to and attached to this Agreement.
6. The Home Office may be used for overtime provided the work is agreed to by AWH and the employee prior to the overtime being carried out. No meal allowance is applicable for overtime performed at the Home Office.
7. Communication
8. The employee agrees to be contactable and available for communication with AWH during the periods in which Home-Based Work is carried out.
9. The manager will communicate with the employee on an agreed schedule with an agreed agenda to discuss progress on work, but also to reduce feelings of isolation and check on the wellbeing of the employee. This is documented in the *Working From Home Schedule (Attachment A)*.
10. Performance

AWH and the employee agree to establish and implement an agreed procedure, appropriate to the work, by which the performance of the employee at the Home Office can be monitored. A copy of this must be attached to this Agreement.

1. Termination of the WORKING FROM HOME AGREEMENT
2. The agreement may be terminated by either party prior to the stated end date, provided that the party wishing to terminate gives reasonable notice.
3. It is agreed that reasonable notice shall be four weeks if the previously agreed period for home based work was for six months; or two weeks if the previously agreed period for home based work was less than six months.
4. TRANSITION BACK TO THE WORKPLACE

Prior to the employee returning back to the workplace (whether by reaching the end date or with early termination), the manager and employee will plan for the return of the employee to the AWH office. The manager is responsible for any associated communications with the team the employee works with.

ATTACHMENT A Working from Home Schedule

|  |
| --- |
| **Employee Details:** |
| Employee Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Home Office Address: | Click or tap here to enter text. |
| Home Office Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Days at Home Office per week: | Click or tap here to enter text. |
| Days at AWH work site per week: | Click or tap here to enter text. |
| Commencement Date: | Click or tap to enter a date. |
| End Date: | Click or tap to enter a date. |
| Hours of work per week at Home Office: | Click or tap here to enter text. |
| Communication frequency: | Click or tap here to enter text. |
| Communication agenda: | Click or tap here to enter text. |
| Details of work to be performed at Home Office:(outline specific outcomes/projects to be completed). Must be agreed to by employee and Manager.Click or tap here to enter text. |
| Working From Home Self-Assessment Checklist attached (Attachment B): | Yes **[ ]** No **[ ]**  |
| Asset/equipment list attached (Attachment C): | Yes**[ ]** No**[ ]**  |
| Manager / Employee Check in plan* Details of how often the Manager will check in with employee working from home, including planning for attending team meetings, project meetings, etc.
* Manager to schedule regular wellbeing check in’s with employees.
* Plan for People & Workforce employee wellbeing team to also check in with employee.
 | Click or tap here to enter text. |

|  |
| --- |
| **Declaration:** |
| I have read and understood the conditions set out in this Working from Home Agreement. I indicate my acceptance of the terms of this agreement by signing below.Signature is by: Choose an item |
| Employee: | Signature:  | Date: Click or tap to enter a date. |
| Line Manager | Signature:  | Date:Click or tap to enter a date. |
| Executive Director: | Signature:  | Date: Click or tap to enter a date. |

Please return this signed form (Attachment A), the signed “Working at Home Self-Assessment“ (Attachment B) and the signed “Equipment List” (Attachment C) to the Executive Director People & Workforce for approval.

|  |
| --- |
| **Approved**: |
| Executive Director People & Workforce | Signature:  | Date:Click or tap to enter a date. |

ATTACHMENT B Working at Home Self-Assessment Checklist

This checklist should be completed by the employee applying to work from home and should be reviewed by the line manager prior to the staff member commencing a working at home arrangement to determine if the Home Office is appropriate and/or if any equipment or furniture is required. It is recommended that the staff member should refresh their knowledge regarding the [Manual Handling Policy](http://awh-ac-shpt02/DocumentCentre/Quality%20Pdf%20Documents/Manual%20Handling%20Policy.pdf) and the prevention of Occupational Overuse Injury. <https://www.safeworkaustralia.gov.au/system/files/documents/1702/guidancenote_preventionofoccupationaloverusesyndromeinkeyboardemployment_nohsc3005-1996_pdf.pdf>

|  |  |
| --- | --- |
| Date completed: | Click or tap to enter a date. |
| **Employee Details:** |  |
| Employee Name: | Click or tap here to enter text. |
| Home Office Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| **Line Manager Details:** |  |
| Line Manager Name: | Click or tap here to enter text. |
| Home Officer: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

| **Checklist:** |
| --- |
| **CHAIR** |
| The chair is easily adjusted from a seated position (Seat back height & angle, seat height) | [ ]  Yes [ ]  No [ ]  N/A |
| The seat back is adjusted so the lumbar support of the chair supports the lower back | [ ]  Yes [ ]  No [ ]  N/A |
| The forearms and wrists are parallel to the floor or angled down slightly when chair height adjusted | [ ]  Yes [ ]  No [ ]  N/A |
| When chair height is adjusted appropriately, the feet are positioned on the ground | [ ]  Yes [ ]  No [ ]  N/A |
| If feet are not positioned on the ground, a foot rest is provided | [ ]  Yes [ ]  No [ ]  N/A |
| Seat back angle is adjusted so user is in an upright position when using keyboard | [ ]  Yes [ ]  No [ ]  N/A |
| **WORKSTATION DESK** |
| Desk is large enough for the completion of mixed tasks (computer and reading / writing) *(Australian Standard 4442:1997 advises this should be at least 1600mm x 800mm)* | [ ]  Yes [ ]  No [ ]  N/A |
| Desk is between 680mm and 735 mm high | [ ]  Yes [ ]  No [ ]  N/A |
| If desk is height adjustable - is this easily adjusted? Adjusted so forearms are parallel to floor or angled down slightly? | [ ]  Yes [ ]  No [ ]  N/A |
| Desk is designed so frequent trunk twisting / rotation is not required | [ ]  Yes [ ]  No [ ]  N/A |
| User is able to sit close to workstation without any impediment(Check that the desktop is thin, chair arms are not in the way, clear leg room) | [ ]  Yes [ ]  No [ ]  N/A |
| If documents are regularly referred to, they can be positioned & supported (ie. use of document holder, or desk slope) to avoid unnecessary neck movement (looking sideways / downwards). | [ ]  Yes [ ]  No [ ]  N/A |
| **MONITOR** |
| Is positioned at approximately an arms distance when in an upright seated position | [ ]  Yes [ ]  No [ ]  N/A |
| Is positioned at an appropriate height (*neck remains in a neutral position* - *not required to look upwards or downwards to view monitor*) | [ ]  Yes [ ]  No [ ]  N/A |
| If using a laptop, this is either raised, or this is positioned on a docking station | [ ]  Yes [ ]  No [ ]  N/A |
| Monitor is positioned away from direct light sources and is free from glare / reflection | [ ]  Yes [ ]  No [ ]  N/A |
| **KEYBOARD AND MOUSE** |
| Elbows remain close to side of body when keyboard and mouse are utilised | [ ]  Yes [ ]  No [ ]  N/A |
| Mouse is at the same level as the keyboard | [ ]  Yes [ ]  No [ ]  N/A |
| Separate keyboard and mouse is used if utilising laptop computer for extended periods | [ ]  Yes [ ]  No [ ]  N/A |
| **WORK ENVIRONMENT** |
| Floor space is free of trip hazards (cables etc) | [ ]  Yes [ ]  No [ ]  N/A |
| Lighting is adequate (able to read / refer to documentation without eye strain) | [ ]  Yes [ ]  No [ ]  N/A |
| Noise levels are not distracting from task concentration | [ ]  Yes [ ]  No [ ]  N/A |
| Room temperature is comfortable | [ ]  Yes [ ]  No [ ]  N/A |
| Ventilation (natural or artificial) is adequate | [ ]  Yes [ ]  No [ ]  N/A |
| Work area is segregated from other hazards in the home eg hot cooking surfaces in the kitchen | [ ]  Yes [ ]  No [ ]  N/A |
| First Aid Kit available on the premises | [ ]  Yes [ ]  No [ ]  N/A |
| Smoke detector is installed in/near the work area and is properly maintained | [ ]  Yes [ ]  No [ ]  N/A |
| Work area is secured and can be locked to prevent unauthorised access | [ ]  Yes [ ]  No [ ]  N/A |
| Power outlets are not overloaded with double adapters and power boards | [ ]  Yes [ ]  No [ ]  N/A |
| Electrical equipment is free from any obvious external damage and in safe working order | [ ]  Yes [ ]  No [ ]  N/A |
| Suitable internet connection is available to allow use of remote access | [ ]  Yes [ ]  No [ ]  N/A |

|  |
| --- |
| **Actions or Equipment Required:** |
| List any actions or equipment (eg. document holder, monitor stand) or modifications (eg. workstation adjustments) required:Click or tap here to enter text. |

The home office area has been inspected and any risks to safety discussed with manager and the area has been deemed suitable for work.

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name & Position: Click or tap here to enter text.

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click or tap to enter a date.

Name & Position: Click or tap here to enter text.

***Please forward completed form to the*** ***Executive Director People Workforce & Support Services***

|  |
| --- |
| **Risk Management Review (People & Workforce)**: |
| Date Received: | Click or tap to enter a date. |
| Comments:Click or tap here to enter text. |
| Executive Director People Workforce & Support Services | Signature: | Date: Click or tap to enter a date. |

ATTACHMENT C: EQUIPMENT LIST

**AWH PROVIDED EQUIPMENT**

The list of equipment provided by AWH to the employee’s Home Office is as follows:

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Model** | **Asset Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**EMPLOYEE PROVIDED EQUIPMENT**

The list of equipment provided by the employee for use in the employee’s Home Office is as follows:

|  |  |
| --- | --- |
| **Equipment** | **Model** |
| Internet | NBN/ADSL Wired/WiFi |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name & Position: Click or tap here to enter text.

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name & Position: Click or tap here to enter text.

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name & Position: Click or tap here to enter text.

ATTACHMENT D: REMOTE ACCESS INSTRUCTIONS

Remote access requires an internet connection. Your experience may differ depending on the speed of your internet connection and the number of people using remote access at the same time.

The following systems **do not** require Remote Access:

* Emails - Visit [https://webmail.awh.org.au](https://webmail.awh.org.au/) using any browser (Internet Explorer, Bing, Google Chrome, Safari, Firefox etc).
* RosterOn - Visit <https://awh.allocate-cloud.com.au/AWHProd/> using Internet Explorer.
* Skype for Business - Launch Skype for Business on your AWH computer and login.

**CONNECTING AT HOME USING AN AWH LAPTOP**

1. Login to your laptop using your AWH username (eg firstname.surname) and your normal network (computer) password.
2. Make sure that you are connected to the internet.
3. Double-Click the AWH Citrix Icon on your desktop or go to [https://connecto.awh.org.au](https://connecto.awh.org.au/vpn/index.html) and you will see the Citrix logon screen.
4. Enter your AWH username and password as shown above, then click on ***'Log On'***
5. Click the ***'Skip to Logon'*** link underneath the green INSTALL button
6. Navigate to the '***Desktops***' tab at the top of the web page
7. Click on the ***AWH Desktop*** icon. Press 'Allow' or 'Run' to any security warnings.

Some browsers may require you to click on the downloaded file to launch Citrix. You can download if requested.

1. Your Citrix connection will now load. There will be a black screen with a downward arrow on the top centre of the screen and it can take up to 4-5 minutes. Please be patient until you see Daphne displayed.

**CONNECTING AT HOME USING A PERSONAL COMPUTER**

1. Download and Install Citrix Workspace from:

Windows Computer: <https://www.citrix.com/en-au/downloads/workspace-app/windows/workspace-app-for-windows-latest.html>

Apple Mac Computer: <https://www.citrix.com/en-au/downloads/workspace-app/mac/workspace-app-for-mac-latest.html>

Note: You only need to do this **once**. If you've already done this, proceed straight to step 2.

1. Make sure that you are connected to the internet
2. Go to [https://connecto.awh.org.au](https://connecto.awh.org.au/) using your favourite web browser (Chrome, Edge, Safari, etc)
3. Enter your AWH username and password, then click on 'Log On' (refer to the picture above)
4. Click the 'Skip to Logon' link underneath the green INSTALL button
5. Navigate to the 'Desktops' tab at the top of the web page
6. Click on the AWH Desktop icon and press 'Allow' or 'Run' to any security warnings.

Some browsers may require you to click on the downloaded file to launch Citrix. You can download it if requested.

1. Your Citrix connection will now load. There will be a black screen and it can take up to 4-5 minutes. Please be patient until you see Daphne displayed.

**ONCE YOU HAVE CONNECTED**

Once you have connected to Citrix, there are a few things that are different from working in the office.

When you are connected to work remotely via Citrix, it’s as though you’re sitting in the office on a different computer. Your printers and network folders will not be available on your work computer unless you are using Citrix File Explorer and you can only print to a work printer.

Speed

Working from Citrix is slower than working in the office. The performance is dependent on your internet connection as well as the Citrix system working over the top of the AWH network that normally wouldn’t be there.

You may experience dropouts on occasion. Please re-connect. If the problem persists, please contact the Service Desk (details are below).

Printing

Your work printers will be visible through Citrix but not home printers. Printing to a home printer is not available from within Citrix.

1. On a work computer:

An option if you have to print is to PDF (when printing, select File then Print. Click on the down arrow under ‘Printer’ and select Microsoft Print to PDF.

When you click on the Print button, you will be asked for a filename and location. Keep in mind the file locations will be work locations because you are still in the Citrix environment.

Once saved, you can drag the file to File Explorer to a file location so you can print to a home printer.

1. On a personal computer:

You will need to drag the file from File Explorer in Citrix and drop it on your personal computer’s folder so your home printer can access it. You are then free to print.

Folders

When you’re connected to Citrix, if you go to your normal File Explorer on your work computer you will see the folders you normally access but they will have a ‘x’ against them indicating that they are not available. This is because the computer’s File Explorer is not in the Citrix environment.

To access your files on the AWH network (eg j drive, s drive, t drive etc) you will need to go to Daphne. Click on Tools and Links on the far right top hand side. Then click on File Explorer. This will open up the network folders as though you are at AWH.

USB

You will be unable to use your USB to copy files onto an AWH network folder on Citrix. Instead, you will need to email the file to your work email address and then open Outlook within Citrix to be able to access the file.

Skype for Business, Microsoft Teams or BlueJeans

If you are wanting to use either of these systems for communication, you can log on to them on your computer rather than within Citrix.

You can download the application if not already done and use them with Internet access and logging in to your account.

**TO DISCONNECT**

Once you have finished work, you will need to press the down arrow on the top centre of the screen. Click on the “Disconnect” button. You are now disconnected from the AWH network.

## Having trouble?

IT Support is available by calling 02 6051 7453 or emailing service.desk@hrha.org.au

**Important:** AWH IT do **not** support personal devices or home internet, but may assist with basic troubleshooting of your remote connection.



**ATTACHMENT E: Incident Report Form**

*For use when computer / internet access is not available.*

***Details and incident follow up must be entered into VHIMS as soon as practicable.***

|  |
| --- |
| **Type of Notification:** *(Tick only one box)* |
| [ ]  Clinical Incident [ ]  OH&S Incident [ ]  Non-Clinical / Non OH&S Incident / Issue |
| **Who is Reporting?**  |
| First Name: Click or tap here to enter text. | Last Name: Click or tap here to enter text. |
| **Who was affected?** *(Tick only one box)* |
| [ ]  Patient [ ]  Staff Member / Contractor [ ]  Relative [ ]  Client [ ]  Visitor[ ]  Resident [ ]  Volunteer [ ]  Member of the public [ ]  Non-person (for non-clinical/non-OH&S) |
| First Name: Click or tap here to enter text. | Last Name: Click or tap here to enter text. |
| *For incidents involving patients / clients / residents only:* *Patient UR Number:* Click or tap here to enter text. *Gender:* [ ] Male [ ]  Female [ ]  Other*Date of Birth:* Click or tap to enter a date. *Postcode:* Click or tap here to enter text. |

|  |
| --- |
| **What happened?** *(Please give the facts of the event – who, what, when, where)* |
| Describe the incident:  |
| Click or tap here to enter text.  |
| Describe the actions taken immediately after the incident  |
| Click or tap here to enter text. |
|  **When did it occur?**  |
| Date: Click or tap to enter a date. | Time: Click or tap here to enter text. |
|  **Where did it happen?**  |
| Site: Click or tap here to enter text. | Location: Click or tap here to enter text. |
|  **Witnesses / Other Involved:**  |
| *Witness / First Attendee to Scene:* First Name: Click or tap here to enter text. |   | Last Name: Click or tap here to enter text. |
| *Others Involved:* First Name: Click or tap here to enter text. |   | Last Name: Click or tap here to enter text. |
| First Name: Click or tap here to enter text.  |   | Last Name: Click or tap here to enter text.  |
| **Did this involve?**  |
| [ ]  Blood or Blood Products [ ]  Patient fall [ ]  Equipment / Device / Consumable [ ]  Pressure injury [ ]  Food / Nutrition / Diet [ ]  Behaviours of concern [ ]  Medicine [ ]  Other Click or tap here to enter text. |
| **Who did you report the incident to?**  |
| [ ]  Current Manager: Name: Click or tap here to enter text.  |
| [ ]  Other: Name: Click or tap here to enter text.  |
| Date Reported: Click or tap to enter a date. |
| Time Reported: Click or tap here to enter text.  |
| The Actual Severity Rating is **only** applicable if the “Who Was Affected” role is a **person**. It will not be a requirement if the Role = Non - Person. **Actual Incident Severity Rating:** The actual severity rating is derived from answering the 3 questions (please tick as appropriate): [ ] **Degree of Impact** [ ] **Level of Care** [ ] **Treatment Required**  |
| **1. Degree of Impact:**  |
| [ ]  No Harm – Did not reach the subject [ ]  No Harm – Did reach the subject [ ]  No Harm – Significantly Inconvenienced [ ]  Harm – But No Loss / Reduction in Functioning [ ]  Harm – Temporary Reduction in Functioning [ ]  Harm – Temporary Loss in Functioning [ ]  Harm – Permanent Reduction in Functioning [ ]  Harm – Permanent Loss in Functioning [ ]  Harm – Death  |

**NOTE:** Answer either 2a or 2b depending on “Who Was Affected”.

|  |
| --- |
| **2a. Level of Care:** *(For Patients / Clients / Residents)*  |
| [ ]  No significant change [ ]  Current Setting – Increased Observation, Monitoring and / or Length of Stay [ ]  Internal Transfer (Higher Level of Care) and / or Specialled [ ]  External Transfer – Non Inpatient [ ]  External Transfer – Inpatient Admission  |
| **2b. Level of Care:** *(For all other affected persons (not including Patients / Clients / Residents)*  |
| [ ]  Inpatient Admission [ ]  Medical Treatment – Non Inpatient [ ]  Medical Assessment – Non Inpatient [ ]  Immediate On-Site Care – Non Inpatient [ ]  No care required  |
| **3. Treatment Required:**  |
| [ ]  No treatment [ ]  Following a clinical review, intervention was deemed not required. Minor treatment including first aid [ ]  The subject required a simple / minor intervention as a result of the incident. For example; blood tests, x-ray, dressings, medications, eg: Panadol, peripheral IVT, urinary catheter insertion, nasogastric tube, etc. Advanced treatment [ ]  The subject required significant medical, diagnostic or surgical intervention as a result of the incident. For example: MRI, CT, medications such as Adrenaline, insertion CVC or PICC. |

**FALLS INJURY**

|  |
| --- |
| **Person had a history of falls?**  |
| [ ]  Yes [ ]  No [ ]  Not known |
| **Is Falls Risk Assessment Current?**  |
| [ ]  Yes [ ]  No - assessment performed but not current [ ]  No - assessment not performed  |
| **Length of time in area:**  |
| [ ]  Up to 1 day [ ]  2 – 4 days [ ]  5 – 7 days [ ]  8 – 14 days [ ]  Over 14 days  |
| **All appropriate minimisation strategies in place:**  |
| [ ]  Yes [ ]  No [ ]  Not known  |
| **Mechanism of fall:**  |
| [ ]  Fall from bed / cot  | [ ]  Fall whilst ambulating to toilet  |
| [ ]  Fall from chair  | [ ]  Fall whilst in bathroom  |
| [ ]  Fall climbing in / out of bed  | [ ]  Fall whilst in shower / showering  |
| [ ]  Fall from commode / toilet  | [ ]  Fall whilst standing / walking  |
| [ ]  Fall from machinery / equipment (eg: hoist)  | [ ]  Fall whilst transferring  |
| [ ]  Fall from pram stroller  | [ ]  Unknown  |
| [ ]  Fall from trolley  | [ ]  Other  |
| **Fall location:**  |
| [ ]  Bedside [ ]  Outside [ ]  Chair [ ]  Off campus [ ]  Toilet / Bathroom [ ]  Corridor [ ]  Other Click or tap here to enter text. |

|  |
| --- |
| **Injuries:**  |
| Click or tap here to enter text.  |
| Click or tap here to enter text.  |
| Click or tap here to enter text.  |
| Click or tap here to enter text.  |
| Click or tap here to enter text.  |
| Click or tap here to enter text.  |
| **Screened for falls:**  |
| [ ]  Yes [ ]  No [ ]  Not applicable  |
| **Reassessed since fall:**  |
| [ ]  Yes [ ]  No [ ]  Not applicable  |
| **Risk factors implicated in fall:**  |
| [ ]  Frequency of falls  | [ ]  Cognitive impairment  |
| [ ]  Incontinence or frequency  | [ ]  Nutritional impairment  |
| [ ]  Postural hypotension  | [ ]  Medications associated with falling  |
| [ ]  Poor foot / shoe condition  | [ ]  Leg weakness and deconditioning  |
| [ ]  Fear of falling  | [ ]  Poor balance and unsteadiness walking  |
| [ ]  Sensory impairment  | [ ]  Other  |
| **Falls Huddle Conducted:**  |
| [ ]  Yes [ ]  No [ ]  Not applicable  |
| **Environmental risk factors implicated in fall:**  |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**PRESSURE INJURY**

|  |
| --- |
| **Is Pressure Injury Risk Assessment Current?**  |
| [ ]  Yes [ ]  No - assessment performed but not current [ ]  No - assessment not performed [ ]  Not known  |
| **Waterlow Score:**  |
| [ ]  10 - 14 = AT RISK [ ]  15 -19 = HIGH RISK [ ]  20+ = VERY HIGH RISK |
| **Location on body:**  |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Stage of Pressure Injury:**  |
| [ ]  Stage 1 [ ]  Stage 2 [ ]  Stage 3 [ ]  Stage 4 [ ]  Unstageable Injury [ ]  Suspected deep tissue injury |
| **Care setting where injury developed:**  |
| [ ]  Subject’s home / residence [ ]  Another health service [ ]  Another ward [ ]  Current setting [ ]  Other [ ]  Not stated / inadequately described  |
| **How Pressure Injury Developed:**   |
| [ ]  Acquired in care [ ]  Present on arrival to unit / ward [ ]  Worsened in care [ ]  Not stated / inadequately described |

|  |
| --- |
| **STAFF INCIDENT**  |

|  |
| --- |
| **Incident Related to the Task:**  |
| [ ]  Yes [ ]  No  |
| **Protective Clothing / Equipment Worn?**  |
| [ ]  Yes [ ]  No [ ]  Not Applicable  |
| **Type of Employment:**  |
| [ ]  Full-time [ ]  Part-time [ ]  Casual  |
| **Has staff injury been sustained?**  |
| [ ]  Yes [ ]  No |
| **Nature of Injury / Disease:**  |
| Click or tap here to enter text. |
| **Bodily Location of Injury / Disease:**  |
| Click or tap here to enter text. |