

“IT’S ABOUT INTRODUCING OR INITIATING BETTER SYSTEMS TO MITIGATE THE RISKS ASSOCIATED WITH ISOLATED PRACTICE”



WORKPLACE SAFETY HIGHLIGHTED IN RURAL AND REMOTE

The findings of a Coronial Inquest into the tragic death of a remote area nurse following a head-on collision in Western Australia in 2012 have renewed calls for greater support and protection for health professionals working alone.

Remote area nurse (RAN) Gonda Smith, better known as Connie, was killed in the crash while driving along Marble Bar Road, about 20 kilometres north of Nullagine, as a result of multiple injuries.

Ms Smith, the resident nurse at the small town’s clinic, had been in the process of transporting a farmworker who had suffered burns to the Nullagine airstrip so the Royal Flying Doctor Service could fly the patient to hospital.

During the trip, Ms Smith’s car collided head on with a Toyota Land Cruiser Ute travelling along the same road heading towards Marble Bar.

The investigation into Ms Smith’s death concluded it was a “tragic accident” most likely caused by driver error.

The coroner commended the remote area

nurse’s “willingness to go above and beyond to help others” but dismissed fatigue as a contributing factor despite acknowledging evidence of late night callouts on two previous nights making the deceased weary.

CRANApplus, who has lobbied for many years to highlight the inherent safety risks faced by single clinicians working in remote areas in a bid to improve systems, labelled the findings disappointing.

“We just felt it was a missed opportunity for the Coronial Inquiry to not make some recommendation that health services really do seriously look at how some of the risks can be alleviated for those who are working long hours on call,” said Geri Malone, CRANApplus Director of Professional Services and Chair of the National Rural Health Alliance.

Ms Malone acknowledged single clinician posts were a reality in many remote areas with small primary healthcare centres. She said fixing the issue was challenging, but stressed inroads could be made. “It’s about introducing or initiating better systems to mitigate the risks associated with isolated practice and making sure that the isolation factor is firstly identified and really good processes put in place to make sure there is back-up and support for that position, within the community and through management structures.”

Ms Malone also underlined the ongoing need for self-awareness. “What we need to learn is it’s about being really reflective. Nurses who are in these locations and in these situations, it’s very easy for them to just be completely focused on getting the job done and sometimes their own health and safety is compromised.”

One of the valued management tools facilitated by CRANApplus is a 24-hour counselling program called *Bush Support Services*, which provides access to psychologists trained in issues surrounding isolated practice. “It really does provide that support from afar for health professions when the impact of the isolated context of their practice and the oft challenging decisions they need to make impacts on the individual,” Ms Malone said.

Similarly, the Australian Nursing and Midwifery Federation (ANMF) has been involved in tackling widespread safety issues affecting remote area professionals.

To respond to the growing concern over workplace violence in rural and remote Australia, the ANMF joined the Rural Doctors Association of Australia (RDAA), the Australian College of Rural and Remote Medicine (ACRRM), the Police Federation of Australia, the Queensland Teachers’ Union, and CRANApplus in establishing the Working Safe in Rural and Remote Australia Project.

A comprehensive literature review into the risks facing rural and remote professionals, including the prevalence of workplace violence, was undertaken in 2014 and was followed by the establishment of a website offering employers and professionals’ detailed information regarding effective strategies. The report revealed a need to develop reliable mechanisms for recording workplace violence, as well as a gap in the evaluation of violence prevention strategies.

The Working Safe Project continues to monitor the incidence of workplace violence in rural and remote areas and is committed to developing future policies.

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