

Policy, Procedure, Guideline and Business Rule Cover Note



Document Cover Note - (to be completed during development of document)

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*If a document is **new**, a document and trim number will be allocated by Clinical / Corporate Governance.
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Document Details	<p>Date: 11 December 2023, latest draft version 16 September 2024 Document Title: Social Work After Hours Crisis On-Call Service – ISLHD Social Work Operational Procedure Document No: Document Trim No: Document Revision No: 0</p>
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Pre development check	<p>1. Are your needs currently met by a MOH PD? - If yes, is it necessary to write a procedure implementing MOH PD?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<p>2. Are your needs currently met by a recognised document eg. CEC, NSQHS, other? • If yes, is it necessary to write an ISLHD procedure / guideline?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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	<p>4. Who is the Executive Sponsor of this document: Name: Sue Fitzpatrick Position: ISLHD Executive Director Allied Health, Disability Inclusion & NDIS Lead Do you have Executive Sponsor approval to develop / revise this document?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

N&M	For all Nursing & Midwifery documents, please copy and paste document details, author and pre development check into an email and send to ISLHD-NMPolicyPracticeCommittee@health.nsw.gov.au before developing / revising a document.	Sent to N&M
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

NSQHS Standards	<p>National Safety and Quality Health Service Standards Please tick (✓) those NSQHS standards that the document relates to.</p>	<input checked="" type="checkbox"/>	Standard 1 Clinical Governance	<input type="checkbox"/>	Standard 4 Medication Safety	<input type="checkbox"/>	Standard 7 Blood Management
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		<input type="checkbox"/>	Standard 3 Healthcare-Associated Infections	<input type="checkbox"/>	Standard 6 Communicating for Safety	Comment:	

Information	<p>Subject of the document</p>	Outlines the operational procedures for the ISLHD After Hours Crisis On-Call Social Work Services.
	<p>Why was this document developed <i>Outline why document was developed – NSW health recommendation, result of RCA</i></p>	There are two Crisis On-Call Social Work Services in ISLHD. One service is based at Wollongong Hospital covering Wollongong Hospital, Shellharbour Hospital, Bulli Hospital and Coledale Hospital. The other service is based at Shoalhaven Hospital and covers Shoalhaven Hospital with telephone support to David Berry Hospital and Milton Ulladulla Hospitals. Each of the two services currently have administrative guidelines managed locally.

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Additional Information	<p>This document will combine the operational guidelines for both services, with the objective of consistent operational management of the Crisis On-Call Social Work Services across ISLHD.</p> <p>A local TWH Social Work guideline was written in 2019, this procedure replaces that local department document.</p>		
	<p><i>Identify any important information others need to know about this document</i></p>		
Development	Authors		
	<p><i>The following people contributed to the development / writing of this document:</i></p> <p><i>(insert more lines if needed)</i></p>		
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Consultation	Consultation during document development		
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	Organisation / Group	Name	Title (CEO, Consumer Advocate, Carer, Manager)
	IHG Acute Social Worker email distribution list	All Social Workers at TWH and SHH	Social Workers
	IHG Subacute and Community Social Workers email distribution list	All Social Workers at BDH, CDH and Community Services	Social Workers
	SHG Social Workers email distribution list	All Social Workers at SDMH, MUH and DBH, including all Social Workers currently participating in the SHG After Hours Crisis On-call Social Work Service	Social Workers
IHG Hospital Social Work OnCall Service email distribution list	All Social Workers currently participating in the IHG After Hours Crisis On-call Social Work Service	Social Workers	
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		Comment:	
	OHS Impact Considered <i>If yes, attach relevant documentation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
	Aboriginal Health Impact Statement <i>As per MOH PD2017_034, complete and attach an Aboriginal Health Impact Statement if necessary.</i> <i>Please refer to Aboriginal Health for further resources or information.</i>	Is document likely to impact on health care delivery, access to services or the physical, social, emotional or cultural wellbeing of Aboriginal people or their communities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete and attach: ISLHD OPS F 574 – Aboriginal Health Impact Statement
	Does document require an Implementation Plan? <i>If yes, attach relevant documentation or give details.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Details: Education to staff participating in the After Hours Crisis On-Call Social Work service – December 2023 to February 2024 in existing staff meetings. This is an update to the current document albeit that document is not under the ISLHD governance documents framework.
	Are any forms / other documents associated with this document <i>Forms should be created as separate documents.</i> <i>For all forms to be filed in the Health Care record, contact Tracy.Morgan1@health.nsw.gov.au</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Details:
	Does this document require a build / change in eMR (e.g. adhoc form; medication standing orders; PowerPlan)? <i>For any changes to eMR / eMM, contact for consultation and assistance with submission of change request:</i> ISLHD-eMRTrainers@health.nsw.gov.au	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Details:
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Author Evaluation	Author Evaluation	<i>Document is based on best practice</i>	<input checked="" type="checkbox"/> Yes
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For completion by Policy Governance Managers.			
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ISLHD PROCEDURE
COVER SHEET



Health
 Illawarra Shoalhaven
 Local Health District

NAME OF DOCUMENT	Social Work After Hours Crisis On-Call Service – ISLHD Social Work Operational Procedure
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SUMMARY	Outlines the operational procedures for the ISLHD After Hours Crisis On-Call Social Work Services

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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**Social Work After Hours Crisis On-Call Service
– ISLHD Social Work Operational Procedure**

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1. POLICY STATEMENT

This document outlines the operational procedures for the ISLHD After Hours Crisis On-Call Social Work Services and aims to provide the framework to support high quality and efficient patient care. Social Work interventions can assist to reduce the severity and risks in a crisis situation and is supported in NSW Health policy including:

- PD2006_084 Domestic Violence - Identifying and Responding
- PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health
- PD2019_041 Integrated Prevention and Response to Violence, Abuse and Neglect Framework
- PD2019_035 Management of Sudden Unexpected Death in Infancy (SUDI)

2. BACKGROUND

The ISLHD Hospital Social Work Department has three After Hours Crisis On-Call Social Workers rostered:

- Responding onsite to Shoalhaven District Memorial Hospital (SDMH) with telephone advice to David Berry and Milton Ulladulla Hospital (MUH). In addition, MUH operate a separate After Hours Crisis On-Call Social Work Service during Easter and Christmas holiday periods.
- Responding onsite to The Wollongong Hospital (TWH) and Bulli Hospital Urgent Care Centre (BHUCC), with telephone advice to Coledale District Hospital (CDH).
- Responding onsite to Shellharbour Hospital (SHH) with senior consultation to the other two social workers on call each evening.

The objective of the After Hours Crisis On-Call Social Work service is to provide a Social Work service to patients, carers and significant others in crisis when it is clinically inappropriate to wait until the next day. Addressing the psychosocial impact of a crisis or trauma as soon as possible maximises the coping mechanisms of the patient and carers. It minimises the negative consequences of the crisis thereby promoting healthy adjustment and early recovery.

The Hospital Social Work Department provides a 24 hour, 7 days per week social work service to the Emergency Department, Critical Care and all wards (excluding Mental Health) of the Hospitals within ISLHD. Mental Health Units will have their own arrangements.

Weekday working hours are Monday to Friday 0800-1700 and during these hours services are provided by Social Workers allocated to clinical areas.

Weekend Social Work Services are provided by an onsite Social Worker who responds to cases across the hospital on a prioritised basis:

- Wollongong Hospital between 0800-1700

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- Shoalhaven District Memorial Hospital between 0800-1530

The After Hours Crisis On-Call Social Work Service is provided by a Social Worker on call between the hours of 1700-0830 on weekdays and weekends and 0830-1700 on weekends and public holidays at hospitals where there is no onsite Social Work service.

Non-Crisis referrals can be made to the Social Work department for follow up on the next working day via EMR.

Definitions

After Hours Crisis On-Call Social Worker: Social Worker who has completed the After Hours Crisis On-Call Social Work training program and is participating in the After Hours Crisis On-Call Social Work roster.

Senior Consultation Social Worker: a senior Social Worker that provides advice, consultation and support to the After Hours Crisis On-Call Social Worker during their shift. The Senior Consultation Social Work also provides onsite responses to SHH during their shift.

3. RESPONSIBILITIES

3.1 Social Workers employed at ISLHD Hospitals will:

- Adhere to the content of this document.
- Participate in the After Hours Crisis On-Call Social Work Service following training and induction.

3.2 Other Social Workers employed in ISLHD in non-hospital roles will:

- Be invited to complete the ISLHD After Hours Crisis On-Call Social Work Service training and following induction will be invited to participate in the After Hours Crisis On-Call Social Work Service roster.
- Adhere to the content of this document if they are participating in the After Hours Crisis On-Call Social Work Service roster.

3.3 Social Work Educator will:

- Adhere to the content of this document.
- Coordinate twice yearly After Hours Crisis On-Call Social Work Service training and induction.

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3.4 Hospital Social Work Unit Heads and Social Work Director will:

- Adhere to the content of this document.
- Ensure staff are aware of, and adhere to, this document.
- Ensure staff are provided with the training and equipment to perform this procedure.

3.5 Referrers, After Hours Manager / In Charge of Hospital will:

- Review the eligibility criteria of the service (section 4.1).
- Ward in-charge will consult with the After Hours Manager / In Charge of Hospital for permission to contact the After Hours Crisis On-Call Social Worker (excluding emergency department who can contact directly after discussion with ED in charge).
- Review the method of referring to the service.

4. PROCEDURE

4.1 Criteria - the After Hours Crisis On-Call Social Work service deals with crisis presentations including:

- Child Protection issues / children at risk of harm; including SCAN protocol, Assumption of Care or any meetings with Department of Community and Justice (DCJ), carers relinquishing care of a child or young person.
- Domestic and Family Violence.
- Abuse of vulnerable people; including Older Person & People with Disabilities.
- Serious Trauma; including MVA, near deaths, suicide, and suicide attempt.
- Sudden/Impending Death; including viewing of deceased that cannot wait until the next working day.
- Organ Donation - Supportive intervention for family members.
- Neonatal death, Miscarriage, Still Birth.
- Sudden Unexpected Death in Infancy (SUDI).
- Relinquishment of care of NDIS Participants.
- Emergency Respite for unsupported high risk clients following Carer Hospitalisation, when ASET is not available.
- Disaster response

4.2 Contacting the After Hours Crisis On-Call Social Worker:

- The Social Work service provides updated After Hours Crisis On-Call Social Work Service rosters to Switchboard at TWH, SHH and SDMH and Social Worker participating in the roster. The roster includes details of the shift times, the names

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of the Social Workers on shift and their contact details and also the names and contact details of the Senior Consultation Social Worker.

- Social Workers nominate their preferred contact numbers, which may include their personal mobile, home phone or work mobile. Whilst on shift, the After Hours Crisis On-Call Social Worker will have their phone close, in range and battery charged at all times.
- The rostered Social Worker will be available to respond to the call within 15 minutes and to attend the hospital, if required, within approximately 60 minutes. The Social Worker will inform the referrer of estimated time of arrival.
- Once the Social Worker has arrived in the hospital, switch may still need to contact them, for example should another call come in. Staff should keep their elected mobile with them for the duration of the shift including whilst onsite.
- The weekend / public holiday daytime onsite Social Worker prioritises responses according to the Social Work triage and prioritisation tool. If the daytime onsite Social Worker recognises that they will be unable to meet the demands of high priority referrals they can contact the rostered After Hours Crisis On-Call Social Worker.
- The on-call Social Worker prioritises responses according to the Social Work triage and prioritisation tool. The Senior Consultation Social Worker can be consulted if advice is needed on prioritisation. If the on-call Social Worker recognises that they will be unable to meet the demands of high priority referrals, they should update the Afterhours Director of Nursing.

4.3 Participation of Social Workers on the After Hours Crisis On-Call Social Work Service

- Social Workers employed at ISLHD Hospitals are required to participate in the After Hours Crisis On-Call Social Work Service as part of the role responsibilities outlined in their position description. They will not be asked to participate until they have completed the After Hours Crisis On-Call Social Work Training program.
- Social Workers employed by ISLHD outside of Hospital teams are invited to participate in the roster, following meeting with the Social Work Unit Head to discuss roles and expectations prior to completing the After Hours Crisis On-Call Social Work Training program. Staff will need to consider the impacts on their substantive roles and must have agreement from their line manager. Staff not employed by the hospital teams should be rostered on evenings not followed by a working day. This is to ensure that their on-call work does not affect their substantive role.

4.4 Exemption from Participation in the After Hours Crisis On-Call Social Work Service

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- Exemption requests are treated the same as any other consideration of reasonable adjustments to complete the requirements of the role or following non-work-related injury. Initially the Social Worker and Social Work Unit Head will discuss, considering the following ISLHD procedures:
 - [Flexible working request](#)
 - [Non-Work Related Injury or Health Condition Risk Assessment Form](#)
- The Social Work Unit Head should consult with Social Work Head of Discipline, Work Health and Safety / Recovery At Work Coordinator and consider following as applicable:
 - [Letter from manager to employee requesting medical advice](#)
 - [Authority to release information form](#)
 - [Workplace Capability Assessment form](#) (to be completed by the employee's Health Practitioner or Doctor)
 - Letter to doctor seeking medical advice on employee's capacity to perform job requirements (remember to attach/enclose job description and job demands checklist with the letter).
 - Participation in the afterhours social work services as able, for example weekend and public holiday daytime shifts

4.5 Roster management After Hours Crisis On-Call Social Work Service

- Each hospital group will assign a staff member to generate the monthly roster, which may be an administrative officer.
 - Roster template will be provided one month in advance.
 - Staff will provide their shift preferences onto the roster template against their hospital/s they are able to respond to within the required time.
 - Rosters will be published two weeks prior to being worked.
 - Once rosters have been published, staff should negotiate changes amongst themselves and are required to advise the nominated person managing the roster of any shift swaps.
- If a staff member is sick, the Team Leader / Unit Head or their delegate (e.g. administration officer) will arrange a shift swap during usual business hours and update the relevant switchboard/s and social work staff distribution list:
 - ISLHD-SHHED-ADMIN ISLHD-SHHED-ADMIN@health.nsw.gov.au
 - ISLHD-Wollongong-Switchboard ISLHD-Wollongong-Switchboard@health.nsw.gov.au
 - ISLHD-IHG-SocialWorkOnCallService ISLHD-IHG-SocialWorkOnCallService@health.nsw.gov.au
 - @ISLHD-SHGSocialWorkers ISLHD-SHGSocialWorkers@health.nsw.gov.au
 - SDMH bed management, ED Nurse Manager, SHG Executive.
- In the event of illness or emergency preventing the rostered on-call Social Worker from being available to work or complete an allocated shift, the on-call Social Worker should endeavour to arrange a shift swap via the staff contact list. If the

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illness is of an urgent nature, the on-call Social Worker can request assistance from the Senior Consultation Social Worker in arranging a shift swap via the staff contact list. If an alternate worker is required to take over a shift due to illness during the shift, both will be paid the On Call Allowance.

- If the roster is updated outside of usual business hours then the on-call Social Worker will send the updated roster to the relevant switchboard/s and social work staff distribution list (as above).
- Hospital Social Workers are expected to do two (2) on-call shifts per month unless the roster can be filled otherwise. A maximum number of six (6) shifts per month can be worked. During holiday periods at some of the smaller sites with lower rates of call out, managers will agree between staff whether greater amounts of shifts could be temporarily worked.
- On-call workers are to nominate at least six preferences a month from which their rostered shifts can be chosen. Preferences should include at least one weekend shift per month. If preferences are not provided by the due date, shifts will be allocated and it will be the responsibility of the staff member to arrange a shift swap.
- Social Workers are unable to participate in the roster during periods of Annual Leave, Sick Leave and Long Service Leave.
- If Social Workers can make appropriate arrangements and is it reasonable to do so, it is possible to complete on-call shifts whilst on FACS or Carers Leave.
- Social Workers can voluntarily complete on-call shifts in the evening following Allocated Days Off (ADO).
- All staff must confirm their on-call shifts and call backs in Employee Online prior to the end of the pay period.

4.6 Rates of pay

- Rates of pay for the After Hours Crisis On-Call Social Worker are in accordance with the *Public Hospital (Professional and Associated Staff) Conditions of Employment (state)* award.
- Call Out commences when worker leaves home and ends when worker returns home.
- The on-call allowance covers case management duties that are able to be undertaken at home prior to leaving for the hospital. If substantial duties or time is required, the on-call social worker should attend the hospital.
- Call Out refers to a situation where the After Hours Crisis On-Call Social Worker has left the workplace and is called back to work whilst rostered as the After Hours Crisis On-Call Social Worker.
- OVERTIME: If a Call Out commences within your normal working day it is defined as overtime. For example – a workers usual daytime shift finishes at 17:00 and they are called to the same site at 16:30 and remain at work until 18:00 = 60 minutes overtime will be paid.

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4.7 Rest breaks

- The *Public Hospital (Professional and Associated Staff) Conditions of Employment (state)* award outlines requirements for time off duty between the work on successive days.
- The Award requires that staff have an eight (8) hour break between the finishing time of your last call back and your starting time for work the next day.
- In addition to the rest break outlined in the award, it is recognised that staff may occasionally receive a higher than usual level of telephone consults during the evening or have an impactful call out/s that contribute to high fatigue. In these scenarios the After Hours Crisis On-Call Social Worker should consult their usual line manager or the hospital Social Work Unit Head during their subsequent daytime shift to discuss their rest needs.
- If the After Hours Crisis On-Call Social Worker will not commence their ordinary shift at the usual time, they are required to leave a message for their Team Leader / Unit Head so that cover for their usual daytime work can be arranged.
- After Hours Crisis On-Call Social Workers not employed by the hospital teams should be rostered on shifts that will not impact their substantive role, for example they will be rostered for weekend day shifts or evenings not followed by a usual working day. This may also be a consideration for part time staff in smaller teams such as Shellharbour Hospital.

4.8 Senior Consultation Social Worker

- To support safe patient care and reduce psychological risk for our staff, it is important that we have systems of case consultation, supervision and debriefing. Consultation is a normal, expected and valued part of our professional practice.
- The Senior Consultation Social Workers are part of the support structure for the After Hours Crisis On-Call Social Work Service and will be a Social Worker Level 3 or above.
 - During evening shifts - the rostered SHH on-call Social Worker is also the Senior Consultation Social Worker.
 - During weekend daytime shifts – the rostered onsite Social Worker at TWH and SDMH is also the Senior Consultation Social Worker.
- The Senior Consultation Social Worker provides social work practice advice, consultation and support to the After Hours Crisis On-Call Social Worker during their shift.
- Disaster response / mass casualty situation – the on-call Social Worker should consult the Senior Consultation Social Worker and together decide whether additional Social Workers should be contacted to provide disaster response.
- The on-call worker should be aware of the demands of the situation and the number of call-outs and ensure that they take measures for their own self-care e.g.

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stopping for meals and drinks if required, advising the Senior Consultation Social Worker of the situation.

- The Senior Consultation Social Worker has the same response time for telephone consultation i.e. 15 minutes.
- When the After Hours Crisis On-Call Social Worker requires assistance they should contact Senior Consultation Social Worker directly or via Switch.
- Some situations require mandatory contact with the Senior Consultation Social Worker while others are at the on-call worker's discretion. These situations are as follows.

COMPULSORY, call to Senior Consultation Social Worker:

- Cases with unresolved risk or where staff identify risks that are not sitting with their professional judgement, for example:
 - Where the client's wishes conflict or potentially conflict with the NSW Health duty of care or Social Work ethical practice.
 - If uncertain whether to report to police after using the DVSAT tool / NSW Health responding to DV policy. Consultation will assist in working through clinical judgement and legislative framework.
 - Situation where there are high risk indicators (e.g. as evidenced through social work assessment / professional judgement or DVSAT).
 - Concern that other statutory agency (e.g. police / DCJ) are not responding with the same understanding of risk.
- Disaster response / mass casualty events.
- If the rostered Social Worker is experiencing distress

DISCRETIONARY, consider consulting Senior Consultation Social Worker:

- Physical or psychological fatigue:
 - When a call out exceeds five hours.
 - Involvement in more than one viewing per shift.
 - Referrals involving the death of a baby or young child (including stillbirth).
- When you have a case situation where you feel unsure of how best to proceed.
- In these scenarios, the purpose of the discussion with the Senior Consultation Social Worker:
 - On-call Social Worker briefly summarises the case and their intervention.
 - On-call Social Worker briefly outlines any uncertainty about their intervention or planned intervention.
 - Senior Consultation Social Worker offers perspectives planned intervention, considered need for the on-call Social Worker to debrief and prompts discussion on physical and psychological fatigue levels.

4.9 Debriefing

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- Debriefing for the After Hours Crisis On-Call Social Worker can be obtained in the following ways:
 - Employee Assistance Program (EAP) – immediate crisis counselling is available via telephone 1300 873 327.
 - During the shift from the Senior Consultation Social Worker.
 - During the shift from the Afterhours Director of Nursing.
 - On the next working day from the Social Work Unit Head – the on-call Social Worker should indicate debriefing is necessary on the call-out report.
 - The After Hours Crisis On-Call Social Worker may choose to use their own usual supports or health professional.
- Requests for clinical debriefing from hospital staff:
 - Debriefing staff is included in the service model for the EAP provider. However, in some scenarios the After Hours Crisis On-Call Social Worker may assist with providing psychological first aid type responses in critical incidents while formal debriefing is arranged.
 - It is recommended that the After Hours Crisis On-Call Social Worker clarify the request with the person making the referral and discuss further with the Senior Consultation Social Worker as required.
 - Refer to Appendix 3 – All C.L.E.A.R, connecting with the team following a traumatic and challenging incident

4.10 Service Meetings

- Each hub After Hours Crisis On-Call Social Work service will organise regular service meetings, which will include discussion on protocols, trends in activity data, case discussions, ongoing training, skills enhancement and update of service information.
- At least twice a year, the service meeting will be replaced with an education focus, which may include simulation learning.
- The meetings are mandatory for all hospital Social Workers participating in the roster.
- Other staff participating in the roster are encouraged to attend the service meetings and can receive remuneration to attend the meeting if this is not covered by their usual workplace. In the instance where staff are receiving a shift allocation to attend the meeting, they will need to participate in other relevant activities to make up the remainder of the three hour minimum shift (e.g. clinical supervision, mandatory training, other education).

4.11 Work Health and Safety

- Parking: Staff are issued with a laminated Parking Permit during the training. Parking for the After Hours Crisis On-Call Social Worker:
 - TWH: This allows workers to park on the hospital grounds. or out the front of the main entrance in the on call workers car spaces. Please adhere to

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- parking signs. If there are no parking spots available please talk to security staff who will advise you where to park. A laminated parking permit is located in ED On-Call filing cabinet.
- SHH: This allows workers to park on the hospital grounds, or out the front of the hospital / ED in the drop off/pick up area at the “U” bay.
 - BHUCC: Parking available onsite near main hospital entrance.
 - CDH: Parking available onsite near main hospital entrance.
 - SDMH: In the small carpark to the left of the ED for evening calls (advise security on arrival) or in the carpark (free parking) during the day.
 - MUH: In the general parking area within the hospital grounds
- Personal Duress Alarms must be worn when attending to a case in ED and where they are available on the ward:
 - TWH: Personal duress alarms are found in the ED social work office. Please sign the book at the beginning of your shift and return it / sign at the end of your shift. Please be aware that should you leave the hospital grounds while wearing the personal alarm it will activate and need to be switched off by the NUM.
 - SHH: Personal duress alarms are located in the SHH ED nurses station (ask nurse in charge if unable to locate). Please seek instruction from nurse in charge on how to use the duress alarms. Please be aware that should you leave the hospital grounds while wearing the personal alarm it will activate and need to be switched off by the NUM.
 - BHUCC: The cordless phone system at Bulli Hospital includes a personal duress alarm feature – please seek instruction from the on-site staff regarding use.
 - CDH: There is no personal duress alarm system at Coledale Hospital. Please speak with on-site staff regarding fixed duress alarm locations.
 - SDMH: Personal Duress Alarms are available in the area behind the ED staff dining area in a wall mounted stand or on each ward in the reception area.
 - MUH: Personal Duress Alarms are available from the ED reception area or in the Nursing area on the ward.
 - Security:
 - You may contact Security to accompany you to your car after hours.
 - TWH: contact via extension 5555 / 5370 or via switch extension 991 should there be violent, aggressive or abusive behaviours or at any time you feel threatened.
 - SHH: 33776
 - BHUCC: 1317
 - CDH: 2101 (internal whilst at CDH)
 - SDMH: 9444
 - Working onsite or in isolation:
 - Follow CODE BLACK procedures for personal threats and aggression.

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- It is recommended that the lifts be used after hours in preference to the stairs.
- There are duress alarms in some parts of the hospital, including the viewing room of the mortuary. These alarms alert Security when activated.
- When working in potentially threatening situations, please practice personal safety including being accompanied/ advising another staff member, sitting close by the door/ leaving door opened/ being aware of location of duress alarms and avoiding dark or isolated areas.
- Vicarious trauma is reduced by considering:
 - Being clear about the purpose of the consultation or debrief – are you looking for guidance / sharing decision making / critical reflective check in ('this is what I've done and why').
 - Be mindful when debriefing – support from our friends / work colleagues / seniors is good, but this person needs to be ready / able to hear / assist. A common scenario is where the listener receives difficult or graphic information without proper warning or without giving consent. They are then at risk of developing troublesome thoughts or emotions themselves and are less able to help the person in front of them. It's useful to pause, ask if the person is able to hear / respond and then discuss as outlined above.

5. DOCUMENTATION

The After Hours Crisis On-Call Social Worker will:

- Document their intervention in EMR, ERIC or other patient record as stipulated by the clinical area that the patient is in. The recording will identify themselves as the After Hours Crisis On-Call Social Worker and that contact is via switch.
- Activity Data Recording for your call back (eMR Service Contact Form) with the correct details for the intervention (encounter, start time/date, duration, clinical finding/s, intervention/s).
- Complete an After Hours Crisis On-Call Social Work Report for all referrals (both phone consult only and call outs). These should be emailed to:
 - IHG: ISLHD-TWH-SocialWork-OnCallRoster@health.nsw.gov.au
 - SHG: Social Work Unit Head/s

The nominated senior Social Worker at each hospital hub will:

- Compile an annual report regarding activity and trends for the hospital hub After Hours Crisis On-Call Social Work Service.
- The results are presented to social work staff and key referrers to give them feedback on activity levels and usage of the service by the hospital.
- The report will be used to identify and meet education needs for Social Workers and Senior Consultation Social Workers.
- The report will be used by hospital social work teams to assist in reviewing the service and address any needs for education to referrers.

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6. AUDIT

- Not required.

7. REFERENCES

- [NSW Health Service Health Professionals \(State\) Award 2019](#) – including qualification requirements for ‘Social Worker’
- [Public Hospitals \(Professional and Associated Staff\) Conditions of Employment \(State\) Award 2019](#) – including s8B. *On Call Allowance - Social Workers and Sexual Assault Workers* and s8C. *Call Out Allowance - Social Workers and Sexual Assault Workers*
- ISLHD CORP PROC 70 [Fatigue Management and Intervention](#) – providing a framework for identifying and managing fatigue across all areas of ISLHD
- [PD2006_084 Domestic Violence - Identifying and Responding](#)
- ED CLIN PROC 24 [Domestic and Family Violence - Identifying and responding to in ISLHD Emergency Departments](#)
- [PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
- ISLHD CLIN PD 127 [Suspected Paediatric Child Abuse and Neglect \(SCAN\) - Medical Assessment](#)
- AGED CLIN PROC 05 [Abuse of Older People - Identifying and Responding to](#)
- ALLIED CLIN GL 03 [Relinquishment of Care of NDIS Participants aged 18 years and over at Emergency Departments by Accommodation Providers, or Families/Carers, due to Participant's Complex or Challenging Behaviour](#)

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval / Date
	0	Author: Ben Birrell – ISLHD Social Work Head of Discipline
		Approval / Date:

9. APPENDIX 1 – After Hours Crisis On-Call Social Work Service: Information for ISLHD Hospitals including criteria

INTERNAL ONLY
ISLHD PROCEDURE



Health
Illawarra Shoalhaven
Local Health District

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10. APPENDIX 2 – Resources for the After Hours Crisis On-Call Social Worker

ON-CALL FOLDER

All Social Workers completing the After Hours Crisis On-Call Social Work training are given a folder which includes these guidelines and other relevant resources. The Social Worker must keep this updated as procedures and resources are revised. Resources provided include:

- Child protection
- Death related
- DV and victims of crime
- Maternity
- Organ donation
- Trauma
- Psychological first aid
- Staff resource 'Arranging Emergency Respite for Carers in the Illawarra and Shoalhaven'
- Lists of after hour services,
- Information about processes for viewing coroners and non- coroners
- Administrative documents and documentation information
- Case work tools

CONSUMER INFORMATION PACKS

- Emergency Dept: Hospital Transfer Packages, Domestic Violence, Motor Vehicle Accident, Domestic Violence, Victim of Crime, Family Support Pack, Bereavement Pack
- NNU/C2W/BU: Bereavement, Hospital Transfer Packs, Family Support Packs, Various support brochures to be chosen based on circumstances
- ICU: Bereavement Pack, Victims of Crime.
- Mortuary: Bereavement, Coronors brochures, Victims Services

TWH ED SOCIAL WORK FILING CABINET

A locked Social Work filing cabinet is located in the TWH ED office. Staff are issued with a key to the filing cabinet and shown location during on-call training. The filing cabinet is a safe place to store personal belongings while you are in the hospital. The filing cabinet contains:

- Copies of this procedure and other guidance documents
- General resources
- Copies of required forms, e.g. call-out reports for handover and payment
- Red Folder for leaving completed callout reports and overtime sheets
- Contact numbers for Interpreter Service including After Hours Numbers.

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- On-call pager
- Mortuary key
- Information packs and pamphlets to give to families / patients
- Basic hygiene packs for patients
- Activity packs for children

PHOTOCOPIER / FAX MACHINE

Please do not use the last of any brochure/ form. Multifunction devices (photocopier / printer / fax machine) can be found in the following locations. To use the multifunction device you need to have activated your photo identification card:

- TWH ED: in the back offices of the Emergency Department.
- SHH ED: in the Social Work office. There is also a printer located in the ED please see Nurse in charge to use same.
- SDMH ED: In the corridor outside of the ED NUM's office
- Other clinical areas: please ask nursing staff to assist with location.

TEA / COFFEE / TOILETS

As this information varies from ward to ward and changes over time, please ask a member of staff on the relevant ward. They will be able to advise you both for your own needs, and for your clients.

Refreshments including tea, coffee, milk and biscuits can be arranged by kitchen via switch or the NUM.

- TWH: The fridge in the beverage bay near TWH ED pediatrics also has sandwiches, ice, ice water and custards available.
- SHH: The fridge and Beverage bay is located near the ED storage room, closest to the single/ iso rooms (please liaise with nurses in charge if unable to locate) . This fridge has sandwiches, breakfast packs, water and juice, there are also tea and coffee making facilities.
- SDMH: Tea, coffee, milk in family room in ED and juice and sandwiches in fridge next to Paediatric bay in ED
- MUH: Tea, coffee, milk, juice and biscuits available in ED near entrance to inpatient ward and on ward near nurses station.

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11. APPENDIX 3 – All C.L.E.A.R, connecting with the team following a traumatic and challenging incident

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All C.L.E.A.R

Connecting with the team following a traumatic and challenging incident. The CLEAR conversation is a confidential team conversation.



<p>Check-in - connect with the team</p> <p>—○—</p> <p>The conversation should be facilitated by the team leader.</p>	<p>Listen to the concerns raised</p> <p>—○—</p> <p>Avoid revisiting the incident or replaying distressing details. Focus on immediate concerns for safety and welfare of workers.</p>	<p>Emotion check</p> <p>—○—</p> <p>How are we all feeling now (after the incident)? Normalise feelings and emotions – “... it is OK to feel scared or upset following such an event.”</p>	<p>Access support and information</p> <p>—○—</p> <p>Ensure everyone present understands the next steps, managing the incident, informing managers, security or police. Submitting incident reports and alerts. Provide immediate support to individuals; reaching out to families, support persons and contact information for EAP.</p>	<p>Return to work</p> <p>—○—</p> <p>Check that everyone is OK to return to work. Some may benefit from additional time out or time away from the area, a hot drink or a change or allocated work area.</p>
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