Locum Health & Safety Handbook

DRAFT Last updated August 2026

This handbook sets out the policies, obligations and standards of conduct that apply to all locum and placement medical practitioners engaged by 1Medical. It consolidates 1Medical's key requirements, including work health and safety, psychosocial safety, privacy, and professional conduct into a single reference, so every practitioner has a clear and consistent understanding of their rights, responsibilities and the support available to them. This handbook forms part of the terms of engagement for all locum practitioners, is acknowledged via the WHS Induction Declaration signed prior to placement and should be read alongside any placement-specific documentation provided separately.

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1 INTRODUCTION

1.1 HEALTH AND SAFETY IN THE WORKPLACE

1Medical Pty Ltd (**the Organisation**) is committed to ensuring that locums can perform their work in a safe and healthy environment. Achieving a workplace free from injury and illness is a shared responsibility, and everyone plays a crucial role in this effort. The Organisation will support this goal by providing locums with the resources, guidance, and support necessary to work safely and effectively.

1.2 PURPOSE OF THE HEALTH AND SAFETY HANDBOOK

The purpose of this Health and Safety Handbook is to define the minimum WHS standards and guidelines that 1Medical can *reasonably* implement to manage hazards and risks associated with locum doctors.

These standards provide consistency, clarity, and certainty across the Organisation, making health and safety duties and responsibilities easier to understand.

All locums will be provided with a copy of this document and are required to read, adhere to, and refer to this Handbook in the course of their work. They are also encouraged to actively engage in following and contributing to the ongoing improvement of 1Medical's health and safety management system.

2 HEALTH AND SAFETY POLICY STATEMENT

1Medical is committed to the health and safety of every locum practitioner and visitor engaged through our business, and to continuously improving how that is managed through consultation, training and shared awareness across management and locums alike. This policy is made in accordance with 1Medical's obligations under the Work Health and Safety Act 2011 (and equivalent legislation in Victoria) in each state and territory in which we operate.

1Medical and host employers hold shared and overlapping work health and safety duties for every placement. Each party is responsible for what is within its control, and both are expected to consult, cooperate and coordinate with one another.

Through the co-operative efforts of 1Medical and its locum practitioners, we are committed to:

- Providing safe working conditions and preventing work-related injury and ill health, including psychosocial harm, for all locums and visitors
- Taking all reasonably practicable steps, in consultation with host employers, to eliminate or minimise work health and safety risks to locums
- Taking all reasonably practicable steps, in consultation with host employers, to ensure that buildings, plant and equipment at placement sites are safe, properly maintained and suitable for the work being performed
- Providing information, training, instruction and supervision to protect locums' health and safety, and supporting their ongoing training and assessment
- Developing, implementing and monitoring safe work practices, and continuously improving health and safety standards across the organisation
- Consulting with locums on any change that could affect their health, safety or wellbeing
- Ensuring no locum is disadvantaged for raising a genuine health and safety concern in good faith

This policy underpins 1Medical's work health and safety management system, which exists to protect the health and safety of every locum we place. This policy, and the handbook it sits within, is reviewed at least annually to reflect current legislation and best practice.

This policy is authorised by Benjamin Lepke, Director, and administered by the Operations Manager.

3 WORKPLACE INJURY MANAGEMENT AND RETURN TO WORK POLICY STATEMENT

1Medical is committed to preventing illness and injury among the locums it places, and to providing a safe and healthy working environment across every placement. This policy supports our injury management approach, which provides a coordinated approach to managing work-related injuries and illnesses arising during a placement, including psychological injury arising from psychosocial hazards. 1Medical recognises that locums, host facilities and 1Medical share an interest in a safe, timely and sustainable return to work following an injury or illness.

1Medical is committed to:

- Making contact with an injured or unwell locum as soon as practicable, and maintaining that contact throughout their recovery
- Treating a safe, timely return to placement work as the normal expectation, with an Injury Management Plan developed where required
- Ensuring that reporting an injury, illness or psychosocial concern does not disadvantage a locum in any way, including in future placements
- Providing access to rehabilitation support where needed, while respecting a locum's right to choose their own treating doctor and rehabilitation provider
- Consulting with locums on their recovery and any return-to-placement arrangements
- Cooperating with the host facility on any site-specific reporting, first aid, or safety requirements relevant to the injury
- Appointing a Return to Work Coordinator locums can contact for support and guidance following a workplace injury or illness

All locums are asked to report a work-related injury or illness to 1Medical as soon as possible.

This policy is authorised by Benjamin Lepke, Director, and administered by the Operations Manager.

4 HEALTH AND SAFETY RESPONSIBILITIES

4.1 INTRODUCTION

Every person involved in a locum placement, whether at 1Medical, at the host facility, or the locum themselves. They have a role to play in ensuring the placement is safe and free of unmanaged risk. 1Medical's health and safety system is designed to protect every locum it places, but its success depends on 1Medical, host facilities and locums each understanding and carrying out their part. 1Medical aims to foster a positive health and safety culture, where health and safety are valued and prioritised as a normal part of how placements are run.

4.2 1MEDICAL'S RESPONSIBILITIES

1Medical has a duty to ensure, so far as reasonably practicable, the health and safety of every locum it places. 1Medical is responsible for:

- Identifying, assessing and controlling hazards within 1Medical's control, and gathering relevant hazard information from host facilities before and during a placement
- Providing sufficient information, training, instruction and guidance to help locums understand their rights and responsibilities, and to undertake placements safely
- Monitoring locum wellbeing throughout a placement, including through regular check-ins, to help prevent injury and illness, including psychological harm
- Cooperating and coordinating with host facilities to help ensure there are no gaps in WHS protection for the locum

4.3 HOST FACILITY RESPONSIBILITIES

While a locum is placed at a host facility, the host facility is responsible for:

- Maintaining a safe working environment, including the physical premises and any medical, clinical or other equipment used at the site
- Providing a site-specific induction, including safe systems of work and the facility's own WHS policies and procedures
- Ensuring locums are not required to undertake work for which they lack the appropriate training, qualifications or experience
- Identifying and controlling hazards specific to the site
- Providing day-to-day supervision appropriate to the locum's role
- Complying with all relevant health and safety laws applicable to the site
- Reporting incidents occurring on-site in line with the facility's own procedures, and cooperating with 1Medical on any resulting review

4.4 LOCUM RESPONSIBILITIES

You have the right to refuse to do work you reasonably believe is unsafe or puts you or others at risk of serious injury or harm. If you refuse unsafe work, notify the host facility supervisor and your 1Medical consultant as soon as possible. You will not lose pay for refusing genuinely unsafe work on reasonable grounds.

Locums are responsible for:

- Not undertaking any work without the appropriate training, skills, experience, qualifications or authorisations to carry it out safely

- Taking reasonable care for their own health and safety, and that of others who may be affected by their actions at work
- Cooperating with 1Medical and the host facility to meet health and safety obligations
- Cooperating with any reasonable health and safety policy, procedure or instruction issued by 1Medical or the host facility
- Using health and safety equipment, including any required personal protective equipment (PPE), correctly
- Reporting any incident or injury as soon as practicable
- Advising 1Medical as soon as practicable of any symptoms, health issue or condition that may affect their ability to work safely, or that may be adversely affected by work activities
- Reporting any unsafe conditions, equipment or practices as soon as practicable
- Not using any equipment that has not been confirmed safe to use
- Cooperating with any health and safety initiative, review, inspection or investigation
- Actively participating in the development and review of procedures designed to eliminate or minimise work-related risks
- Actively participating in any return-to-work or recovery-at-work process
- Ensuring they present fit for duty, and not undertaking any task where their health, safety or welfare may be compromised by doing so
- Ensuring they are not affected by alcohol, drugs or medication in a way that could compromise their ability to perform their duties safely

5 CONSULTATION

5.1 INTRODUCTION

Consultation is a legal requirement and an essential part of managing health and safety in the workplace. For a dispersed, placement-based workforce, consultation looks different from a single-site team — it doesn't rely on toolbox talks or in-person meetings, but on genuine, documented opportunities for locums to raise concerns and have them considered, delivered through channels that actually fit how locum work operates.

5.2 CONSULTATION STATEMENT

1Medical is committed to protecting the health and safety of every locum it places. Injury and illness — including psychological harm — are needless, costly and preventable.

1Medical consults with locums on WHS matters relevant to their health and safety, including changes to how hazards are managed and changes to key WHS policies and procedures. Because locums work across different states, sites and schedules, consultation is built into the touchpoints 1Medical already has with locums, rather than requiring attendance at a fixed time or place.

1Medical's consultation arrangements are reviewed periodically to make sure they remain genuinely accessible and effective for a workforce that is largely remote, casual and time-constrained.

5.3 1MEDICAL'S RESPONSIBILITIES

1Medical consults with locums in relation to:

- Identifying hazards and assessing risks arising from a placement
- Eliminating or minimising identified hazards and risks
- The adequacy of accommodation and welfare arrangements provided during a placement
- Proposed changes that may affect a locum's health and safety
- Proposed changes to key health and safety policies and procedures, including this handbook

5.4 CONSULTATION PROCEDURES

i) Ongoing Consultation During Placement

1Medical maintains contact with locums throughout their placement via starter and periodic check-in emails. These check-ins ask specific, direct questions about workload, supervision, the placement environment, and any incidents or near-misses; giving every locum a genuine, individual opportunity to raise a concern, wherever they're placed. Locums are encouraged to reply even where there is nothing to report, and every reply is reviewed and, where relevant, actioned or escalated to the host facility.

ii) Consultation on Policy and Procedure Changes

Where 1Medical proposes a substantive change to a WHS policy or procedure, including updates to this handbook, locums will be given access to the draft and a clear opportunity to provide feedback within a stated timeframe before it is finalised. If no feedback is received by the stated closing date, the update will proceed as drafted. Genuine feedback received during this period will be reviewed and, where appropriate, incorporated before the document is finalised.

iii) Standing Contact

Locums may raise a WHS or psychosocial concern with their 1Medical consultant at any time, outside of a scheduled check-in. This is not limited to formal consultation windows. See Section 13 for how to raise a concern.

iv) Consultation, Cooperation and Coordination with Other Duty Holders

1Medical is aware of the requirement to consult, cooperate and coordinate with other duty holders, including host facilities, who share a work health and safety duty for the same placement. As part of this, 1Medical sends host facilities a WHS Host Employer checklist and questionnaire, which asks the host to confirm relevant site-specific hazards, and provides an opportunity for the host to share its own WHS policies and procedures with 1Medical ahead of a locum's placement.

5.5 CONSULT

As part of coordinating WHS duties with host facilities, 1Medical requests relevant health and safety information from each host facility prior to a locum's placement, via a WHS Host Employer checklist and questionnaire. This asks the host to identify site-specific hazards and share its own applicable WHS policies and procedures. 1Medical reviews this information to inform its own hazard identification and risk decisions for the placement, and will follow up directly with the host facility where further information or clarification is needed.

5.6 CO-OPERATE

1Medical cooperates with host facilities by responding to reasonable requests for information or assistance, and by ensuring 1Medical's own activities do not interfere with a host facility's ability to meet its WHS duties on site.

5.7 COORDINATE

Where a placement or identified risk affects both 1Medical and a host facility, 1Medical will coordinate with the host facility to help ensure there are no gaps in WHS protection for the locum.

6 RISK MANAGEMENT

6.1 INTRODUCTION

Risk management is the key process in ensuring a safe and healthy placement for every locum. In health and safety terms, risk management means identifying situations that have the potential to cause harm to people or property and taking appropriate steps to prevent the hazardous situation from occurring, or reducing the risk of injury or illness to locums.

1Medical has a duty to undertake risk management activities to protect the health and safety of the locums it places. As far as reasonably practicable, 1Medical will ensure that the placement environment is free from hazards that could pose a risk of injury or illness to locums during their engagement.
Control of hazards takes a variety of forms depending on the nature of the hazard, and is based on the hierarchy of control, which prioritises eliminating the hazard at its source over lower-order controls.

6.2 THE RISK MANAGEMENT PROCESS

The risk management process consists of four well-defined steps. These are as follows:

Step 1: Identifying — identifying a problem that could cause harm (hazard identification).
Step 2: Assessing — determining how serious a problem is, the likelihood of an incident occurring, and its potential consequences (risk assessment).
Step 3: Controlling — deciding what needs to be done to address the problem, and implementing control measures (risk elimination or control).
Step 4: Monitoring and Reviewing — reviewing the actions taken to assess the effectiveness of the controls implemented.

This process applies to all hazards covered in this handbook, including psychosocial hazards, fatigue, trauma, and the site-based and location-specific hazards described in later sections.

i) Hazard identification & reporting

Hazard identification aims to determine what hazards exist, or could foreseeably exist, so that control measures can be put in place before harm occurs. Hazards affecting locums are identified through:

- Collaborating with host facilities, including via the WHS Host Employer checklist and questionnaire, to evaluate the safety of the placement environment
- Site-specific induction at the start of a placement and at the start of any new assignment or change in duties at a host facility
- Regular check-ins with locums throughout their placement
- Review of incident and injury investigations, including analysis of past incidents involving locums
- Consultation with locums to gather insights on safety issues they may encounter in their placements
- Review of incident and hazard reports
- Considering foreseeable scenarios, including what could reasonably go wrong in a given placement

Hazards, near misses and incidents should be reported by locums directly to their 1Medical consultant as soon as reasonably practicable, by either calling them or using the Incident/Hazard Report Jotform. Locums should also notify the host facility of any hazard affecting the immediate work environment, in line with the host facility's own on-site procedures.
All reported hazards are logged and tracked via 1Medical's Incidents & Hazards Register and, where relevant, the WHS Risk Register (see 6.2(ii)).

ii) Risk assessment

Once a hazard has been identified and recorded, 1Medical, in consultation with the relevant locum, will conduct a risk assessment to determine how likely it is that someone may be harmed by the hazard, and how serious that harm could be.

A risk assessment helps determine:

- How severe a risk is
- Whether existing control measures are effective
- What action should be taken to control the risk
- How urgently that action is needed

In assessing risk, 1Medical will consider the effectiveness of existing controls, how work is actually carried out at the host facility, situations that may occur infrequently or abnormally, and any harm that could arise from equipment failure or breakdown of existing controls.
1Medical uses a risk matrix, drawn from the WHS Risk Register (part of the broader F 017 Risk & Opportunity Matrix Register, which separately covers WHS risk and corporate risk), to rate and prioritise identified hazards.

Likelihood is rated as:

- **A – Almost Certain** (expected to occur)
- **B – Likely** (will probably occur)
- **C – Moderate** (might occur, has happened before)
- **D – Unlikely** (could occur, known to happen)
- **E – Rare** (practically impossible)

Severity is rated across five levels, considering impact to people and, where relevant, environmental impact:

Level	Impact to People	Environmental Impact
1	Report only or first aid injury	Negligible impact
2	Medical treatment	Minor onsite impact
3	Restricted work case	Moderate onsite impact
4	Lost time injury (non-permanent)	Minor offsite or major onsite impact
5	Permanent injury or fatality	Major offsite impact

Likelihood and severity are combined to produce a risk rating of Low, Minor, Moderate, High or Extreme, which determines the priority and urgency of the control action required. Where a hazard is obvious and presents a high risk, action will be taken immediately, even if only as an interim measure, followed by a full risk assessment to determine a permanent control.

The risk rating, agreed control measures and related actions are recorded in the WHS Risk Register.

iii) Risk Control Actions

Once a hazard has been identified and assessed, 1Medical will determine the appropriate control action in consultation with the locum and, where relevant, the host facility, applying the hierarchy of control:

Level 1 Controls (most effective): eliminating the hazard entirely, ideally before it is introduced into the placement.

Level 2 Controls: where elimination isn't reasonably practicable, minimising the risk through substitution (replacing the hazard with something lower-risk), isolation (removing exposure to the hazard), or engineering controls.

Level 3 Controls (lowest level of protection, used alongside Level 2): administrative controls (training, safe work procedures, rotating exposure) and personal protective equipment (PPE).

Where a control measure is implemented, 1Medical will ensure affected locums are informed of the new procedure, appropriate training or instruction is provided, and the control's ongoing effectiveness is monitored.
Any risk that has not been fully eliminated, or that still requires an active control measure, is recorded and tracked in the WHS Risk Register to support ongoing monitoring and review.

iv) Monitoring and review

The risk management process is monitored and reviewed on an ongoing basis to ensure controls remain effective and appropriate. A review will be triggered whenever:

- A control measure is found to be ineffective
- A change at the placement is likely to create a new or different risk
- A new hazard affecting locums is identified
- Feedback from locums or host facilities indicates a review is needed
- An incident occurs in a related area of work that could affect locums

6.3 LOCUM RESPONSIBILITIES

The success of 1Medical's risk management approach depends on locums actively participating in it. Locums are given genuine opportunities to raise concerns and contribute to how risks affecting them are managed, and their input is taken into account in decision-making.

In addition to their broader health and safety responsibilities, locums are responsible for:

- Identifying any hazard that could pose a risk to their health and safety, or that of others, and, where safe to do so, taking immediate steps to prevent it from escalating
- Promptly reporting any hazard to their 1Medical consultant, using the Incident/Hazard Report Jotform
- Participating in the risk management process, including risk assessments and the development or review of controls and procedures
- Participating in consultation opportunities to help continuously improve how workplace risks are managed

6.4 TRAINING

All locums are informed of 1Medical's risk management process through induction and by being provided with this handbook. 1Medical will also provide further training where necessary.

7 INCIDENT AND INJURY REPORTING

7.1 INTRODUCTION

Reporting incidents, injuries and near misses helps 1Medical and host facilities identify and fix hazards before they cause harm. Some incidents also carry a legal obligation to notify the state regulator. This section covers what you need to do, and what happens next.

7.2 REPORTING REQUIREMENTS

i) Internal reporting and investigation procedures

Report any incident, injury, illness or near miss, whether it happens to you or you witness it, to your 1Medical consultant and to the host facility, as soon as possible and no later than 24 hours after the event, using the Incident/Hazard Report Jotform or via telephone.

- If you don't have full details yet, submit what you know — the rest can follow once confirmed.
- Once reported, your 1Medical consultant will follow up with the host facility and help put appropriate controls in place. You don't need to manage this process yourself — just make sure it's reported promptly and accurately.

ii) External reporting requirements

If it's serious; hospitalisation, a major injury, or a dangerous event such as fire, explosion, gas leak or structural collapse, call 000 if there's immediate danger and follow the host site's emergency procedures. Once you and others are safe, contact your 1Medical consultant as soon as possible. Do not return to the scene until emergency services or the host site confirm it is safe. 1Medical is responsible for notifying the regulator. Your responsibility is to ensure everyone's safety, contact your 1Medical consultant, and look after yourself and anyone else involved.

7.3 INCIDENT NOTIFICATION

Once 1Medical is notified of a serious incident, here's who will be contacted and when:

Contact	Timing
Relevant director(s) / senior management	Immediately, and no later than 24 hours after the event
Return-to-work support and claims handling	Immediately
Workers' compensation insurer	Within 48 hours
Police	Immediately, in the event of a fatality
Trauma debriefing service	As required — see Section 13, Psychosocial Health, Fatigue and Trauma
Group insurance manager	Where a contractor, member of the public, or private property is involved
Your next of kin	As soon as appropriate, communicated by your 1Medical consultant

8 INJURY MANAGEMENT AND RETURN-TO-WORK

8.1 INTRODUCTION

Where a locum sustains a work-related injury or illness, 1Medical is committed to supporting a safe and timely return to work, in accordance with legislative requirements across all states and territories. This includes early intervention, a sustainable return-to-work pathway wherever practicable, confidentiality of all personal and medical information, and clear communication with your 1Medical consultant throughout the process.
Injury reporting is addressed in Section 7. This section applies once an injury or illness has been reported.

8.2 INJURY REPORTING AND IMMEDIATE STEPS

- Seek first aid or medical attention as required.
- Your 1Medical consultant is your primary point of contact and will assist with the completion of forms, the claims process, and subsequent steps.
- Where an injury may result in time off work or ongoing treatment, you are required to nominate a treating doctor and authorise them to provide relevant information to your 1Medical consultant, to enable the development of an Injury Management Plan.
- Report the injury via the Incident/Hazard Report Jotform, if this has not already been completed under Section 7.

8.3 RETURN TO WORK PROCESS

A Return-to-Work Plan will be developed in consultation with you, your treating doctor, 1Medical and the insurer. The plan will identify suitable duties based on medical advice and may include reduced hours, modified duties, or a gradual return to full capacity.
You are required to:

- Participate in the development and implementation of the Return-to-Work Plan
- Attend all medical reviews and assessments arranged by 1Medical
- Provide medical certificates to your 1Medical consultant as they are issued
- Notify your 1Medical consultant of any time off work or special requirements arising from the injury
- Make reasonable efforts to return to work as soon as medically appropriate
- Maintain regular contact with your 1Medical consultant throughout the process

8.4 INJURY MANAGEMENT SUPPORT

Your 1Medical consultant is responsible for coordinating your recovery-at-work plan, monitoring your progress, and liaising with all relevant parties on your behalf. Where additional support is required, external rehabilitation providers may be engaged.

8.5 LOCUM RIGHTS AND RESPONSIBILITIES

You are entitled to:

- Decline to make a claim (noting that the incident must still be reported)
- Choose your own treating doctor and rehabilitation provider
- Access interpreting services and receive information in a form you can understand
- Privacy and freedom from discrimination throughout the injury management process
- Bring a support person or representative to any return-to-work related discussion
- Obtain a second medical opinion from a practitioner of your choice
- Have decisions reviewed by the Workers' Compensation Tribunal

9 EMERGENCY PROCEDURES

In Each host facility maintains its own emergency procedures, including evacuation routes, assembly points, and emergency contacts, which should form part of your site induction. During an emergency, follow the instructions of host supervisors, fire wardens and emergency services.

Emergencies aren't limited to the host site. For risks specific to remote or isolated placements, see Section 15; for occupational violence or threats, see Section 14; for first aid preparedness, see Section 10.

If you're involved in or affected by an emergency during a placement, prioritise your safety first, then report it as soon as it's safe to do so, using the process in Section 7

10 FIRST AID

10.1 INTRODUCTION

Every host facility is expected to maintain adequate first aid resources and trained personnel to respond to health emergencies during a placement. 1Medical liaises with host facilities to confirm this is in place, including the location of first aid kits, identification of trained first aid officers, and the facility's process for accessing medical assistance on site.

First aid isn't limited to physical injury. For mental health support, including 1Medical's Employee Assistance Program, see Section 13, Psychosocial Health, Fatigue and Trauma.

10.2 FIRST AID REPORTING

Report any incident requiring first aid to the host facility and to your 1Medical consultant, using the process set out in Section 7, Incident and Injury Reporting.

10.3 LOCUM RESPONSIBILITIES

On arrival at a placement, locums are responsible for:

- Knowing the location of first aid kits and equipment at the host facility
- Knowing who the host facility's first aid officers are
- Understanding the host facility's first aid procedures
- Reporting any first aid kit that is low on supplies to the host facility
- Reporting first aid incidents in line with the host facility's internal processes, and to 1Medical per Section 7

10.4 REMOTE OR ISOLATED FIRST AID REQUIREMENTS

Where a placement is remote or isolated, locums are responsible for:

- Carrying a fully stocked first aid kit in their vehicle or as a portable kit
- Regularly checking and replenishing that kit
- Ensuring they have a working means of communication (phone, radio) to call for emergency assistance if required

For broader guidance on remote and isolated placements, see Section 15, Working in Rural and Remote Locations.

11 DRUGS AND ALCOHOL

11.1 INTRODUCTION

1Medical is committed to the health, safety and welfare of every locum on placement, and to preventing harm associated with impairment from drugs or alcohol at work. Impairment can affect a locum's own safety, the safety of others, and the standard of patient care. This applies to all locums engaged by 1Medical.

11.2 1MEDICAL'S AND THE HOST FACILITY'S RESPONSIBILITIES

Where there is a genuine concern that a locum may be unfit to perform their duties due to the effects of drugs or alcohol, the host facility is responsible for managing the immediate situation on site, in line with its own policies and procedures, which may include directing the locum to stop work and move away from the work area, and arranging safe transport if required. The host facility will notify 1Medical as soon as practicable.
Where a locum is found to be unfit for work due to drug or alcohol impairment, this may affect their current and future placements, and 1Medical will work with the host facility to determine an appropriate response.

11.3 LOCUM RESPONSIBILITIES

Locums are responsible for:

- Presenting fit for duty at all times while on placement, and not attending work impaired by drugs or alcohol in a way that could affect their ability to perform their duties safely
- Complying with any statutory blood alcohol or drug limits applicable to their duties
- Not using, possessing or distributing alcohol, drugs or medication of any kind while at work
- Notifying the host facility immediately if they believe another worker, locum or visitor may be impaired by drugs or alcohol
- Behaving professionally at all times when representing 1Medical at a host facility.

11.4 MEDICATION

Locums using prescription or over-the-counter medication that may affect their ability to perform their duties safely, including their ability to drive, where relevant, should discuss this with their doctor or pharmacist, and notify their 1Medical consultant if it may affect their fitness for duty.
1Medical does not support self-medication while on placement, given the risks of impairment, misdiagnosis or adverse drug interactions that could compromise patient care or the locum's own wellbeing.
Locums are required to comply with the host facility's own policies relating to fitness for duty, substance use and medication management while on site.

12 ISSUE DISPUTE AND GRIEVANCE RESOLUTION

12.1 INTRODUCTION

1Medical is committed to a healthy, productive placement experience for every locum. Disputes and grievances can arise in any workplace, and locums have the right to raise concerns, whether they relate to a host facility or to 1Medical itself. This section sets out a clear pathway for doing so. Locums are encouraged to raise legitimate concerns promptly, regardless of severity, using the process below.

12.2 SCOPE AND PURPOSE

This section applies to every locum placed by 1Medical. Its purpose is to provide a clear, fair and timely way for locums to raise and resolve workplace concerns, whether they relate to the host facility, to 1Medical, to a return-to-work decision (Section 8), or to bullying, harassment or violence (Section 14).

12.3 DEFINITIONS

- **Grievance** — any problem, concern or complaint relating to a locum's work, work practices, or work environment. This may include an act, behaviour, omission, situation or decision the locum considers unfair, unjustified, or inconsistent with a 1Medical policy or procedure. Examples include workplace conflict, a WHS issue, an allegation of discrimination, harassment or bullying, or a concern about work allocation or job design.
- **Manager** — any person at the host facility or at 1Medical who holds a supervisory role, or who is responsible for overseeing a locum's work.
- **Respondent** — the person against whom a concern, complaint or grievance is raised.
- **Locum** — any individual placed by 1Medical with a host facility, on a temporary or contract basis.

12.4 1MEDICAL'S RESPONSIBILITIES

1Medical will:

- Ensure every locum understands this process and how to access it
- Support locums in raising a grievance with a host facility, and provide appropriate support once notified
- Assess any grievance referred to 1Medical, determine what action is necessary, and decide whether further investigation is warranted
- Apply reasonable time limits to ensure each stage of the process is completed promptly
- Maintain a record of grievances raised, to identify patterns and prevent recurrence

12.5 LOCUM RESPONSIBILITIES

Locums are responsible for raising concerns in good faith and in a timely way, following the process below, and notifying their 1Medical consultant so that 1Medical is aware of any issue and can provide appropriate support — even where the matter relates primarily to the host facility.

12.6 PROCEDURE

i) Raising a Concern

If you're not ready to raise a formal complaint, or the matter feels sensitive, you can first talk it through informally with a trusted colleague or your 1Medical consultant, in confidence, before deciding whether to take it further.

Where appropriate and safe to do so, first attempt to resolve the matter directly with the person involved.
If that isn't possible or appropriate, raise the grievance through the host facility's own grievance procedure, and notify your 1Medical consultant so 1Medical is aware and can support you through the process.

ii) Initial Assessment

If the grievance cannot be resolved through the host facility's process, or it isn't appropriate to pursue it that way, refer it to your 1Medical consultant, providing the nature of the grievance, relevant details, and your preferred outcome. 1Medical will assess the matter to determine what action, if any, is needed, and whether further investigation is warranted. You'll be kept informed of the process clearly and can ask questions at any stage.

iii) Investigation

Where a formal complaint is under investigation, 1Medical will work with the host facility to consider appropriate steps to separate you from the person you've complained about while the investigation is ongoing — for example, adjusting rosters or work areas — so you're not required to keep working alongside them in the meantime.

Where practicable, an investigation will be completed within 10 working days of a formal complaint being received. If more time is needed, you'll be told why and given an updated timeframe.

The investigation itself will be conducted fairly, impartially, and with sensitivity to the wellbeing of everyone involved. Information will be gathered respectfully; interviews will be conducted in a safe, confidential setting, and you may have a support person present if you choose.

iv) Outcome and Resolution

Both you and the person you've complained about will be told the outcome clearly and in writing. Where a complaint is substantiated, appropriate action will be taken, this may include corrective measures, changes to a placement, or, in serious cases, ending a placement. Where a grievance is substantiated, appropriate action will be taken, this may include corrective measures, changes to a placement, or, in serious cases, ending a placement. Where requested, the resolution will be set out in a written agreement that all parties agree accurately reflects the outcome.

Where a grievance remains unresolved despite genuine efforts on all sides, you may refer it to your industrial union, a relevant representative body, or your state or territory work health and safety regulator

1Medical takes all complaints seriously and will not tolerate retaliation against anyone who raises a genuine concern in good faith. Where an investigation finds that a complaint was knowingly false and made with malicious intent, this will also be treated seriously and may result in action against the person who made it.

12.7 SPECIAL CONSIDERATIONS

i) Return-to-Work Disputes

If you disagree with a decision made during the return-to-work process (see Section 8), you may follow the procedure above. You also have the right to request that decisions be reviewed by the Workers' Compensation Tribunal.

ii) Bullying, Harassment and Sexual Harassment Complaints

Given the sensitivity of these matters, and that a complaint may involve someone at the host facility, you may report directly to your 1Medical consultant rather than through the host facility first — this is a deliberate exception to the general process above. Reports are treated confidentially, and 1Medical will take steps to prevent retaliation against anyone who raises a genuine concern in good faith. From there, the assessment, investigation and outcome process at 12.6(ii)–(iv) applies.

12.8 SUPPORT

Support is available whether or not you raise a formal grievance. You have access to 1Medical's Employee Assistance Program through Converge International; see Section 13 for details, along with other confidential support options.

13 PSYCHOSOCIAL HEALTH, FATIGUE AND TRAUMA

13.1 INTRODUCTION

This section covers how 1Medical identifies, assesses and manages psychosocial hazards affecting locums, including fatigue and exposure to trauma, both of which are forms of psychosocial harm, along with what to look out for in yourself and where to get support. It applies to every locum placement, regardless of location or setting.

Psychosocial hazards are aspects of work, or the way work is organised, that can cause a stress response and lead to psychological or physical harm, including musculoskeletal injury, cardiovascular disease, and fatigue-related injury. 1Medical is committed to eliminating psychosocial risk as far as reasonably practicable and managing it proactively where it can't be eliminated entirely.

Who is responsible. Work health and safety duties in this area are set primarily at state and territory level. Most jurisdictions have adopted the harmonised model Work Health and Safety Act and the national model Code of Practice: Managing Psychosocial Hazards at Work. Victoria sits outside the model scheme and regulates psychosocial hazards under its own Occupational Health and Safety Act.

Jurisdiction	Status
Commonwealth (Comcare)	Model psychosocial regulations adopted; Code of Practice names fatigue, intrusive surveillance and job insecurity as hazards
New South Wales	Psychosocial amendments in force since 2022; the Code of Practice is an enforceable compliance benchmark under s26A of the WHS Act
Victoria	Regulated separately under the OHS Act; OHS (Psychological Health) Regulations and a dedicated Compliance Code apply
Queensland	Model Code of Practice adopted and actively enforced
Western Australia	Harmonised WHS framework and model psychosocial provisions adopted
South Australia	Model psychosocial regulations and Code of Practice adopted
Tasmania	Model Code of Practice adopted
Australian Capital Territory	Model Code of Practice adopted
Northern Territory	Model psychosocial regulations and Code of Practice adopted

Both 1Medical and the host facility hold work health and safety duties for your placement, and these duties overlap rather than transfer entirely to one party. 1Medical is responsible for what is within its control; screening, briefing, monitoring, and how it responds when something is reported. The host facility is responsible for what is within its control on site; day-to-day supervision, workload, and the immediate work environment. 1Medical and host facilities are expected to consult and cooperate with each other in managing these risks.

13.2 IDENTIFYING PSYCHOSOCIAL HAZARDS

1Medical and host facilities work together to identify psychosocial hazards through:

- Consultation with locums about potential stressors and risks
- Review of incident reports, grievance records, and placement feedback
- Regular check-ins, including with locums working remotely or in isolation
- The WHS Host Employer checklist and questionnaire (see Section 5)

People respond to the same hazard differently. Factors like prior experience, health, and personal circumstances can affect how someone is impacted. More than one hazard is often present at once, and they can compound each other. A placement that's fine on one dimension can become high-risk once several stack together.

Hazard	How it can show up in locum medical placements
High job demands	Back-to-back placements, understaffed shifts, minimal handover time
Low job control	Rosters, placement locations and shift patterns largely set by the host facility or agency with little practitioner input
Poor support	No local supervisor familiar with the practitioner, limited access to senior clinical backup, unclear escalation pathway out of hours
Low role clarity	Arriving without a clear scope of practice, credentialing status, or understanding of local protocols and equipment
Poor organisational change management	Late-notice placement changes, cancellations, or facility restructures communicated with little warning
Inadequate reward and recognition	Fee disputes, delayed payment, or feeling treated as "interchangeable" rather than a valued clinician
Poor organisational justice	Inconsistent treatment between locum and permanent staff, or between different locums, in rostering, complaints handling or support
Traumatic events or material	Exposure to critical incidents, resuscitations, or distressing patient presentations, often without a debrief
Remote or isolated work	Limited peer contact, patchy communications, and long travel distances to backup
Poor physical environment	Substandard on-call accommodation, inadequate rest facilities, or unsafe clinic/ED layout
Violence and aggression	Risk of aggression from patients or family members, particularly in ED, mental health or after-hours settings
Bullying, Harassment	Repeated unreasonable behaviour from host-facility staff who may not recognise the locum as "one of the team"
Harassment (incl. sexual)	Unwelcome conduct from staff, patients or visitors, compounded by a lack of local standing to raise it
Fatigue	Extended shifts, on-call obligations, travel between placements, disrupted sleep in unfamiliar environments
Job insecurity	The placement-by-placement nature of locum work and uncertainty about future bookings

13.3 ASSESSING PSYCHOSOCIAL AND MENTAL HEALTH RISKS

Where a psychosocial hazard is identified, 1Medical assesses how serious it is, using the same risk process set out in Section 6, and taking into account the locum's own view of the risk, not just an organisational judgement of it. This determines how urgently it needs to be addressed, and what kind of control is needed.

In practice, this means looking at things like how demanding or fast-paced the placement is, how much say the locum has over their own work, the level of support and supervision available, and whether there's any existing conflict or strain in workplace relationships.

Why this matters: the same hazard can be low-risk in one placement and high-risk in another, depending on these factors; which is why assessment happens placement by placement, not as a generic checklist.

13.4 CONTROLLING PSYCHOSOCIAL RISKS

Wherever reasonably practicable, 1Medical and host facilities work to control psychosocial risk by: setting clear role expectations, providing proper induction and training, ensuring locums are appropriately utilised and supported, maintaining realistic workloads and fair scheduling, and responding promptly to any report of a psychosocial hazard or incident.
Controls generally follow this order, starting with the most effective:

- **Address the source first** — redesigning the work itself, rather than just how someone copes with it. For example: reviewing workload or patient allocation, capping hours, adjusting rostering, or increasing staffing where a placement is under sustained pressure.
- **Reduce exposure where the source can't be fully changed** — for example, limiting the length of isolated or remote placements, giving locums more control over pace or scheduling where possible, or restricting after-hours contact outside a shift.
- **Support and respond** — clear escalation pathways, prompt response to reports, debriefing after a difficult incident, and access to confidential support such as the EAP.

i) Work Scheduling, Rostering and Rest Breaks

Fatigue from long hours, shift work, inadequate rest, or excessive workload is a genuine safety hazard, affecting both mental health and the risk of clinical or workplace incidents. Where reasonably practicable, 1Medical and host facilities work to schedule shifts with adequate rest and recovery time, avoid excessive overtime, and monitor rostering patterns for signs of cumulative fatigue.

ii) Managing Trauma and Vicarious Trauma Exposure

Locums may be exposed to trauma directly, or vicariously through exposure to patients' or colleagues' traumatic experiences. Where a trauma risk is identified, work tasks may be modified, reassigned or deferred to allow recovery time, and 1Medical will consult with the locum on any reasonable adjustment that would help them continue their work safely.

13.5 RECOGNISING THE SIGNS IN YOURSELF

Psychosocial harm often builds gradually, and it's easy to normalise what's actually a sign that something needs to change. It helps to know what to look out for in yourself, particularly across a run of placements:

- **Physical** – fatigue that doesn't resolve with a normal night's sleep, trouble falling or staying asleep, headaches, muscle tension, or changes in appetite
- **Emotional** – increased irritability or a short temper, a sense of dread before a shift, feeling flat or emotionally numb, or losing interest in things you'd usually enjoy
- **Cognitive** – difficulty concentrating or making decisions that used to feel routine, increased self-doubt, or a specific case or incident that keeps intruding on your thoughts
- **Behavioural** – withdrawing from colleagues, friends or family, drinking more or using other substances to switch off, dreading or avoiding placements you'd normally take, or noticing uncharacteristic mistakes or shortcuts in your own practice

None of these on their own means something is wrong, everyone has a rough week. What matters is a change from your own normal, or several of these building at once.

13.6 WHAT YOU CAN DO

- Talk to someone early; your 1Medical consultant, a trusted colleague, your GP, or a confidential service.
- If fatigue is building across placements, say so. Your consultant can look at spacing, load or the type of placement offered next.
- It's okay to decline or renegotiate a placement that isn't sustainable.
- Protect the basics where you can. Sleep, food, movement, and staying connected to people outside work.
- After a distressing case or incident, ask for a debrief rather than moving straight on.

13.7 MENTAL HEALTH AND EAP SUPPORT

The following support options are available to you at any time, whether or not you choose to raise a concern with 1Medical:

- **Employee Assistance Program (Converge International)**. Free, confidential counselling and support, available any time you need it. Call 1300 687 327 or visit convergeinternational.com.au. Company code **MEDMOVKF**
- **Doctors' Health Advisory Service (Drs4Drs)** – confidential, doctor-specific support – search "Drs4Drs *[your state]*"
- **Lifeline** – 13 11 14, 24/7 crisis support
- **Beyond Blue** – 1300 22 4636, 24/7
- **1800RESPECT** – 1800 737 732

13.8 LOCUM RESPONSIBILITIES

Locums are responsible for reporting hazards, incidents or concerns affecting their psychosocial wellbeing to their 1Medical consultant as they arise, participating in check-ins and consultation opportunities, and looking after their own basic health and safety needs where reasonably practicable, while knowing that raising a concern will never be held against them or affect future placements.

14 BULLYING, HARASSMENT AND VIOLENCE

14.1 INTRODUCTION

Bullying, harassment and violence are serious psychosocial hazards that can affect a locum's mental and physical health and will not be tolerated by 1Medical or any host facility. This section explains what these behaviours look like, how they're prevented, and how to report a concern, regardless of whether the person involved is host facility staff, another locum, a patient, or a visitor.

14.2 BULLYING AND HARASSMENT

Bullying is repeated, unreasonable behaviour directed at a person or group that creates a risk to their health and safety, whether or not it's intentional. It can include abusive language, intimidation, exclusion from work activities, unjustified criticism, withholding information needed to do the job, or deliberately disadvantageous changes to rosters or work arrangements.

Reasonable management action, carried out reasonably, such as setting performance expectations, giving constructive feedback, or making a properly consulted operational change, is not bullying, even if it's uncomfortable to receive.

Harassment is unwelcome conduct related to a personal characteristic (such as age, disability, gender, race, religion or sexual orientation) that a reasonable person would find offensive, humiliating or intimidating. It doesn't need to be repeated or intentional to count, a single incident can be enough if the impact is reasonable to expect.

14.3 SEXUAL HARASSMENT

Sexual harassment is an unwelcome sexual advance, an unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature, where a reasonable person would expect the conduct to offend, humiliate or intimidate. It doesn't need to be repeated, and it isn't the same as mutual flirtation or a consensual relationship, what matters is that it's unwelcome. It can include unwanted touching, sexual comments or jokes, intrusive personal questions, sexually explicit messages or material, or repeated unwanted requests to go out.

If the behaviour involves physical assault or the threat of it, this will also be reported to police.
You can raise a concern about sexual harassment informally or formally — see Section 12.7(ii) for how. Complaints are handled confidentially, and you won't be disadvantaged for raising one in good faith.

14.4 THREATENING SITUATIONS AND AGGRESSION

Aggression and violence involve being abused, threatened or assaulted in connection with your work — including physical assault, aggressive or intimidating gestures, and verbal abuse such as yelling or threats. This can come from patients, visitors, host facility staff, or anyone else you encounter during a placement.

If the behaviour involves violence or the threat of violence, prioritise your safety first, then report it — see Section 12.7(ii) for how.

14.5 PREVENTION

1Medical works to prevent bullying, harassment and violence through:

- Induction that sets out expected standards of behaviour and how to raise a concern
- Routine risk assessment of psychosocial hazards, including bullying and harassment risk
- WHS evaluations of host facilities to confirm appropriate systems are in place
- Regular check-ins throughout a placement, giving locums a standing opportunity to raise concerns

14.6 SUPPORT

Support is available whether or not you raise a formal complaint, see Section 13.7 for 1Medical's Employee Assistance Program and other confidential support options. Host facilities may also offer their own support services, including an EAP or on-site Mental Health First Aiders.

14.7 LOCUM RESPONSIBILITIES

Locums are responsible for understanding what constitutes bullying, harassment and violence, reporting any incident or concern as soon as practicable — for themselves or on behalf of someone else — and not engaging in this kind of behaviour toward others. Managing these risks is a shared responsibility between 1Medical, host facilities and locums.

15 WORKING IN RURAL AND REMOTE LOCATIONS

15.1 INTRODUCTION

Many locum placements are rural, remote, or otherwise offsite, outside a setting 1Medical directly controls. This doesn't reduce 1Medical's responsibility for your health and safety: 1Medical works with host facilities to identify and manage the risks specific to these placements, and this section sets out what to expect and what's expected of you.

15.2 IDENTIFYING REMOTE, ISOLATED AND TRAVEL RELATED HAZARDS

A placement may involve remote or isolated work if it includes: working alone or outside regular hours, working without on-site supervision (including telehealth), travelling significant distances to reach the placement, working in geographic isolation, or having limited access to immediate support or emergency assistance.

15.3 ASSESSING THE RISKS

Where a placement involves these factors, 1Medical considers things like: how long you'll be working alone, what communication options are realistically available to you, the nature of the work itself, and whether any part of it genuinely requires more than one person present for safety (for example, certain higher-risk clinical procedures).

15.4 CONTROLLING THE RISKS

1Medical does not provide equipment such as satellite phones, duress alarms or GPS tracking devices. Where reasonably practicable, 1Medical will:

- Verify relevant hazards and risks with the host facility before you're placed, and reschedule or adjust a placement if a significant risk is identified
- Agree a check-in arrangement appropriate to the placement — for example, contacting 1Medical on arrival and departure
- Make sure a 1Medical consultant is contactable throughout your placement

You are responsible for having a working means of communication (such as your mobile phone) and for raising with your consultant, before accepting a placement, if you have any concern about communication coverage, distance, or isolation at the site.
For first aid preparedness specific to remote placements, see Section 10.4. For emergency procedures, see Section 9.

15.5 BEFORE WORKING OFFSITE

Where you're placed at a location outside a 1Medical-controlled setting, 1Medical will check with the host facility that relevant hazards have been identified and are being managed. This may include seeking written confirmation or documentation from the host..

15.6 AT THE SITE

Follow the host facility's site-specific procedures, including its emergency procedures (see Section 9). Report any hazard you notice, and if it can't be resolved locally, contact your 1Medical consultant. This matters more at a remote site, where there may not be another manager or supervisor readily on hand.

15.7 LOCUM RESPONSIBILITIES

Locums are responsible for raising any concern about a remote or isolated placement before accepting it, maintaining a working means of communication, following the agreed check-in arrangement, and reporting any hazard, incident or safety concern to their 1Medical consultant as soon as practicable.

16 TELEHEALTH AND WORKING FROM HOME

16.1 INTRODUCTION

Where a placement involves telehealth or other work from home, your home is treated as a workplace under WHS principles. There's no formal home approval or inspection process — this section covers what to check yourself, and what to raise with your consultant.

16.2 IDENTIFYING HAZARDS

Home office setup — a comfortable, clutter-free workspace with adequate lighting

Technology failure — have a backup way to reconnect with a patient if your call drops

Patient privacy — consult from a private space where you can't be overheard or seen, and store patient information securely

Isolation — working from home means less day-to-day contact with colleagues; see Section 13 for support.

16.3 LOCUM RESPONSIBILITIES

Assess your own home setup before starting a telehealth placement, and address anything that isn't workable; for example, sorting a private space or backup contact method in advance. Sections 9 and 10 (emergency procedures and first aid) apply equally at home. Report any hazard, incident or concern to your 1Medical consultant, including as part of your regular check-ins.

17 SITE BASED AND CLINICAL HAZARDS

17.1 INTRODUCTION

Placements involve a range of physical and clinical hazards that are managed day-to-day by the host facility, not by 1Medical. This section sets out what these hazards are and what to expect from your induction. If a hazard isn't properly managed, or your induction doesn't cover it, tell your 1Medical consultant.

17.2 MANUAL HANDLING

Manual handling, lifting, moving, or repositioning people or equipment, is a leading cause of workplace injury. The host facility is responsible for assessing manual handling tasks specific to your role and providing appropriate training, equipment and techniques. Report any manual handling task that feels unsafe, or where you haven't been shown the correct technique, to the host facility and your 1Medical consultant.

17.3 PERSONAL PROTECTIVE EQUIPMENT

Host facilities are responsible for providing PPE appropriate to your clinical tasks (such as gloves, masks, gowns and eyewear) and for training you in its correct use, removal and disposal as part of induction. Check your PPE for damage before use and report any issue to the host facility, escalating to your 1Medical consultant if it isn't resolved..

17.4 INFECTION CONTROL AND IMMUNISATION

Host facilities maintain their own infection control protocols, covering hand hygiene, use of PPE, and additional precautions for known or suspected infectious cases. You should be inducted into these protocols before starting clinical work. Host facilities may also require immunisation against certain vaccine-preventable diseases as a condition of placement; if you're unable to meet an immunisation requirement, speak with your 1Medical consultant, as alternative arrangements may need to be considered.

17.5 SHARPS, SPILLS AND CLINICAL WASTE

Host facilities maintain their own procedures for the safe handling and disposal of sharps, and for managing spills of blood, body fluids or other clinical waste. Make sure you're familiar with these procedures, including the location of sharps containers and spill kits, as part of your site inductions.

17.6 CHEMICAL HANDLING

Where your role involves hazardous chemicals, follow the host facility's chemical handling, storage and disposal procedures, and check the Safety Data Sheet (SDS) before using an unfamiliar substance. Never use a chemical that is unlabelled or where the label is missing or damaged. Report it to the host facility immediately.

17.7 ELECTRICAL SAFETY AND EQUIPMENT TESTING

Host facilities are responsible for ensuring electrical equipment is safe, properly maintained, and tested in line with the applicable Australian Standard. Do not use any equipment that appears damaged or unsafe. Report it immediately and stop using it.

17.8 OFFICE SAFETY

Where a placement involves office-based work at a host facility, general workplace safety principles apply, a safe, ergonomic workstation, clear walkways and emergency exits, and good housekeeping. Many of the same principles covered in Section 16 (Telehealth and Working From Home) apply here too.

18 ACKNOWLEDGEMENT OF WHS OBLIGATIONS

1Medical is committed to ensuring every locum receives clear information about their health and safety obligations and entitlements before and during a placement.

Please read the following and confirm your understanding by checking each item.

☐ I am aware of and agree to abide by the WHS/OHS legislation and regulations applicable in the state or territory of my placement:

Queensland: WorkSafe QLD
New South Wales: SafeWork NSW
Victoria: WorkSafe VIC
South Australia: SafeWork SA
Western Australia: WorkSafe WA
Northern Territory: WorkSafe NT
Tasmania: WorkSafe TAS
ACT: WorkSafe ACT

**Independent Contractors operating under a Company or Trust may be required, under relevant State or Territory WHS laws, to take out their own workers compensation insurance.*

☐ I have been provided with, and have read, 1Medical's Workplace Health and Safety Handbook, including its content on psychosocial hazards, fatigue and trauma, and how to access support such as **1Medical's Employee Assistance Program** (Section 13).

☐ I will ensure a site-specific WHS induction is conducted upon arrival at the host facility and will inform 1Medical promptly if this does not occur (Section 4, 6).

☐ I understand how to report an incident, injury, hazard, near miss, or a psychosocial or personal safety concern, to the host facility and to my 1Medical consultant (Sections 7, 12, 13, 14).

☐ I understand my responsibilities relating to PPE, infection control, fitness for duty (including drugs, alcohol and medication) and emergency procedures at my placement (Sections 9, 11, 17).

☐ I understand my responsibilities and the support available to me if I am placed in a rural, remote, telehealth or work-from-home setting (Sections 15, 16).

☐ I am aware that I must inform 1Medical if a host facility requests a change to my duties, or if I am working at a different location than the one agreed.

☐ I understand that 1Medical collects and handles my personal information in accordance with its Privacy Policy, and that this applies to information collected through this handbook, incident reports, health declarations, and my placement.

AGREEMENT

I confirm that I have read and understood all of the information above, including the legislation relevant to my state or territory of placement, and I agree to abide by all WHS legislation, regulations, policies and procedures provided by 1Medical and the host facility.

Name: _____
Signature: _____
Date: _____