

Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>; Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>

Subject: Fwd: WorkSafe ACT Workplace Visit report and Notices

From: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Sent: Tuesday, April 12, 2022 4:41:43 PM
To: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>
Cc: Shepherd, Jackii <Jackii.Shepherd@worksafe.act.gov.au>
Subject: WorkSafe ACT Workplace Visit report and Notices

OFFICIAL

Hi Dave,

Please find attached the Work Place Visit report and related Notices. If you have any questions please do not hesitate to contact me and please note the compliance timeframe is tight for the Improvement. I am happy to extend that once your team determines the scope of work.

Regards
Matt

Matt Davis | Director – Compliance and Enforcement
P: 02 6205 2618 [REDACTED] E: Matte.Davis@worksafe.act.gov.au
Office of the Work Health and Safety Commissioner
GPO Box 158 Canberra ACT 2601



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.

From: Alford, Robert
Sent: Wednesday, 13 April 2022 4:27 PM
To: Guthrie, Daniel (Health)
Cc: Davis, MattE
Subject: RE: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

OFFICIAL

Daniel

In relation to the internal review received today by WorkSafe ACT in relation to the improvement notice I have inadvertently missed providing acknowledgement and requirements for the improvement notice number 0000003778 can you provide the reasons for consideration that need assessing in relation to the improvement and remediations required by WorkSafe ACT as directed by the inspector.

Further the improvement notice is stayed during this internal review process.

The prohibition notice is stayed by the internal reviewer pursuant to section 228 (2) & (3) whilst I await the additional information I have requested to make an informed decision. The prohibition notice is stayed it will expire at 2.00pm Thursday 14 April 2022. By which time if my decisions is not received by Canberra Health Services the prohibition notice is reinstated as directed during the continuation of the internal review process.

For these reasons I recommend that you provide the necessary information to me as soon as practicable so that a timely decisions and determination can be made.

Also can advised that you are seeking a variation or withdrawal of the prohibition notice.

227 Decision on internal review

As soon as practicable after reviewing the decision, the internal reviewer must give the applicant in writing—

- (a) the decision on the internal review; and
- (b) the reasons for the decision.

228 Stays of reviewable decisions on internal review

- (1) An application for an internal review of a reviewable decision (other than a decision to issue a prohibition notice or a non-disturbance notice) stays the operation of the decision.
- (2) If an application is made for an internal review of a decision to issue a prohibition notice or a non-disturbance notice, the reviewer may stay the operation of the decision.
- (3) The reviewer may make the decision to stay the operation of a decision on the reviewer's own initiative or on the application of the applicant for review.
- (4) The reviewer must make a decision on an application for a stay within 1 working day after the reviewer receives the application.

- (5) If the reviewer has not made a decision to stay a decision within the time set out in subsection (4), the reviewer is taken to have made a decision to grant a stay.
- (6) A stay of the operation of a decision pending a decision on an **internal review** continues until whichever of the following is earlier:
- (a) the end of the prescribed period for applying for an external review of the decision made on the **internal review**;
 - (b) an application for external review is made.

Kind Regards

Bob Alford | Senior Director - Compliance & Enforcement
 P: 02 6205 4261 [REDACTED] E: robert.alford@worksafe.act.gov.au
 Office of the Work Health and Safety Commissioner
 GPO Box 158 Canberra ACT 2601

WORKSAFEACT



ACT
Government

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From: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Sent: Wednesday, 13 April 2022 2:54 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Subject: Re: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

Daniel

Further to my last email can you outline the operational impacts emanating from directions as issued in the prohibited activity and why this is the case.

Thanks

Bob

Kind Regards

Bob Alford | Senior Director | Compliance and Enforcement
 Phone: 02 6205 4261 [REDACTED] Email: Robert.alford@act.gov.au
 Office of the Work Health and Safety Commissioner | CMTEDD | ACT Government
 16 Challis St, Dickson ACT 2602 | GPO Box 158 Canberra ACT 2601 | www.worksafe.gov.au
 Image
 Image

From: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Sent: Wednesday, April 13, 2022 2:44:38 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Subject: Re: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

Daniel

Acknowledge receipt of the review request for the prohibition notice number 0000003775.

Will get back to on this request for review.

Bob

Kind Regards

Bob Alford | Senior Director | Compliance and Enforcement
 Phone: 02 6205 4261 [REDACTED] Email: Robert.alford@act.gov.au
 Office of the Work Health and Safety Commissioner | CMTEDD | ACT Government
 16 Challis St, Dickson ACT 2602 | GPO Box 158 Canberra ACT 2601 | www.worksafe.gov.au
 Image
 Image

From: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Sent: Wednesday, April 13, 2022 2:34:18 PM
To: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Cc: Davis, MattE <MattE.Davis@worksafe.act.gov.au>
Subject: Request for review of WorkSafe ACT Prohibition Notice and Improvement Notice

OFFICIAL

Hi Bob,

CHS respectfully requests a review of both of the attached notices.

Unfortunately, the current wording of the notices is likely to impact the ability for CHS to comply with the notices, and safely deliver operational services.

CHS accepts the need to make improvements in safety at Dhulwa and has already commenced planning to deliver positive change in this regard.

Some options for wording will be forwarded to you shortly for your consideration.

Thanks

Daniel

Daniel

Daniel Guthrie

Senior Director | Work Health Safety
People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 [REDACTED]

Email: daniel.guthrie@act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



**Canberra Health
Services**

From: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>

Sent: Tuesday, 12 April 2022 4:50 PM

To: Young, Michael <Michael.Young@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>;
Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>; Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>;
O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>

Subject: Fwd: WorkSafe ACT Workplace Visit report and Notices

From: Davis, MattE <MattE.Davis@worksafe.act.gov.au>

Sent: Tuesday, April 12, 2022 4:41:43 PM

To: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>

Cc: Shepherd, Jackii <Jackii.Shepherd@worksafe.act.gov.au>

Subject: WorkSafe ACT Workplace Visit report and Notices

OFFICIAL

Hi Dave,

Please find attached the Work Place Visit report and related Notices, If you have any questions please do not hesitate to contact me and please note the compliance timeframe is tight for the Improvement, I am happy to extend that once your team determines the scope of work.

Regards
Matt

Matt Davis | Director – Compliance and Enforcement

P: 02 6205 2618 [REDACTED] E: Matte.Davis@worksafe.act.gov.au

Office of the Work Health and Safety Commissioner

GPO Box 158 Canberra ACT 2601



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IMPROVEMENT NOTICE

This is an Improvement Notice issued under section 191 of the Work Health and Safety Act 2011

Information

Notice number N-0000003778

Issued By: Matt DAVIS ID number: P32662

To whom this notice is issued

Name of registered company or Name of individual: Canberra Health Services

Business or trading name: 82049056234

ABN: 82049056234 Site/workplace: 30 Mugga Lane Symonston ACT 2609

Location within address of workplace:

Served on: David Pepper Method of service: Personal Date of issue: 12/04/2022

Due date to remedy the contravention or likely contravention: 14/04/2022

Description

The inspector believes the person:

- a) is contravening a provision of this Act; or
- b) has contravened a provision in circumstances that make it likely that the contravention will continue to be repeated; and

The provision that the inspector believes is being or has been contravened is **WHS Regulations** Section number - 38

Briefly, how the provision is being, or has been, contravened:

Dhulwa Mental Health Facility as a duty holder must review and, as necessary, revise control measures implemented under the Work Health and safety Regulation 2011 so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health or safety.

The duty holder must review and, as necessary, revise a control measure in the following circumstances:

- (a) the control measure does not control the risk it was implemented to control so far as is reasonably practicable.

On the 11 April 2022 at approximately 17 :45 pm Inspectors were shown CCTV footage of a consumer physically assault a member of staff resulting in treatment by ambulance, the control measures in place for the Occupational Violence hazard associated with the work conducted at the facility failed to protect the worker. The risk to which the worker was exposed was both physical and psychosocial. This led to a worker/s being exposed to Occupational Violence.

This Notice may include directions concerning the measures to be taken to remedy the contravention or prevent the likely contravention, or matters or activities causing the contravention or likely contravention to which this notices relates.

The inspector directs you to:

Review the control measures in place at the facility that are designed to control the Occupational Violence Hazard.

The inspector recommends that you:

Review and Consider available resources to determine appropriate controls:

<https://www.safeworkaustralia.gov.au/doc/preventing-workplace-violence-and-aggression-guide?msclkid=81afe402ba1911ec973e41def5ac6>

<https://www.worksafe.vic.gov.au/occupational-violence-and-aggression-safety-basics?msclkid=d00e3c09ba1911eca4ae4c5a8cee2419>

See over for important information on your rights and responsibilities.

Improvement Notice issued under section 191 of the Work Health and Safety Act 2011 - further information

If you have any questions you may contact the inspector who issued this notice.

Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)). A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)). The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

Compliance with direction or notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice.

Maximum penalty:

(a) in the case of an individual—\$50 000; or

(b) in the case of a body corporate—\$250 000

Contents of Notice

This Notice may state one or more of the following: (a) a workplace, or part of a workplace, at which the activity is not to be carried out; (b) anything that is not to be used in connection with the activity; (c) any procedure that is not to be followed in connection with the activity (s195(3)).

Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204). A Improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s205).

Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

Privacy statement

WorkSafe ACT may obtain personal information about you in connection with this notice. The information may be collected and stored using the powers, and to carry out functions or activities, under the *Work Health and Safety Act 2011* and related work safety laws. Under that Act, the information can be disclosed to other ACT Government agencies or non-government organisations, and other Australian work safety enforcement agencies. WorkSafe ACT is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*. For more information about how WorkSafe ACT will collect, use, share, and store your personal information and how you can access and correct the information, please see the Privacy Statement at www.act.gov.au/privacy.

Review of this Work Health and Safety Act notice

If you have any questions or need more information you may contact the inspector who issued this notice, or email worksafe@act.gov.au.

You, or another person whose interests are affected by the decision, may apply for an internal review of the decision to issue this notice.

A review may be sought within 14 days, or in the case of an improvement notice within the compliance date period specified in the notice, whichever is lesser. You may also make an application for the reviewer to stay the operation of the Improvement notice.

Please ensure you include the notice number in your application for a review, together with the applicant's name and address, and the reason you are seeking the review.

An application for a review can be made in writing to: The Work Health and Safety Commissioner WorkSafe ACT, GPO Box 158 Canberra City ACT 2601 or by email:

worksafe@act.gov.au

You may then seek a review of an internal reviewer's decision in the ACT Civil and Administrative Tribunal (ACAT). Information about that process can be found at

www.acat.act.gov.au.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the ACT Supreme Court. Further, a person may make a complaint to the ACT Ombudsman about the issue of this notice.

WorkSafe ACT contact details

PO Box 158, Canberra ACT 2601

Email: Worksafe@act.gov.au

Phone: (02) 6207 3000

Fax: (02) 6205 0336.

Translating and Interpreting Service

Phone: 131 450

WORKSAFE.ACT.GOV.AU

MAIL
PO Box 158 Canberra ACT 2601

EMAIL
worksafe@act.gov.au

PHONE
02 6207 3000



PROHIBITION NOTICE

This is a Prohibition Notice issued under section 195 of the Work Health and Safety Act 2011

Information

Notice number N-0000003775

Issued By: Matt DAVIS

ID number: P32662

To whom this notice is issued

Name of registered directorate: Canberra Health Services

Business or trading name: 82049056234

ABN: 82049056234

Registered Address: suburb: state: postcode:

Site address: 30 Mugga Lane suburb: Symonston state: ACT postcode: 2609

Method of service: Personal

Served on: David Pepper

Date of issue: 12/04/2022

A verbal instruction was not issued.

Description

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)) is **WHS Acts Section number - 19(3)**

You are prohibited from carrying on the following activity, or the carrying on of the activity in a specified way:

Staff at Dhulwa Mental Health Facility are prohibited from interacting with consumers until the Occupational Violence hazard has been assessed as per Chapter 3 of the Work health and Safety Regulations 2011.

until the inspector is satisfied that the matters that give or will give rise to the risk have been remedied (s195(2)). The inspector reasonably believes that grounds for the issue of this notice exist (s195(1)), i.e. (a) an activity is occurring at a workplace that involves, or will involve, a serious risk to the health or safety of a person emanating from an immediate exposure to a hazard; or (b) an activity may occur at a workplace that, if it occurs, will involve a serious risk to the health or safety of a person emanating from an immediate or imminent exposure to a hazard.

Basis for belief (s196(1)(a))

Canberra Health Services is the PCBU under section 19 of Work Health and Safety Act for the worksite, Dhulwa Mental Health Facility, that provides mental health treatment to a range of consumers. The PCBU has a duty under section 19 (3) (c) to provide and maintain a safe system of work. On the 11 April 2022 at approximately 17:45 pm Inspectors were shown CCTV footage of a consumer physically assaulting a member of staff resulting in treatment by ambulance. The control measures in place for the Occupational Violence hazard associated with the work conducted at the facility failed to protect the worker. The risk to which the worker was exposed was both physical and psychosocial.

A person conducting a business or undertaking must ensure,
so far as is reasonably practicable—
(c) the provision and maintenance of safe systems of work to prevent occupational violence

Briefly, the activity that the inspector believes involves or will involve the risk, and the matters that gave or will give rise to the risk (s196(1)(b))

Staff interacting with consumers.

This Notice may include directions concerning the measures to be taken to remedy the risk or contravention. You must comply with the direction

Put in place a system of work that eliminates or where not reasonably practicable, minimises the risk of occupational violence and reduces the risk of physical and psychosocial injury to workers.

The inspector recommends that you:

It is recommended that a risk assessment is developed for all high risk interactions with consumers that ensures the WHS hazards are identified and the risks are eliminated where reasonably practicable; and where this is not reasonably practicable, the risks are minimised so far as reasonably practicable using the hierarchy of controls.

See over for important information on your rights and responsibilities.

Prohibition Notice issued under section 191 of the Work Health and Safety Act 2011 - further information

If you have any questions you may contact the inspector who issued this notice.

Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)). A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)). The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

Compliance with direction or notice

The person to whom a Prohibition notice is issued must comply with the notice (s197). The maximum penalty for failing to comply with this requirement is \$100,000 for an individual or \$500,000 for a corporation.

Regulator may carry out action

If a person to whom a prohibition notice is issued fails to take reasonable steps to comply with the notice, and after giving written notice of its intentions and the persons liability for the costs, the regulator (WorkSafe ACT) may take any remedial action it believes reasonable to make the workplace or situation safe (s 211). The regulator may then recover the reasonable costs of taking this remedial action (s213).

Contents of Notice

This Notice may state one or more of the following: (a) a workplace, or part of a workplace, at which the activity is not to be carried out; (b) anything that is not to be used in connection with the activity; (c) any procedure that is not to be followed in connection with the activity (s196(3)).

Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204). A Prohibition notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s205).

Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

Privacy statement

WorkSafe ACT may obtain personal information about you in connection with this notice. The information may be collected and stored using the powers, and to carry out functions or activities, under the *Work Health and Safety Act 2011* and related work safety laws. Under that Act, the information can be disclosed to other ACT Government agencies or non-government organisations, and other Australian work safety enforcement agencies.

WorkSafe ACT is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*. For more information about how WorkSafe ACT will collect, use, share, and store your personal information and how you can access and correct the information, please see the Privacy Statement at www.act.gov.au/privacy.

Review of this *Work Health and Safety Act* notice

If you have any questions or need more information you may contact the inspector who issued this notice, or email worksafe@act.gov.au.

You, or another person whose interests are affected by the decision, may apply for an internal review of the decision to issue this notice.

A review may be sought within 14 days. You may also make an application for the reviewer to stay the operation of the Prohibition notice.

Please ensure you include the notice number in your application for a review, together with the applicant's name and address, and the reason you are seeking the review.

An application for a review can be made in writing to: The Work Health and Safety Commissioner WorkSafe ACT, GPO Box 158 Canberra City ACT 2601 or by email: worksafe@act.gov.au

You may then seek a review of an internal reviewer's decision in the ACT Civil and Administrative Tribunal (ACAT). Information about that process can be found at www.acat.act.gov.au.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the ACT Supreme Court. Further, a person may make a complaint to the ACT Ombudsman about the issue of this notice.

WorkSafe ACT contact details

PO Box 158, Canberra ACT 2601

Email: [Worksafe @act.gov.au](mailto:Worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336.

Translating and Interpreting Service

Phone: 131 450

ADVISORY NOTE

Minister for Health

TRIM Ref: MCHS22/258	Occupational Violence at Dhulwa
Critical Date	14 April 2022
Chief Executive Officer	Dave Pepper/...../.....

Minister's question/s:

Provide an update on the Occupational Violence at Dhulwa Mental Health Unit (Dhulwa)

Canberra Health Services' response:

- On 8 March 2022 Canberra Health Services (CHS) received a s155 Notice from WorkSafe requesting video footage of 28 January – 3 March of occupational violence incidents – this information was provided by the due date. This was related to one consumer who had been the instigator of a number of occupational violence episodes during this period.
- The follow up meeting from this information is arranged for today 14 April 2022 at 2pm where the inspectors have asked to see the facility for familiarisation
- On Monday 11 April 2022 an HSR from Dhulwa and ANMF put on a cease work against and work related to this same consumer. CHS invited Worksafe to the premises to assist with resolution of this matter. Worksafe found there was no legislative basis for the cease work and it was an inappropriate action
- On Monday 11 April 2022 whilst Worksafe was at Dhulwa a serious occupational violence event occurred with a different consumer. This event related to the delivery of bad news by a staff specialist [REDACTED] As a result of this incident Worksafe issued a Prohibition Notice and an Improvement Notice on 12 April 2022.
- The wording of the Prohibition Notice was such that it could be interpreted in a way which may have led to greater staff safety risks and issues in the continuity of service and CHS, on the advice of the GSO, requested a review of the wording to more clearly express the intent of the Notice and the activities it was intending to prohibit. The notice was stayed for 24 hours and was reissued on 14 April 2022 with clearer direction. The wording of the Improvement Notice was also requested to be reviewed to provide more clarity. This notice was also stayed for 24 hours and changes were made and it became effective again on 14 April 2022 at 2pm.
- On Thursday 14 April 2022 CHS received a s155 notice requesting video footage in relation to the cease work incident and the serious incident from the 11 April 2022 and a series of documents relating to controls.

- Following the 8 March 2022 request a range of activities were undertaken to minimise risk as far as reasonably practicable. They are as follows:
 - A roster of senior and experienced clinicians from across MHJHADS has been established for DMHU. This additional support was put in place from the week of 14 February 2022 from Monday to Sunday, across both morning and evening shifts. From 21 February, senior management has been made available to the staff on Saturday and Sunday. This provides strong leadership, encouragement, and additional support for staff, to safely interact with consumers aligned to individual Behavioural Support Plans.
 - Environmental assessments have occurred in the physical environments where we care for high-risk consumers. All environmental risks requiring mitigations have been complete.
 - Scenario based training was provided to staff on 15 February 2022 and will continue to be available. This will provide staff with an opportunity to practice techniques and team-based working. Security will also join the team in this training. This aims to support the staff to feel confident in leading effective responses to incidents.
 - All staff at DMHU have now been advised that the Violence Prevention and Management (VPM) training techniques will continue to be in place until at least 80 per cent of staff have been trained in the OV methodology. We will clearly communicate this milestone to staff and the change in methodology once this occurs.
 - DMHU has 5 OV 'Train - the – Trainers' within the staff cohort, more than twice the trainers than any other area of CHS. We have also provided 8 hours of OV training per DMHU staff member, double of what is prescribed in the implementation of the new OV training.
 - People and Culture are working with MHJHADS to establish on site practical scenario based OV training to ensure the new methodology is well understood and implemented insitu. This will be led by the current OV trainers.
 - Staff debrief sessions will continue twice weekly, providing staff with an opportunity to raise any concerns and share key learnings from incidents.
 - The multi-disciplinary team are working together to focus on increasing the availability and accesses to structured activities and engagement in therapeutic group programs.
 - Progression of the implementation of Wardspersons in DMHU is occurring to provide additional support and situational security for staff and consumers. This has been a highly effective model in the Adult Mental Health Unit and will leverage from that model.
 - Guidance on the use of PPE under Clinical Health Emergency Coordination Centre (CHECC) advice 106 has being recirculated, this advice does allow the provision to remove PPE where mask wearing creates a risk to health and safety, and where clear enunciation or visibility of the mouth is essential.

UNCLASSIFIED

- EAP Critical Incident debriefing was arranged, and staff encouraged to attend these sessions.
- Seated massage sessions have been arranged to support staff well-being and to assist in stress management.
- MHJHADS are working with P&C to roll out a series of role clarification workshops to empower staff to clearly understand their roles and responsibilities and resolve any clarification or role demarcation issues.
- A Senior Nurse has been allocated to focus on OV across MHJHADS for the next three months with a focus on DMHU. The role will support training, education, reporting, governance, coaching, mentoring and the development and implementation of new strategies to reduce OV.
- Following the 11 April incident it was agreed the actions which would be appropriate to address the Prohibition Notice were to
 - Inservice in dynamic risk assessment has commenced at Dhulwa today (14/04/22) under a two week pilot program as follows: A time out safety discussion - just as we do in theatre before surgery commences (because it's a high-risk activity), we pause for a moment, come together as a team and discuss the plan before commencing the activity. We'll do the same for any interaction with clients where there is a risk that someone could get hurt.
 - A new safety huddle following the completion of clinical handover - just as it's important to hand over the latest clinical information on our clients between shifts, it's critical we are sharing information and advice on any escalating behaviours or risks to team members coming onto shift, to ensure everyone is aware of the potential occupational violence risk.
- An action plan is being developed to determine milestone reporting and evidence checking by WorkSafe to allow lifting of the notices.
- GSO and CMTEDD Safety team are providing ongoing support

Noted / Please Discuss

.....

Rachel Stephen-Smith MLA
Minister for Health

....../....../....

Signatory Name: Kalena Smitham

Phone: 5124 9631

Action Officer: Daniel Guthrie

Phone: 5124 9544

From: Guthrie, Daniel (Health)
Sent: Thursday, 14 April 2022 12:36 PM
To: Alford, Robert
Cc: Davis, MattE
Subject: RE: Request for internal review - PN-000000

Follow Up Flag: Follow up
Flag Status: Flagged

OFFICIAL: Sensitive

Thanks Bob,

I can't thank you enough and Matt for working with us on this.

We look to making improvements at Dhulwa to make it safer for staff. Just about to head out there.

Have a good long weekend.

Regards

Daniel

From: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Sent: Thursday, 14 April 2022 11:57 AM
To: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>
Cc: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Subject: Request for internal review - PN-000000
Importance: High

OFFICIAL: Sensitive

Dave

Please see internal review and decision in the attached pdf.

The updated varied prohibition notice will be issued soon by Matt Davis.

In respect to the internal review request for the improvement notice the decision will be forthcoming later today.

Any questions please let me know.

Kind Regards

Bob Alford | Senior Director - Compliance & Enforcement
P: 02 6205 4261 [REDACTED] E: robert.alford@worksafe.act.gov.au
Office of the Work Health and Safety Commissioner
GPO Box 158 Canberra ACT 2601

WORKSAFEACT**ACT**
Government

We acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. We pay our respects to them, and to the Elders both past and present.



From: Alford, Robert <robert.alford@worksafe.act.gov.au>
Sent: Thursday, 14 April 2022 11:51 AM
To: Alford, Robert <Robert.Alford@worksafe.act.gov.au>
Subject: Your scan (Scan to My Email)

To Mr. Daniel Guthrie
Senior Director | Work Health Safety
People and Culture | Canberra Health Services
Level 1, Building 23 | Canberra Hospital

14/04/2022

Dear Daniel

On the 13 April 2022 you applied for an internal review of Prohibition Notice N-0000003775 issued to PCBU under section 195 of the *Work Health and Safety Act 2011* (WHS Act).

Section 223 of the WHS Act identifies which decisions made under the Act are 'reviewable decisions' and who is an 'eligible person' in relation to each reviewable decision.

- A prohibition Notice issued under section 195 of the WHS Act is a reviewable decision and as a legal representative of the person conducting a business or undertaking whose interests are affected by the decision you are an eligible person.

Section 224 (1) of the WHS Act provides that an eligible person may apply for internal review of a reviewable decision that is not a decision made by the Regulator or a delegate of the Regulator.

- The decision to issue the notice was made by an Inspector with delegations under section 160 of the WHS Act. Inspector Matthew Davis holds delegations under the WHS Act.

Applications must be lodged within 14 days of the date on which the reviewable decision came to the notice of an eligible person; or relating to an improvement notice should be lodged before the compliance date specified on the notice or within 14 days, whichever is the earlier.

- The date of issue of the notice was issued on the 12 April 2022, the date of compliance is not applicable, your application was received on the 13 April 2022 which is inside the legislated timeframe.

Section 225 of the Act provides that the regulator may appoint a person or body to review decisions on applications under Division 12.2 and that the person who made the decision cannot be an internal reviewer in relation to that decision.

- I hold delegations for section 225 of the WHS Act as I was not the person who made the decision to issue the notice.

Section 226 of the Act provides that the internal reviewer must review the reviewable decision and make a decision as soon as reasonably practical and within 14 days after the application for internal review is received.



- I acknowledge that this timeframe has been met, section 226 (6) of the WHS Act specifies that if the reviewable decision is not varied or set aside within the 14-day period, the decision is taken to have been confirmed by the internal reviewer.

Section 227 specifies that as soon as practicable after reviewing the decision the internal reviewer must give the applicant the decision and the reasons for the decision in writing.

This letter is the formal notification of the decision and reasons for that decision.

Section 228 specifies when a prohibition notice can be stayed at the discretion of the reviewer and/or stayed at upon application of the eligible persons. You have not requested a stay of the notice however outlined concerns that the directions of the prohibited activity would create an environment that potentially not allow the PCBU to comply with the notice during normal operational requirements.

As the reviewer I have stayed the notice. The expiry of the decision to stay the notice will be 2.00pm Thursday 14 April 2022 (today). After this time the original notice as issued will be reinstated and is to be posted in a prominent location at the workplace specified.

Review

Inspector actions:

The notice was issued to PCBU trading as Canberra Health Services - ABN 82049056234 and was served on Mr Dave Pepper by email on the 12 April 2022. The work being conducted at Dhulwa, 30 Mugga Way SYMONSTON ACT 2609 was as advised by the person conducting a business undertaking (PCBU) as an interaction with a consumer whereupon a cohort of workers have undertaken a consumer interaction to remove items from the subject consumer. A violent interaction has ensued with one member of staff being physically assaulted requiring physical intervention to stop the assault continuing. The worker was treated by ambulance and it is believed they were conveyed to the Canberra Hospital for assessment and treatment. The incident was considered to have caused physical and psychological injury to the injured worker and other workers directly involved in this consumer interaction. The inspector has viewed CCTV footage of the violent confrontation immediately after the incident and formed the belief that all the workers involved had been exposed to a risk of occupational violence. The interaction appeared to be undertaken without any prior assessment of the risk nor did the workers consider the potential hazards or risks due to poor planning and lack of situational awareness. It was immediately apparent that a control measure had failed. The risk was determined by the inspector to have not been assessed utilising a safety management system to guide workers how to minimise the risk.

The safety management system was either not implemented by workers or available by the PCBU for workers to access to assist with minimising the hazard and risk for all high-risk interactions.

The inspector has subsequently issued the notice and improvement notice number N-0000003778.

The notice issued require the PCBU to ensure that all high-risk interactions with consumers is not undertaken without assessing the risk and planning the appropriate course of action to minimise the identified risk arising from the hazard.

The section the Notice was issued against is section 19 (3) (c) of the WHS Act.

WHS Act - Section 19 Primary Duty of care

(1) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, the health and safety of:

(a) workers engaged, or caused to be engaged, by the person; and

(b) workers whose activities in carrying out work are influenced or directed by the person, while the workers are at work in the business or undertaking.

(2) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business or undertaking.

(3) Without limiting subsections (1) and (2), a person conducting a business or undertaking must ensure, so far as is reasonably practicable:

(c) the provision and maintenance of safe systems of work.

Elements of the offence

1. The person had a health and safety duty.

Proofs:

- Who owes a health and safety duty?
 - Health and safety duties are owed by a person conducting a business or undertaking (PCBU).
 - Establish (who is the duty holder):
 1. the offender was a person conducting a business or undertaking
 - (a) Canberra Health Services is a PCBU ABN 82049056234
 2. at the place and time alleged.
 - (a) Canberra Health Services were in control of the workplace at the time of the incident.
- Who is owed a health and safety duty?
 - Workers:
 - Establish that any failure of the PCBU to ensure, so far as is reasonably practicable, health and safety was to:
 1. worker(s) - the worker assaulted was employed by CHS as a doctor
- What are the duties?
 - Section 19 Primary Duty of care
 - (1) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, the health and safety of:
 - (a) workers engaged, or caused to be engaged, by the person; and
 - (b) workers whose activities in carrying out work are influenced or directed by the person, while the workers are at work in the business or undertaking.
 - (2) A person conducting a business or undertaking must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put

at risk from work carried out as part of the conduct of the business or undertaking.

(3) Without limiting subsections (1) and (2), a person conducting a business or undertaking must ensure, so far as is reasonably practicable:

(c) the provision and maintenance of safe systems of work.

2. The person failed to comply with that duty.

Proofs:

- Establish that the PCBU failed to ensure, so far as is reasonably practicable the health and safety of their workers. AND/OR. Establish that the PCBU failed to ensure, so far as reasonably practicable that other persons were not put at risk from work carried out as part of the business or undertaking (what was their conduct – act or omission):
 - (a) The PCBU failed to implement a safe system of work that prevented the worker being exposed to a risk of injury from occupational violence provision and maintenance of a work environment without risks to health and safety.

3. The failure exposed an individual to a risk of death or serious injury or illness.

Proofs:

- Establish that the failure of the PCBU to comply with the health and safety duty exposed (what was the hazard and risk)
 - The failure exposed the worker to an occupational violence hazard and the risk of occupational violence was realised when the doctor was struck by the consumer. an individual to risk; and
- Establish in your reasonable belief how the section was breached (what could have been reasonably done):
 - The incident could be avoided by a safe system of work in place that controls the risk associated with the occupational violence hazard.

Grounds for review:

The PCBU requested the review after raising concerns that the direction as outlined stated – *"The phrase 'interacting with consumers' can be taken to encompass all engagement activities that staff conduct, including all associated low, medium and high-risk activities. This is likely to cause confusion for staff and management in its application, and may significantly impact operational service delivery due to Management and staff withdrawing from all or some work functions e.g. due to concerns at not being compliant with the notice."*

Further that the eligible person requesting the review have consideration for the review change the work hazard to risks.

As stated in the request – *"More specific wording would be beneficial and changing the word hazard to 'risks' (i.e. so that it becomes 'Occupational Violence risks have been assessed'"*

Decision on internal review

The decision:

The notice is varied and is confirmed with the following amendments made to the prohibited activity within the notice as described. The notice will be reissued with the new variation.

"Dhulwa Mental Health facility workers are prohibited from undertaking any planned high- risk interactions/activity with consumers without ensuring all potential occupational violence hazards have been identified and risks has been assessed with control measures implemented as per Chapter 3 of the Work Health and Safety Regulations 2011."

The statement of reasons:

You are to read the entire notice to understand the requirements as outline below in reasons for this decision.

The notice as issued with directions was considered by Canberra Health Services to contain conflicting application to current and routine work practices at the facility that would potentially lead to workers not being able to comply with the prohibited activity and therefore be in breach of the prohibition notice.

In reviewing the request for this internal review, the decision after consultation was undertaken it was identified that the direction was restrictive and caused confusion that perceived that the facility would require complete closure and workers to cease all work.

This was not the intent of the notice as issued by the issuing inspector. The notice was issued to ensure that the person conducting a business or undertaking so far as is reasonably practical – the provision and maintenance of safe systems of work to prevent occupational violence as outlined in the notice under the subheading "Basis for belief" (s196(1)(a).

Further as outlined in the notice under the subheading "the inspector recommends that you" –

*It is recommended that a risk assessment is developed for **all high-risk interactions** with consumers that ensures the WHS hazards are identified, and the risks are eliminated where reasonably practicable; and where this is not reasonably practicable, the risks are minimised so far as reasonably practicable using the hierarchy of controls.*

Canberra Health Services are to apply the recommendations to develop the risk assessment aligned to all the high-risk interactions as identified.

Request for External review

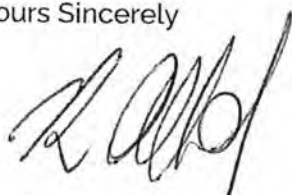
Under section 229 of the WHS Act an Application for external review may be made by an eligible person who may apply to the ACAT for review (an external review) of:

- a reviewable decision made by the regulator; or
- a decision made, or taken to have been made, on an internal review.

The application must be made:

- if the decision was to forfeit a thing (including a document) within 28 days after the day on which the decision first came to the applicant's notice; or
- in the case of any other decision—within 14 days after the day on which the decision first came to the applicant's notice; or
- if the regulator is required by the ACAT to give the eligible person a statement of reasons, within 14 days after the day on which the statement is provided.

Yours Sincerely



Robert (Bob) Alford | Senior Director - Compliance & Enforcement

P: 02 6205 4261 [REDACTED] E: robert.alford@worksafe.act.gov.au

Office of the Work Health and Safety Commissioner

GPO Box 158 Canberra ACT 2601

WORKSAFEACT

From: Guthrie, Daniel (Health)
Sent: Friday, 15 April 2022 11:24 PM
To: Chhina, Jagdeep
Subject: Injured staff members name - [REDACTED] - Dhulwa

OFFICIAL

[REDACTED]

Daniel

Daniel Guthrie
Senior Director | Work Health Safety
People and Culture | Canberra Health Services
Level 1, Building 23 | Canberra Hospital
Phone: 5124 9544 [REDACTED]
Email: daniel.guthrie@act.gov.au

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**Canberra Health
Services**

From: Guthrie, Daniel (Health)
Sent: Saturday, 16 April 2022 6:22 PM
To: Worksafe Notices
Cc: Chhina, Jagdeep
Subject: FW: Dhulwa Incident 15/04/22 - Serious Injury [REDACTED]
Attachments: Psychological Support for Staff - A Manager's Guide .docx; Incident involving [REDACTED]
 [REDACTED] Current situation and next steps for the incoming shift; Notifiable -
 150422 - [REDACTED]; RE: Dhulwa Incident
 15/04/22 - Serious Injury [REDACTED]
Follow Up Flag: Follow up
Flag Status: Flagged

OFFICIAL

Hi Jagdeep,

My apologies this was all done last night and I thought I had actually copied you in.

In terms of the nurse the last update at 5:30 today was that they are awaiting surgery [REDACTED]
 [REDACTED]

I have completed some preventative actions as you can attached.

Regards

Daniel

Daniel Guthrie
 Senior Director | Work Health Safety
 People and Culture | Canberra Health Services
 Level 1, Building 23 | Canberra Hospital
 Phone: 5124 9544 [REDACTED]
 Email: daniel.guthrie@act.gov.au

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**Canberra Health
Services**

From: Guthrie, Daniel (Health)
Sent: Saturday, 16 April 2022 2:40 AM
To: Ludvigson, John (Health) <John.Ludvigson@act.gov.au>; Mooney, Chris (Health) <Chris.Mooney@act.gov.au>;
 Samara, Rohan (Health) <Rohan.Samara@act.gov.au>; Gomes, Dario (Health) <Dario.Gomes@act.gov.au>; Tarbuck,
 Chris (Health) <Chris.Tarbuck@act.gov.au>; Ward, Sonny (Health) <Sonny.Ward@act.gov.au>
Cc: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>;

Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>

Subject: Dhulwa Incident 15/04/22 - Serious Injury [REDACTED]

Importance: High

OFFICIAL

Hi everyone,

Please refer to the below and attached. Notifiable incident has been reported to WorkSafe as per attached.

[REDACTED] The review of CCTV determined that this was a serious injury but accidental and unfortunate, and not involving OV.

Could I ask that A/H Exec On-call coordinate from this point forward (Chris Tarbuck was the Exec representative last night in the meeting as per the attached email).

I suggest that the excerpt below from the attached 'Psychological Support for Staff – A Manager's Guide' be followed to guide future actions, section 1 below is complete based on actions that have already occurred.

It will be important to assign staff to follow up and support [REDACTED] staff who were on shift at time including Security, and to provide ongoing updates to staff at Dhulwa and the ANMF and WorkSafe (Chinna Jagdeep). It is important to also ensure that a close eye is kept on [REDACTED]

Please contact me if there are any major developments that require WorkSafe or WHS.

Regards

Daniel

Daniel Guthrie

Senior Director | Work Health Safety
People and Culture | Canberra Health Services
Level 1, Building 23 | Canberra Hospital
Phone: 5124 9544 | [REDACTED]
Email: daniel.guthrie@act.gov.au

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ACT
Government

**Canberra Health
Services**

From: Guthrie, Daniel (Health)

Sent: Saturday, 16 April 2022 12:18 AM

To: Ludvigson, John (Health) <John.Ludvigson@act.gov.au>; Mooney, Chris (Health) <Chris.Mooney@act.gov.au>; Samara, Rohan (Health) <Rohan.Samara@act.gov.au>; Gomes, Dario (Health) <Dario.Gomes@act.gov.au>; Tarbuck, Chris (Health) <Chris.Tarbuck@act.gov.au>; Ward, Sonny (Health) <Sonny.Ward@act.gov.au>

Subject: RE: Dhulwa Incident - [REDACTED]

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For reference

Attachment 9: Critical Incident WHS Immediate Response Checklist

This checklist is designed to assist managers to manage the immediate to short term response to critical incidents.

Note: A critical incident is any incident or the accumulation of incidents (direct or indirect exposure), that may have a significant impact on the health and wellbeing of staff.

Note: If the incident relates to an emergency code event (e.g. code yellow) follow the emergency code actions and use this document as supplementary guide if appropriate.

1. Assess the Situation and Ensure Staff are Safe

- ☐ Determine the particulars of the incident including the work areas and staff who are impacted.
- ☐ Take action to ensure the impacted work area is as safe as possible and that all staff receive first aid or medical treatment as required.
- ☐ Consider the immediate needs of any patients, visitors or others impacted by the incident.
- ☐ Ensure that all relevant staff and others are accounted for i.e. are staff missing?
- ☐ Report to Police and/or WorkSafe where appropriate. Ensure the preservation of potential evidence until cleared by Police or WorkSafe (where relevant).
- ☐ Alert Executive via reporting lines to provide an initial summary of the critical incident.
- ☐ Contact next of kin to communicate urgent information e.g. staff injury/condition (if applicable).

2. Determine Management Response Lead/Team and Consider Initial Communication to Staff

- ☐ Determine who will lead the management response and if necessary which managers and staff members will assist in leading the response team. If more than one manager, aim for a small rather than a large group (fewer is better) and no more than seven people is recommended.
- ☐ Revisit the particulars of the incident to confirm facts and update information and discuss with the response team. Record a summary of facts e.g. What? Where? When? Who? How?
- ☐ Determine contact arrangements between staff and the lead manager/response team and relevant managers of affected staff i.e. to ensure that staff on the ground provide information through their manager to the response team.
- ☐ If appropriate at this time develop an initial communication to staff. Determine the target audience (consider shift changes) and communication pathway/s e.g. via public announcement, email, verbally via local managers. Develop a short statement detailing:
 - What is known of the incident, initial management actions and response
 - Who to contact to provide information, address issues, or if the situation/event changes or escalates e.g. contact the staff member via their manager in the first instance.
 - When an update with further information is likely to be provided.

3. Determine Immediate and Short-Term Response Requirements

- ☐ Develop and prioritise an action plan detailing immediate and short-term response actions and delegate tasks within the response team. Consider the following:
 - Employee Assistance Program support – providing EAP contact details to staff or organising structured group session within 24-72 hours (refer to Operational Debrief Fact Sheet)
 - Determine other support that can be provided:
 - Allow staff time to debrief and discuss with colleagues, allow staff time to contact next of kin/family, organise assistance with transport to home, phone or text contact after work to check on their welfare and provide update if appropriate
 - take staff offline, give permission to staff to leave work early, provide leave options (e.g. discretionary, family violence, disaster). Contact CHS Employee Services for leave options.

- Managers should check for staff who are the most distressed, agitated or behaving different to usual and provide support and feedback to response team
- Determine ongoing communication protocols and arrangements – timings for updates with staff and Executive and content of communications
- Managers to regularly check in with staff, including outside work hours if appropriate e.g. via text message
- Staff to lodge staff incident report on Riskman as appropriate
- Utilise the following information and Fact Sheets
 - Psychological Support for Staff – A Guide for Managers
 - Support for Staff
 - The Mental Health Continuum
 - Self-Care Plan
 - Personal Reflection
 - What are your responsibilities?
 - RUOK?
 - Response to Colleague who is Distressed or Suicidal
 - Psychological First Aid
 - Operational Debrief
 - EAP Process Following a Critical Incident

From: Guthrie, Daniel (Health)

Sent: Friday, 15 April 2022 11:45 PM

To: Ludvigson, John (Health) <John.Ludvigson@act.gov.au>; Mooney, Chris (Health) <Chris.Mooney@act.gov.au>; Samara, Rohan (Health) <Rohan.Samara@act.gov.au>; Gomes, Dario (Health) <Dario.Gomes@act.gov.au>; Tarbuck, Chris (Health) <Chris.Tarbuck@act.gov.au>; Ward, Sonny (Health) <Sonny.Ward@act.gov.au>

Subject: Dhulwa Incident - [REDACTED]

OFFICIAL

Draft – more to come

Hi everyone,

Thanks for assisting so far with this serious incident tonight.



Canberra Health Services

Guideline

Psychological Support for Staff - A Manager's Guide

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Guideline Statement

Background

Working in health care can be highly demanding and very rewarding, whether it's in a health professional, administrative, support or technical role. Health care services can create a "calling" for helping people, a strong sense of purpose and the feeling that the work is being appreciated. However, it can be repetitive, intense, and stressful at times, challenging staff personally and professionally. This can result in negative consequences such as compassion fatigue, vicarious trauma, post-traumatic stress, and/or burnout.

Key Objective

The purpose of this Guideline is to inform managers how to provide psychological support to staff day-to-day, as well as following any incident or event. This Guideline has been developed using trauma-informed practice principles.

Alerts

- The wellbeing and safety of staff is always the priority.
- Promoting and supporting the mental health and wellbeing of staff leads to better patient care and outcomes.
- Managers have a responsibility to provide leadership, guidance, and support for the wellbeing of staff they supervise.

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Scope

This Guideline applies to all Canberra Health Services (CHS) staff, volunteers, contractors, and students.

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Section 1 – Roles and Responsibilities

Managers

- Provide leadership, guidance, and support for staff they supervise.
- Create a culture of psychological safety in the workplace where staff feel safe to speak up.
- Provide support to staff who approach them and/or refer staff to relevant support service.
- Provide peer support for other managers.
- Ensure staff are provided with resources, tools, and support.

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- Ensure this Guideline, relevant Fact Sheets, Support for Staff posters (Attachment 1) and similar support material are circulated and displayed throughout the workplace.
 - These are available from the staff health and wellbeing (MyHealth) intranet site or the MyHealth Manager.
- Support staff to attend programs that increase awareness and education of self-care and stress management.
- Practice self-awareness and self-care [(See Mental Health Continuum (Attachment 2) and Self-Care Plan (Attachment 3)].
- Use resources included in this Guideline.
- Ensure MyHealth Strategy initiatives are implemented.

Staff

- Report to your manager if you or a colleague is experiencing a change in behaviour or strong emotional response.
- Utilise clinical or professional supervisors for support.
- Provide peer-to-peer support for colleagues.
- Attend programs that will increase awareness and education of self-care and stress management.
- Seek support. There is no time limit on when support can be provided.
- Advise colleagues of the range of support services available or refer them to an appropriate manager if you are unsure of support options.
- Contact Workplace Resolution and Support Service for independent support and advice if you are experiencing serious workplace issues and/or unreasonable workplace behaviours.

People and Culture

- Provide information on the range of resources and support services available to staff.
- Offer a variety of programs on mental health awareness in the workplace through the MyHealth Staff Health and Wellbeing program.
- Work with managers and teams, as required, to ensure business continuity in the short-term following any incident.
- Promote this Guideline through regular communication channels, including working with Communications to include in all staff communications.

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Section 2 – Introduction

Promoting and supporting the mental health and wellbeing of staff leads to better patient care and outcomes, improved productivity, greater engagement and improved recruitment and retention. Mental health is a state of wellness and is not merely the absence of illness. Mental health exists on a continuum (see diagram below) – a sliding scale from positive, healthy, and functioning at one end through to severe symptoms of mental health

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conditions at the other. People move along the scale from day-to-day in response to different family, work, or other life circumstances.¹

Mental Health Continuum



- When people are in the green area of the continuum they are feeling well.
- Moving into the yellow area people may be having difficulty coping.
- In the orange area, as symptoms increase, it is recommended people seek support from a General Practitioner (GP).
- At the red end of the continuum people may be unable to perform at work or be at risk of self-harm or suicide.

Managers need to maintain an understanding of what is happening in their team and how their staff are functioning, including their emotional wellbeing. Knowing when someone in the team is going through a tough time can help managers provide support. Early detection of behavioural changes and provision of information and support gives staff the best chance of resolving matters quickly. If identified and treated early, mental health concerns may be temporary and reversible.

Staff also need to feel comfortable to speak openly about mental health in the workplace, without fear of stigma or discrimination, and be supported to recover. Staff may be affected by the work that they do at CHS. This can be through exposure to incidents directly or indirectly.

Examples of Direct Exposure

- Unexpected or extraordinary incident.
- Death of a patient/colleague or providing end of life care.
- Workplace incidents or injuries.
- Occupational violence (including physical violence or verbal aggression).
- Unreasonable workplace behaviours.
- Self-harm, unexpected death, or suicide.
- Coroner's inquest.
- Witnessing an incident that caused harm.

Examples of Indirect Exposure

- Reading and/or hearing people talk about an incident that caused harm.

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- Reading and/or hearing people talk about a patient/colleague that died or providing end-of-life care.
- Helping people after an incident.
- Seeing people's inability to improve their life circumstances.

Any incident has the capacity to affect staff – it doesn't have to be a critical incident. It can be the combination of accumulated stress rather than the incident itself that can cause an unusually strong emotional response. An accumulation of low impact incidents can gradually impact the staff member's mental health. The reaction of the staff member makes it significant for that person, not the nature or size of the incident.

Attachment 2 (Mental Health Continuum) provides additional information.

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Section 3 – Risk and Protective Factors

The characteristics of people who work in health care and the nature of their work can contribute to their mental wellbeing and protect their mental health. Having meaningful work can also be linked to high levels of job satisfaction.

There are risk and protective factors that can influence a person's mental health. Workplace risk factors include (but are not limited to):

- Heavy workloads
- Long working hours
- Shift work
- High levels of responsibility
- Occupational violence¹
- Lack of role clarity
- Poor support from supervisors and/or co-workers
- Lack of recognition
- Poorly managed relationships
- Poorly managed change
- Inappropriate behaviours
- Abuse/mistreatment from patients and patients' families.

There are also some groups of people who may be at greater risk of experiencing ill effects to their mental health and wellbeing due to previous exposure to traumatic events, including people who are:

- Health and welfare support workers
- Young
- Refugees
- Culturally and linguistically diverse
- Aboriginal and Torres Strait Islander

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- Identify as Lesbian, Gay, Bisexual, Transgender, Queer, or Intersex Plus
- Veterans; or have:
 - An underlying mental illness or
 - Repeated exposure to death or violence.²

There are numerous protective factors for wellbeing, including a physically and psychologically safe work environment, manageable workloads, role clarity, effective leadership and support from colleagues and managers.

A strong protective factor essential for wellbeing is self-care. The first step in self-care is self-awareness. The Mental Health Continuum (refer to Section 2) can assist with self-awareness. Managers should encourage and support staff to manage their mental health through regular self-care. The self-care plan offers a range of suggestions that staff can utilise in the domains of physical, psychological emotional, spiritual, personal, and professional self-care.²

Another tool that can be utilised is Reflective Practice or Personal Reflection - often used in professional development by health professionals. This process can help staff explore an experience they've had and identify their behaviour, thinking and emotions around that experience (Attachment 4).

CHS also offer a wide range of counselling services to support staff.

How do you create psychological safety?

Managers play a key role in creating and fostering a culture of psychological safety in the workplace. The following attributes and skills are critical for managers to create and improve psychological safety in teams and for individuals:

- Effectively communicate by listening, sharing information, facilitating communication, and encouraging individuals and teams to speak up and ask questions.
- Support inclusion and diversity by respectfully and sensitively appreciating individual differences.
- Provide constructive, regular, and supportive feedback on goal achievement, performance and development and actively seek feedback on their own performance.
- Provide recognition, appreciation, and acknowledgement of staff member's efforts.
- Provide role clarity to reduce ambiguity and resolve task conflicts.
- Foster team cohesion through fairness and building trust by encouraging team members to communicate respectfully and openly with each other and managing conflicts collaboratively.
- Provide support by praising effort and accomplishments.
- Provide help to the team when required.
- Encourage colleague and peer support.

In newly formed teams, managers may need to focus more on the above attributes and skills to foster psychological safety, compared with more established teams.

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Why is psychological safety important?

Psychological safety positively impacts work engagement, team cohesion, learning, problem-solving, innovation, and clinical outcomes. It also means staff feel safe to challenge the status quo to improve service delivery, are more inclined to share information, ask questions, speak up, and take the initiative to suggest improvements.

Psychological safety impacts the staff member, the team and organisational performance.

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Section 4 – Support

Managers have a responsibility to provide leadership, guidance, and support for the wellbeing of staff they supervise (Attachment 5).

Managers should:

- Connect with their staff on a regular basis, preferably face-to-face (or video meeting if required), to check on their wellbeing.
- Encourage staff to look after themselves and each other. Consider implementing wellbeing activities for the team.
- Educate themselves about mental health in the workplace.
- Identify and take action if a change in a staff member's behaviour is noticed.
- Encourage and model respectful behaviours and communication.
- Identify possible workplace stressors and discuss how these may be mitigated in the workplace.
- Demonstrate healthy work habits.
- Provide support to staff who may be struggling with their mental health.
- Respond to a colleague in distress after completing the RUOK? Self-Check (Attachments 6 and 7).
- Following a critical incident utilise the range of resources available (refer to Attachments 1-11).³

Before checking in on a staff member's wellbeing, managers should reflect on whether they are the most suitable person to provide support, considering the relationship with that person. If managers are not the most suitable person to provide support for that staff member or if they are unable, consideration should be given as to who may be able to and arrange for a colleague to assist to ensure it happens.

Managers should ask themselves:

1. Am I ready? – Am I in a good headspace? Am I genuinely willing to listen? Can I give as much time as needed?
2. Am I prepared? - Am I ready to hear the answer if it's 'No I'm not OK'. Do I understand I can't fix every problem? Do I accept they might not be ready to talk or might not want to talk to me?

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3. Have I picked my moment? - Have I chosen somewhere relatively private and comfortable? Have I allowed enough time to chat properly? Have I figured out when would be a good time for them to chat?

How to ask using the “RUOK?” Model

If a staff member doesn't seem themselves (e.g. there has been a change in their behaviour) there are some simple conversation managers can have to check on their wellbeing.

Managers are encouraged to use the RUOK? model. ³

1. Ask – are you OK?
2. Listen without judgement – take what they say seriously.
3. Encourage Action – if they've been feeling down for more than 2 weeks encourage them to make an appointment to see a health professional, and to take leave if required.
4. Check-in - make time to catch up soon and ask how they're going.

Suicidal ideation

If a staff member is so distressed that they are unable to function or are seriously injured and in need of medical care, if on-site at the Canberra Hospital and if it is safe to do so, take them to the Emergency Department, otherwise Dial 0-000, for an ambulance. If there is a risk to the welfare and safety of staff, threatening harm to self or others, managers should follow their Emergency Plan and call a Code Black (on a site with security presence, call 2222, otherwise dial 0-000 for Police). See Response to Colleague who is Distressed or Suicidal Fact Sheet (Attachment 7).

Note: Emergency Plans are available on the HealthHub:

<https://healthhub.act.gov.au/emergency-safety/emergency-plans>

If you believe a staff member is currently thinking about self-harm this should be taken seriously every time and you should not promise to keep their plans secret. You should be open about your concerns, stay calm and speak to the staff member, telling them why you are worried and ask them directly if they are thinking about suicide. You should suspend other activities and seek a support person, involving the staff member if possible. It should be your priority to keep the staff member safe, in the least restrictive way that is consistent with their wellbeing. While waiting for help to arrive, managers should continue to talk to the staff member, with empathy and without counselling or judgement.

Immediate support options, if a staff member's life is not in immediate danger, are:

- Access Mental Health Team on 1800 629 354
- Lifeline on 13 11 14, or the
- Suicide Call Back Service on 1300 659 467.

Ongoing support options not recommended in the first instance include:

- the Employee Assistance Program (EAP)
- General Practitioner
- Next Step (a mental health program developed by Beyond Blue) or

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- profession-specific support services such as Doctors' Health Advisory Service, Dental Practitioners Support Service, Nursing & Midwifery Support Service or Pharmacists' Support Service.

Family Violence

CHS aims to create a safe environment where disclosures of family violence are taken seriously, and the appropriate support is always provided. If a staff member discloses family violence the response is:

- Believe and validate the staff member's experience by using a non-judgemental, supportive, and encouraging method with the Listen, Inquire, Validate, Enhance, Support (LIVES) approach:
 - Listen: to the staff member closely, with empathy and without judging, consider culture.
 - Inquire: assess and respond to the staff member's various needs and concerns (emotional, physical, social and practical).
 - Validate: show that you understand and believe the staff member. Assure them that they are not to blame.
 - Enhance safety: discuss a plan to protect them from further harm if violence occurs again.
 - Support: help the staff member connect to information, services, and social support.
 - For further information see Family Violence Policy, Family Violence Workplace Procedure, Identifying and Responding to Family Violence Procedure.

Psychological First Aid (PFA)

To support staff following a critical incident, managers, team leaders and supervisors should follow the World Health Organisation's Principles of PFA³ – a type of supportive and practical emotional support provided to staff who have been exposed to a stressful or traumatic event. The goal of PFA is to reduce the initial distress caused by trauma, enhance coping strategies, and connect people with ongoing support. Managers can book in to PFA training through Capabiliti.

PFA gathers information through:

- Active listening.
- Validating and acknowledging emotions.
- Informing staff about coping strategies and referring staff to emotional support services.

PFA is not:

- Critical incident debriefing.
- Treatment.
- Labelling, diagnosing or therapy.
- Obtaining details of traumatic experiences and losses.
- Something everyone who has been affected by an emergency will need.

Common reactions people may experience following a traumatic event/s include:

- Physical - Dry mouth, fatigue, fainting, symptoms of shock.

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- Emotional - Anger, feeling overwhelmed, need for recognition of the experience.
- Cognitive - Confusion, decreased concentration or pre-occupation with the event.
- Behavioural - Irritability, avoidance, blame, disturbed sleep.

To action PFA, managers need to:

- Look - to ensure staff are safe.
- Listen – approaching staff who may need support, listen, and help people feel calm.
- Link - communicate to help people address basic needs and access services (Attachment 8).

If staff are so distressed they are unable to function or are seriously injured and need medical care, if you are on-site at Canberra Hospital and it is safe to do so they should be taken to the Emergency Department or you should call an Ambulance on 0-000. To manage critical incidents managers should also refer to the Critical Incident WHS Immediate Response Checklist (Attachment 9).

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Section 5 – Operational Debriefing

Debriefing is a structured, voluntary discussion aimed at putting a stressful event into perspective. It is not counselling.

Operational Debriefing involves reviewing organisational processes following an incident. The aim of Operational Debriefing is to learn from the people who went through the process and involve them in the solutions, minimise any negative effects, evaluate the physical and emotional impact on staff and identify the need for counselling or support for staff involved (Attachment 10).

There are two types of Operational Debriefs:

- A Hot Debrief
 - Occurs immediately after the event to ensure all information is obtained before anyone leaves.
- A Formal Debrief
 - Pre-arranged (1-2 days after the event) to analyse the events of the situation more critically and help improve responses in the future.

Operational Debriefing involves getting all staff involved together – directly or indirectly (this may include but is not limited to clinical, administrative, security, food services, wards persons, cleaning, volunteers, students, contractors etc) as soon as practical to discuss if there was something that could have been done better. Participation in these sessions is voluntary and staff should be consulted as to whether they would like to participate.

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The Operational Debrief should be conducted by a senior manager/supervisor who was not involved in the event. Consideration should be given to the size of the meeting, the place, ambience, and privacy. The purpose of the meeting should be explained to participants, setting the context, and explaining the situation - Who was involved? What happened? Where did it happen? Why did it happen? What did we learn?

Following a critical incident **psychological debriefing** and other structured psychological interventions are no longer considered best practice.⁸ This has been shown in some cases to have the potential to cause harm by re-traumatising people or traumatising those who may not initially have been impacted by the incident. Psychological debriefing as an early intervention is not considered to be effective in preventing mental health problems and is not recommended. **Psychological support** services should be provided to staff as per Section 6 below.

Low Impact Debriefing

If staff experience a critical incident it is normal to want to debrief with someone for support and validation. Staff need to know how to debrief effectively and informally and not pass the effect of the experience on to others. It may not be necessary to share all the graphic details which can lead to vicarious trauma for the person listening. Four strategies for low-impact debriefing include:

1. Increased self-awareness
 - a. Think about how you debrief, with whom and how much detail do you give?
 - b. Who debriefs with you and how much detail do they give?
2. Provide fair warning to the listener prior to starting the debrief that you want to talk about a critical incident.
3. Ask for consent before you start debriefing. By asking for permission, it gives the listener the option to decline or clarify what they are able/not able to hear.

Low impact disclosure

Start with the least traumatic information first. You may or may not need to provide all the graphic details depending on how distressing the incident or event has been.⁴

Staff also need to be aware when having day-to-day conversations that information regarding critical incidents can potentially affect others they are speaking to or who may be listening. If you feel uncomfortable with hearing information from a colleague, you could say "Did you realise providing that level of detail can be quite traumatising to me or others?"

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Section 6 – On-site support

Employee Assistance Program (EAP)

In addition to providing 24-hour free, professional, independent, and confidential counselling services to all staff and their immediate families, the EAP can also offer on-site support following a critical incident.

Initial Support: This initial support is offered to reduce the impact of the incident and provide information on common stress reactions and support for staff to be at work, support options available and to check on the wellbeing of staff.

Following a critical incident, in addition to arranging an Operational Debrief, the manager will contact EAP by telephone who will determine the appropriate action and guidance, including whether on-site support for staff is required. EAP can be contacted 24 hours a day, seven days a week. On-site support, if required, is generally provided during business hours, however after-hours on-site support will be considered on a case-by-case basis.

The EAP provider may recommend face-to-face, video link or over the phone support, including welfare checks if required. EAP for on-site support is paid for by the requesting area's cost centre.

Follow-Up Support: Continued support can be provided for staff with the EAP provider either face-to-face, via video link or over the phone. After providing critical incident support for staff, EAP will provide feedback to the manager on any staff who may require work maintenance or reasonable adjustments.

Ongoing Support: Attending or participating in an EAP session is voluntary. Staff showing few symptoms should be encouraged to access EAP. If, after the initial contact, staff are showing significant symptoms, they are followed up by EAP and offered with counselling. The EAP will provide final confidential feedback to the referring manager (Attachment 11).

Stand-By Support After Suicide

Following a death by suicide, managers may call the service that specialises in supporting people who have been affected by suicide – Stand-By Support After Suicide Support Service on 0421 725 180 - to provide on-site support for staff.

Workplace Resolution and Support Service (WRSS)

Staff can contact WRSS on 512 43656 for independent support and advice regarding workplace issues and unreasonable workplace behaviours.

WRSS supports those facing mental health issues in the workplace by performing wellbeing checks on staff at risk to ensure they are provided with support tailored to their individual circumstances. This may include conducting suicide risk assessments as well as making

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referrals for staff to Community Health Intake Social Workers and/or external services where appropriate.

CHS Spiritual Support Services (SSS)

For staff across all CHS sites, Chaplains or Pastoral Care Practitioners are generally available at the Canberra Hospital campus during business hours.

Memorial Service

Managers may request SSS to conduct an annual, non-religious Memorial Service within their work area for staff to remember patients they have cared for during the year who have passed away, and their families.

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Section 7 – Confidential Support

The EAP provides confidential support for staff and their immediate family for work or non-work-related issues – a safe and private space to connect with a professional counsellor without fear that any details will be discussed with their manager or the organisation. There is no cost for access to the general EAP counselling services. EAP counsellors are qualified to support people presenting with grief/bereavement, a broad range of other presenting issues and routinely practice in all areas relating to mental health and wellness.

Staff who are impacted directly or indirectly by incidents at work are encouraged, but not obliged, to attend EAP. If a staff member is referred to EAP managers cannot receive information on the process without written consent of the employee. Privacy is maintained unless details are required by law or there is a risk of the staff member harming themselves or someone else, in which case there is a duty of care for the EAP provider to refer to external mental health specialist services.

Managers may need to refer some staff for specialised support (e.g. Canberra Grief Centre, Stand-By Support After Suicide Support Service) if they are unable to work due to their level of grief/bereavement.

CHS also offer access to a range of free, external profession specific support services. Further details can be found on the [Support for Staff](#) page of the intranet.

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Section 8 – EAP Manager Assist Hotlines

Managers, team leaders and supervisors are encouraged to call the Manager Assist Hotline offered by EAP. You can seek personal and/or professional guidance and support. This includes coaching and support on how to proactively address any concerns you have about

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your staff, better manage your staff, manage a difficult situation or resolve any workplace issues, as well as provide you with personal support.

Contact details for EAP are:

Converge International 1300 687 327

Manager's Hotline – available on the **numbers above**.

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Evaluation

Outcome

- Internal evaluation as part of the Guide update
- The Guide is easily accessible and simple to utilise
- Feedback is reflected in improvements to the Guide
- Feedback is disseminated across CHS in line with organisational objectives and priorities.

Measures

- Qualitative: Feedback is sought from staff across the organisation, through workshops and the MyHealth Champions Network, regarding accessibility and implementation. Problems and or opportunities for improvement are identified.
- Quantitative: Data is collected including access to the Guide on the intranet and the number of psychological incidents reported on staff incident reporting module on Riskman.

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Related Policies, Procedures, Guidelines and Legislation

Policies

- ACT Government Building Positive Work Attendance
- ACT Public Service Code of Conduct
- Child Protection
- Clinical Supervision
- Emergency Management Plans – Code Black
- Family Violence
- Occupational Violence
- Work Health and Safety Policy

Procedures

- Emergency Department and Mental Health Interface
- Family Violence Workplace Support
- Occupational Violence

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- Identifying and Responding to Family Violence
- Initial Management, Assessment and Intervention for People Vulnerable to Suicide
- Incidents Reportable to the Executive Director and Intervention Following the Death or potential death of a Person – Mental Health, Justice Health and Alcohol and Drug Services
- Work Health and Safety Management System (WHSMS)

Guidelines

- ACT Government – Employee Assistance Program
- Clinical Supervision for Allied Health Clinicians

Placeholders

- Resolving Workplace Issues – Work Bullying Harassment and Discrimination

Strategies

- CHS Emergency Management Plan
- CHS MyHealth Staff Health and Wellbeing Strategy 2020-2023

Legislation

- *Charter of Health Care Rights* 2019
- *Human Rights Act* 2004 (ACT)
- *Mental Health Act* 2015
- *Public Sector Management Act* 1994
- *Work Health and Safety Act* 2011 (ACT)
- All ACT Public Sector Enterprise Agreements

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Definition of Terms

Burnout - Exhaustion of physical or emotional strength or motivation usually because of prolonged mental stress or frustration.

Compassion Fatigue - The emotional withdrawal and physical and mental exhaustion experienced by those who care for sick or traumatised people over an extended period.

Critical Incident - Any incident or the accumulation of incidents (direct or indirect exposure) that may have a significant impact on the health and wellbeing of staff.

Direct Exposure - An unexpected or extraordinary incident; witnessing an incident that caused harm; death of a patient/colleague or end of life care; loss of life; workplace incidents or injuries; occupational violence (including physical violence or verbal aggression); unreasonable workplace behaviour; suicide or unexpected death; coroner's inquest.

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Employee/Staff member - Terms that are used interchangeably throughout the document to cover employees, students, volunteers, and contractors.

Family Violence – Any violent or abusive behaviours by a person against a family member that includes physical, sexual, emotional, or psychological, economic, threatening, coercion, control behaviours, creating fear or causing a child to hear, witness or otherwise be exposed to these behaviours.

Indirect Exposure - Reading or hearing other people talk about an incident that caused harm; reading or hearing people talk about death of a patient/colleague or end of life care; helping people after an incident; seeing people's inability to improve their life's circumstances.

Mental Stress - The feelings that people may have in response to pressure or demands that they face in their lives.

Post-Traumatic Stress (PTS) - A set of reactions that can develop in people who have been through a traumatic event which threatened their life or safety, or that of others around them.

Psychological debriefing - Formal emotional and psychological support immediately following a traumatic event – no longer considered best practice.

Psychological First Aid - Early, supportive, and practical emotional support to a person who has been exposed to a stressful or traumatic event.

Psychological Safety - Refers to the extent to which an employee believes they can openly ask for help, speak up, ask questions, and make suggestions to colleagues and managers without fear of personal judgment or reputational repercussions.

Trauma - A state of high arousal in which a person's usual coping mechanism are overwhelmed in response to a real or perceived threat.

Trauma Informed Practice - A strengths-based practice that responds to the impact of trauma and emphasises safety (physical, psychological, and emotional) for everyone, and creates opportunities to rebuild control and empowerment.

Vicarious Trauma - A normal response that can occur to a person when in the course of their work they are repeatedly exposed to traumatic material – it happens because staff members care and work in a way that engages with people through empathy.

Young people - covers the age range from 10 - 24 years².

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Search Terms

Critical incident, trauma events, traumatic, staff support, EAP, coronial, coroner, inquest, psychological support, first aid, help, burnout, vicarious, compassion fatigue, counselling, mental health, wellbeing, emotional, self-harm, trauma, self-care, reflective practice, RUOK, low impact debriefing, suicide, self-harm, crisis, disaster, death

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References

1. Heads Up and Beyond Blue, Developing a Workplace Mental Health Strategy
https://www.headsup.org.au/docs/default-source/resources/393615_1117_b1833_acc-2.pdf?sfvrsn=f5cf264d_4
2. Ambulance Victoria, Mental Health and Wellbeing Strategy, 2016 – 2019
<https://www.ambulance.vic.gov.au/wp-content/uploads/2016/10/ambulance-victoria-mental-health-strategy-2016-19.pdf>
3. Sax Institute Evidence Check Mental Wellbeing risk and protective factors
https://www.saxinstitute.org.au/wp-content/uploads/20.10_Evidence-Check_Mental-Wellbeing-Interventions.pdf
4. Black Dog Institute, Importance of Self-Care Planning, COVID-19 Mental Health and Wellbeing Resources
https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/COVID-19_Self-Care-Planning_Black-Dog-Institute_Editable.pdf
5. The University of Queensland, Supporting Staff Impacted by a Critical Incident
<https://staff.uq.edu.au/files/200/staff-support-critical-incidents.pdf>
6. <https://www.ruok.org.au/how-to-ask>
7. Australian Psychological Society, Psychological First Aid - An Australian Guide to Supporting People Affected by Disaster
<https://www.psychology.org.au/getmedia/c1846704-2fa3-41ae-bf53-7a7451af6246/Red-cross-psychological-first-aid-disasters.pdf>
8. Rose S, Bisson J, Churchill R, Wessely S. Psychological debriefing for preventing post-traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews. 2002
https://www.cochrane.org/CD000560/DEPRESSN_psychological-debriefing-for-preventing-post-traumatic-stress-disorder-ptsd

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9. Compassion Fatigue, Low Impact Disclosure – How to Stop Sliming Each Other
<http://www.compassionfatigue.org/pages/LowImpactDisclosure.pdf>
10. World Health Organisation, Health Topics – Adolescent Health
<https://www.who.int/southeastasia/health-topics/adolescent-health>
11. Adapted from The Land 2017Glove Box Guide to Mental Health
https://specialpubs.austcommunitymedia.com.au/e-mags/2019/TL5/1003_01/
12. La Trobe University. what is Reflective Practice
<https://latrobe.libguides.com/reflectivepractice>
13. Blue Knot Foundation. Trauma-informed Care and Practice
<https://www.blueknot.org.au/Workers-Practitioners/For-Health-Professionals/Resources-for-Health-Professionals/Trauma-Informed-Care-and-practice>
14. Conversations Matter. When Someone is Thinking About Suicide
<http://www.conversationsmatter.com.au/resources-community/someone-thinking-about-suicide>

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Attachments

- Attachment 1: Support for Staff
- Attachment 2: Mental Health Continuum
- Attachment 3: Self-Care
- Attachment 4: Personal Reflection
- Attachment 5: What are Your Responsibilities?
- Attachment 6: RUOK? Model
- Attachment 7: Response to Colleague who is Distressed or Suicidal
- Attachment 8: Psychological First Aid
- Attachment 9: Critical Incident WHS Immediate Response Checklist
- Attachment 10: Operational Debriefing
- Attachment 11: EAP Process Following a Critical Incident

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Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
29 October 2021	Complete Review	Kalena Smitham, EGM-P&C	CHS Policy Committee

This document supersedes the following:

<i>Document Number</i>	<i>Document Name</i>
CHS20/254	Psychological Support for Staff - A Manager's Guide



Attachment 1: Support for Staff

SUPPORT FOR STAFF



Looking after YOU helps us create exceptional care together

If you are experiencing issues at work or outside the workplace, it is important to seek help early.

Remember you are not alone. Support is available 24/7.

Emergency / Crisis 24/7

Police, Fire, Ambulance	0-000
Security	Code Black - Dial 2222 for TCH and UCH only
Access Mental Health Team	1800 629 354
Lifeline	13 11 14
Domestic Violence Crisis Service	6280 0900

Other Services

CHS Spiritual Support Service	512 43849
Dental Practitioner Support Service	1800 377 700
Doctors Health Advisory Service	9437 6552
Nursing and Midwifery Support Service	1800 667 877
Pharmacists' Support Service	1300 244 910
Stand-By Support After Suicide	0421 725 180
Suicide Call Back Service	1300 659 467

Employee Assistance Program Providers (EAP) 24/7

Free, professional, and confidential counselling for staff and their immediate family, face to face, online or by phone.

Converge International	1300 687 327
Managers Hotline - to deal with critical incidents and staff issues	1300 687 327

Next Step

A free, confidential, evidence-based psychological support service	6162 6111 (Business hours)
--------------------------------------------------------------------	----------------------------

Respect Equity Diversity (RED) Contact Officers

Provides confidential support and information on options available to staff who are experiencing unreasonable behaviours in the workplace.

See [HealthHub \(intranet\)](#)
for more details

Workplace Resolution and Support Service

Provides a conflict resolution service, independent support and advice regarding serious workplace issues and unreasonable workplace behaviours. Support for staff experiencing personal issues that impact the workplace, including mental health, family and occupational violence and carer stress.

512 43656

See [Health Hub](#)
for more details

For staff health and wellbeing resources, services, programs, and training search 'MyHealth' on HealthHub
For more information contact:

Sue-ella McGufficke, MyHealth Manager 512 49568 or [mail to: chs.myhealth@act.gov.au](mailto:chs.myhealth@act.gov.au)



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Attachment 2: Mental Health Continuum

Staff may be affected by the work that they do at Canberra Health Services. This can be through direct or indirect exposure to incidents. A critical incident is any incident or the accumulation of incidents (direct or indirect exposure), that may have a significant impact on the health and wellbeing of staff.

Any incident has the capacity to affect staff – it doesn't have to be a critical incident to have an effect. It can be the combination of accumulated stress rather than the incident itself that can cause an unusually strong emotional response. An accumulation of low impact incidents can gradually impact mental health. The person's reaction makes it significant for them, not the nature or size of the incident.

Looking after staff mental health and wellbeing leads to better patient care and outcomes, improved productivity, and greater engagement. Mental health is a state of wellness and is not merely the absence of illness. Mental health exists on a continuum – a sliding scale from positive, healthy, and functioning at one end through to severe symptoms of mental health conditions at the other. We move along the scale, from day-to-day, in response to different family, work or other life circumstances.



- If a staff member is in the green area they are generally feeling well.
- Moving into the yellow area they may be having difficulty coping.
- In the orange area, as symptoms increase, it is recommended they seek support from a General Practitioner.
- At the red end of the continuum, they may be at risk of self-harm.





It is normal to have a physical and or emotional reaction to stress. It is also normal to have an intense reaction to incidents even if staff were not directly involved. The Mental Health Continuum ² is a tool to help identify how staff are feeling and when to get help.

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	 Well	 Reacting	 Injured	 Unwell
Feelings	Self-aware & calm	Irritable or impatient	Angry	Aggressive out of control
Stress Level	Coping well	Worried nervous	Highly nervous panicky	Very anxious panic attacks
Outlook	Positive outlook	Overwhelmed	Feeling hopeless	Depressed or suicidal thoughts
Productivity	Working productively	Putting things off, forgetting	Poor performance	Unable to perform
Sleep	Sleeping normally	Trouble sleeping	Restless disturbed sleep	Sleeping too much or too little
Energy	Energetic	Low energy levels	Tired	Physical symptoms of illness
Activity	Keeping active	Decreasing activities	Little enjoyment from activities	Avoiding activities
Social	Feeling connected	Withdrawing from social activity	Irritated & frustrated with others	Isolated from others

	 Well	 Reacting	 Injured	 Unwell
How can managers help their staff?	Encourage to keep it up!	Encourage support, be non-judgmental	Encourage to see a General Practitioner	Insist they should get help
	Encourage to identify and resolve problems early	Encourage talking to friends and family	Encourage not to put it off, and to act now	Help is available – Utilise <i>Support for Staff</i> options
	Provide opportunities for rest	Encourage doing something enjoyable	Encourage contacting EAP - 1300 687 327	Mental Health Line 1800 629 354

Adapted from The Land 2017Glove Box Guide to Mental Health



Attachment 3: Self-Care

Self-care is the things we do to support our wellbeing. Taking time to look after your own wellbeing can help you deal with challenging situations, avoid or reduce symptoms of stress and anxiety, help you be more productive and provide better care for others. Self-care is imperative but is often sacrificed when life is busy and stressful.

Managers should encourage and support staff to manage their mental health through regular self-care. Taking time for yourself helps give you the energy, rest and activity needed to meet the daily demands of life. Follow these steps to develop your own self-care plan.

1. Evaluate your coping skills

Start by honestly looking at what habits you currently have to deal with life's demands and how you identify when you need to take a break. Do you use positive or negative coping strategies?

Positive	Negative
Deep breathing	Yelling
Listening to music	Smoking
Exercising	Pacing
Meditation	Skipping meals
Reading	Drinking alcohol to excess
Connecting with others	Withdrawal from family and friends
Engaging in a hobby	Biting fingernails

2. Identify your daily self-care needs

Consider what you value in your everyday life as well as during difficult times. Spending time on a self-care plan now helps you into the future. Selfcare includes physical, psychological, emotional, spiritual, social, financial and workplace wellbeing.

3. Reflect. Examine. Replace

Reflect on your existing coping strategies and identify what is and isn't working for you. Examine how you can address any barriers you have to maintaining your self-care. Replace negative coping strategies by starting to reduce and then eliminate them. Choose one negative strategy and identify a positive strategy to replace it.

4. Create your self-care plan

Write down your personal needs and strategies. This can be as simple or as detailed as you like. Print this Personal Self Care Plan, fill it out and look at it regularly.

This self-care plan offers a range of suggestions that staff can utilise in the domains of physical, emotional, spiritual, professional, social, financial, and psychological self-care.



Self-care area	Current practices	Practices to try
Physical e.g. eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups		
Emotional e.g. engage in positive activities. Acknowledge my own accomplishments, express emotions in a healthy way		
Spiritual e.g. read inspirational, literature, self-reflection, spend time in nature, meditation, explore spiritual connections		
Professional e.g. pursue meaningful work, maintain work-life balance, positive relationships with co-workers, time management skills		
Social e.g. healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends		
Financial e.g. understand how finances impact your quality of life, create a budget or financial plan, pay off debt		
Psychological e.g. take time for yourself, disconnect from electronic devices, learn new skills, access psychotherapy, life coaching or counselling through EAP if needed		

Adapted from: Black Dog Institute, Importance of Self-Care Planning, COVID-19 Mental Health and Wellbeing Resources

https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/COVID-19_Self-Care-Planning_Black-Dog-Institute_Editable.pdf

**Attachment 4: Personal Reflection**

Another tool is self-reflection - often used in professional development by health professionals on a day-to-day basis as well as following a critical incident. This individual reflective practice can help you explore an experience you've had and identify your behaviour, thinking and emotions around that experience. The intention of reflective practice is to help identify changes you could make for future events and help improve the way you do your work.²

Consider the points in the table below to help you reflect on an experience you've had.

Describe what happened?	
What were you thinking and feeling?	
What were the best and worst aspects of the experience?	
What sense can you make of this situation?	
What will you remember most about this experience?	
What else could you have done?	
If this situation arose again what would you do differently?	



Attachment 5: What are Your Responsibilities?

Staff may be affected by the work that they do at Canberra Health Services. This can be through direct or indirect exposure to incidents.

Any incident has the capacity to affect staff – it doesn't have to be a critical incident to have an effect. It can be the combination of accumulated stress rather than the incident itself that can cause an unusually strong emotional response. An accumulation of low impact incidents can gradually impact the staff members mental health. The reaction of the person makes it significant, not the nature or size of the incident.

Direct Exposure	Indirect Exposure
<ul style="list-style-type: none"> • Unexpected or extraordinary incident • Death of a patient/colleague or providing end of life care • Workplace incidents or injuries • Occupational violence (including physical violence or verbal aggression) • Unreasonable workplace behaviour • Self-harm, unexpected death, or suicide • Coroner's inquest • Witnessing an incident that caused harm 	<ul style="list-style-type: none"> • Reading and/or hearing people talk about an incident that caused harm • Reading and/or hearing people talk about a patient/colleague that died or provision of end-of-life care • Helping people after an incident • Seeing people's inability to improve their life circumstances.

Managers have a responsibility to provide leadership, guidance, and support for the wellbeing of staff that they supervise. They need to maintain an understanding of what is happening in their team and how people are functioning, including their emotional wellbeing. Knowing when someone in the team is going through a tough time can help managers provide support. Picking up on behavioral changes early and providing staff with information and support will give them the best chance of resolving matters quickly.

Managers should:

- Connect with their staff on a regular basis, preferably face-to-face, (or video meeting if required) to check on their wellbeing.
- Encourage staff to look after themselves and each other. Consider implementing wellbeing activities for the team.
- Educate themselves about mental health in the workplace.
- Identify and take action if a change in a staff member's behaviour is noticed.
- Encourage and model respectful behaviors and communication.
- Identify possible workplace stressors and discuss how these may be mitigated in the workplace.
- Demonstrate healthy work habits.
- Provide support to staff who may be struggling with their mental health.



- Use the RUOK? Model to:
 - Do a Self-Check
 - Check in on a colleague you are concerned about
 - Respond to a colleague in distress
- Following a critical incident, use appropriate Fact Sheets:
 - Support for Staff
 - The Mental Health Continuum
 - Self-Care
 - Personal Reflection
 - What are your responsibilities?
 - RUOK?
 - Response to Colleague who is Distressed or Suicidal
 - Psychological First Aid
 - Critical Incident WHS Immediate Response Checklist
 - Operational Debrief
 - EAP Process Following a Critical Incident

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Attachment 6: The RUOK? Model

The “RUOK?” Model is a tool which can assist in checking in on a colleague you are concerned about where there is no suicidal ideation.

Before checking on a staff member’s wellbeing, you need to do a self-check, reflect on whether you are the most suitable person to provide support considering your relationship with that person and whether you are in the right headspace. If you are not the most suitable person to check in on someone’s wellbeing, consider who may be able to provide that support and arrange for that to happen.

Self-Check:

Am I ready?

- Am I in a good head space?
- Am I genuinely willing to listen?
- Can I give as much time as needed?

Am I prepared?

- Do I understand that if I ask how someone is going the answer could be “No I’m not going well?”
- Do I understand that I can’t fix everyone’s problems?
- Do I accept that they might not be ready to talk or might not want to talk to me?

Have I picked my moment?

- Have I chosen somewhere relatively private and comfortable?
- Have I figured out a time that will be good for them to chat?
- Have I made sure I have enough time to chat properly?

If you notice a change in behaviour or a staff member doesn’t seem to be themselves, you need to ask them how they are. The “RUOK?” Model is a tool which can assist.

1. Ask

Are you OK? Help them open up by asking “How are you going”? “or “What’s been happening?” Mention specific things that you have noticed that you are concerned about e.g. “You don’t seem your usual self – how are you going?”

2. Listen without judgement

Take what they say seriously, don’t interrupt or rush the conversation. Sit patiently, with the silence. Show you understand by repeating back to them in your own words what you’ve heard.

3. Encourage action

Urge them to commit to doing one thing that may help. Ask “What has helped you in the past in similar situations?” Ask “How would you like me to support you?”

If they’ve been feeling down for more than 2 weeks encourage them to see a health professional.

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4. Check in

Make time to catch up and ask how they're going. If they haven't taken action, don't make judgement they may need someone to listen for the moment.

Any person who has been exposed to a critical incident should be provided with early, practical, and emotional support through Psychological First Aid (PFA – Attachment 8) and if in distress ensure they are supported using the Responding to Colleague who is Distressed or Suicidal (Attachment 7).

Adapted from the RUOK Model <https://www.ruok.org.au/how-to-ask>

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Attachment 7: Response to Colleague who is Distressed or Suicidal

You may on occasion be confronted by a colleague in distress. This can be difficult to handle. There are numerous reasons why staff may be in distress. After completing a self-check using the "RUOK?" model managers have a responsibility to provide staff with support to obtain the professional care and assistance they need.

If a colleague is:	Take the following action:
So distressed they are unable to function	If on-site at Canberra Hospital and safe to do so, take to the Emergency Department or otherwise call an Ambulance on 0-000
Seriously injured and in need of medical care	
A risk to the welfare or safety of themselves or others	Call Code Black – Dial 2222 or 0-000 Police

1. Suicidal Ideation

a. If a colleague expresses suicidal ideation

- There are several warning signs that a person may be having thoughts of suicide. *"If I was dead no one would have to worry about me", "I just don't want to be here anymore"* or they may say directly they want to kill themselves.
- It's always better to ask even if you're mistaken.
- Take them seriously every time and don't promise to keep the information secret.
- Notify another staff member, maintaining confidentiality, that you need to suspend your usual activities to provide support to the affected staff member.
- Ensure you are prepared as per the RUOK Model (Attachment 6). Choose a location to have the conversation where you won't be interrupted – this is best in person. If it is over the phone find out where they are and if anyone is with them in case you get worried about their safety.
- This is a difficult conversation; if you feel unable to have it find someone who can.
- Be open about your concerns. *"I've noticed that you've been different lately and I'm worried about you."*
- Do not attempt to provide counselling or minimise their problems by saying "I know how you feel" or "It could be worse."
- Listen with empathy, without interruption or judgement. Ask directly *"Are you having thoughts about suicide?"* Be prepared they may say "Yes". Ask open ended questions:
 - *"Have you felt this way before?:"*
 - *"How long have you been feeling this way?"*
- Stay calm and tell them why you're worried
 - *"It sounds like you are feeling very low and this is worrying for you"*
- Make sure they know you're here to support them. Use non-verbal cues like sitting beside them, nodding while they are talking, eye contact or hand on their hand (if culturally appropriate).



- Let them know *"Many people think about suicide", "you're not alone", "lots of people feel like this". "Thank you for telling me." "I'm glad you're telling me how you feel"*.
- Reassure them that *"It's my priority to keep you safe and get you support"; "Take your time, we can find a way to get through this"*. Be prepared to listen, even if it's hard to hear or makes you upset.
- Let them know *help is available*.
- It's important to ask if they've made a plan, as people who've made a plan are more at risk. *"Have you thought about how you would kill yourself?"*
- Keep them safe (as per protocol above).
- Look after yourself and seek support

b. Assess immediate danger to colleague

- If you determine there is immediate danger:
 - Establish the colleague's location – write it down
 - If on a Security staffed site – Call a Code Black (Dial 2222)
 - If on a CHS site where there are no Security staff – dial 0-000.
 - If at home - dial 000 for an Ambulance
 - Follow the CHS Critical Incident Checklist

c. If no immediate danger to staff member

- Talk to colleague using RUOK? and PFA models
- Provide immediate support options to staff member
 - Access Mental Health Team 1800 629 354
 - Lifeline 13 11 14
 - Suicide Call Back Service 1300 659 467
 - Workplace Resolution and Support Service 512 43656

2. Ongoing support options not recommended in the first instance

- General Practitioner
- Employee Assistance Program:
 - Converge 1300 687 327
 - Benestar 1300 360 634
 - People Sense 1300 307 912
 - Assure 1800 808 374
- Next Step 6287 8066
- Profession-specific support services:
 - Dental Practitioner Support Service 1800 377 700
 - Doctors' Health Advisory Service 9437 6552
 - Nursing and Midwifery Support Service 1800 667 877
 - Pharmacists' Support Service 1300 244 910
- Further information: People and Culture 5124 9610

3. Follow up

- Check in with the colleague concerned

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- Seek support for yourself - dealing with people in distress can have an impact on you.

Note: For RiskMan a Staff Incident Report is not usually required in these circumstances

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Attachment 8: Psychological First Aid

Psychological First Aid (PFA) is a type of supportive and practical emotional support to a person who has been exposed to a stressful or traumatic event. The goal of PFA is to reduce the initial distress caused by trauma, enhance coping strategies, and connect people with ongoing support.

PFA is:

- Gathering information through active listening.
- Validating, acknowledging emotions.
- Informing about coping strategies.
- Referring to emotional support services.

PFA is not:

- Critical incident debriefing.
- Treatment.
- Labelling, diagnosing or therapy.
- Obtaining details of traumatic experiences and losses.
- Something everyone who has been affected by an emergency will need.

Common reactions

There are some common reactions that people may experience following traumatic events, however they may not always be immediate. Many people have no reaction which is also normal.

Physical	Emotional	Cognitive	Behavioural
<ul style="list-style-type: none"> • Dry mouth • Fatigue • Fainting • Symptoms of shock 	<ul style="list-style-type: none"> • Anger • Feeling overwhelmed • Need for recognition of the experience 	<ul style="list-style-type: none"> • Confusion • Decreased concentration • Preoccupation with the event 	<ul style="list-style-type: none"> • Irritability • Avoidance • Blame • Disturbed sleep

LOOK - Ensure Safety

- Identify staff who may be directly or indirectly affected.
- Check for safety and security, ensure staff are in a safe place and area is safe (as required).
- Check staff with urgent needs and get assistance or medical aid (as required).
- Check who are the most distressed:
 - Consider practical issues such as whether staff need time to debrief, contact next of kin, leave early, get assistance with writing up notes for the incident, arrange transport home, need a lift, a follow up phone call or assistance contacting the police?



LISTEN - Approach staff who may need support

- Identify staff who may be impacted by stress from the incident, directly or indirectly.
- Contact staff as soon as possible after the incident and determine how and when further contact will be maintained.

Ask about staff needs and concerns

- Check in with affected staff. Managers should make themselves available for confidential, non-judgemental discussion about their concerns, in a quiet, safe place.
- Maintain regular contact with the staff (including staff who return to work immediately).
- Determine what support is required for the staff member to return to work as early and as safely as possible.

Listen and help people feel calm

- Actively listen to staff telling you about their experience, providing feedback of key aspects, to communicate your understanding and show empathy.
- Reinforce that a wide variety of reactions are normal, acknowledge this may be a difficult time for some people and it's okay to share feelings of anxiety, fatigue and frustration.
- Remind staff returning to normal activities (when appropriate) will help recovery.
- Provide details of support services available including professional, confidential, practical advice available through Employee Assistance Program.
- Encourage staff to seek social support from family and friends and practice self-care strategies.
- Provide information for any medico-legal matters that may arise.

DO NOT:

- Pressure the person to talk.
- Re-examine the source of stress as it can be equally traumatic for staff.
- Talk about or commence the discussion in an area where others may hear the conversation.
- Try to fix the problem.
- Trivialise or devalue their experience or feelings.
- Use comments such as "I know how you feel", or "it will be fine."
- Use comparisons of similar situations.

LINK & COMMUNICATE - Help people address basic needs and access services

- Immediately or within a few hours, depending on the type and severity of the critical incident, provide staff with the following:
 - A short factual statement about what is known of the incident, clarify uncertainties, the possible effects on those involved, what is being done for them and what is going to happen in the future
 - Consider next shift/handover communications
 - Information on acute stress response and how people can care for themselves

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- Help people cope with problems
- Contact the EAP to arrange a structured, voluntary debriefing session within 24-72 hours of the incident. This can be done in small groups or one-on-one depending on the situation. Staff are encouraged - not obliged - to attend.
- Provide a clear description to the EAP provider of facts about the incident including where and when, incident type, number of staff affected and who is providing support.
- Encourage staff to establish local peer support networks.
- Identify potential sources of and manage additional stresses in the workplace which may compound critical incidents and reduce or eliminate where possible.
- Maintain a sense of routine so staff feel a sense of control.
- Be aware of signs of mental stress in staff and how you can be supportive.

Provide people with information and resources including:

- Normal stress reactions.
- Variety of support options available.
- Complete staff incident form on Riskman and/or Staff Accident and Incident Reporting (SAIR) within appropriate time frames, assist staff member if unable to complete themselves.

Connect people with loved ones and social network

- Maintain regular check-ins with affected staff, including those who return to work immediately.
- Encourage staff to attend their doctor, if necessary, for physical or psychological assessment and obtain a medical certificate if required.
- Provide staff with relevant resources from Guidelines for Managers Psychological Support for Staff.

DO NOT:

- Utilise staff members from other areas for group psychological support, as it has been shown in some cases to have the potential to cause harm to people by re-traumatising them or traumatising those who may not initially have been impacted by an incident.

Adapted from Australian Psychological Society, Psychological First Aid - An Australian Guide to Supporting People Affected by Disaster

<https://www.psychology.org.au/getmedia/c1846704-2fa3-41ae-bf53-7a7451af6246/Red-cross-psychological-first-aid-disasters.pdf>

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Attachment 9: Critical Incident WHS Immediate Response Checklist

This checklist is designed to assist managers to manage the immediate to short term response to critical incidents.

Note: A critical incident is any incident or the accumulation of incidents (direct or indirect exposure), that may have a significant impact on the health and wellbeing of staff.

Note: If the incident relates to an emergency code event (e.g. code yellow) follow the emergency code actions and use this document as supplementary guide if appropriate.

1. Assess the Situation and Ensure Staff are Safe

- ☐ Determine the particulars of the incident including the work areas and staff who are impacted.
- ☐ Take action to ensure the impacted work area is as safe as possible and that all staff receive first aid or medical treatment as required.
- ☐ Consider the immediate needs of any patients, visitors or others impacted by the incident.
- ☐ Ensure that all relevant staff and others are accounted for i.e. are staff missing?
- ☐ Report to Police and/or WorkSafe where appropriate. Ensure the preservation of potential evidence until cleared by Police or WorkSafe (where relevant).
- ☐ Alert Executive via reporting lines to provide an initial summary of the critical incident.
- ☐ Contact next of kin to communicate urgent information e.g. staff injury/condition (if applicable).

2. Determine Management Response Lead/Team and Consider Initial Communication to Staff

- ☐ Determine who will lead the management response and if necessary which managers and staff members will assist in leading the response team. If more than one manager, aim for a small rather than a large group (fewer is better) and no more than seven people is recommended.
- ☐ Revisit the particulars of the incident to confirm facts and update information and discuss with the response team. Record a summary of facts e.g. What? Where? When? Who? How?
- ☐ Determine contact arrangements between staff and the lead manager/response team and relevant managers of affected staff i.e. to ensure that staff on the ground provide information through their manager to the response team.
- ☐ If appropriate at this time develop an initial communication to staff. Determine the target audience (consider shift changes) and communication pathway/s e.g. via public announcement, email, verbally via local managers. Develop a short statement detailing:
 - What is known of the incident, initial management actions and response
 - Who to contact to provide information, address issues, or if the situation/event changes or escalates e.g. contact the staff member via their manager in the first instance.
 - When an update with further information is likely to be provided.

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3. Determine Immediate and Short-Term Response Requirements

- ☐ Develop and prioritise an action plan detailing immediate and short-term response actions and delegate tasks within the response team. Consider the following:
 - Employee Assistance Program support – providing EAP contact details to staff or organising structured group session within 24-72 hours (refer to Operational Debrief Fact Sheet)
 - Determine other support that can be provided:
 - Allow staff time to debrief and discuss with colleagues, allow staff time to contact next of kin/family, organise assistance with transport to home, phone or text contact after work to check on their welfare and provide update if appropriate
 - take staff offline, give permission to staff to leave work early, provide leave options (e.g. discretionary, family violence, disaster). Contact CHS Employee Services for leave options.
 - Managers should check for staff who are the most distressed, agitated or behaving different to usual and provide support and feedback to response team
 - Determine ongoing communication protocols and arrangements – timings for updates with staff and Executive and content of communications
 - Managers to regularly check in with staff, including outside work hours if appropriate e.g. via text message
 - Staff to lodge staff incident report on Riskman as appropriate
 - Utilise the following information and Fact Sheets
 - Psychological Support for Staff – A Guide for Managers
 - Support for Staff
 - The Mental Health Continuum
 - Self-Care Plan
 - Personal Reflection
 - What are your responsibilities?
 - RUOK?
 - Response to Colleague who is Distressed or Suicidal
 - Psychological First Aid
 - Operational Debrief
 - EAP Process Following a Critical Incident

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Attachment 10: Operational Debrief

An Operational Debrief is a structured and voluntary discussion aimed at putting a stressful event into perspective. It is not counselling.

Operational Debriefing Goals: To review organisational processes following an incident to allow staff who may have been directly or indirectly involved to:

- Learn from the people who went through the process.
- Involve them in the solutions.
- Minimise any negative effects.
- Evaluate the physical and emotional impact on staff.
- Identify the need for counselling or support for staff involved.

There are two types of Operational Debrief:

- **Hot Debrief:** Occurs immediately after the event to ensure all information is obtained before anyone leaves.
- **Formal Debrief:** A pre-arranged 1-2 days after the event to analyse the situation more critically, to help improve responses in the future.

Who should be present?

- All staff involved (directly or indirectly) – this may include but is not limited to clinical, administrative, security, food services, wards persons, cleaners, volunteers, students, contractors etc.
- Supervisor (on-site).
- Participation in the debrief is voluntary. Staff should be advised of the debrief and invited to participate.
- Scribe – to take minutes and list attendees.

Where should the debriefing take place?

- Consider location, size of meeting, ambience, privacy.

Who should lead the debrief?

- A senior manager who was not involved in the event.
- Set the context to explain the situation and purpose of meeting:
 - What happened?
 - Who was involved?
 - Where did it happen?
 - Why did it happen?
 - What did we learn?
 - What support can be offered to staff?

How long should the debrief take? Debrief should take no more than 15 minutes.

Conclusion

- Focus on ending the meeting in a positive way. Thank staff for attending. Identify where the situation was managed well. Where possible. Support the recommendations made.

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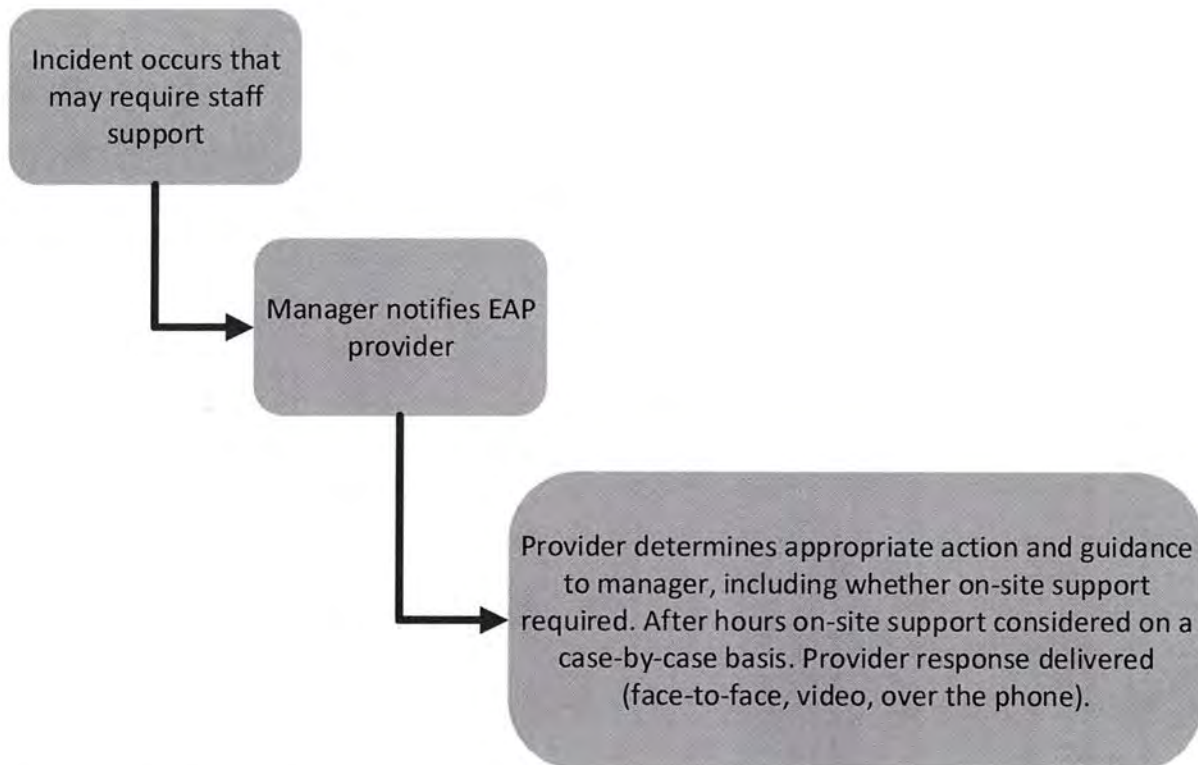


Advise how information is reported. Highlight support services available for staff to access if required.

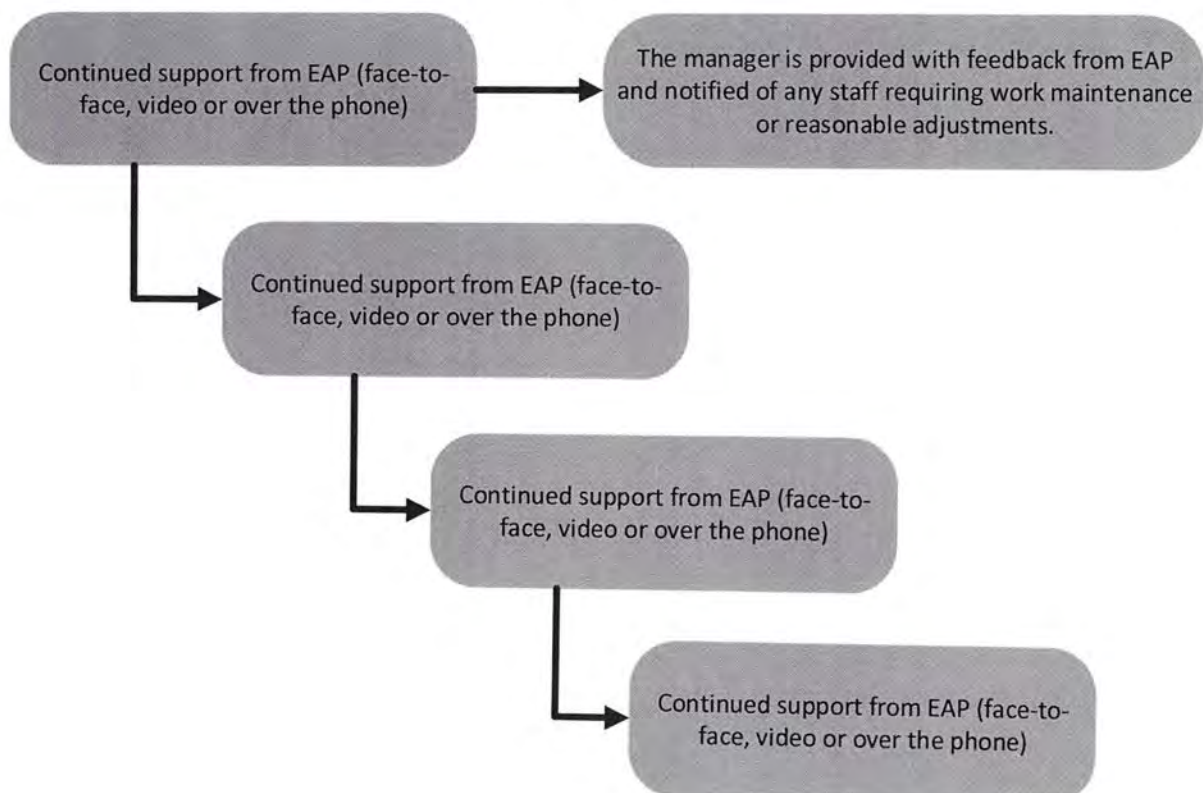
Operational Debrief Template		
Debrief Conducted by: Name:		
Designation:		Work Area:
Date of debrief:	Time:	Location:
Details of incident:		
Date of incident/event:	Time:	Location:
	Comments	Action
What happened?		
Who was involved? (Directly & indirectly)		
Where did it happen?		
Why did it happen?		
What did we learn?		
What post-incident support has been provided to staff?		



Attachment 11: EAP Process Following a Critical Incident



What follow up will be provided by EAP?



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From: Guthrie, Daniel (Health)
Sent: Saturday, 16 April 2022 2:10 AM
To: John, Jitesh (Health); Mooney, Chris (Health); Ward, Sonny (Health); Ludvigson, John (Health)
Cc: Sam Oram
Subject: Incident involving [REDACTED] - Current situation and next steps for the incoming shift
Importance: High

OFFICIAL

Hi Jitesh,

Thanks for the discussion just before, I did try to contact the Dhulwa number on phone number 5124 1851, and got the message bank so went through the switch and then Security to reach you.

At approximately 10:30pm last night myself, Executive staff, Sonny, Security, WorkSafe and other Senior Managers met by Webex after we were made aware of the incident involving [REDACTED] that occurred at approximately 7pm which caused a serious injury [REDACTED]. Our thoughts are with [REDACTED] after this serious incident, and also with clinical staff and security staff on shift at the time who are likely distressed after what has occurred.

During this meeting we were able to review the CCTV footage and determined that this was a very unfortunate and accidental incident where [REDACTED] has pushed the door from Lomandra to the enhanced care room, at the same time as [REDACTED] was shutting it, with [REDACTED] caught in the closing door. It was clear from the CCTV that this was not deliberate by [REDACTED].

The reasons for my call to you was to check in with staff on shift and see that they were ok given that a close member of staff had been injured in this way. I am glad to hear that they are coping as well as can be expected, and please let them know that our thoughts with them also.

Rohan (Security) was able to visit [REDACTED] last night and offer his support to [REDACTED] who was understandably very concerned with the injury [REDACTED] had sustained. Sam Oram, ANMF also attended and spoke to [REDACTED] to check on [REDACTED] welfare. Based on what we know at present [REDACTED]

[REDACTED] Further updates will be provided as they become available.

As discussed, if I could ask that you ensure that increased observation continues to occur for [REDACTED] on [REDACTED]. And please report any issues requiring action by the A/H Executive on-call through switch or myself on the below mobile.

Sonny or another senior member of staff will be in this morning around mid-morning to midday to determine any actions necessary and provide further support to staff and consumers.

Please identify any members of staff who may require additional support and encourage them to call EAP if they need to on the below number:

EAP providers

User name

Password

Converge International	1300 687 327	<u>Converge International</u>	converge	eap
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Please print up this email and ensure that it is communicated to all staff in the incoming shift at 7am tomorrow.

Chris – please do the same for the incoming Security staff.

Sonny, Chris, John L – please ensure that the staff who were on shift when the incident occurred are contacted to provide support and updates.

Should anything arise in the next few hours where you need further assistance, you can contact me on the mobile number below.

Regards

Daniel

Daniel Guthrie

Senior Director | Work Health Safety

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 [REDACTED]

Email: daniel.guthrie@act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



ACT
Government

**Canberra Health
Services**

Notifiable Incident Form

Important

This form is to be used to notify a serious event under the *Work Health and Safety Act 2011 (the Act)*. You can access the Act at www.legislation.act.gov.au. You may also obtain further information and forms at www.worksafe.act.gov.au. A person conducting a business or undertaking is required to provide details of notifiable incidents pursuant to sections 35-39 of the Act. Failure to comply with this provision may result in a fine of \$10,000 in the case of an individual or \$50,000 in the case of a body corporate.

Privacy

The *Work Health and Safety Act 2011* authorises the regulator to collect the personal information required by this form. The regulator is bound to prevent any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at www.justice.act.gov.au/privacy. The regulator may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

Reporting

After becoming aware that an incident has occurred, workplaces **must** report 'notifiable incidents' to WorkSafe ACT **IMMEDIATELY, and by the fastest possible means**, either:

- by phone - ring WorkSafe ACT on 02 6207 3000
- by fax or other electronic means - fax WorkSafe ACT on 02 6205 0336; email worksafe@worksafe.act.gov.au

NOTE: WorkSafe ACT requires, in accordance with section 38(4)(b) of the WHS Act 2011, that you follow up your immediate notification in writing by completing this Notifiable Incident Report Form and forwarding it to

WorkSafe ACT,
GPO Box 158,
Canberra City,
ACT, 2601

Instructions for Completion

- If completing this form by hand please use blue or black pen.
- Any alteration to information provided on this form must be struck through with pen. Substitute information must be clear and the person completing the form must sign in the margin. Do not use correction fluid or tape.
- Please complete all sections of the form. Please indicate if information requested on this form is not applicable or not known with the letters N/A or N/K respectively.
- Return completed forms by post, email or fax as detailed above.

Further Information about reporting Notifiable Incidents

Is reporting mandatory?

Yes. You are required to notify WorkSafe ACT, by telephone or in writing [this form will assist you in reporting in writing]:

- the death of a person [i.e. a worker or another person]
- a serious injury or illness of a person
- a dangerous incident

in accordance with sections 35 to 39 of the *Work Health and Safety Act 2011* and the *Work Health and Safety Regulations 2011*. It is an offence to fail to make a report of a Notifiable Incident.

Who must send in the Notifiable Incident Report?

The person who conducts a business or undertaking is responsible for ensuring that WorkSafe ACT is notified immediately after becoming aware that a notifiable incident has occurred (*Work Health and Safety Act 2011*, s38 (1)). NB: The Notifiable Incident Report can be made by a supervisor or other person acting on behalf of the person conducting the business or undertaking.

What workplaces are covered?

ALL places where people work are covered by the Act and the Regulations.

Is there a time limit for reporting?

Notifiable Incidents must be notified to WorkSafe ACT immediately after the workplace becomes aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

If the notification is made by telephone, WorkSafe ACT may require that written notice be provided [using this form, for example] within 48 hours of that requirement being made.

What injuries must you report?

You must send WorkSafe ACT a Notifiable Incident Report if, as a result of a Notifiable Incident at your workplace, involving:

- the death of a person [i.e. a worker or another person]
- a serious injury or illness of a person
- a dangerous incident

in accordance with sections 35 to 39 of the *Work Health and Safety Act 2011* and the *Work Health and Safety Regulations 2011*. It is an offence to fail to make a report of a Notifiable Incident.

You must send WorkSafe ACT a Report even if the person injured or killed is not a worker (e.g. a sales representative or a visitor).

What is a Serious Injury or Illness?

A serious injury or illness means an injury or illness requiring the person to have:

- immediate treatment as an in-patient in a hospital [**Note: it is not necessary that the person was actually sent to or treated as an in-patient, it is sufficient that the injury or illness could reasonably be expected to warrant such treatment**]
- immediate treatment for an amputation, a serious head or eye injury, a serious burn, degloving or scalping, a spinal injury, the loss of a bodily function or serious lacerations
- medical treatment within 48 hours of exposure to a substance.

What dangerous incidents must you report?

A dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas, steam or a pressurised substance
- electric shock
- the fall or release from height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the WHS Regulations 2011
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel
- any other event prescribed by the WHS Regulations 2011.

Do you have to keep a copy?

You must keep a record of any Notifiable Incident notification that you make to WorkSafe ACT for at least 5 years after the day the notification is given.

Do you need to comply with any other accident report procedures?

You may have reporting obligations under other legislation including but not limited to the: Scaffolding and Lifts Act 1912, Workers Compensation Act 1951, Machinery Act 1949 and/or the Dangerous Substances Act 2004 in relation to the Notifiable Incident that you have told WorkSafe ACT about in this Report.

Can you fax or phone in details?

Yes. When notifying by phone, you should ensure you receive and record the report number given to you by WorkSafe ACT. This report number needs to be kept with your records of the details reported to WorkSafe ACT.

Report No.

Details of business or undertaking

Name of business or undertaking:

Canberra Health Services

Phone:

Fax:

Mobile:

Email: daniel.guthrie@act.gov.au

Address of business or undertaking

Dhulwa Secure Mental Health Unit - Symonston

City/Suburb:

Canberra

State/Territory:

ACT

Post Code:

Details of the injured/involved person:

Name of injured/involved person:

Date of Birth:

Gender:

Address of Injured/involved person:

City/Suburb:

State/Territory:

Post Code:

Job title/position:

Nurse

Main Duties:

Phone:

Fax:

Mobile:

Email:

Type of employment



Full-time permanent



Part-time permanent



Full-time casual



Part-time casual



Other (e.g. site visitor, student, etc)

Type of worker



Trainee

Self-employed
(Contractor or Subcontractor)

Outworker



Unpaid worker



Apprentice



Work Experience

Pieceworker
(other than an Outworker)Other (note: most employees will
fall into this category)

Details of injury/illness/damage etc and any medical treatment

Details of the Accident/Incident:

Date of the accident/incident:

Time of the accident/incident

15/04/22

Approx 7:00pm

Witnesses/other involved persons:

Name: TBA

Contact number:

Name:

Contact number:

Describe the Accident/Incident: (attach additional information if more space is required)

CCTV footage determined that this was a very unfortunate and accidental incident where a

that this was not deliberate
realised what had occurred.It was clear from the CCTV
distressed when they

Name of supervisor or person in control of the site/location at the time of the accident/incident:

TBA

Address where accident/incident occurred (if at a different location to business address)

Dhulwa Mental Health Unit

Suburb: Symonston

Post Code:

Where did the incident occur (e.g. plant room, roof)

As per above

Environment and workplace conditions

Describe the workplace conditions at the time of the accident/incident (e.g. lighting, floor surface, weather, housekeeping etc)

Transporting a patient between wards.

Task and supervision

What task was being performed when the accident/incident occurred?

Usual nursing duties

Plant, Equipment, Tools, Materials and Substances

What plant/substances were being used? (provide details, e.g. model serial number, registration number etc)

Risk assessment and where required for high risk construction work, SWMS.

Was a risk assessment undertaken prior to commencing work?

 Yes ☐ No ☒

If No, please explain why:

TBA

Was a safe work method statement (SWMS) prepared if the work was high risk construction work?

 Yes ☐ No ☐

If No, please explain why:

TBA

Note: See the *Work Health and Safety Regulations 2011* s.299 for more information.

Outcomes – please complete relevant parts of this section

Estimated date of resumption of work:

Work was disrupted but continued as this is a 24 mental health inpatient ward

Action that has been or will be taken to prevent recurrence:

Messaging to staff to ensure that there hands are clear of closing doors at all times.

Details of person completing this form

Full name:

Daniel Guthrie

Phone:

Fax:

Mobile:

 Email: daniel.guthrie@act.gov.au

Job title/position:

Senior Director, WHS, Canberra Health Services

From: Guthrie, Daniel (Health)
Sent: Saturday, 16 April 2022 12:27 PM
To: O'Neill, Cathie (Health); Ludvigson, John (Health); Mooney, Chris (Health); Samara, Rohan (Health); Gomes, Dario (Health); Tarbuck, Chris (Health); Ward, Sonny (Health)
Cc: Peffer, Dave (Health); Smitham, Kalena (Health); Harland, Jennifer (Health); O'Brien, Melissa (Health)
Subject: RE: Dhulwa Incident 15/04/22 - Serious Injury [REDACTED]

OFFICIAL

Thanks Cathie,

I hope that [REDACTED] Rohan informed that he was very worried [REDACTED] for obvious reasons.

As viewed on the CCTV last night - [REDACTED]

Sonny/Chris Mooney - As you know these doors have significant weight and the crush hazard is significant. As obvious as it might be, it is important that we immediately make all staff aware of this risk and how to prevent a similar incident. I can see it occurring under a number of scenarios as per below and most likely during OV or evading OV. Can you please have the following message passed onto Dhulwa staff including security personnel today and for future incoming shifts:

- How the incident on Saturday night occurred as described above (with a focus on the risk of the door rather than Alex)
- All staff to take extra care to keep their hands clear of closing doors at Dhulwa i.e. at all times keep hands clear of the danger zone between the outside spine of the door and doorway frame
- **To only close doors using the handle**
- **Never to touch the outside spine of the door or use it to close a door at any time**
- Take extreme care and keep hands clear when a consumer or staff member is closing a door, particularly when closed quickly
 - e.g. consumer closing their bedroom door quickly to prevent staff entry
 - e.g. nurse quickly retreating from OV and rushing back to nurse station, and hurriedly closes the nurse door quickly (to prevent consumer entering nurse station)

I will have one of the team do a safety alert poster for this next week and the incident investigation which WorkSafe will definitely be expecting.

Also - a big thanks to John Ludvigson, Chris Mooney, Rohan, Dario, Chris Tarbuck and Sonny who all came online last night for the Webex with WorkSafe to review the CCTV footage and determine actions.

Thanks

Daniel

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Saturday, 16 April 2022 7:28 AM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>; Ludvigson, John (Health) <John.Ludvigson@act.gov.au>;